Confronting Domestic Violence in India

NO PRIVATE MATTER

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**Kiawah Trust**

The Kiawah Trust is a UK family foundation that is committed to improving the lives of vulnerable and disadvantaged adolescent girls in India. The Kiawah Trust believes that educating adolescent girls from poor communities allows them to thrive, to have greater choice in their life and a louder voice in their community. This leads to healthier, more prosperous and more stable families, communities and nations.
info@thekiawahtrust.com

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**Dasra**

Dasra is India’s leading strategic philanthropy foundation. Dasra works with philanthropists and successful social entrepreneurs to bring together knowledge, funding and people as a catalyst for social change. We ensure that strategic funding and capacity building skills reach non-profit organizations and social businesses to have the greatest impact on the lives of people living in poverty.

www.dasra.org
I still remember the day I got my first posting as an Assistant Commissioner of Police (ACP) in March 2000. We had been waiting for some time for word on our postings and I was extremely disappointed when I finally heard I was to be ACP at a Crime Against Women (CAW) cell in Delhi. It felt as though I had been sidetracked from mainstream policing. Little did I realize the tough road that lay ahead.

With preconceived notions and barely any knowledge about the issue of domestic violence, I began dealing with the problem through a purely criminal justice framework. It didn’t take long to realize how wrong I was in my approach. As I handled case after case of emotional, physical, and sexual trauma, I realized how the law in itself, as it existed then, offered no solution at all. The pain and desperation of a woman who had no choice but to return to her abusive husband for lack of parental support, economic dependence, social pressure and emotional insecurity was absolutely heart-wrenching. Aided by a masculine police system, most men just got away with the abuse, especially as the police had no answers around ‘how’ to stop violence within a home. Also, since the so-called crime was being committed within the confines of four walls, it was not regarded as a law and order issue that reflected poorly on police performance. Nor was it a serious concern for the police which was busy fighting more serious offences such as murder or robbery. A handful of police personnel posted in CAW cells were thus believed to be sufficient to deal with the issue.

Against this backdrop, the enactment of the Protection of Women against Domestic Violence Act 2005 came as a very welcome step in the right direction. It provided much hope for change. Unfortunately however, the Act’s effectiveness on the ground has been greatly compromised by the inadequate provision of resources and infrastructure to effectively respond to the needs of victims. At an institutional level, there is now an urgent need to improve the implementation of this law. It is also critical that responses go beyond just strengthening of the law’s implementation. We must tackle domestic violence in a holistic manner by empowering our women and educating them so that they become economically independent and emotionally capable. At the same time, efforts to educate both women and men on the issue and its consequences are needed, to challenge and ultimately change mindsets.

When we talk of domestic violence, somehow the word ‘domestic’ before the word ‘violence’ makes it lose its severity. Yet all of society is affected by the ripple effect that begins behind closed doors - over half of Indian women have experienced domestic violence, and it is an issue that cuts across caste, class, religion and geography. It is imperative that we acknowledge the seriousness of the problem, recognize the issue for all that it is - a crime, a human rights violation and a major public health concern - and play our respective roles as a society striving to address this epidemic.

To live a life free of fear is a basic human requirement. Confronting and preventing violence against women in their own homes then becomes a question of our fundamental humanity.

Foreword

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Suman Nalva
Additional Deputy Commissioner of Police, Special Branch, Delhi Police

And I have to accept a harder fact
That sometimes knowledge comes with pain.
There is a reason for this experience
And towards larger truths I walk another step,
And I have to know somewhere inside
That there is more learning that I need yet.

The pain will come, the ache is there
And that tear is bound to fall,
But how sad it would be if from my pain
I learnt nothing at all.

And as I walk my journey
My goal I always have to keep in sight,
For as each veil of dark is lifted
I walk closer to the light.

- Rashmi Anand
Survivor, author and activist
Dasra’s research focuses on framing the nebulous and difficult issue of domestic violence in India with the principal aim of identifying high potential non-profit organizations that strategic philanthropy should look to support and scale. This nearly year-long initiative would not have been possible without the support of USAID, the Kiawah Trust and Omidyar Network. Their commitment and dedication to addressing this under-the-radar issue in India – despite it being a pressing global issue – gave strong impetus to Dasra’s efforts in composing a publication that we all hope will contribute to moving the needle on ending domestic violence in India.

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• Nearly 70% of women in India face some form of domestic violence

• 57% of boys and 53% of girls aged between 15 and 19 believe that wife-beating is acceptable

• 66% of women in abusive relationships remain silent about their suffering

• 75% of Indian women who reported domestic violence have attempted suicide

• 60% women reported a decrease in violence and discrimination following a 15 week program with men and boys

• A powerful media campaign can result in up to 5x increase in the number of women reporting abuse, and their awareness levels of the law and its entitlements

• INR 1,200 crores per annum can enhance the effective implementation of the Protection of Women against Domestic Violence Act (PWDVA)

• Close to 50 non-profit organizations in India have dedicated domestic violence programs

Greatest Challenges

Greatest Opportunities
Executive Summary

At least 170 million women in India are victims of domestic violence. Despite this widespread prevalence, domestic violence is not customarily acknowledged and has remained largely invisible. The social construct of the divide between public and private underlies the hidden nature of domestic violence against women. The fact that most violence occurs behind closed doors - within families and inside homes - has contributed to the belief that domestic violence is a private matter.

Impact of Domestic Violence - why should it be No Private Matter?
Domestic violence is a public health problem of epidemic proportions. If not prevented or addressed, domestic violence tends to continue unabated and may actually intensify, taking on different forms. Besides obvious and grave physical consequences including death or disability, domestic violence has a profound and lasting impact on the mental health of its victims - nearly 75% of Indian women who reported domestic violence have attempted to commit suicide.

Children in abusive households also suffer, with negative repercussions for their health, education and employment outcomes, in turn perpetuating poverty. Worst of all, they are highly susceptible to adopting the same behaviors when they grow up - creating an endless cycle of mindless abuse and deprivation. For society, domestic violence conclusively impedes development - perpetrators cost nations fortunes in terms of law enforcement, healthcare, lost labor and general progress in both social and economic development.

Deconstructing domestic violence
Domestic violence, also known as ‘intimate partner violence’, is not simply an argument or a one-off incident but a pattern of coercive controls exercised by one person over another. What makes domestic violence particularly complex is that it is generally cyclical and often inconsistent in nature, spanning periods of violence and relative calm.

At a societal level, domestic violence has its roots in rigid patriarchal structures, gender roles and notions of masculinity and male entitlement. UNICEF’s recent ‘Global report card on adolescents 2012’ reveals that in India 57% of boys and 53% of girls aged between 15 and 19 believe that wife-beating is acceptable.

How the woman responds to violence is limited by the options available to her. Various factors keep her in the abusive relationship that may include stigma of divorce or separation, concern for her children, lack of economic independence, emotional dependence, misplaced feelings of guilt, and an abiding hope that the man will change. Lack of support from family and friends also keep her in the abusive relationship that may include seeking assistance such as shelter, legal aid, medical aid, and remedial counseling.

What has been achieved so far?
Recognizing these unique challenges and following decades of lobbying by women’s rights groups and other stakeholders, the Protection of Women against Domestic Violence Act was finally enacted by the government in 2005. This landmark, victim-oriented civil law provides for a coordinated response to domestic violence, and mandates participation from a comprehensive range of organizations including providers of medical services, police, judiciary and social support services.

A wide range of organizations, both public and private, have been involved in tackling domestic violence in India, including the government and its various agencies, international development agencies (IDAs), private foundations and non-profit organizations. Academic and research institutions, corporates and media can increasingly play an important role as well.

Non-profit organizations themselves have been playing a critical role in confronting domestic violence. Many non-profit organizations visited and recommended by Dasra have been working with these stakeholders. For example, to strengthen the implementation of the law, to improve the delivery and effectiveness of government services, and as funding partners or service delivery arms of IDAs and foundations.

Where can further focused action make a difference?
Based on Dasra’s advisory committee and 16 expert interviews, there are four priority areas where further action should be focused:

- Emphasizing prevention and early intervention: Changing attitudes that condone violence against women and intervening early to address the causes of abusive behaviour are absolutely essential ingredients of any long-term solution to domestic violence.
- Strengthening implementation of the Protection of Women against Domestic Violence Act: Improving the implementation of this legislation requires both state and non-state agencies to acknowledge and address current deficiencies by increasing budget allocations, providing additional human resources, and enhancing coordination and cooperation among relevant agencies.
- Leveraging the power of the community: Involving local community leaders such as politicians, religious authorities, and other formal and informal agencies is vital to ensure long-term support for all constructive measures taken within communities to reduce violence and address its associated problems, including effecting permanent changes in underlying attitudes.
- Building knowledge and evidence: Non-profit organizations working with existing or potential victims of violence in India need to know where their limited resources can be most impactful. The generation of an evidence base that documents ‘what works’ will provide organizations the tools they need to demonstrate successful models for upscale and adoption by government.

Which non-profit interventions are high impact and scalable?
Currently, efforts by non-profit organizations to address domestic violence can be framed along three response mechanisms:

- Preventive interventions are those that seek to create a gender-equitable environment.
- Ameliorative interventions are services that a woman requires when she first seeks formal assistance such as shelter, legal aid, medical aid, and remedial counseling.
- Reconstructive interventions are focused on helping a victim to rebuild her life.

Non-profit interventions with the highest impact and scale are those that mobilize communities and engage youth. Other high impact interventions include leveraging infrastructure within existing institutions, legal case management and counseling services, public awareness generation, capacity building and sensitization of stakeholders, and research and advocacy.

Following a comprehensive sector mapping of over 110 non-profit organizations across India that address violence against women, Dasra shortlisted and highlighted 13 organizations that have innovative and impactful domestic violence programs and represent high potential investment options for funders and sector supporters.
Where can you make the difference?
Domestic violence is a complex and multi-faceted issue but it is not inevitable. Improved coordination, especially between the government and non-profit organizations, can make a big difference. More money is needed to scale innovative non-profit solutions and secure greater impact. Supporting high impact non-profit organizations will help bring about a noticeable reduction in domestic violence.

Dasra envisions a society where this private abuse is no longer tolerated; where civil society and organizations offer support to victims and hold the police to account; and where the judiciary punishes the perpetrators and protects the innocence of future generations. Domestic violence is not a problem that can be solved by government alone. Indeed, the progress that has been made thus far would not have been possible without the tireless passion and commitment of social workers, survivors, campaigners and non-profit organizations throughout India. Educating ourselves is the first step towards supporting the best possible solution and ensuring that domestic violence is No Private Matter.
Sakina was a child bride, married at the age of 16 to a man 13 years older than her. Just a few days after her marriage, she discovered that her husband was having an affair with his aunt. When she started to ask questions, the beating started. Initially he would slap her in the face or kick her, but as time passed he got more violent. He would return home drunk late at night, beat her and then compel her to behave in bed like the other woman with whom he had illicit relations. Sakina suffered three stillbirth deliveries, due to her husband having forceful, violent sex with her during her last trimester. Battered, humiliated and emotionally drained, Sakina finally confided in her family who urged her to find ways to appease her husband. She managed to escape back to her parents’ home once but was promptly sent back. On her return, he became even more aggressive, refusing to give her food and beating her naked so she could not escape again. Unable to bear the torture, Sakina consumed sleeping pills to end her life. She succeeded on the third attempt. She was 24.

For more than a third of women worldwide, heart-warming sentiments about home life are empty, unattainable ideals. These women have been denied their basic human right to a violence-free home and have been subjected to lives of intimidation, fear and humiliation at the hands of their own partners and families. Domestic violence, the least recognized human rights abuse in the world, is sustained by a culture of silence and denial of the serious consequences of abuse.

Domestic violence, also known as ‘intimate partner violence’, is not simply an argument or a one-off incident but a pattern of coercive controls exercised by one person over another. It affects a large proportion of the population, with the majority of those directly experiencing such violence being women and the majority perpetrating it being men.
While violence at home is a global issue that occurs in all settings and across socio-economic, religious and cultural groups, research shows that women living in poverty are disproportionately affected by it.

So far, the central government has recorded the prevalence of domestic violence only within the purview of marital relationships. According to data from the last National Family Health Survey of 2005-06 (NFHS III), nearly 40% of Indian women experience violence - physical, sexual or emotional- a figure that is widely believed to be under-reported. Independent studies conducted by the National Commission for Women reveal the prevalence to be much higher - between 50% and 70% (at least 170 million women) - with the worst affected women aged between 20 and 40 years.

The NFHS III survey also revealed that 95% of women experiencing violence are subjected to extreme forms, namely physical and sexual violence.

Despite this widespread prevalence domestic violence is not customarily acknowledged and has remained largely invisible. The social construct of the divide between public and private underlies the hidden nature of domestic violence against women. The fact that most violence occurs privately - within families, inside homes, and out of sight - has contributed to the belief that domestic violence is a private matter. This seclusion coupled with the shame of violence stimulates a culture of silence, making it difficult to obtain an accurate assessment of its extent.

### Violence in India kills and disables as many women between the ages of 15 and 44 years as cancer.


In India domestic violence occurs across states, though its magnitude varies significantly. Violence seems to be most common in Bihar (~60%) followed by Rajasthan and Madhya Pradesh (over 45%), and least common in Himachal Pradesh (6%), followed by Jammu and Kashmir and Goa. In all states, however, physical violence tends to be the most common form of violence reported.

All her married life, Kanaka Thilaka used to hide the bruises on her body with her sari. Early this year, her husband made sure she could not afford even a strand of camouflage. Traumatized by years of physical abuse, Thilaka confronted her husband, saying that if he didn’t stop, she would commit suicide. But he mocked her and threw kerosene on her. Today, she’s barely alive and the scars all over her body cannot be hidden. “My future is gone. All that worries me now are my children,” she whispers.


### Domestic violence accounts for 50% of all reported crimes against women in India.

Source: National Crime Records Bureau, 2011
Deconstructing the reality of domestic violence in India

Setting the stage
Domestic violence is the result of a combination of complex factors at play that put both perpetrators and victims of domestic violence at risk of perpetuating such behavior.

At a societal level, domestic violence has its roots in rigid patriarchal structures, gender roles and notions of masculinity and male entitlement. From an early age, traditional gender roles are endorsed - boys are socialized to believe that they are superior to girls and should dominate their partners, while girls are conditioned to grow up to look after their marital home and children, and be obedient and respectful to their husbands.

As well as societal risk factors, there are others at the individual, relationship and cultural level that can also determine the likelihood of a girl experiencing abuse after marriage. Low academic achievement is an example. Research by the World Health Organization (WHO) suggests that women who report lower levels of education (primary or none at all) are 2-3 times more likely to experience domestic violence, and men with lower levels of education are 40% more likely to perpetrate violence than their educated peers. Other risk factors are listed in the adjoining box.

At a macro level, studies from a wide range of settings show that while domestic violence cuts across socio-economic groups, women living in poverty are more likely to be affected. A marginalized girl typically grows up in an environment of poverty, dropping out of school between grades 6 and 8 to shoulder household responsibilities. She routinely witnesses violent incidents between her parents and in many cases experiences abuse herself. Eventually she takes up a job as a domestic help or finds employment in an informal industry at low wages. Having learnt her domestic duties at an early age and therefore being considered to be prepared for maternity, she is often married between the ages of 15 and 18. She begins her marital life believing that subordination and submission are normal, expected, accepted and even justified. This girl, like many others in her situation, is at high risk of experiencing domestic violence.

The beginning
For vulnerable women in India, the violence begins almost immediately - in most cases within the first year of marriage and before the birth of any children. Though marital violence in India is often equated with dowry violence, as shown by a multi-household study conducted in Gujarat, just 1% of women surveyed stated that inadequate dowry precipitated the abuse. Other risk factors are listed in the adjoining box. What accounts for such significant differences in seemingly similar environments?

Within the state of Uttar Pradesh, the percentage of men who admit to beating their wives varies from 18% to 45% across districts.

Individual risk factors
- Young age
- Witnessing or experiencing violence during childhood
- Low academic achievement
- Alcoholism

Relationship risk factors
- Gender gap in education or employment
- Extramarital relationships

Cultural risk factors
- High rate of neighborhood poverty and unemployment
- Traditional gender norms
- Community sanctions for domestic violence

What makes men worse is the woman's belief that such behavior is to be expected, thereby failing to perceive it as violence in the first place. Over 50% of men and an even higher proportion of women in India agree that wife-beating is justified if there is at least one "reason" for it. The situation is further complicated by a common belief that violent acts are an expression of love and of a desire to help the victim to become a "better" person.
Behind closed doors: An overview of domestic violence in India

Who does she seek - or not seek - help?

How the woman responds to violence is often limited by the options available to her. Various factors keep her in the abusive relationship. Concerns over family honor, preservation of marital status, fear of intensified violence, and misplaced guilt of feeling responsible for the violence – often take precedence over the desire to speak out or fight for the right to a violence-free life. Further, a lack of economic independence, concern for her children, emotional dependence, stigma of divorce or separation, a lack of support from family and friends, and an abiding hope that the man will change, contribute towards her silence and tolerance.

Often she will not speak up even after a lifetime of abuse. It is only after she starts to recognize that her husband or partner will not change, or the situation starts to noticeably affect her children, or when she realizes she has access to external support, that she is driven to speak up. In most cases, it may take many years before a woman begins to challenge or question the violence in her life, and even longer before she seeks help.

58% of women reporting violence said that members of their immediate family (both natal and marital) were aware of the violence but did nothing to improve the situation, leading them to feel helpless.

Source: Domestic Violence in India (2000), ICRW

Healthcare systems

In India, nearly 50% of domestic violence victims reported needing healthcare due to the violence they experienced, as per a multi-site household study.29 Owing to the fear instilled by their abusers, victims do not easily come forward for treatment, leading to a multitude of health issues. However, most victims come into contact with the health system at some point in their lives, when they give birth for example, or seek care for their children. As a result, the healthcare setting is an important place where women undergoing abuse can be identified, provided with support and referred if necessary to specialized services.

Unfortunately, studies show that doctors and nurses rarely check for obvious signs of violence or enquire if a patient is being abused.30 Even when they are convinced that the patient is a victim of abuse, they tend to ignore or forget about it altogether. This is because either they do not know how to support the victim or they do not want to become involved in what they consider a “family matter”.

Police

A victim approaching the police is often faced with the same prejudices and deep-rooted patriarchal mindsets prevalent in her family and society. According to government data, only 2% of victims approach the police.31 It is not uncommon to find an officer reluctant to register a complaint, and instead asking a victim to resolve the issue within the confines of her home. She tends to be heard and taken seriously only when accompanied by a male relative. Even if the case is lodged, the police typically have a superficial understanding of domestic violence and its forms, causing them to register most complaints as dowry offences and overlooking more subtle considerations involving psychological, sexual and financial violence. Generally, the police aim to mediate solutions in a manner that does not lead to the breakdown of marital relations. This tendency is partly dictated by the ground reality that many victims may not necessarily wish to terminate their marriages, and partly by the cultural view that marriage is an inviolable institution that needs to be preserved.

Source: NFHS-III, 2005-06

Percentage of Indian men and women aged 15-49 (NFHS-III, 2005-06)

<table>
<thead>
<tr>
<th>Justifications for violence</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one reason</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>She shows disrespect for in-laws</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>She neglects the house or children</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>She argues with him</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>She suspects her of infidelity</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>She does not cook food properly</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>She refuses to have sex with him</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

51% of women reported that members of their immediate family were aware of the violence but did nothing to improve the situation, leading them to feel helpless.

Source: Domestic Violence in India (2000), ICRW

8% of women reporting violence said that members of their immediate family were aware of the violence but did nothing to improve the situation, leading them to feel helpless.

Source: Domestic Violence in India (2000), ICRW

In India, two out of three women in abusive relationships stay silent about their suffering because of shame and concern for the husband and family’s honor.

Source: NFHS-III, 2005-06

Why does she stay on?

What makes domestic violence particularly complex is that it is generally cyclical and often inconsistent in nature, spanning periods of violence and relative calm.32 A cycle typically begins with trivial issues that worsen, ultimately leading to a so-called trigger which is then perceived as the cause of the violent incident. This is usually followed by a period of reconciliation and denial, ultimately resulting in a calm phase in which the husband promises never to repeat the violence. The entire cycle may occur in one day or be spread over weeks, months or even years. The (temporary) time of reconciliation after the violent episode can in part explain why many women stay in abusive relationships or do not report the abuse. The generosity of the non-violent period inspires a false belief that this will be the end of the abuse, which is rarely the case. Not all relationships follow this cycle though many report a constant state of siege with little relief.

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Source: Times of India, March 8, 2012

“Who does she reach out to?”

Family and friends

The victim tends to confide first in those closest to her – her parental and marital family, followed by friends and neighbors within the community. In most cases, family members condone the man’s violence, asking her to adjust and prioritize the needs and well-being of the family over her own safety. A population-based study in India revealed that 58% of women reporting violence said that members of their immediate family (both natal and marital) were aware of the violence but did nothing to improve the situation, leading them to feel helpless.30 Feared consequences such as further violence, losing her children, and bringing shame to the family further deter a woman from seeking institutional support for both ameliorative and reconstructive services.

- Ameliorative services are those that a victim encounters when she first seeks formal assistance. These include short-term services addressing the immediate and practical needs of a woman, such as shelter, legal aid, medical aid, and remedial counseling.

- Reconstructive programs try to sustain the impact of the ameliorative recourse taken. They consist of a smaller range of programs that focus on rebuilding the well-being of the woman and the family by improving livelihoods, self-esteem, and empowerment.

“In India, two out of three women in abusive relationships stay silent about their suffering because of shame and concern for the husband and family’s honor.”

- Woman interviewed in Tamil Nadu, India

“Behind closed doors: An overview of domestic violence in India”

― Inspector at Charminar police station, Hyderabad

Source: Times of India, March 8, 2012
Shelter and counseling
In the event that the victim has to leave her marital home, she tends to have limited, if any, support services. The quality of facilities and services offered as immediate and long-term relief tend to be very poor. Government shelters for the victim and her dependants, usually restrict both the number and age of the dependants as well as the mobility of residents. Typically, they are strictly policed and are generally not conducive to recovery from the trauma that victims experience in an abusive relationship. It is hardly surprising then that in a state such as Madhya Pradesh where nearly half the women experience domestic violence, only 112 women accessed the seven shelter homes available, which collectively offer accommodation for up to 370 residents.

State-run psychological and medical services are virtually non-existent. Concerns surrounding a woman’s fears of further abuse, the dilemmas she might be facing, concern for her children and her own negative self-image largely go unaddressed. Comprehensive attention to her needs is not on the agenda of most of the counseling cells sponsored by the state, nor are there trained counselors to facilitate this process.

In 2010 around 11,700 cases of domestic violence were registered across the country. However, only five people were convicted.

Source: Deccan Herald, December 5, 2012

The unending cycle
Two thirds of Indian women who suffer domestic violence do not report it. Of the one third that do, only a small minority receive an opportunity to rebuild their lives. For those who do not report violence and others who are unable to access support services, life is constantly clouded by the shadow of abuse and exploitation. Indeed, forms of violence tend to multiply with the length of the marital relationship. Contrary to expectations that violence may subside with age, adult children, and adjustments, women continue to experience it throughout their married life.

Impact of domestic violence on the victim and family: Multi-dimensional and intergenerational
Living in a violent relationship affects a woman beyond just physical injury: the abuse destroys her sense of security, self-esteem and her ability to participate in the world. Studies show that an abused woman will spend more on healthcare, be less productive and have a reduced earning capacity. Health impact of violence
A growing body of evidence reveals that sharing a life with an abusive partner can have a profound impact on a woman’s well-being, both immediate and long-term. Moreover, the influence of abuse may persist long after the abuse itself has stopped, resulting in negative consequences for physical, mental and reproductive health.

- Physical health: It is obvious that violence can lead to injuries, ranging from cuts and bruises to permanent disability and death. Population-based studies indicate that 40-70% of all women who have been physically abused by a partner are injured at some point in their life.1 Injury, however, is not the only physical outcome of partner abuse. “Functional disorders” are common and include various conditions that frequently have no identifiable medical cause, such as irritable bowel syndrome, fibromyalgia, and gastro intestinal and chronic pain disorders.

- Mental health: It is not surprising that victims suffer more depression, anxiety and phobias than non-abused women. Similarly, research suggests that women abused by their partners are at greater risk of suicide. Nearly 75% of Indian women who reported domestic violence have attempted to commit suicide.11

- Reproductive health: Women who live with violent partners find it difficult to protect themselves against unwanted pregnancies or sexually transmitted infections. This often occurs due to coerced sex or by interfering with the woman’s ability to use contraceptives. Researchers have long assumed that the stress of having many children increases the risk of violence. However, recent data from parts of Central America suggest there may be an opposite relation. 12 The onset of violence largely precedes having a large number of children, indicating that violence may be a risk factor for such an outcome.

Violence not only results in multiple and unwanted pregnancies; it also continues to occur frequently during pregnancy - thereby increasing the likelihood of abortion, miscarriage, stillbirth, pre-term delivery and low birth weight; as well as maternal morbidity and mortality. A study in the states of Tamil Nadu and Uttar Pradesh in India found that women who had been beaten were significantly more likely than non-abused women to have experienced an infant death or pregnancy loss – abortion, miscarriage or stillbirth.13 Domestic violence also accounts for a substantial but largely unrecognized proportion of maternal mortality figures.14 A recent study by WHO of 400 villages and 7 hospitals in Pune, India, found that 16% of all maternal deaths during pregnancy were the result of intimate partner violence.15

Abused women are subject to twice the risk of miscarriage and four times the risk of having a baby that is below average weight, a major cause of infant death in the developing world.


Judge in support of domestic violence?
Activists in the state of Karnataka have submitted a complaint against Justice K. Bhakthavatsala who reportedly stated in court that it was acceptable for a man to beat his wife as long as he took good care of her. Lawyers say Justice Bhakthavatsala advised the woman in the case to learn to adjust to life with her husband for the sake of her children. “Such insensitive remarks by the judge in support of domestic violence?” remarked an activist.

Source: BBC News, Bangalore, September 6, 2012

Impact factors
Violence, patriarchy and sexuality by lawyers and judges often encourages decisions and outcomes that favor reconciliation, completely overlooking the victim’s needs and demands. This is reflected in data provided in Parliament by the Ministry of Women and Child Development. In 2009, approximately 7,800 domestic violence cases were registered nationwide. However, only three people were convicted. The number of registered cases increased considerably in the following year to over 11,700 but the number of convictions decreased to five. In 2011, only eight people were convicted.

The judiciary
It is extremely challenging for a victim of violence, should she desire, to pursue criminal proceedings against her husband in a court of law. In fact, this is a problem not confined to India. Legal aid fees to ensure legal representation at hearings are unrealistically low leading to alleged corruption even amongst those who volunteer their services. Further, a lack of understanding of gender issues, violence, patriarchy and sexuality by lawyers and judges often encourages decisions and outcomes that favor reconciliation, completely overlooking the victim’s needs and demands. This is reflected in data provided in Parliament by the Ministry of Women and Child Development. In 2009, approximately 7,800 domestic violence cases were registered nationwide. However, only three people were convicted.

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Impact of domestic violence on the victim and family: Multi-dimensional and intergenerational
Living in a violent relationship affects a woman beyond just physical injury: the abuse destroys her sense of security, self-esteem and her ability to participate in the world. Studies show that an abused woman will spend more on healthcare, be less productive and have a reduced earning capacity. The development of her children will also be affected.
Economic impact of violence
Given the long-term impact of violence on women's health, those who have suffered abuse are more likely to be long-term users of health services, thereby increasing healthcare costs. On average, victims experience more operative surgery, visits to doctors and pharmacies, and hospital stays over their lifetime than non-victims. Apart from the abusive household, the natal family of the woman may also be economically affected by violence. Significantly, in India, when violence occurs during pregnancy, healthcare expenses are typically met by the woman's parents. For one such victim in Nagpur, expenditure of INR 20,000 drove her parents into serious debt. The findings of this study, which sought to ascertain the cost of domestic violence at household level, are summarized below:

<table>
<thead>
<tr>
<th>Indicative cost to the household of a single incident of domestic violence in India ($) figures based on exchange rate in 2000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Loss from waged work</td>
</tr>
<tr>
<td>• Loss of capacity to do household work</td>
</tr>
<tr>
<td>• Loss from healthcare expenditure</td>
</tr>
<tr>
<td>Total economic cost</td>
</tr>
</tbody>
</table>

Intergenerational impact of violence
As the primary caregiver of the family, the ill health of the mother due to exposure to violence has a profound adverse impact on the health and well-being of her children. This is in part due to increased rates of depression and traumatic stress amongst abused mothers, and the destructive effects of domestic violence on the quality of their parenting capacities. As a result, children of abused mothers typically have lower rates of immunization, higher rates of diarrheal disease, and are more likely to be malnourished and die before the age of five. Further, children exposed to domestic violence are more likely to experience difficulties in school and score lower on assessments of verbal, motor, and cognitive skills.

The implications of children witnessing violence tend to remain with them throughout their adult life. Global studies suggest that children who witness marital violence in the home are more likely to be malnourished and die before the age of five. Absent a supportive environment, these children are more likely to experience difficulties in school and score lower on assessments of verbal, motor, and cognitive skills. Further, children exposed to domestic violence are more likely to experience difficulties in school and score lower on assessments of verbal, motor, and cognitive skills.

The cost of inaction for India
Increasing evidence from research conducted worldwide shows that domestic violence significantly impedes development, both in terms of the financial costs to victims and the broader impact on national economies. Generally, there are two types of costs:

- Direct costs, which include expenditure on services such as healthcare, welfare, counseling, legal aid, transportation and refuge services used by victims of domestic violence; and
- Indirect costs, which include lost earnings and decreased productivity in the workplace. Global studies consistently show that abused women earn 50-60% less, have lower rates of labor force entry and poorer job retention than their non-abused peers. An Australian study estimated the annual cost of domestic violence to be $8.1 billion.

Unfortunately there are no studies that show the direct and indirect cost of domestic violence in India. However, considering statistics from developed nations such as the United States and Australia, there is no doubt that the cost of domestic violence to the Indian economy is extraordinarily high. Domestic violence ultimately prevents an economy from reaching its full potential, stunting economic growth, hindering productivity and reinforcing poverty.

### Table: Annual Cost and Prevalance of Domestic Violence in India and United States

<table>
<thead>
<tr>
<th>Prevalence</th>
<th>Annual Cost</th>
<th>Annual No. of days lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 4 women</td>
<td>~21 million</td>
<td>8.0 million days</td>
</tr>
<tr>
<td>1 in 2 women</td>
<td>~170 million</td>
<td>5.6 million days</td>
</tr>
</tbody>
</table>

The failure on the part of individuals, communities and governments to speak out and tackle the issues of domestic violence is tantamount to condoning it. Huge efforts are required, by governments and communities, to change attitudes, hold perpetrators to account, and provide effective support services to women affected by domestic violence. By failing to act, communities and nations play a part in perpetrating it.

Domestic violence is a burden on numerous sectors of the social system and quietly, yet dramatically, affects the development of a nation…batterser cost nations fortunes in terms of law enforcement, healthcare, lost labor and general progress in development. These costs do not only affect the present generation; what begins as an assault by one person on another reverberates through the family and the community into the future.”

Source: Zimmerman C. Plates in a Basket will Rattle: Domestic Violence in Cambodia, Phnom Penh. Cambodia: The Asia Foundation; 1994

### Key takeaways

- A shocking 50-70% of women (at least 170 million) in India are victims of domestic violence.
- Domestic violence is a violation of a woman’s basic human right to life, liberty, and freedom from violence. Abuse subjects a victim to a life of constant fear, loss of dignity and serious health consequences leading to disability or even death.
- Living in a violent relationship affects a woman beyond just physical injury - abuse increases expenditure on healthcare, decreases a victim’s productivity and earning capacity, reinforces gender inequality and negatively affects the development of her children. At a household level, every incident of abuse costs an Indian household an average of INR 2,000 ($47), enough to drive a marginalized family into further poverty.
- Increasing evidence worldwide shows that domestic violence significantly impedes a nation’s development, affecting businesses, government, and society as a whole - it costs the United States’ economy $12.6 billion annually.
- Domestic violence is not inevitable though. It can be confronted through a concerted and coordinated multi-stakeholder engagement that functions at both policy and grassroots levels, all the way through the prevention-amelioration-reconstruction continuum. As an example, the healthcare setting is an important place where women undergoing abuse can be identified, provided with support and referred if necessary to specialized services.
A wide range of organizations, both public and private, are involved in tackling domestic violence in India, including the government and its various agencies, international development agencies (IDAs), private foundations, corporates, the media and researchers. This chapter outlines the distinctive role played by each of these key agencies, highlighting both progress and failures, to provide donors with the context in which non-profit organizations are working. It also discusses the much heralded Protection of Women against Domestic Violence Act, 2005 (PWDVA) upon which the police, health services, judiciary, counseling services and shelter homes are required to act. Many non-profit organizations visited and recommended by Dasra work with these agencies – for example, to strengthen the implementation of the law, to improve the delivery and effectiveness of government services, and as funding partners or service delivery arms of IDAs and foundations.

**Chapter 2: Making the links**

**Stakeholders involved in tackling domestic violence**

A wide range of organizations, both public and private, are involved in tackling domestic violence in India, including the government and its various agencies, international development agencies (IDAs), private foundations, corporates, the media and researchers. This chapter outlines the distinctive role played by each of these key agencies, highlighting both progress and failures, to provide donors with the context in which non-profit organizations are working. It also discusses the much heralded Protection of Women against Domestic Violence Act, 2005 (PWDVA) upon which the police, health services, judiciary, counseling services and shelter homes are required to act. Many non-profit organizations visited and recommended by Dasra work with these agencies – for example, to strengthen the implementation of the law, to improve the delivery and effectiveness of government services, and as funding partners or service delivery arms of IDAs and foundations.

**The historic background to domestic violence in India**

Historically, the human rights paradigm was largely based on individual civil and political rights in public affairs, while omitting rights violated in the household. Only in the late 1960s did feminists begin to fight to extend this discourse to include domestic violence within the sphere of human rights violations. By 1979, global advocacy by the women’s movement resulted in the UN Convention to Eliminate All Forms of Discrimination against Women (CEDAW), which mandated that states take necessary measures to tackle domestic violence. Under this recommendation, the state is required to provide adequate resources to support women who are victims of domestic violence and need protection. This encouraged criminal and legislative efforts in India that resulted in the PWDVA in 2005 – a landmark victim-oriented civil law which recognizes domestic violence as a punishable crime and supports the victim through amelioration and rehabilitation.
Key global and Indian milestones in the effort to address domestic violence

The PWDVA has adopted the WHO’s description of domestic violence as a complex medico-legal and social issue, best addressed through a public health approach. Previous approaches within the human rights and criminal justice frameworks have failed to duly recognize domestic violence as a serious and preventable public health concern. The public health approach seeks to address this gap by focusing on populations rather than individuals, and by emphasizing primary prevention i.e. preventing violence before it occurs, through a coordinated response from multiple sectors and stakeholders.

**Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases.**

World Health Organization

The role of government

It is generally agreed that the most important single function of government is to secure the rights and freedoms of individual citizens. Domestic violence is one of the most pervasive human rights violations in the world. It is naturally incumbent on the government – especially in a liberal democracy like India – to play the biggest role in promoting and protecting the rights of those who have been violated. Through effective legislation, efficient law enforcement and a fair judiciary, the government can create a zero tolerance environment for domestic violence. It can also advance policies that help prevent such violence from occurring in the first place. This can be achieved by encouraging, and where necessary, requiring various parts of the socio-economic system such as education, healthcare and the media, to concert and coordinate their efforts on domestic violence prevention.

The Ministry of Women and Child Development is the nodal agency responsible for enactment of the PWDVA in India, while the Department of Women and Child Development or Department of Social Welfare is responsible for allocating budgets, infrastructure and protocols to implement the law at the state level.

What is the PWDVA?

As a civil law, the PWDVA is designed to be victim-oriented. It differs from the criminal law in that it is not focused on punishing perpetrators through imprisonment or fines. Instead, it seeks to empower women – rather than the police – to take action; and confers on victims various legal and civil remedies. Examples include protection orders (which are similar to injunctions or restraining orders), residence orders (which are used to prevent a woman from being evicted from a shared household), monetary relief (for medical expenses, loss of earnings, damage to property), and custody orders (which grant a woman temporary custody of her children). Entities that form the system of response established by this law are appointed by the state government, while stakeholders such as medical facilities, shelter homes, police, lawyers, legal and other service providers, and magistrates comprise its support structure.

Dasra’s workshop with practitioners highlighted that the PWDVA necessitates collaboration across multiple stakeholders to facilitate justice and relief to victims of domestic violence.
Role of the PWDVA actors

**Central Government**
- Role: The Ministry of Women and Child Development (MWCD) at the Centre is the nodal agency responsible for enactment of the PWDVA in India.
- Lack of budgetary support to the states – annual requirement for implementation of the PWDVA is INR ~1200 crores; the Centre budgeted only INR 68 crores in 2013-14

**State Government**
- Role: The Department of Women and Child Development and Department of Social Welfare are responsible for implementation of the PWDVA, providing enabling infrastructure and personnel, allocating dedicated budgets, establishing coordination and monitoring committees.
- Only 14 out of 28 states have separate budgets for the implementation of PWDVA so far.
- Outlays vary from INR 2.3 lakhs in Meghalaya to INR 7.2 crores in Karnataka.
- Some high incidence states such as Bihar (59%), Rajasthan (46%) and Uttar Pradesh (42%) have no plans yet to implement the Act.

**Protection Officer**
- Role: The key point of contact for a domestic violence victim, required to coordinate with other PWDVA agencies so as to facilitate a victim’s access to support services.
- Only 7 states have independent Protection Officers so far.

**Police**
- One of the first points of entry into the formal justice system.
- Patriarchal attitudes.
- Unaware about PWDVA.
- Lack of role clarity.

**Medical Facilities**
- Authorized to record domestic violence.
- Only 21 states and union territories have notified medical facilities.
- Absence of standardized protocols for screening and reporting.

**Shelter Homes**
- The Act provides for registration of non-profit organizations or government run shelter homes.
- 260 Swadhar homes and existing short-stay homes are too few to address needs.

**Service Providers**
- The Act provides for the registration of non-profit organizations as service providers.
- Only 15 states and UTs have notified service providers.
- Lack of investment by the state deters non-profit organizations from registering.

**Judiciary**
- Under the Act, proceedings must be completed by courts within 60 days.
- None of the 15,000 cases filed in Delhi courts in the last 5 years have been adjudicated within 60 days.

The role of international development agencies (IDAs) and private foundations

Domestic violence is a pressing global issue and largely supported by several international development agencies – multilateral and bilateral bodies, international NGOs and private foundations. In India, six institutions have been at the forefront of initiating and maintaining momentum against domestic violence - UN Women, USAID, Ford Foundation, Oxfam, Asia Foundation and Oak Foundation. Collectively, this stakeholder group has been instrumental in kick-starting the movement against domestic violence, providing policy guidance to the government, running campaigns and supporting innovative (now well-established) models, including special cells in police stations and crisis centers in hospitals. This group also supports the sector by providing funds for a wide range of non-profit activities, to be discussed in Chapter IV. Unfortunately however, domestic violence remains an under-funded issue. More money is needed for new and innovative solutions, existing funds must be pooled to secure greater impact, and funds must be built in for monitoring and evaluation, to address current gaps in knowledge and impact assessment. Appendix I provides more detailed information on the work of these IDAs and private foundations.
How are bilateral aid agencies tackling domestic violence?

USAID’s domestic violence-related efforts in India

“It is time for all of us to assume our responsibility to go beyond condemning this behavior, to taking concrete steps to end it, to make it socially unacceptable, to recognize it is not cultural, it is criminal.” – Secretary of State, Hillary Clinton

USAID, a key supporter of this report, is focused on preventing and responding to domestic violence globally, viewing it as a public health concern that requires a multi-sectoral response. In India, USAID has played a fundamental role in enabling some of the first research studies on domestic violence in India by ICRW (1998-2004). Seven research studies were completed during the grant period – four examined the links between masculinity and violence against women, whilst three investigated the impact and features of community level responses to violence against women. These were widely disseminated through workshops and media campaigns and became critical to lobbying efforts for effective legislation on domestic violence. Experts consulted by Dasra commented that practitioners continue to use these research studies, regarding them both as useful tools to support advocacy efforts and as a basis for designing their domestic violence services.

The role of corporates

Unfortunately there is no data available to quantify the extent of corporate funding of the domestic violence non-profit sector. However, from an analysis of non-profit budgets and discussions with experts, it is clear that corporate funding for the issue of domestic violence is extremely limited.49 However, corporates can also support this sector in other ways. They are uniquely positioned to use their influence, resources, and ability to innovate and come up with practical responses to the problems posed by domestic violence. Illustrative roles corporates can play are highlighted below using international examples:

- The Liz Claiborne Love is Not Abuse campaign is an excellent example of a corporate-run domestic violence campaign in the US.50 The company aligned its core business activities with its social mission, creating shared value through its work. The campaign increased brand awareness amongst its consumer target group (consisting mainly of women) and raised awareness about the issue of domestic violence.

- The Vodafone Foundation used its core business skills to introduce innovative applications to the sector. It developed the TecSoS phones, which have been specially adapted for use by victims of domestic violence as an emergency response system. They enable users to establish immediate police contact at the touch of a single button. The alert call provides details of the victim’s location and triggers an immediate recording of all activity in the vicinity of the device. When a TecSoS call is received, it is treated by the police as a high priority and officers are dispatched accordingly. First used in Spain six years ago, the phones are currently being employed by police forces in Italy, Portugal, Hungary and the UK. They have been used by at least 22,386 women.51

- Other corporates, such as the Avon Foundation, have also provided the sector with financial resources. In 2012, it announced ten $ 60,000 grants to support women’s domestic violence shelters and agencies around the world, including India.

In India, corporates have been more active in providing employability options to victims of domestic violence. For example, Swayam, a non-profit organization in Kolkata, has partnered with the social business iMerit to provide training in IT services to women in its intervention community of Metlabruz, a Muslim-majority neighborhood. By establishing a Technology Services office in Metlabruz, iMerit has empowered over 100 women – many of whom are victims of domestic violence – by conferring a measure of economic independence and mobility that should also improve their ability to secure the right to a life free of violence.52

Corporates can also protect their own employees in the workplace both as an end in itself and to cut absenteeism, improve productivity, increase turnover and reduce excessive use of medical benefits.53 By supporting women affected by violence, corporates can go some way to decreasing these health-related costs. For example, the Corporate Alliance against Domestic Violence (CAADV) has brought several progressive companies together by raising awareness, sponsoring programs and establishing best practice benchmarks. Working collaboratively with other businesses on strategies to address domestic violence in the workplace is a good starting point from which Indian corporates can begin engaging with the issue of domestic violence.

Above: A UN Women campaign uses the world’s most popular search engine (Google) to show how gender inequality is a world-wide problem. The adverts show the results of genuine searches, highlighting popular opinions across the world wide web.
The role of the media
The media has a crucial role to play in the prevention of domestic violence by raising awareness and educating the public. Leveraging its power to shape public opinion, it can break down prevailing stereotypes and negative patterns of behavior that are central to the issue of domestic violence. Research states that women who have never had any exposure to mass media are 18% more likely to be beaten than those who have been exposed.34

Dasra’s interviews with experts showed that the media needs to portray healthy, constructive communities in its content and communication to help establish positive aspirational behavior norms and role models. For example, the media can develop storylines, images, characters, programs, and products that promote healthy attitudes towards women, masculinity, relationships, and sexuality. Highlighting women in politics, sports, business, health and education as role models has a positive impact on young girls and women.

The role of academic and research institutions
Building research infrastructure and competency within academic and research institutions is essential in better understanding domestic violence. Rigorous research can help to develop effective policies, assess implementation and provide much needed services for both victims and perpetrators. Improving research capacity in India can strengthen connections between researchers and practitioners. In fact, government agencies and private funders need to support collaborative research and community-based evaluation studies to ensure more effective intervention.

Since 1997, international research firms like ICRW have led India-specific research into the effects of various intervention measures aimed at addressing domestic violence. However, there are few Indian-based research organizations operating in the sector. Dasra recommends that leading academic institutions— with a social science faculty— should receive funding to become stronger research centers for domestic violence. Tata Institute of Social Sciences and Jawaharlal Nehru University are good examples of this.

With the growing recognition that domestic violence is best addressed through a public health approach there has been an increase in research conducted by health focused organizations such as the Indian Institute of Health and Family Welfare, Hyderabad and the Public Health Foundation of India. There is a need for researchers and practitioners to better collaborate, exchange knowledge, and improve the design and evaluation of programs and policies to more effectively tackle domestic violence.

The role of networks
In India, networks exist to enable non-profit organizations and women’s groups to lobby for legislative coordination, budget allocations and effective implementation of the PWDVA. During Dasra’s workshop for organizations targeting the issue of domestic violence, participants expressed a need for a network that strengthens coordination within the domestic violence sector by sharing resources and best practices, improving connections between service providers, and advocacy and policy change to improve collective action.35

Three key networks for domestic violence practitioners in India are described below:

AMAN: Global Voices for Peace in the Home is an international network to end violence against women, particularly domestic violence, established by the non-profit organization Swayam in December 2006. This network has grown to include over 50 member organizations from 11 states in India.36 Key activities enabled by the network include referrals of survivors to member organizations, collaboration with international member organizations to support Indian women facing domestic violence overseas or from non-resident Indian spouses, development of common ethical norms for working with survivors, increasing the capacity of member organizations to handle problems, and liaising with appropriate institutions to effectively implement the PWDVA.

Women Power Connect (WPC) is a national organization of 1,400 women’s groups and individuals across India working together to formalize the process of legislative coordination.37 Its activities are aimed at influencing legislators and policy makers to frame gender-friendly policies. WPC works with Oxfam to engage with members of Parliament in five states to improve implementation of the PWDVA, and connect activists and social thinkers to a common platform.

PWDVA Action and Advocacy Group is a national level network of 39 organizations and individuals formed in December 2012 to promote effective implementation of the PWDVA.38 The group also campaigns for increased central government funding.

Key takeaways

- Decades of lobbying by women’s rights groups culminated in the enactment of the Protection of Women against Domestic Violence Act (PWDVA) in 2005. This landmark, victim-oriented civil law provides for a coordinated response to domestic violence, and involves participation from a comprehensive range of organizations and other parties including providers of medical services, the police and judiciary.
- Progress on the law’s implementation has however been slow and there are wide variations in application by states. More funding and a much greater political commitment to ensuring that the rights it confers get enforced are necessary.
- Despite financing of welfare organizations by prominent IDAs such as USAID, domestic violence remains an under-funded issue in India.
- While the involvement of corporates is currently limited, they have potential to engage with the issue by creating shared value through their core business activities and by providing funds to finance the activities of non-profit organizations.
- Non-profit organizations have a critical role to play in improving the implementation of the PWDVA, through using findings from research to lobby the government and to hold it to account. They also work directly with agencies involved in delivering the rights provided by the PWDVA, building their capacity and sensitizing them to the issues of domestic violence.
- Greater collaboration between non-profit organizations, and between government agencies, is critical for improved responses to domestic violence.
Domestic violence is a cross-cutting issue. Responses, whether focused on prevention, amelioration or reconstruction, are many and wide-ranging. They also involve a large number of stakeholders, including government and non-profit organizations. Effective responses to abuse, especially at the ameliorative stage, need to be multi-sectoral – involving health, legal, judicial and social support systems – and coordinated. Efforts should focus on preventing violence occurring in the first place, and in protecting and supporting victims. Through secondary research and expert consultations, Dasra has identified four priority areas, or cornerstones, which require critical attention from donors. These should form the basis of any strategy to tackle domestic violence in India:

**Chapter 3: Priorities for action**

**Cornerstones for addressing domestic violence**

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**Strengthening implementation of the PWDVA**

**Emphasizing prevention and early intervention**

**Leveraging the power of the community**

**Building knowledge and evidence**

**Cornerstones for confronting domestic violence (DV).**
"In the shortest period of time, the Protection of Women from Domestic Violence Act, 2005 has emerged as one of the most important and influential pieces of social reform legislation ever enacted by the Indian State."

— Dr. G Mohan Gopal, Director, Rajiv Gandhi Institute for Contemporary Studies

The PWDVA was designed as an instrument to protect the human rights of women in domestic relationships. Most agree that it was a much needed positive step towards enabling women in India to live lives of equality, dignity and freedom within their families. However, progress on the ground has been slow, plagued by structural issues involving institutional capacity, infrastructure, and the functioning of law enforcers.

First and foremost, there is a need for increased cooperation between stakeholders, given that victims have complex needs and may require support for a range of services, including healthcare, social services, legal entities and law enforcement.1 Historically, programs have tended to concentrate on a single sector, which has very often been shown to produce poor results. For example, a study that undertook an analysis of responses to domestic violence in Madhya Pradesh and Maharashtra found that both state and non-profit sector responses, on their own, failed to treat the problem effectively.1

The PWDVA in contrast, does provide for a coordinated, multi-sectoral response, with seamless referrals between PWDVA agencies - it stipulates that for the victim, the response system should function in such a way that no matter what the entry point of the woman, whether a police station, hospital or counseling center, she is subsequently connected smoothly to all other functions in such a way that no matter the entry point of the woman, whether a police station, hospital or counseling center, she is subsequently connected smoothly to all other services she may require without feeling further victimized. Mechanisms and protocols for more effective coordination and referral are thus urgently required.

A coordinated response to domestic violence in the UK

The UK-based non-profit organization Standing Together Against Domestic Violence (Standing Together) helps all agencies involved in tackling domestic violence in the London borough of Hammersmith and Fulham to work together effectively. It does so by agreeing protocols and procedures for communications between agencies and their individual responsibilities to ensure every victim receives the same high quality support. It also monitors each organization’s performance and holds each agency to account. From the moment a woman in the area calls the police regarding an act of domestic violence, Standing Together coordinates the help she requires. It brings together the police, the criminal justice system, probation, social and health services, and voluntary organizations. It coordinates them to ensure they provide the services they have agreed to supply in protocols, both within their own organizations and in the way they deal with other organizations helping victims.

This approach has been extremely effective. It has resulted in an increase in the number of arrests for domestic violence and halved the number of women withdrawing from a case. In four years, the rate of convictions rose from 36% to 52% of defendants, while in three years, repeat victimization decreased by one third.

This example clearly shows that effective coordination can yield impressive results. There is a strong case for replication of this model in the Indian context, either by a government agency or through the non-profit sector.

In addition to increased convergence and cooperation between response providers, there is a clear need for significantly increased budgetary outlays for adequately responding to the scale of the domestic violence issue in India. Unfortunately the Ministry of Women and Child Development has not set any minimum benchmark for states for allocating funds to implement the PWDVA, so funding for domestic violence and its implementation varies considerably between them.2 Unsurprisingly, those with the highest incidence of domestic violence such as Bihar, Rajasthan and Uttar Pradesh also have the smallest budgets, the lowest number of protection officers and the least overall preparedness to provide victim relief under the PWDVA.

To address inadequate budgeting and remove inter-state disparities in implementation of the PWDVA, the draft 12th Five Year Plan (2012-17) includes a component dealing with financial assistance for states to implement the PWDVA in the 100 worst performing districts in India.3 However, while the annual requirement for implementation of the PWDVA is estimated at almost INR 1,200 crores in the current year (2013-14), the central government has only allocated INR 68 crores.4 Non-profit organizations thus have a major role to play in lobbying the government for increased resources, and holding it to account by monitoring and evaluating its implementation.

One of the critical gaps identified through some of the annual monitoring and evaluation of the PWDVA implementation is also the lack of awareness and proper understanding of the law and its provisions amongst many of the agencies charged with its implementation.5 For example, medical facilities can register domestic incident reports (DIRs) and forward a copy to protection officers, but rarely do so. Many protection officers also misunderstand the PWDVA, often wanting to settle cases by counseling rather than using designated service providers. Protection officers appear to be similarly confused about the nature of complaints and DIRs. There is also a lack of uniformity between states on what qualifies as a ‘complaint’. It is essential that these key agencies are trained to better understand how they should act when confronted by a victim of domestic violence.

Besides providing technical training for those responsible for administering and enforcing the law, it is also important to sensitize such persons to ensure that a victim is not once again subjected to the same patriarchal and gender-biased attitudes that lie at the heart of domestic violence. Owing to their lack of understanding of domestic violence, government agencies such as the police often encourage reconciliatory outcomes and decisions, or label women survivors as ‘bad women’ and ‘home breakers’.6 Addressing these attitudes is critical in helping enable women to report violence, access justice and exercise choices based on their own needs and interests. Several non-profit organizations are undertaking this task of educating, sensitizing and providing capacity building support to a range of PWDVA agencies, based on their geographic regions of presence and areas of expertise.
Emphasis on prevention and early intervention

Domestic violence is not inevitable and can in fact be reduced through well-designed and effective programs and policies. This is evidenced by the wide variations in incidence, both between and within countries. Investments made now to stop domestic violence before it occurs, will protect the physical, mental and economic well-being and development of individuals, families, communities and whole societies. Prevention is far better than cure.

The pervasiveness of domestic violence in our society is fundamentally attributable to traditional and continuing notions of how men and women are socialized. Males are most often seen as protectors and providers for their women and families - qualities sometimes considered essential for male identity and male power; while women are seen as home-makers and nurturers. From this privilege arises a sense of male entitlement to discipline the woman in case of any transgression or unsatisfactory performance of her traditional role. This normalization of violence becomes deeply embedded in the collective mindset with such ideas passed on from generation to generation unless explicitly challenged. These attitudes also begin to develop at a very young age, making adolescence and youth a critical time to intervene to break the pattern by which violence is perpetuated. Changing mindsets and preventing violence in the first place is absolutely essential in formulating a long-term solution to domestic violence.

UNICEF’s “Global report card on adolescents 2012” shows that 57% of boys – and more disturbingly, 53% of girls — in the 15 to 19 age group in India believe that wife-beating is acceptable.

Whilst it is important to work to change the mindsets of all members of society, it is paramount to do so with two groups in particular:

- Men and boys because they perpetrate acts of domestic violence, and
- Youngsters in general, because attitudes and beliefs are still being formed

Besides changing attitudes and social norms regarding domestic violence, prevention efforts should also focus on creating an enabling environment of social and economic empowerment for women so they may be better positioned to negotiate their right to a violence-free home in the first place, or at least feel equipped to prevent further violence by removing themselves from the domestic situation with dignity. Protective factors, such as education, supportive social structures, financial independence and ownership of assets, must be fostered.

For example, interventions that combine microfinance with gender-equality training have proved effective in reducing levels of domestic violence, as shown by the IMAGE (Intervention with Microfinance for AIDS and Gender Equity) study in South Africa.

Preventing domestic violence by empowering women: IMAGE in South Africa

The IMAGE (Intervention with Microfinance for AIDS and Gender Equity) intervention program, delivered by the Small Enterprise Foundation in South Africa, has effectively reduced domestic violence in its intervention area. This microfinance program has included an integrated participatory learning component, called Sisters for Life. This first phase included 10 one-hour training sessions and covered topics including gender roles, cultural beliefs, relationships, communication, domestic violence, and HIV infection. Its aim was to strengthen communication skills, critical thinking, and leadership. The second stage encouraged wider community mobilization to engage both young people and men in leadership. The rationale behind the initiative was that group learning fosters solidarity and collective action.

The intervention ran for two years, during which the risk of physical or sexual intimate partner violence in the following year was reduced by more than half. These decreases in violence were the result of a range of responses that enabled women to challenge its acceptability, including leaving violent relationships, giving material and moral support to those experiencing abuse, mobilizing new and existing community support groups, and raising public awareness about the need to challenge domestic violence.

Early intervention, as well as prevention, is a critical strategy for addressing domestic violence. We know that domestic violence is an issue for all sections of society. However, there are well-researched underlying factors that put some people at greater risk of both perpetrating and experiencing domestic violence – such as being of a young age, low levels of education, substance abuse, and childhood experience of abuse. With such high-risk families, it is necessary to intervene early and to provide support and other services before dysfunctional patterns of behavior are established within the unit, setting the stage for abusive behavior in adolescence or adulthood. For example, studies show that the successful treatment of alcohol dependence in men reduces domestic violence to a greater degree than is typically found with domestic violence interventions per se.

Leveraging the power of the community

Experts consulted by Dasra recommended two ways to leverage the power of the community to protect women from domestic violence: nurturing informal networks, and involving influencers, such as political, religious and other community leaders.

Research shows that informal networks such as family, friends, and neighbors usually provide the first point of contact for abused women. While the low use of formal services is partly a reflection of the lack of effective response services (see adjoining box), very often and more importantly, this behavior stems from barriers such as fear of intensification of violence, societal stigma, and the threat of losing children.

The beneficial effects of social support from friends and family are quite apparent. At the very least, it provides an anchor that increases a woman’s ability to cope with violence and empowers her to negotiate her situation better. It can also serve as an effective deterrent and help prevent and reduce the incidence of violent behavior. One study found that higher levels of emotional support can ameliorate the effect of domestic violence on a woman’s mental and physical health. Programs should place greater emphasis on enabling these informal groups and individuals to deal with violence and related issues. How they respond will determine whether a victim takes action or retreats into isolation and self-blame.

Additionally, the local community can be used to protect women by involving its influencers – i.e. local political, religious and other leaders, and governing bodies such as panchayats. They typically exercise significant soft influence over social norms and sanctions and help determine what is considered acceptable or unacceptable behavior. A comparative study of 16 communities worldwide found that those with the lowest levels of domestic violence had community sanctions against it. They also enabled abused women to access a place of safety or sanctuary (either in the form of a shelter or family support). It is important to engage with this group to influence social opinion to challenge attitudes that condone gender inequality and domestic violence.

In a multi-country study conducted by the WHO, the majority of physically abused women (between 55% and 95%) reported that they had never approached any formal agencies (health services, legal advice, shelters) nor contacted people in positions of authority (police, women’s non-governmental organizations, local and religious leaders).
Building knowledge and evidence

Over the past 30 years, the women’s movement has grown considerably throughout India. In that time, a multitude of organizations have been established to work to address domestic violence through a wide variety of programs and interventions.

There is a growing body of knowledge regarding the magnitude, patterns and risk factors associated with domestic violence, but many research gaps remain - including patterns of women’s responses to violence and the effects of domestic violence on children. Expanding the knowledge base and disseminating existing and new information will lead to more effective programs and strategies. Data on prevalence and patterns can also be important tools to engage governments and policy makers in addressing this issue. There is a need for civil society and state level research organizations to move towards a more centralized ‘knowledge hub’, moderated by a committee of members from both groups. In addition there is express demand for wider dissemination of such information through local and national level forums.

There is also a strong need for research that evaluates the efficacy and effectiveness of various responses to domestic violence. Whilst individual-level interventions are relatively easy to assess, evaluation of comprehensive, multi-level, multi-component programs and institution-wide reforms is more challenging. The generation of an evidence base for ‘what works’ will give organizations the tools they need to demonstrate successful models for upscale and adoption by government.

Key Takeaways

- Tackling domestic violence in India requires responses to be multi-sectoral, especially ameliorative ones.
- Dasra has identified four priority areas for action, which should form the basis of any strategy to tackle domestic violence in India. These include strengthening implementation of the PWDVA, providing a focus for prevention and early intervention activities, leveraging the power of the community and building a knowledge and evidence base.
- Activities aimed at strengthening the implementation of the PWDVA are critical for a scalable and sustainable response to domestic violence. Efforts should be focused on improving convergence and cooperation between stakeholders, increasing budgetary outlay and political commitment by states, and raising awareness and building capacity among government agencies tasked with implementation.
- Prevention is better than cure. Domestic violence is not inevitable, so investments made to stop it before it occurs will protect the physical, mental and economic well-being of individuals, families, communities and whole societies.
- Communities have the power to condone violence, or speak out against it. Activities which mobilize the power of the community are an effective way to both prevent it happening and to protect women. Two effective approaches include stabilizing informal networks of friends, family and neighbors, and involving local leaders.
- There is a growing body of knowledge regarding the magnitude, patterns and risk factors associated with domestic violence, but many research gaps remain. Expanding the knowledge and evidence base will allow for even more effective programs and strategies and the ability to scale and institutionalize effective interventions. This information would also provide non-profit organizations with the advocacy tools they require to engage government.
Dasra has identified 12 key non-profit interventions in India through its sector mapping and field research. These range from the provision of counseling or legal case management for a victim, to building public awareness at large and capacity building of stakeholders. Dasra assessed these interventions on the ground, according to their a) impact on an existing or potential victim and b) current and inherent potential to scale, in order to highlight those which are most critical from an investment perspective.

Linking interventions to cornerstones

Preceding sections of this report have described the various key factors concerning domestic violence in India and the cornerstones that are crucial in addressing it. The diagram on the following page provides a link between the cornerstones (what is needed to tackle domestic violence) and non-profit interventions on the ground (how these cornerstones are being addressed).

It may be observed that ‘strengthening the implementation of the PWDVA’ as a cornerstone maps to the greatest number of interventions on the ground, highlighting the volume of work being undertaken by non-profit organizations to deal with the gaps in implementing this well-drafted law. On the other hand, the ‘building evidence’ cornerstone maps to few interventions on the ground, revealing the mismatch in terms of what is required on this front and what is actually being undertaken.

It may be further observed that several interventions link to at least two cornerstones, representing strong interventions for tackling domestic violence. For example, community mobilization and research and advocacy link to at least three cornerstones, while youth engagement, counseling services, legal case management and public awareness generation link to at least two. That said, any donor interested in tackling domestic violence should aim to achieve a balanced portfolio of interventions across the four cornerstones, if domestic violence is to be tackled holistically and comprehensively.
Lack of realization of DV

Ground work: Non-profit interventions in the field

Stage

Issue

Root Causes

Cornerstones for interventions by communities

Confronting non-profit organizations

During Violence

As victim seeks institutional help

Leveraging evidence of the community

Building evidence

Ameliorative interventions

Preventive interventions

Reconstructive interventions

Dowry

Lack of realization of DV

Support network

Domestic violence

Community mobilization

Victims

Patriarchal attitudes

Low levels of education, income

Alcoholic male partner

Insufficient up-scale of successful models by government

Healthcare providers fail to identify DV victims

Poor coordination between service providers

Lack of awareness about laws, poor role clarification

Community is unable to leave

Emphasis on dowry issues

Lack of political will

Lack of budgetary support

Lack of trained personnel

Lack of accountability

Apathy of key responders

Lack of awareness about laws, poor role clarity

Capacity building of stakeholders

Infrastructure provision

Helplines

Research and advocacy

Vocational training

Women uphold women’s right to a violence-free life.

Formal assistance. These include various short-term facilities addressing the immediate and practical needs of a woman, such as shelter, legal aid, medical aid, and remedial counseling.

Preventive interventions seek to create a gender-equitable environment where both men and women uphold women’s rights to a violence-free life.

Ameliorative interventions are those services that a woman requires when she first seeks formal assistance. These include various short-term facilities addressing the immediate and practical needs of a woman, such as shelter, legal aid, medical aid, and remedial counseling.

Reconstructive interventions are focused on helping a victim to rebuild her life by providing access to a livelihood, well-being and empowerment.

In the following matrix, the interventions have been color coded into one of these three response categories- preventive, ameliorative, reconstructive – based on Dasra’s assessment of their primary fit. However, some of the interventions do link to more than one response area. For example, community mobilization actually cuts across all three as it serves to change attitudes within the community, which is not only relevant from a preventive or ameliorative perspective, but also determines the ability of a victim to eventually rebuild her life depending on the long term support and understanding her community chooses to provide.

Effectiveness of interventions on the ground

All 12 key non-profit interventions currently being implemented to tackle the issue of domestic violence align with one or more of Dasra’s cornerstones as depicted above. They have subsequently been mapped onto the matrix below in order to determine their relative position in terms of Dasra’s chosen criteria i.e. a) impact on an existing or potential victim and b) current and inherent potential to scale. The sub-criteria to define both impact and scale are outlined in some detail in Appendix II. The mapping on the matrix has been validated by an expert advisory committee, convened by Dasra, as well as representatives from 14 non-profit organizations who attended Dasra’s capacity building workshop.

Following this exercise, eight of the 12 interventions are classified as “high impact”- i.e. those categorized as having a high or medium impact on the matrix. Dasra has further assessed each intervention’s ability to scale in order to allow donors to understand the inherent capacity of these interventions to be expanded to a large beneficiary base, a priority and measure of which may vary from donor to donor.

The remaining four interventions - facilitating networks, vocational training, infrastructure provision and helplines - while categorized as low-impact interventions are much needed to address the issue of domestic violence. However, the current manner in which they are being administered is not yet creating the requisite impact. For instance, even though networks exist in the sector, there is limited attendance of non-profit organizations and minimal exchange of best practices. If this issue were to be addressed, facilitating networks would have the potential to positively impact a victim far more than they currently do. Similarly, the availability of a good shelter home would ideally have a major impact on the ability of a domestic violence victim to leave her household and seek immediate respite. However, at present, there are virtually no shelter homes that accept women with children or provide a supportive environment for a victim.

Currently, efforts by non-profit organizations to address domestic violence focus on three response mechanisms:

- Preventive interventions seek to create a gender-equitable environment where both men and women uphold women’s rights to a violence-free life.

- Ameliorative interventions are those services that a woman requires when she first seeks formal assistance. These include various short-term facilities addressing the immediate and practical needs of a woman, such as shelter, legal aid, medical aid, and remedial counseling.

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High impact interventions

Community mobilization

Communities have the power to condone or condemn violence. Informed communities can therefore serve as effective deterrents to domestic violence, and also become immediate providers of rehabilitative support to victims. It is therefore important to work with such communities, whether through formal public institutions, community groups, or individual members of the public, to mobilize this potential, and support them to come together and respond to domestic violence-related issues.

Non-profit organizations have been engaging with and sensitizing existing groups, such as panchayat ng institutions, which comprise key influencers who have the power to denounce violence and establish precedents for a violence-free society. For example, the non-profit organization AWAG runs several workshops and training sessions for panchayat leaders, as well as the police, accredited social health activists (ASHAs), and village health and sanitation committees.

Survivor groups play a crucial role in creating a safe space for other victims to report violence and seek support. Swayam is another non-profit organization that hosts various group activities such as picnics, workshops and support group meetings to enable survivors to explore, mingle, relax, and learn, and in the process, bring a semblance of normalcy back to their lives. It also helps them to feel less isolated by connecting with other survivors with similar experiences, enabling them to form bonds of solidarity.

“Shama is a 28 year old woman who had attempted suicide. Her husband had asked her to leave the house with a son who was mentally challenged. He refused to give custody of either of her other two children. After being thrown out of her own home and living with her parents for a while, she was referred to a support group run by a women’s organization. Shama attended its meetings. They helped her connect with other women who had suffered similar experiences including violence. This gave her the strength to move on. She found employment and decided not to fight for the custody of her children until she became independent. Today, she has moved out of her parents’ home and has gained custody of her youngest child.”

Self-help groups (SHGs) also help mobilize communities. While they usually seek the economic empowerment of women, which in itself is part of a long-term strategy to prevent domestic violence, they can also serve as community platforms through which women can become active in village affairs, and take action to address issues such as domestic violence. SHGs can also act as effective pressure groups to ensure that responding agencies such as the police and health services are accountable to the communities they are meant to serve. This requires that efforts be made to build sufficient numbers of capable SHG members through training and education on relevant laws and legal procedures, women’s rights and entitlements, and similar subjects.

Case study: Self-help groups in Pune

A non-profit Mashal helped form the first SHG in the Shankar Maharaj Math slum in Pune. They “spotted these strong-willed women who really wanted to do something about the problems women-folk faced”. The SHG worked hard to help women in the slum fight instances of domestic abuse and other forms of violence.

“We get at least four complaints every month of violence against women. So far, we have been able to help women in 12 different cases. However, our journey has been arduous as we don’t always enjoy the cooperation of the police,” says Kavita Waghmare, chairperson of the SHG, who along with other members, often goes to the police station after receiving complaints of domestic abuse in the slum.

“The police sometimes talk down to us, asking us whether we know about the relevant laws pertaining to violence against women. In some cases, they do not entertain our complaints at all. We have decided to gain some legal knowledge to help women in a more professional manner,” adds Waghmare.”

Two years after its formation, the group received training on the provisions of the PWDVA, which enabled them to refer cases and instances of domestic violence to the relevant bodies, support groups and organizations.
Youth engagement

Any domestic violence prevention effort requires an overwhelming attitudinal and behavioral change that begins with working with young people. This is because values and beliefs at a younger age can be more easily shaped. Much of what they internalize results from their experiences in their homes and communities, what their peers are doing and what is taught to them in schools. Many of these influences have a potentially negative impact on their attitudes and mindsets, which can lead them to believe that domestic violence is acceptable, making them potential future perpetrators themselves. Interventions aimed at addressing these deep-rooted patriarchal views are slowly gaining traction in India. However, this approach has received comparatively little attention, investment, and commitment compared to other ameliorative and rehabilitative responses.

“I was struck by the confidence, self-esteem, and pride that the performances instilled in the young men. They acknowledged that while they were promoting the rights of women and girls, they were in essence empowering themselves. It was their voices that were changing mindsets; they were helping to realign values; and in standing up for women’s rights, they were protecting their families and their community at large.”

— Melanne Verveer, US Ambassador-at-Large for Global Women’s Issues, writing about the USAID funded Garima program, which works to change attitudes about community at large.

Currently non-profit organizations engage adolescents either in communities or schools. Within communities, they develop peer leaders as role models for other adolescents. These leaders use positive peer influence to promote a healthy, supportive, respectful and violence-free environment. They help to develop social responsibility in youth and model pro-social behavior. Non-profit organizations also create awareness of gender-based violence through specially designed modules that are incorporated into the school curriculum. Schools provide access to the critical mass of youth, allowing for the standardization of curriculum. They are also easy to scale up. Non-profit organizations, having recognized this, are currently developing and reforming curricula to be used in schools to break down gender stereotypes in classrooms.90

“Women are often raised and socialized within a culture that says that women are subservient, that women are expected to be unassertive and that women are expected to be care-taking and put their needs last,” Storm said. “Then men have this ‘bottle-up your emotions’ socialization and we wonder why there is violence. I believe that the source of domestic violence starts from a very young age.”

— Rachel Storm, Assistant Director of the Women’s Resource Center, University of Illinois.

Significantly, several of these organizations have realized that boys (as well as men) play a crucial role in confronting domestic violence. Evidence suggests that one of the most promising ways to reduce communities’ tolerance of domestic violence is to promote non-violence and gender-equitable norms among boys and men.91 As potential perpetrators, or simply watchdogs in the community, adolescent boys are educated to reflect critically on masculinity and gender.

They are engaged in gender-specific activities, discourse and discussions that allow them to deconstruct gender norms and realign values. Themes and discussions are often connected to real life—reflecting how gender norms affect the men and boys themselves and their partners and families. At least some of the sessions involve personal reflections and discussions about how these issues affect their own lives. Unfortunately, at present, less than 5% of community-based organizations in India engage men to tackle attitudes, beliefs and behaviors.92

Experts consulted by Dasra strongly suggest that engaging young people, particularly boys, vastly enhances awareness of domestic violence and mobilizes entire communities to take an active stand against such behavior.

CORO has developed and implemented a curriculum with ICRW to engage young girls and boys between the ages of 12-14 years, to critically reflect on issues related to inequitable gender norms and violence. The Gender Equality Movement in Schools (GEMS) project was introduced in public schools in Goa, Kota and Mumbai using different approaches such as extracurricular activities, role-playing and games. The evaluation of the program has been very encouraging. Key gender-based attitudinal and behavioral changes—including raising the age at which girls marry, greater male involvement in housework, and opposition to gender discrimination—were observed during the pilot stage in Mumbai. In addition, the results of the intervention show a decrease in domestic violence among students after the program.93

ECF’s Action for Equality aims to provide men and boys with tools to change their behavior and advocate that change to others. This results in men acting as leaders or advocates of change even after ECF has withdrawn from their communities. This 15 week program reaches 40,000 people in 20 low-income communities. A recent survey indicated that 61% of women, who live with the graduates of this program, have reported a reduction in violence or discrimination.

Public awareness

The culture of silence surrounding domestic violence means that many women are reluctant to report abuse or are unaware of alternatives and services. Public awareness campaigns play a crucial role in helping women recognize that they are facing domestic violence and directing them to relevant services. Most importantly, they transfer the issue from the private domain into the public arena, thereby breaking the previous culture of silence.

Public awareness campaigns can range from large-scale national activities to smaller movements and demonstrations within different localities. Mass media campaigns normally use radio, television, billboards and other platforms to reach a large segment of a community. They also tend to employ national and international celebrities and public figures to ensure greater influence and impact. Innovative approaches that can be effective in reaching diverse audiences include the use of technology (mobile phones and computers), street theatre, art, music and cultural activity.

In India, awareness campaigns about domestic violence have stimulated discussion that would not otherwise have taken place. They have not only increased awareness amongst men and women, but also amongst different stakeholders of domestic violence in India. Since 2006, non-profit organizations have made effective use of such methods to raise awareness of the issues surrounding implementation of the PDVDA.
The Bell Bajao (Ring the Bell) campaign in India was launched in 2008 by the non-profit organization Breakthrough, in collaboration with the Ministry of Women and Child Development, UNIFEM and the UN Trust Fund. The campaign aimed to create widespread awareness of the issue of domestic violence. It called on members of the community, particularly men and boys, to take a stand if they came across any incident of domestic violence in their neighborhoods. They were urged to ring the doorbell and ask for a simple favor - such as to borrow some tea, to use the phone, or to have a glass of water. This was meant to let the abuser know that others could hear them and would act to interrupt their violence.

The effectiveness of Bell Bajao as a media and grass-roots campaign stems from its dual approach of media messaging through a series of award-winning television advertisements, combined with community mobilization efforts. For example, in 2010, Breakthrough’s video vans traveled 14,000 miles through cities and villages screening public service ads and involving communities through games, street theatre and other cultural tools. This represented a sustainable, on the ground process of transforming hearts and minds.

The Breakthrough campaign to end domestic violence reached 240 million people during 2009-10. Figures from the organization’s base-line and end-line surveys reinforce the power of public awareness campaigns to change the landscape and mindset that sustains domestic violence.

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<th>Impact (Reported figures before and after Bell Bajao)</th>
<th>Before</th>
<th>After</th>
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<tr>
<td>Women who would protest if abused by their husbands</td>
<td>29%</td>
<td>43%</td>
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<tr>
<td>Men and women who had heard about the PWDVA</td>
<td>3%</td>
<td>15%</td>
</tr>
<tr>
<td>Women who understood that the PWDVA could entitle</td>
<td>22%</td>
<td>56%</td>
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<td>them to residence and compensation</td>
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Leverage existing infrastructure
Non-profit organizations have the expertise to address domestic violence but lack the resources to scale their interventions. Considering that victims of abuse tend to approach the police and access healthcare systems, these organizations are beginning to use this existing infrastructure to deliver high quality ameliorative services to a wider base of beneficiaries.

The two most successful models that leverage existing infrastructure are the establishment of crisis intervention centers in public hospitals and special cells within police stations. These public-private partnerships represent a win-win situation for both the non-profit and the public institution. The government agency benefits because the non-profit cell within the premises eases the responsibility of the already over-burdened government staff, and the non-profit organization benefits because it receives a critical mass of beneficiaries with minimum investment. Collaboration amongst non-profit organizations, as well as with the government, is essential in combining the passion and commitment of the former and the ability of the latter to scale.

- Dilaasa, a crisis center for women established in 2000, is the first hospital-based crisis intervention department designed to respond to the needs of women facing violence within their homes and families. It represents a joint initiative by the Public Health Department of the Brihanmumbai Municipal Corporation and the non-profit Centre for Enquiry into Health and Allied Themes (CEHAT). There are currently two crisis centers at the Bhabha Hospitals in Mumbai, where women are counseled and supported, within a large feeder network of public health facilities in the city. It also provides them with any medical aid they might need. Women who face extreme restrictions on their mobility by their abuser find it easier to come to Dilaasa on the pretext of a hospital visit. Over the past year, the numbers of women visiting the center increased from 400 to 680, which seems to indicate a positive trend in terms of encouraging victims of domestic violence to seek help, acknowledging more widely the importance of combating domestic violence, and stimulating active screening for victims by hospital staff.

- In 2000, SNEHA established a crisis counseling center in the Chota Sion Hospital in Mumbai. The center acts quickly to arrange medical care and temporary shelter if necessary, provides immediate and long-term counseling for the victim, and facilitates interventions at a variety of levels, including with the police and legal services.

- While CEHAT and SNEHA have set up their crisis intervention centers in hospitals, Tata Institute of Social Sciences (TISS) has established its own special cells in police stations. The TISS Special Cell for Women and Children was created in 1984 as a collaborative initiative between the Maharashtra State Police and Tata Institute of Social Sciences to provide professional support services to women and children facing violence. As of 2013, 40 special cells have been operationalized throughout the state of Maharashtra, while 104 more are being established. TISS has also demonstrated the impact of the special cell model in other states, including Madhya Pradesh, Delhi, Odisha, Andhra Pradesh, Rajasthan, Haryana and Gujarat.

"Put yourself in the shoes of your partner for a day, and see the world from her viewpoint. To be a real man, stop domestic violence at your own home first, and go further, ‘Ring the Bell’ in your neighborhood."  
- Ramesh Aravind, Actor

"One day I heard the sound of a man beating his wife. I thought of an excuse and let my dog loose. I rang the doorbell of the house pretending I was searching for my dog. Since then I have not heard any sound of violence from that house."
- Pinky, young man in Uttar Pradesh.
Counseling services

A victim of domestic violence needs immediate care including medical, psycho-social and legal aid. Counseling services provide them with a safe space, emotional support and a place to exercise their choice without fear of judgment. Such services are expected to address the multiple needs of these victims, and so typically comprise some or all of the following - emotional, psychological, social, legal, judicial, shelter, medical and economic support. Studies that have evaluated the efficacy of counseling for abused women suggest that psycho-social, supportive counseling for victims may be an effective approach to improve their self-esteem and allay anxiety.67

Based on Dasra’s field research, two main counseling approaches exist on the ground - a) counseling based on mediation, and b) counseling based on feminist principles. The former tries to mediate between the victim and her family, providing an opportunity to resolve the problem internally. The latter approach believes a woman’s choice and consent are of utmost importance and allow her to make decisions after she has been offered a thorough understanding of all her options. Most non-profit organizations evaluated by Dasra undertake the latter, which reflects the victim-centric approach.

Currently, non-profit organizations provide the following counseling services to victims:

- Psycho-social counseling: addresses lingering post-traumatic stress, fear, insecurity, and concern. The victim is also referred to relevant medical practitioners or healthcare facilities depending on the severity of her injuries.

- Legal counseling: provides the victim with basic awareness about her options for legal recourse. The counseling service refers her to an independent lawyer, or a legal aid non-profit organization, depending on her individual circumstances. Legal counseling is different from legal case management; the latter is a comprehensive follow-up process from the moment at which the complaint is made until the verdict is announced.

“I was only 18 years old when my parents brought me to a counseling center. I had been thrown out of my husband’s house after only eight months of married life. Through counseling, I came to realize how important it was for me to have self-respect and I also realized that my parents wanted my happiness foremost. With my parents’ support, I took legal action and obtained a divorce from my husband. I was paid compensation on the instruction of my husband’s community. With further counseling, my self-confidence returned. I loved to make clothes and was encouraged to set up a tailor’s shop, which keeps me busy and gives me independence. I have started a new chapter in my life and am much happier.”

Anonymous (aged 20 years)68

Currently, several non-profit organizations provide counseling services to victims of domestic violence. However, they face a significant challenge in offering professionally trained psycho-social counselors. While the services of non-profit organizations lend emotional support to the victim, they are unable to provide her with the cognitive therapy that she critically needs. Further, non-profit organizations that do provide counseling to victims are unable to follow them up unless they choose to approach the organization again. Interaction and engagement with the victim is rarely sustained over a prolonged period, making the quality of the service and its impact on the woman difficult to measure.

- Counseling is an essential part of Swayam’s work. As each woman’s situation is unique, rather than offering a formulaic solution, the organization helps each survivor to define her particular problem and explore possible ways of dealing with it, taking into account not only her material and economic circumstances but also her values, priorities and personality.

- The non-profit organization Jagori, based in Delhi, also provides direct support to survivors of domestic violence through its counseling centers, via telephone helpline and email.

Legal case management

Case management involves undertaking, managing and tracking victims of domestic violence as they progress through the legal system. This includes maintaining records of her case history, making her aware of her rights under the PWDVA, keeping her concerns central while representing her in the court of law, driving and monitoring the progress of her case in court, and ensuring effective action on judgments.

Several gaps within the legal system highlight the importance of undertaking legal case management for a victim. Once a case is registered, the promise that a case will be completed within 60 days from the date of the first hearing- as stipulated by the PWDVA- is rarely honored by the judiciary. Most often, inexperienced and insensitive judicial and prosecutorial staff delay proceedings, and intimidate and stigmatize victims. The execution of court orders made under the PWDVA also entails a complex process – lengthy legal battles and sluggish implementation exacerbate a victim’s existing economic burdens, while delays in the enforcement of protection orders can also place her at further risk of violence.

Non-profit organizations have the resources and expertise to ensure that a victim’s case is not neglected, and that a court order is implemented. In doing so, case management makes certain that the perpetrator is held accountable and the victim has access to protection and resources to rehabilitate herself and her children. Legal case management also becomes the basis for identifying gaps in the judicial system and provides non-profit organizations with tools to advocate for change.

- Majlis legal center, a forum for women’s rights discourse and legal initiatives, comprises a group of women lawyers and social activists committed to informing, educating and empowering women concerning their legal rights. Over the past 25 years, Majlis’ team of 35 lawyers has helped over 50,000 litigants throughout Maharashtra to access formal justice delivery systems in their fight against domestic violence.

- Vimochana, through its crisis center Angola, has provided systematic support to victims and survivors of domestic and social violence since 1993 by offering moral and legal assistance, as well as negotiated settlements. In the long-term it aims to develop an integrated and holistic approach to counseling and crisis intervention that involves the woman, her marital and natal family and if necessary the larger community of which she is a part.
Having identified that the lack of capacity of key responders is a critical gap in implementing the PWDVA, there is an urgent need to sensitize a wide range of stakeholders about the factors which give rise to and perpetuate domestic violence and their particular responsibility in tackling the issue.

Different non-profit organizations are currently working with various stakeholder groups. Usually training involves gender sensitization workshops for groups such as the police, protection officers appointed under the PWDVA, judges or lawyers provided by the state, and also other members of the judiciary, medical personnel, community-based workers such as ASHAs, and local health workers such as Sангini.

Training these stakeholders involves making them aware of the PWDVA; teaching them to identify victims of domestic violence and to provide them with all available options of recourse; and equipping them with the ability to effectively implement the PWDVA. Building their capacity to make an effective, victim-centric response, by promoting an environment of respect for a woman’s choice as opposed to pushing for “reconciliation” or “saving the Indian family” also forms part of this initiative.

Additionally, a few non-profit organizations are designing and documenting curricula, standard operating procedures and guidelines that can be easily replicated to achieve greater scale.

- SNEHA focuses especially on sensitizing stakeholders who are in direct contact with survivors of domestic violence, and over time has established protocols for these stakeholders when dealing with them. The program has been directed towards two major groups – police personnel and public healthcare professionals – as both are very often the first point of contact for a victim of domestic violence.

- To create a culture of women’s rights, Majlis provides training to individuals and institutions that interact with victims of violence to help them protect women’s rights effectively. Training programs are held for various groups including the judiciary, police and public administrators, social workers, educational institutes and even corporate employees, to help them develop feminist sensibilities and in turn help victims more effectively.

Research and advocacy

Research is the first and most crucial step to understanding the problem of domestic violence. It includes analyzing existing literature to develop new frameworks for tackling the issue, building new knowledge of the problem, developing guidelines for the sector, assessing the effectiveness of the law, documenting best practices and interventions, and conducting monitoring and evaluation.

Robust research is also used to inform and enable strategic advocacy. Advocacy involves lobbying the government and other stakeholders and funders to recognize domestic violence as a problem that affects the entire population. It was strong and successful advocacy for a civil law on domestic violence by several members of the women’s movement that led to the PWDVA being enacted.

- The importance of timely research-based advocacy is evidenced by the work undertaken by the non-profit organization Lawyers Collective. It has regularly evaluated and reported on both the effectiveness of the infrastructure envisaged under the PWDVA, and the performance of the implementing agencies in delivering services. It has also examined the responsiveness of the judiciary to the issue of domestic violence as part of this effort. The Lawyers Collective’s six consecutive reports on the status of the PWDVA on the ground have provided advocacy-based organizations with the necessary evidence to highlight the poor performance of the government in protecting and providing for victims of domestic violence. Initiatives such as this have greatly contributed to the increased accountability of the state to civil society.

- The Tata Institute of Social Science’s (TISS) research wing, the Resource Centre for Interventions on Violence Against Women (RCI-VAW), undertakes interventions with different stakeholders such as the police, state governments and other non-profit organizations to develop innovative methods to prevent violence against women. With streamlined processes for reporting and data collection procedures, RCI-VAW analyzes the successes and failures of each of their interventions to inform the organization’s future strategy and disseminate lessons learned to a wider stakeholder group.

Key takeaways

- Efforts by non-profit organizations to address domestic violence focus on three response mechanisms – preventive interventions that aim at creating a gender-equitable society; ameliorative interventions that a woman requires when she first seeks formal assistance, such as shelter, legal aid, medical aid, and remedial counseling; and reconstructive interventions, which focus on helping a victim rebuild her life.

- Through its sector mapping and field research, Dasra identified 12 key non-profit interventions in India. These interventions relate to one or more of the three response categories mentioned above. Dasra assessed each intervention according to its impact on the ground, its ability to scale, and its alignment with Dasra’s cornerstones.

- Interventions focused on mobilizing communities and engaging youth have the highest impact and are also amongst the most scalable. Key community groups engaged could include local political and religious leaders, youth groups, and even survivor groups. Outcomes from these engagements can prove beneficial on all counts – prevention, amelioration and reconstruction. Besides engaging youth within the community, gender-based awareness raising programs in schools are an invaluable way to reach out to large numbers of youngsters. Such interventions also bring about lasting change by effecting permanent changes in underlying attitudes.

- Public awareness generation is the most scalable of all interventions. It can have far-reaching impact in terms of motivating change in a shorter time periods, as evidenced by Breakthrough’s Bell Bajao campaign.

- Leveraging existing infrastructure is another effective intervention that utilizes the expertise of non-profits within the limited resources available to them. The two most innovative and successful models developed by non-profit organizations are the establishment of crisis intervention centers in public hospitals and special cells within police stations. It is worth noting that the healthcare setting is a particularly strategic location where women undergoing abuse can be identified and support linkages established.

- Other interventions that create high impact are the provision of counseling services and legal case management, both of which entail one-on-one service provision to a victim. Legal case management can also serve an important tool to identify gaps in the judicial system and thus support critical advocacy efforts. Research-based advocacy is critical to direct policy changes and also improve accountability.

- Capacity building and sensitization of stakeholders is much needed across the country to educate different actors on their particular responsibility in tackling domestic violence and drive a victim-centric response. Non-profit organizations have been undertaking trainings to achieve these outcomes for a wide variety of groups such as the police, protection officers, judges and lawyers, medical personnel, and community-based health workers.
Dasra’s comprehensive non-profit organization sector mapping aims to provide donors with an understanding of anti-domestic violence efforts in India from the ground up. This chapter examines the structure and characteristics of the domestic violence non-profit sector in India. The final chapter goes on to highlight domestic violence non-profit organizations that run interventions that are effective and have the potential to scale.

Common trends

Initial Dasra mapping, discussed in Appendix III, identified a universe of over 110 non-profit organizations throughout India that work on the issue of violence against women. Of these, 47 organizations ran domestic violence specific programs. Using key organization-level data of these 47 organizations, a selection of key characteristics of the domestic violence sector in India is provided below.

Most non-profit organizations offer preventive and ameliorative services

![Graph showing percentage of non-profits offering preventive and ameliorative services](Photo credit: The Guardian)
Only 17% of the organizations currently working to address domestic violence focus on rehabilitation. Rehabilitation is a long-term process that serves as the final and necessary stage in helping victims to rebuild their lives. Rehabilitation interventions must be customized as domestic violence cuts across age, class and educational boundaries, and the impact on a woman’s health can vary hugely. Current rehabilitation interventions in India comprise very basic vocational training such as sari-making or limited financial literacy. As well as providing desired skills and resources to the victim, it is crucial to connect her with sustainable employment and livelihood options. According to the non-profit experts interviewed at the Dasra workshop, the high cost of customization, resulting in a lack of scale, explains the low prevalence of rehabilitative interventions.

Dasra’s sector mapping revealed that 74% of non-profit organizations working to combat domestic violence currently focus on preventive interventions. This is good news, as successful prevention over time would reduce the need for post-violence assistance. Some 72% of non-profit organizations surveyed focus on ameliorative interventions, such as short-term relief to the victim by providing counseling services, healthcare facilities, legal advice, access to the courts, and shelter for the victim and her children. Considering the poor quality of ameliorative services offered by the government, the non-profit sector has been filling a critical gap that helps the victim take her first steps out of an abusive relationship.

One third spend over half their budget on domestic violence work

For several organizations, domestic violence is one component of their work in the area of violence against women (e.g. trafficking, rape and foeticide). Some other organizations work more broadly on issues relating to women and children, focusing on gender-equality through women’s empowerment, education and livelihoods, and domestic violence related work is then woven into this. One of the ground realities organizations have to deal with is the overwhelming stigma and resistance within the community to intervening in situations involving domestic violence. To overcome this, organizations typically have to enter and mobilize communities around economic and social empowerment and gain their trust before addressing sensitive topics such as domestic violence. These factors explain why only 11% of non-profit organizations reviewed are wholly focused on domestic violence activities, and why for two-thirds, domestic violence accounts for less than half of their budget.

This graph shows that non-profit organizations began working on domestic violence mainly after the women’s movement became established in the 1980s. A total of 85% established their domestic violence programs after 1980 as the understanding of domestic violence broadened from dowry-related incidents to include a more nuanced and comprehensive understanding of the issue as involving sexual, economic and psychological violence as forms of abuse. Since the PWDVA was enacted in 2005, organizations have adapted their programs to work towards strengthening and filling crucial gaps associated with the implementation of the PWDVA on the ground.

Only two of the non-profit organizations surveyed by Dasra, Men Against Violence and Abuse (MAVA) and Equal Community Foundation (ECF), solely engage men and boys to address the issue of domestic violence. These organizations as well as those that work to involve men alongside women are attempting to widen the focus from the victim alone. Dasra’s interviews with these non-profit organizations revealed that they encounter significant challenges in raising funds,
especially from the government, as they do not engage directly with women. It is crucial that funders appreciate the importance of their approach and support organizations that engage with existing or potential perpetrators. Such interventions, if implemented well, have the potential to create sustainable and lasting change.

The enactment of the PWDVA in 2005 and its subsequent implementation has required renewed efforts to build the capacity of and sensitize stakeholders. Currently, 30% of non-profit organizations surveyed by Dasra engage stakeholders such as the police, protection officers, judiciary and hospitals.

**Key takeaways**

Dasra’s mapping identified over 110 non-profit organizations working on the issue of violence against women in India. Using key organizational data for the 47 non-profit organizations that run domestic violence specific programs, Dasra has identified various defining features of this sector.

- Three quarters of organizations deliver preventive and ameliorative initiatives, but less than a fifth offer reconstructive interventions, such as livelihood creation activities, due to the high cost of customization these interventions require, resulting in a lack of scale.

- Only one tenth of these organizations are wholly focused on domestic violence work. Two thirds of the organizations surveyed spend less than half of their budget on domestic violence. This is on account of the fact for some organizations, domestic violence is one component amongst many involving violence against women (e.g. trafficking, rape and suicide) while others work more broadly on issues relating to women and children, partly in view of the difficulty in entering and mobilize communities on a sensitive, so-to-speak ‘private’ topic.

- Non-profit organizations working on domestic violence were first established in the 1980s, as part of an increasingly popular and successful feminist movement.

- Non-profit organizations work with a wide range of people, including men, women, children and stakeholders. This is important since a holistic, high level approach to preventing and addressing domestic violence requires working with all groups.
Dasra identified over 110 non-profit organizations throughout India to evaluate their approaches, models and interventions. Following a comprehensive diligence process, it has shortlisted and highlighted 13 of these non-profit organizations, which represent high potential investment options for donors.

Several of the following organizations implement programs in addition to those that address domestic violence. However, for the purpose of this report, Dasra has chosen to focus only on their anti-domestic violence initiatives. The chart below compares the most effective non-profit organizations mapped to the most high impact interventions, as discussed in the preceding chapter.

### Chapter 6: Funding Options
Profiling high impact and scalable non-profit organizations

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*Photo Credit: www.thehungerproject.co.uk*
Ahmedabad Women’s Action Group (AWAG)

**OVERVIEW**

AWAG was established in 1981 to empower women and help them fight for their basic rights. The organization’s programs and services reflect its holistic approach in tackling domestic violence by providing support services and implementing training programs.

**Support Services:** The organization’s support services are designed to meet survivors’ ameliorative requirements. These include counseling, legal aid, police assistance, a short-stay home, a 24-hour help line and creche facilities.

**Awareness-Raising Workshops and Trainings:** Through workshops and training, AWAG sensitizes various community structures and service providers such as the police, village leaders, adolescent girls’ groups, women leaders, protection officers, medical professionals, and village health and sanitation committees. The group seeks to strengthen mechanisms that support women at ground level.

**Income-Generation Activities:** Enabling women to be financially independent is essential for their empowerment. AWAG provides vocational training in tailoring and embroidery work and in helping establish kitchen gardens. Additionally, the group has created a garment co-operative with its own dedicated retail outlet, EK AWAG.

**THEORY OF CHANGE**

If women are empowered to assert their individuality and gain access to social justice, then their self-awareness and self-worth is raised, thereby enabling them to be equal contributing members towards a fair and just society.

**QUALITY INDICATORS**

OUTREACH

AWAG undertakes work in Ahmedabad and in the rural areas of Radhanpur and Rapar. Over the past two years, its counseling centers have assisted over 1,200 women, 670 of whom sought support from the police in connection with their legal rights. During the same period, AWAG has also built the capacity of over 10,500 community structures and community service providers.

**ENDORSEMENTS**

AWAG is supported at the highest level of policy making by bodies such as the National Commission for Women, The Government of Gujarat’s Department of Women and Child Development, and the Department of Health and Family Welfare. Its projects have been supported by prominent donors, including Oxfam, UNICEF, Ford Foundation and CARE.

**LEADERSHIP**

Dr. Ila Pathak, the Founder Secretary, has over thirty years of experience dealing with women’s issues. She serves as President of the Gujarat Women’s Federation and as Vice President of The Women’s International League of Peace and Freedom. A group of three secretaries oversees day-to-day operations and leads a team of 42 staff members with strong backgrounds in community development.

**PARTNERSHIPS**

AWAG’s co-operative unit has entered into a unique partnership with Fabindia to serve as its supplier. The Government of Gujarat has selected AWAG as a partner to provide various community structures with capacity building support. The organization has forged a partnership with the National Institute of Mental Health and Neurosciences to train its staff in psychological and social counseling.

**SCALABILITY**

AWAG seeks to leverage its existing relationship with the Gujarat State Government to expand the training of its community stakeholders and first responders to include Accredited Social Health Activist (ASHA) workers, government-appointed protection officers, medical professionals, and village health and sanitation committees. The group seeks to strengthen mechanisms that support women at ground level.

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If women are empowered to assert their individuality and gain access to social justice, then their self-awareness and self-worth is raised, thereby enabling them to be equal contributing members towards a fair and just society.

**QUALITY INDICATORS**

OUTREACH

AWAG operates four counseling centers in various communities and three Police Counseling Centers at police stations in collaboration with the District Superintendent of Police.

AWAG, in consultation with the National Commission for Women, operates a 24/7 Helpline staffed by trained counselors, whose coverage extends across western India.

**ENDORSEMENTS**

The Government of Gujarat’s Department of Women and Child Development, and the Department of Health and Family Welfare. Its projects have been supported by prominent donors, including Oxfam, UNICEF, Ford Foundation and CARE.

**LEADERSHIP**

Founder Mallika Dutta, who leads Breakthrough’s global practice, has over ten years of experience in working to promote human rights. She is assisted by a team of highly committed employees led by Sonali Khan, who serves as Vice President, overseeing operations in India. Mallika is the co-founder of SAWA for South Asian Women and serves on several boards, including the World Economic Forum’s Global Agenda Committee and Open Society Institute.

**PARTNERSHIPS**

Breakthrough maintains strong government and local partnerships when implementing its programs. Government partners include the MWCD (Ministry of Women and Child Development), NIPCCD (National Institute of Public Cooperation and Child Development) and SIPCCD (State Institute of Public Cooperation and Child Development) and local partners include Jamya, Sahayog and the Uttar Pradesh Police.
OVERVIEW
CEHAT conducts research in areas pertaining to health, and develops workable models to address systemic problems in the healthcare sector, providing its expertise and technical assistance in the institutionalisation of these models.

The Dilaasa model was conceived by CEHAT and the Municipal Corporation of Greater Mumbai (MCGM) in 2000. It involves the training and sensitization of healthcare providers, and the establishment of crisis centers to aid survivors of domestic and sexual violence. All healthcare providers in a given medical institution - nurses, attendants and doctors - are trained and sensitized to regard violence against women as a health issue. As the program is intended to be organic, CEHAT believes in training 'trainers' from within institutional staff. Following training, healthcare providers are expected to be able to screen suspected cases of violence and provide treatment and basic psycho-social support. They are also expected to refer survivors to the Dilaasa crisis centers if required.

Two crisis centers have been established in the Bhau Daji Bandsra and Kurla, respectively. They provide extensive support to survivors and attempt to ensure their future safety. The centers also arrange for short-term shelter at the hospital when needed, and leverage existing support networks for women in legal support group - when legal proceedings become necessary.

SCALABILITY
The model is highly scalable; its success mainly depends on the willingness of public hospitals and the government to assume ownership of the program and is a stakeholder in its success. This has manifested in the MCGM funding around 70% of the program since 2006. The Central Government has also expressed interest in leveraging CEHAT's expertise in an initiative to establish 100 'One-Stop-Crisis-Centers'.

The Dilaasa model owes its effectiveness to exhaustive research by CEHAT. The public hospital network has maximized its accessibility, and the organic approach to training and management has ensured that the public health system has assumed ownership of the program and is a stakeholder in its success. This has manifested in the MCGM funding around 70% of the program since 2006. The Central Government has also expressed interest in leveraging CEHAT's expertise in an initiative to establish 100 'One-Stop-Crisis-Centers'.

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Two crisis centers have been established in the Bhau Daji Bandsra and Kurla, respectively. They provide extensive support to survivors and attempt to ensure their future safety. The centers also arrange for short-term shelter at the hospital when needed, and leverage existing support networks for women in legal support group - when legal proceedings become necessary.
OVERVIEW

Centre for Social Research (CSR) is comprised of leaders from the Coordinator of South Asian Forum for Women's Political & Legal Training in Delhi to become agents of change. CSR is led by Dr. Ranjana Kumari, a prominent activist and a trained other stakeholders, including young people, community groups, and local police to help prevent violence against women. Additionally, CSR has also empowered to make decisions affecting their lives, influence police, judiciary, and service providers.

LEADERSHIP

CSR's mission is to empower the women and girls of India, guarantee their fundamental rights, and increase understanding of social issues from a gender perspective. CSR engages key stakeholders — including men, boys and law enforcement agencies — to change social mindsets and ensure that women possess the resources they need to escape violence.

OUTREACH

CSR is led by Dr. Ranjana Kumari, a prominent activist and a trained other stakeholders, including young people, community groups, and local police to help prevent violence against women. Additionally, CSR has also empowered to make decisions affecting their lives, influence police, judiciary, and service providers.

CSR evaluates its success in terms of whether women are empowered to make decisions affecting their lives, influence their communities, access justice, and improve their standards of living. Each year, CSR's CICs service 600,000 women in direct cases of violence. Additionally, CSR has also trained other stakeholders, including young people, community men and the police, to become agents of change.

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CSR's work has also been featured by the Times of India, The Economic Times and The Hindu. CSR is an Advisor to the Government on plans to improve cross-sector research, awareness generation, and capacity building of Gender Training Institute (GTI): GTI conducts capacity-building and training programs that focus on the role of gender in communities, organizations, businesses, government policy and institutions. GTI has worked with a wide range of clients including the Delhi Police, Haryana Government and State Bank of India.

Advocacy and Capacity Building: CSR led the lobbying campaign which resulted in the enactment of the Protection of Women from Domestic Violence Act, 2005. Currently, it focuses on improving implementation of the law through research, awareness generation, and capacity building of police, judiciary, and service providers.

If men study and practice gender equality with others they trust, then they will take personal action to end violence against women. Currently, ECF conducts corporate seminars as part of its campaign to engage men to consider the issue of violence against women.

The CIC program seeks to end violence in several communities in Delhi. Each CIC represents a safe space for women, and includes an in-house expert to provide legal advice and counselors to offer individual/family counseling. Victims are provided with medical treatment, given assistance in filing charges, and help in finding employment or skills training.

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Advocacy and Capacity Building: CSR led the lobbying campaign which resulted in the enactment of the Protection of Women from Domestic Violence Act, 2005. Currently, it focuses on improving implementation of the law through research, awareness generation, and capacity building of police, judiciary, and service providers.
OVERVIEW
Jagori was founded to help build a just society through encouraging the incitement of familial values. The organization works to end all forms of violence against women including domestic violence through the following interventions:

Direct Interventions: Jagori operates three centers in New Delhi that provide counseling and referral services to survivors of domestic violence. It also offers similar services through a telephone helpline and by email. Further, Jagori holds regular group meetings for victims of domestic violence to enable healing and other forms of support.

Learning Workshops: Jagori shares its experiences of working with survivors of domestic violence at workshops and sensitization training sessions. It organizes workshops for various stakeholders including mahila panchayats, protection officers, helpline operators, mahila nyaya lawyers, police, community paralegal workers, and other non-profit organizations throughout India.

Advocacy and Campaigns: Jagori is active in campaigns from grassroots to national level. Together with SANGAT, it mobilized organizations and individuals in Delhi and nationwide in 2012 to support the One Billion Rising Campaign to end violence against women. As a member of the AMAN Network, Jagori also supported advocacy efforts to increase budget allocations to promote effective implementation of the Protection of Women from Domestic Violence Act 2005.

KEY INTERVENTIONS

- Community Mobilization
- Counseling Services
- Research and Advocacy
- Capacity Building of Stakeholders
- Public Awareness
- Facilitator Networks

Jagori’s counseling centers offer social, psychological, and referral support to survivors of domestic violence. Counselors ensure that the rights and autonomy of each woman are central to her decision-making and choices, without threatening her dignity and integrity. Peer educators support victims wishing to file FIRs at police stations, and access legal support, or relevant health and medical services.

OUTREACH
In 2012–13, Jagori supported more than 800 victims of domestic violence at its drop-in counseling centers, through its telephone helpline and via email. In the past year, it has trained over 6,500 women, young people and men on issues such as gender, power, and violence. Jagori has also partnered with over 100 organizations in various campaigns to end violence against women.

QUALITY INDICATORS

- ENDORSEMENTS
  - Jagori was presented with the Roland Berger Human Dignity Award in 2013 in recognition of its successful and longstanding commitment to women’s rights and safety. The organization’s work has featured in various newspapers including The Hindu, Times of India, and The Wall Street Journal. Jagori’s funder-partners include Bread for the World, Misereor, DanChurchAid, UN Women, and UN Habitat.

- PARTNERSHIPS
  - Jagori partners with women’s groups, community-based organizations, survivor collectives, rural and community women’s federations, international and UN agencies, and government departments. It is a member of the AMAN Network, a national forum dedicated to ending domestic violence: The Global Safe Cities Initiative, and SANGAT, a South Asian Feminist Network.

ENDORSEMENTS
LCWRI has been associated with various international and multi-national funding organisations, particularly Ford Foundation, MacArthur Foundation, UNIFEM (renamed UN Women) and United Nations Trust Fund to End Violence against Women. Indira Jaising was awarded the Padma Shri for her contribution to public affairs in 2005.

QUALITY INDICATORS

- LEADERSHIP
  - LCWRI was founded by Indira Jaising, who is also the Executive Director. She has worked in Delhi since the early 1980s, and has been a co-founder and the immediate past President of the Delhi & Mumbai branch of the Legal Aid Women’s Collective. She has recently been appointed as Additional Solicitor General of India, an office she currently holds. She is supported by a team of 10 lawyers engaged in professional and public interest work. Fees from the former subsidiary the public interest work.

- PARTNERSHIPS
  - LCWRI has collaborated with national training institutions including National Institute of Public Cooperation and Child Development, National Judicial Academy, National Police Training Institute and agencies such as National Commission for Women and the National Mission for Empowerment of Women. It also partners with various non-profit organizations including CEHAT and ICWR.

OVERVIEW
LCWRI undertook its campaign for a civil law on domestic violence in the early 1990s. The organization played an important role in helping create a nationwide consensus on the need for such a law. Since the enactment of the PWDVA, LCWRI has focused on securing its effective implementation and in creating an enabling environment in which women can access justice and other support services. The organization specializes in policy level interventions including research and advocacy for law reform, collaboration with national training institutions to promote capacity development of functionaries, and the conduct of strategic litigation through 'Public Interest Litigations' (PIL) on women’s issues, including domestic violence.

THEORY OF CHANGE
If patriarchal and unequal gender relations embedded in society are transformed at structural levels through changes in laws and practices, consciousness raising and collective efforts of women and communities, then a gender-just, peaceful and non-violent society can be built.

SCALABILITY
Jagori’s model leverages advocacy and partnerships with agencies, and utilizes technology, feminist counseling, women’s leadership development, and expertise of service providers and partners to achieve its objectives. Going forward, it is establishing a comprehensive range of services to enable women survivors to access high quality support such as counseling, health, healing, and legal advice and representation. At the same time, Jagori is also working with agencies to prevent domestic and other forms of violence.

ENDORSEMENTS
Between 2009 and 2012, LCWRI’s Legal Aid program handled 442 domestic violence cases in Delhi and 531 cases in Mumbai. The organization analyzes the extent of protection against violence for women within the framework of marriage and other familial relationships in its 6th M&E Report. It summarizes the analysis of nearly 9,500 Magistrate/Sessions Court Orders received over a period of nine months.

LEADERSHIP
LCWRI was founded by Indira Jaising, who is also the Executive Director. She has worked in Delhi since the early 1980s, and has been a co-founder and the immediate past President of the Delhi & Mumbai branch of the Legal Aid Women’s Collective. She has recently been appointed as Additional Solicitor General of India, an office she currently holds. She is supported by a team of 10 lawyers engaged in professional and public interest work. Fees from the former subsidiary the public interest work.

SCALABILITY
The model is designed to ensure that government is ultimately responsible and accountable for effective implementation of the law. LCWRI aims to serve as a resource agency that designs monitoring and training tools that government can adopt. It seeks to build a research database that includes the synopsis of judicial orders and a state-based directory of sector experts. The organization intends to conduct more strategic litigation through PILs, for upholding the rights of victims of violence.
OVERVIEW
Majlis is based in Mumbai, but operates across the state of Maharashtra. It seeks to create a rights-based culture through practical interventions.

Litigation: The organization helps victims of domestic violence to take their cases to court. Its lawyers represent women in Family, Magistrate, Sessions and High Courts. They advise victims on their legal rights, and seek to secure maintenance, residencies, compensation and protection for women who have suffered domestic violence.

Training: Through courses, workshops and lectures, Majlis trains various groups, including members of the judiciary, police, public administrators, social workers, educational institutions and corporate employees that deal with victims of domestic violence. These measures help participants to develop feminist sensibilities and understand feminist rights, enabling them to respond more sympathetically and effectively to victims of domestic violence.

Government Collaboration: Majlis works closely with the Government of Maharashtra to effect fundamental long-term changes in systems and attitudes. The organization collaborates with the Department of Women and Child Development to ensure systematic implementation of the Protection of Women from Domestic Violence Act under its ‘MOMHIN’ program and offers socio-legal support to survivors of sexual abuse through another program named ‘RAHAT’.

OUTREACH
Majlis has successfully represented over 50,000 women litigants throughout Maharashtra. Between 2003 and 2010, it operated the District Lawyer Fellowship Program. Each year 100 lawyers from remote state districts attended an orientation program, from which 15 were selected for a year of training. Currently, Majlis is training 600 police officials from 12 zones of Mumbai.

QUALITY INDICATORS
ENDORSMENTS
Flavia Agnes, the founder of Majlis, was awarded the 11th Annual Kelvinator Gr8! Women Award in 2012. Majlis has featured in various press publications, including The Times of India, Hindustan Times, Indian Express and online news portals such as Tehelka.

QUALITY INDICATORS
ENDORSMENTS
Recognized as a leading authority in dealing with cases of violence against women, SNEHA was secretary of the Maharashtra chapter of the AMAN Network in 2012-13. The organization’s efforts in arguing that domestic violence is a matter of public concern have been featured in 26 media articles in 2012-13. The PVWC program has been funded by leading donors including Sir Dorabji Tata Trust and Ford Foundation.

QUALITY INDICATORS
RESEARCH & ADVOCACY
Youth Engagement
Counseling Services
Capacity Building of Stakeholders
Community Mobilization
Leverage Existing Infrastructure

OVERVIEW
SNEHA was founded by a group of doctors and social workers led by Dr. Armina Fernandez, a neonatologist and former Dean of Sion Hospital. During her tenure at the hospital, Dr. Fernandez developed a perspective on domestic violence and antenatal health issues based on the experiences of underprivileged women. SNEHA’s work on domestic violence is conducted through the organization’s ‘Prevention of Violence against Women & Children’ (PVWC) program. Its components are as follows:

Crisis Intervention: SNEHA’s crisis intervention centers provide medical care and both immediate and long-term counseling for survivors and their families. SNEHA facilitates interventions at various levels by the police, and the provision of legal services to victims.

Developing Protocols: SNEHA develops protocols and undertakes sensitization of stakeholders who come into direct contact with survivors, to help them advocate effectively for the rights of women. So far, the program has focused on assisting police personnel and public healthcare professionals.

Community Mobilization: SNEHA has established and trained groups of women and young people to increase their awareness around the issue of violence and the Protection of Women from Domestic Violence Act (PWDVA), encouraging vigilance and catalysing immediate action in communities.

THEORY OF CHANGE
If women are empowered to demand their right to a life free of violence by negotiating control over their own lives, if families and communities are empowered to prevent and respond to gender-based violence, and existing public systems of health, law enforcement and the judiciary are strengthened, then the well-being of women and children in urban areas can be significantly improved.

SCALABILITY
Acknowledging the increasing role of the community in crisis interventions, SNEHA seeks to further empower it by increasing the number of volunteers from 340 to 745 over the next three years, creating peer-leaders, and replicating the organization’s model in other slum establishments in Mumbai. Going forward, SNEHA will leverage government hospital infrastructure to replicate its counseling services. It plans to establish Women Out-Partner Departments (OPD) in three hospitals, staffed by trained personnel.

THEORY OF CHANGE
If women are aware of their rights and can access them, and if all those who deal with victims are properly trained and adequately sensitized, then women will acquire the confidence to fight against violence and live with dignity.

SCALABILITY
Majlis has worked closely with victims of domestic violence for the past 25 years and possesses considerable experience and understanding of the issues surrounding such crimes, particularly from the victim’s perspective. It has held legal rights lectures for public and private healthcare professionals on how to identify incidents of domestic violence. It campaigns for changes in laws governing women’s rights. It has published several books on domestic violence and laws affecting Muslim women.

QUALITY INDICATORS
OUTREACH
In 2012-13, SNEHA support enabled 822 women to receive crisis intervention and counseling, and 198 women to access legal advice. In addition, 480 public healthcare professionals and 354 police officers were given protocol training to deal with survivors of domestic violence. Further, 246 media articles were trained on gender issues, and have been campaigning to make violence an issue of public concern.

CONTACTS
Dr. Nayreen Daruwalla, Director of the PVWC program holds a Doctorate in Social Psychology. She has 18 years of experience in handling mental health issues, including counseling, crisis intervention, community engagement and training. For the past 22 years, she has worked extensively in areas connected with violence against women and children, both in India and internationally. Currently, she leads a team of 36 members at SNEHA.

PARTNERSHIPS
SNEHA works with the District Legal Services Authority to provide legal aid in support of beneficiaries. Since 2006, the organization has partnered with UNICEF to conduct urban micro-planning of households in Dharavi. During the same period, SNEHA, with its strong research focus, has also worked in partnership with University College, London to study violence against marginalized women.
OVERVIEW
Swayam was founded in 1995 to provide holistic support services to women facing violence in their lives. Through its interventions, the organization focuses on empowering women through a woman-centric approach, which looks beyond physical violence to address the immediate need for support to encourage self-confidence, self-sufficiency and self-reliance. Its interventions combine preventive, ameliorative and reconstructive services; the organization believes that a multi-focused, holistic approach is key to addressing such a complex issue effectively.

Direct Support Services: Swayam works with women survivors of violence and their families. It provides a portfolio of individual and group services, which may typically include counseling, legal/childcare/support, liaising with police, vocational training, a drop-in center, workshops, establishment of support groups, and provision of recreational activities.

Initiatives for Social Action and Change (ISAAC): This program seeks to stimulate widespread social awareness of the problems caused by violence against women, and encourage responses by society to end gender-based violence. This is achieved through community mobilization and outreach, capacity building, networking, training, campaigns, research and publications.

THEORY OF CHANGE
If women facing violence are empowered and made self-reliant, then they will be able to move forward with confidence and dignity to exercise control over their lives, leading to a just and equitable world. In the absence of these women, there is peace, tolerance, cooperation, and equality between men and women.

SCALABILITY
Going forward, the organization plans to broaden the coverage of its community mobilization program in the suburbs of Metabruz and Diamond Harbour in Kolkata. It seeks to increase interaction with young people through its community outreach programs. Since the organization believes that the health system is the weakest link in the provision of services accessible to survivors, it works closely with the Health Department of the State of West Bengal to train staff and place dedicated personnel at government hospitals.

QUALITY INDICATORS

OUTREACH
Over the past two years, Swayam has served over 1,750 women and their families by providing direct support services, and has reached out to over 57,000 individuals through its community mobilization and ISAAC programs. The organization’s strong focus on high-quality services has had a major impact on the treatment of survivors of abuse, with over 70% of women benefiting from increased confidence.

LEADERSHIP
Founder and Director, Anuradha Kapoor has over twenty years of experience working on issues related to gender-based violence. She is an Ashoka and Eisenhower Fellow and a regular speaker at workshops and seminars held in India and worldwide. She leads a team of 23 full time staff, many of whom have worked with Swayam for over ten years and possess strong backgrounds in working on women’s issues.

ENDOWMENTS
Swayam’s work in Kolkata has been featured by many highly regarded media organizations such as The Guardian, NDTV, The Times of India, The Indian Express, Hindustan Times and The Hindu. Since its inception, the organization has been supported by several institutions including Ford Foundation, Oak Foundation, Cardinal Leger Foundation, UNIFEM and Global Fund for Children.

PARTNERSHIPS
Swayam initiated AMAN: Global Voices for Peace in the Home, an international network of organizations involved in combating domestic violence. It is also an active member of various other networks such as Maitree, SANGAT (South Asian Network for Gender Activists and Trainers), Bhava and Muslim Women’s Rights Network. In 2006, Swayam organized the National Conference on Autonomous Women’s Movements in Kolkata.

THEORY OF CHANGE
If survivors of domestic violence are provided with support and social services through the development of a strategic alliance with the police to ensure a more co-ordinated, coherent and thorough response to violence, then women will enjoy equal rights and a life free from violence.

SCALABILITY
RCI-VAW has effectively developed the efficacy of its Special Cell model in Maharashtra; as a result the government has authorized the establishment of 144 such facilities across the state. Through the quality of its work and its ability to leverage relationships with several government organizations, RCI-VAW has successfully advocated the adoption of Special Cells in Haryana, Gujarat, Rajasthan and three other states. TISS plans to scale the Special Cells to more states and increase the number of cells in existing states.

QUALITY INDICATORS

OUTREACH
In 2012, TISS maintained 34 operational Special Cells in Maharashtra, which reported a cumulative total of 28,919 cases. The program has supported over 50,000 women through one time interventions. In 2013, the government approved the opening of 144 cells in Maharashtra and Gujarat and Delhi to open Special Cells. The organization has received funding from government bodies such as OXFAM and UNDP. In Haryana, Special Cell workers are legally empowered as protection and prohibition officers to ensure the effective implementation of the law against domestic violence.

LEADERSHIP
Project Director, Trustu Panchal is Assistant Professor at the Center for the Study of Women, Children & Families (CSWCF), School of Social Work. She has over twenty years of experience working on issues connected with domestic violence. Anjali Dave, Associate Professor at CEWCF, one of the first cell workers and ex-Project Director, is Advisor to RCI-VAW. They are supported by nine team members at RCI-VAW and 28 Cell workers and co-ordinators.

ENDOWMENTS
RCI-VAW has worked with the Government of India, the Department of Home Ministry, and Department of Women and Child Development in states such as Haryana, Maharashtra, Gujarat and Delhi to open Special Cells. The organization has received funding from government bodies such as OXFAM and UNDP. In Haryana, Special Cell workers are legally empowered as protection and prohibition officers to ensure the effective implementation of the law against domestic violence.

PARTNERSHIPS
RCI-VAW has worked with the Government of India, UN Women for Children, UNICEF and UNODP to demonstrate and replicate Special Cells on a pilot basis in select districts of Madhya Pradesh and Haryana. The organization also works with the Department of Women and Child Development in various states. Additionally, it provides and monitors training of members of Special Cells run by partner non-profit organizations.
OVERVIEW
Vimochana, meaning “liberation”, was founded in 1979 by employees of the Centre for Informal Education and Development Studies (CIEDS Collective). Vimochana was inspired by an intense need for a public forum that supported organized resistance to increasing violence against women and was assertive in challenging widespread apathy to problems faced by women in the context of larger structures of violence and power.

Direct Support: Vimochana works individually and collectively with victims of violence, by providing moral and legal assistance, counseling, healthcare, vocational training and follow-up assistance in dealing with the police. It seeks a universal commitment to reject violence within the home and society.

Campaign and Advocacy: Vimochana networks at all levels through focused public campaigns, including the ‘Movement to Defend a Woman’s Right’ and global campaigns such as ‘Women in Black’ and ‘Courts of Women’. The organization seeks to promote non-violent forms of conflict resolution, while drawing public and state attention to specific issues that require definitive changes in policy.

Trainings and Workshops: The organization also provides gender training to the police, government authorities and other activist groups.

THEORY OF CHANGE
If we adopt and develop a multi-layered approach, including crisis intervention, campaigns, community-based initiatives, and create space for alternative concepts of justice and redressal, then we will be successful in eradicating violence against women.

SCALABILITY
The organization plans to scale-up and deepen current initiatives to reach out to more victims of violence. Such measures will include direct support services, such as crisis intervention centers, community mobilization and crafting alternative forms of women-centered dispute resolution methods, such as out-of-court settlements. Also, it will help promote a number of social forums (e.g. Courts of Women) in which women can obtain justice.

QUALITY INDICATORS

OUTREACH
Vimochana has provided counseling, legal support, shelter and healthcare facilities to over 2000 women in 2012-13. Of these, over 600 received help through individual counseling, around 800 at the Victoria Hospital Burns Ward, and others through urban communities. Further, the team has reached out to several thousand people through public programs including workshops and training.

ENDORSEMENTS
Vimochana has been funded by several leading organizations including Bread for the World, Global Fund for Women and UN Women. The team has also collaborated with over 100 organizations and individuals worldwide such as Indian Social Institute, Australian National Commission of Refugee Women, and CREA- for the India Court of Women on Dowry and Related Forms of Violence.

LEADERSHIP
Vimochana is a member of a larger collective, The Society for Informal Education and Development Studies (SIEDS). Vimochana has a team of 36 full-time members led by Corrine Kumar, its President. All team members are highly experienced, with a majority having worked with Vimochana for more than twenty years. A large share of the team consists of counselors and community activists.

PARTNERSHIPS
Vimochana has strong relationships with the government. It is a member of various government bodies including The Sexual Harassment Committee of Karnataka, and has received funding from the Central Ministry of Health and Family Welfare for various projects. It is also an active member of networks such as AMAN, Muslim Women’s Rights Network, Asian Women’s Human Rights Council and India Social Forum.
Recommendations and Conclusion

Domestic violence is not just a violation of an individual woman’s basic human right to life, liberty, and freedom from violence. While the human rights angle to this issue is undeniably important, it is crucial to wake up to the fact that domestic violence is a public health epidemic that directly impedes both the social and economic development of a country.

Because the normalization of this form of violence is steeped in longstanding patriarchal structures and gender roles, an effective solution requires a concerted and coordinated response on many levels. Everyone has a role to play - be it the government, development agencies, non-profits, corporates, media, research institutions or donors. Let us start NOW to save India’s children from inevitably becoming tomorrow’s victims.

The recommendations contained in this section reinforce ideas and suggestions included in preceding chapters and provide a framework to build the capacity of the eco system aimed at tackling domestic violence in India.

Recommendations for building a sustainable eco system for the issue of domestic violence

Promoting partnerships and networks to deliver a comprehensive response

No single stakeholder can combat domestic violence alone. Instead, many must work together to eradicate its scourge. While the government has a key role to play, PWDVA agencies including protection officers, the police, judiciary, and healthcare and other service providers must work together to ensure their actions are effective. There are also enormous opportunities for other stakeholders such as corporates, media, academia and research institutions to supplement the substantial efforts of development agencies and non-profit organizations to date. Such groups may contribute their unique resources and expertise through innovative forms of support for those dealing with domestic violence, including hard-hitting marketing campaigns, technology solutions, and knowledge creation and sharing. Effective networking and partnerships amongst all those involved will also enable synchronized objectives to be set, roles to be defined, and responsibilities allocated. This will also support the efficient use of resources, and complement efforts to provide a comprehensive and timely response.

Undertaking advocacy to intensify political support and resources

Over the years, international development agencies and non-profit organizations concerned with the issue of domestic violence have relentlessly advocated strong, customized laws to appropriately address this complex medico-legal and social issue. While the resulting legislation (PWDVA) itself is well-drafted, continued campaigning is necessary to enhance political commitment, and increase budgetary and human resources, to ensure that the vast scale of the problem can be adequately addressed.

Integrating the domestic violence agenda with other development sectors

Efforts to address domestic violence must be integrated with those of other development sectors such as education, employment, and the empowerment of women. For example, establishing relationships with those working in education to ensure that school curricula include gender sensitive modules and that teachers are trained to model such behaviour will, in time, decrease violence against women, including domestic abuse. Similarly, connecting with systems that seek to empower women by improving opportunities for livelihoods or those that provide leadership training will help reduce their innate vulnerability to such violence, ensuring robust outcomes and promoting lasting change.

Recommendations for proficient programing and service delivery

Leveraging innovative and successful models

During the past few years, several highly innovative models have been developed, including special cells in police stations and crisis intervention centers in hospitals. All have helped to provide ameliorative support to victims. Similarly, gender equality programs integrated into school curricula have promoted gender neutral behaviour during pupils’ formative years, when negative attitudes and anti-social behaviour can be effectively challenged. Both state and non-state organizations must now work hard to leverage their resources to build on these successes and encourage others to follow in their footsteps. They can do so by sharing information on the nature of these models and how they work with relevant local authorities and agencies, and by helping them build their capacities to replicate these models effectively in their respective geographical areas of operation.

Monitoring and evaluation to identify evidence-based approaches

Many non-profits implementing measures to combat domestic violence have not integrated rigorous monitoring and evaluation mechanisms within their programs, due to a lack of financial and human resources. Regular in-house monitoring of programs including their periodic evaluation by a credible independent consultant helps measure the extent to which an organization’s objectives are being met and provides information to improve their effectiveness. Such evaluations will also be immensely useful to identify the most cost effective and/or most scalable, high-impact interventions – thereby informing policy, as also enhancing visibility for the sector and attracting new and major funders.

Conclusion

Domestic violence is a human rights abuse that covertly denies millions of women and children their basic rights to liberty and civilized existence. Silently, yet significantly, it impedes both social and economic development, generation after generation. This situation demands the urgent attention of policy makers, donors and society at large. The sheer scale of the issue calls for a strong thrust from each and every individual to recognize their ability to play a role, big or small, in confronting, preventing and ultimately eradicating domestic violence. The generosity and commitment of donors can contribute substantially to supporting and scaling suitably identified and screened non-profit organizations working to prevent and/or ameliorate the effects of domestic violence. Dasa recommends that strategic donors prioritize this subject and play their part by providing catalytic support to this area.

“It is time for all of us to assume our responsibility to go beyond condemning this behavior, to taking concrete steps to end it, to make it sociably unacceptable, to recognize it is not cultural, it is criminal.”

– Secretary of State, Hillary Clinton
Appendix I

IDAs and private foundations involved in tackling domestic violence

**UN Women**
UN Women has played a key role in championing the cause of domestic violence by working with governments to help them adopt and enact laws consistent with international standards. It also finances non-profit organizations working in this area, and was a major funder of the award winning Bell Bajao campaign delivered through the Breakthrough Trust which urged 130 million men and boys to take a stand against domestic violence (discussed in more detail in Chapter IV).

**The Ford Foundation**
The Ford Foundation provides resources through its focus on Protecting Women’s Rights, directing $5 million in global funding into the field in 2013. It played a pivotal role in enabling the creation and passage of the PWDVA by providing start-up funding to Lawyers Collective, a non-profit organization with a mandate to provide legal aid to survivors of domestic violence, sexual harassment and sexual assault. Lawyers Collective identified the need for a civil law on domestic violence, drafted the bill in 1999, and held several consultations and lobbied with various groups for its passage until 2005. Recognizing the important role of the public health system in responding to women victims of violence, the Ford Foundation is a major funder of the pioneering public-private partnership, the Dilaasa center (discussed in more detail in Chapter IV).

**The Asia Foundation**
A more recent supporter is Asia Foundation, a private foundation whose focus on domestic violence started in 2010. It has supported initiatives to evaluate and strengthen implementation of the PWDVA, as well as policy advocacy and prevention measures. The Asia Foundation provides funds to non-profit organizations, which seek to increase the capacity of government protection officers, police, service providers, civil society representatives, family welfare workers, and self-help group members in Haryana, Meghalaya, and Uttar Pradesh. Its partners on the ground include organizations such as CREA, Breakthrough Trust, North East Network (NEN), Centre for Social Research (CSR), Dalit Foundation, and Institute of Social Studies Trust.

**The Oak Foundation**
Another significant funder to the domestic violence sector in India is the Geneva-based Oak Foundation. Between 2008 and 2010, its Issues Affecting Women program provided approximately $500,000 in grants to non-profit organizations working to combat violence against women. The Oak Foundation is committed to addressing the root causes of intra-familial violence by investing in initiatives that create awareness among women and girls of their rights, promote a “positive masculinities” approach, and offer services to violent and abusive men who want to change their behavior.

**Oxfam India**
Through its Gender Justice campaign, Oxfam India has addressed the issue of violence against women in 13 Indian states through various programs and campaigns, such as the We Can campaign which reached out to more than 2.5 million women and 1.4 million men since its launch in 2004. As well as running campaigns, Oxfam India works with state governments, advocating for better implementation of the PWDVA. It also provides legal and emotional support services to women affected by violence, through its partner civil society organizations working on the ground. In the past year Oxfam has worked with 33 partners in 13 states, directly reaching over 450,000 women and approximately 500,000 men.

Appendix II

Criteria used to define ‘impact’ and ‘scale’

**Defining impact**
- **Proximity to end beneficiary:** Measures that involve direct contact with a victim, such as legal case management, more deeply impact individuals than indirect activities, such as facilitating networks.
- **Duration of engagement:** Interventions that involve engagement with beneficiaries over a longer period may potentially have a greater impact on their lives and situations than a one-off short-term engagement.
- **Evidence for effectiveness:** Interventions may be effective on paper, but the ground reality may be quite different. For example, the availability of a good shelter home can ideally have a major impact on the ability of a domestic violence victim to leave her household and seek respite. However, at present, there are virtually no shelter homes that accept women with children or provide a supportive environment for a victim who may have suffered severe physical and mental trauma. Such an intervention is therefore rated lower on impact.
- **Ability to empower the end beneficiary:** Interventions which empower the victim can bring about more lasting impact on end beneficiaries.

**Defining scale**
- **The evident availability of required resources:** This would include human and financial resources. For example, the need for skilled medical practitioners to provide a service in urban slums may be a factor limiting an increase in scale. On the other hand, relatively few resources are required to train community members to deliver a service, inherently making it a more scalable intervention.
- **Gestation period:** This refers to the time required to realize impact once a program has started. For example, it takes longer for evidence-based advocacy to provide benefits to the victim (owing to the need for gathering data, analyzing information, advocating for change by the government, securing acceptance of change and implementing legislation) than, for example, a powerful and well-distributed public awareness campaign. Consequently, advocacy is deemed less scalable.
- **Partnerships leveraged:** This refers to the use of partnerships and other organizations to reach out to more people. For example, interventions that train or build the capacity of other organizations have the potential to affect more beneficiaries in a shorter time than those that implement the program in communities directly. They are also less expensive to deliver and will therefore qualify as more scalable.
Non-profit mapping methodology

Dasra’s non-profit mapping included site visits to witness programs on the ground and interact with beneficiaries, in-depth personal interviews with managers of non-profit organizations, phone interviews and desk research.

The operational diligence process was as follows:

**Initial Mapping:** The mapping process first collated a comprehensive list of non-profit organizations working within the sector. This list was compiled through internet research, interviews with participants in Dasra Social Impact (Dasra’s Executive Education Program) and referrals from sector experts. Initial mapping yielded a list of over 110 non-profit organizations throughout India.

**On-Call Interviews:** The second stage involved identifying those non-profit organizations that allocate significant resources to an anti-domestic violence program. A total of 47 were selected for on-call interviews. Information for this stage was gathered from telephonic interviews with the heads or program heads of these organizations. The interviews discussed:

- Proportion of total non-profit budget allocated to tackling domestic violence
- Outreach of the anti-domestic violence program since its inception and over the previous year (2012–13)
- Extent of diversification by program area
- Organizational and anti-domestic violence program team size

Additional information gathered included the years in which the non-profit organization and anti-domestic violence program were established, the organization’s theory of change, its geographical coverage, operational model, and interventions implemented. Based on the information provided, Dasra selected 17 non-profit organizations to visit.

**Site Visits:** The third stage of mapping consisted of meetings with managers and field staff of the non-profit organization, seeing first-hand its operational model, and understanding how effectively its theory of change was being translated into impact on the ground. Dasra spent 2-3 days with each non-profit organization acquiring detailed information about the organization in general and its anti-domestic violence program in particular, including the evolution of the program, its model, management structure, program financials, outreach and outcomes achieved. This stage was used to identify those non-profit organizations that would be highlighted in this report and recommended for funding. The criteria used to shortlist were as follows:

- Program structure and documentation
- Management team
- Growth over the previous three years (2011, 2012, 2013)
- Future scaling plans
- Proven outcomes/impact
- Current partnerships (government, academia, international NGOs, other non-profit organizations)
- External endorsements (historical and current funders, prestigious awards)

Based on the evaluation of these criteria, Dasra has identified and profiled 13 established non-profit organizations (see Chapter VI) implementing high impact anti-domestic violence programs in India.

The following map shows the geographical distribution of the 17 anti-domestic violence non-profit organizations visited by Dasra.

**Workshop:** As part of its research, Dasra invited all organizations visited to participate in a capacity building workshop. This was attended by 19 participants from 14 non-profit organizations. Using a curriculum and a facilitation methodology from Dasra’s globally recognized Dasra Social Impact Executive Education program, the workshop helped to strengthen these organizations’ strategic thinking, their impact assessment methodology and operational planning and communications with donors and stakeholders. The workshop also provided an opportunity for Dasra to present its research findings and framework to the leading non-profit experts in the anti-domestic violence sector. Their input has been included in this report.
Acknowledgements

Dasra would like to extend its sincere thanks to all the individuals, academics, experts, government officials and non-profit organizations that have made invaluable contributions to its research and this report. In particular, Dasra would like to thank:

**Individuals**
- Anju Pandey: UN Women
- Anju Talukdar: Mag
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- Falvia Agnes: Majlis
- Jacinta Saldanha: Majlis
- Julie Thekkudan: OKFAM
- Kriti Prakash: Breakthrough
- Madhu Bhushan: Vimochana
- Mandakini Devasher Surie: Asia Foundation
- Manjula Sunil: Breakthrough
- Nandita Bhatia: ICRW
- Nayreen Daruwalla: Society for Nutrition, Education and Health Action (SNEHA)
- Pallavi Palav: Committee of Resource Organizations for Literacy (CORO)
- Pooja Badrinath: CREA
- Pranita Achyut: ICRW
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- Dr. Ranjana Kumari: Centre for Social Research
- Rashmi Anand: Domestic violence survivor, Author
- Rujuta Teredesai: Equal Community Foundation
- Sana Contractor: Centre for Enquiry into Health and Allied Themes (CEHAT)
- Sejal Joshi: Ahmedabad Women’s Action Group (AWAG)
- Dr. Sharmila Neogi: USAID
- Shobha Kokikar: Stree Mukt Sanghatana
- Sonali Khan: Breakthrough
- Sujata Lawande: Committee of Resource Organizations for Literacy (CORO)
- Suman Nalva: Delhi Police
- Suneeeta Dhar: Jagori
- Suraj Pawar: Samayak
- Trupti Panchal: TISS (Resource Centre for Violence Against Women)
- Vanita Mukherjee: Ford Foundation
- Winnie Singh: Matri

**Non-profit Organizations**

- Ahmedabad Women’s Action Group (AWAG): www.awagindia.org
- Breakthrough: www.breakthrough.tv
- Centre for Enquiry into Health and Allied Themes (CEHAT): www.cehat.org
- Centre for Social Research (CSR): www.csrindia.org
- Committee of Resource Organizations for Literacy (CORO): www.coroindia.org
- Equal Community Foundation: www.ecf.org.in
- Institute of Social Work: www.isw.org.in
- Jagori: www.jagori.org
- Lawyers Collective Women’s Rights Initiative: www.lawyerscollective.org
- Majlis: www.majlislaw.com
- Marg: www ngo-marg.org
- Nirantar: www.nirantar.net
- Stree Muki Sanghatana: www.streemuktisanghatana.org
- Swayam: www.swayam.info
- Tata Institute of Social Sciences (TISS): www.tiss.edu
- Vimochana: www.vimochana.in

**Organization Database**

**Non-profit Organizations - Initial mapping**

**Action India**
- Adithi: www.adithi.in
- Akshara: www.aksharacentre.org
- All India Women’s Conference: www.aiwc.org.in
- Amicha Ghar: www.amchaghar.org
- Anchal Gramin Vikas
- Angaja Foundation
- Ankuram: www.ankuram.org.in
- Anweshi: www.anweshi.org
- Apnalaya: www.apnalaya.org
- Apne Aap Women’s Collective: www.apneaap.org
- Arpan: www.arpan.org.in
- Asmita: www.asmitacollective.in
- Association for Advocacy and Legal Initiatives (AALI)
- Astitha: www.ngoastitha.in
- Avinav Niketan
- Ahmedabad Women’s Action Group (AWAG): www.awagindia.org
- Backward Area Women’s Welfare Society
- Breakthrough: www.breakthrough.tv
- Care India: www.careindia.org
- Catholic Relief Services: www.crs.org/countries/india
- Centre for Enquiry into Health and Allied Themes (CEHAT): www.cehat.org
- Centre for Health and Social Justice: www.chsj.org
- Centre for Social Research (CSR): www.csrindia.org
- Centre Database
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Appendix V

Acronyms

ASHA Accredited Social Health Advocate
AWAG Ahmedabad Women’s Action Group
CAADV Corporate Alliance Against Domestic Violence
CEDAW Convention to Eliminate All Forms of Discrimination against Women
CEHAT Centre for Enquiry into Health and Allied Themes
CIA Central Intelligence Agency
CORO Committee of Resource Organizations for Literacy
CSR Centre for Social Research
CSS Centrally Sponsored Scheme
DIR Domestic Incident Report
DV Domestic Violence
ECF Equal Community Foundation
GBV Gender Based Violence
GEMS Gender Equality Movement in Schools
ICRW International Centre for Research on Women
IDA International Development Agency
IMAGE Intervention with Microfinance for AIDS and Gender Equity
IPC Indian Penal Code
IT Information Technology
MAVA Men Against Violence and Abuse
MWCD Ministry of Women and Child Development
NEN North-east Network
NFHS National Family Health Survey
NGO Non-governmental Organization
OAS Organization of American States
PWDVA Protection of Women against Domestic Violence Act
RCI-VAW Resource Centre for Interventions on Violence Against Women
SHG Self-help Group
SNEHA Society for Nutrition, Education and Health Action
TISS Tata Institute of Social Sciences
UK United Kingdom
UN United Nations
UNICEF United Nations Children’s Fund
USAID United States Agency for International Development
VAW Violence against Women
WHO World Health Organization
WPC Women Power Connect

Appendix VI

Glossary

Accredited Social Health Activists (ASHAs) are community health workers instituted by the Government of India’s Ministry of Health and Family Welfare as part of the National Rural Health Mission.

Capacity building is the process of equipping individuals, groups, and communities with the skills and competencies needed to take on new roles, or to improve their existing abilities. The term ‘capacity-building’ is often used when discussing international development as many international organizations often facilitate capacity-building as part of their programming with local NGOs and beneficiaries.

Dowry constitutes an ancient custom in India and refers to the payment, either in cash or kind made by the bride’s family to the bridegroom’s family at the time of marriage. This payment typically includes items such as cash, jewelry, electrical appliances, furniture, bedding, crockery, utensils and other household items that help the newlywed set up her home. The dowry system is thought to put great financial burden on the bride’s family and has been prohibited under the 1961 Dowry Prohibition Act in Indian civil law and subsequently by Sections 304B and 498A of the Indian Penal Code (IPC).

Gram Panchayat is a local self-government at the village or small town level in India.

Panchayati Raj is a decentralized form of governance where each village is responsible for its own affairs, as the foundation of India’s political system. It is the oldest system of local government in the Indian subcontinent.

The Swadhar Scheme addresses the specific vulnerability of each group of women in difficult circumstances through a home-based holistic and integrated approach.

Appendix VII

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Appendix VIII

Endnotes

2 Maya Angelou, All God’s Children Need Traveling Shoes.
3 Narrative constructed based on true stories as well as conversations with experts and non-profit organizations about typical patterns of domestic violence observed in the field; http://suschman.wordpress.com/2013/04/30/domestic-violence-in-india-part-1/.
7 Calculated as 50% of the female population (15-54 years) in India in 2013 as per CIA World Fact Book https://www.cia.gov/library/publications/the-world-factbook/geos/in.html
16 National Family Health Survey (NFHS) III (2005-06).
21 National Family Health Survey (NFHS) III (2005-06).

22 http://www.deccanherald.com/content/296671/low-conviction-rate-domestic-violence.html, New Delhi, December 5, 2012
26 Australian Government, Department of Social Services, Economic Cost of Violence against Women and their Children.
31 WHO (2002). World report on violence and health (Chapter 4).
Public health measures may not generally be considered "healthcare" in the strictest sense. For example, mandating the use of seat belts in cars can save countless lives and contribute to the health of a population, but typically money spent enforcing this rule would not count as money spent on healthcare. [http://en.wikipedia.org/wiki/Public_health]


Dasra convened a meeting with 5 experts from the domestic violence sector to validate its research findings and recommendations for the sector as part of this report on 17th September, 2013.


Dasra convened a meeting with 5 experts from the domestic violence sector to validate its research findings and recommendations for the sector as part of this report on 17th September, 2013. Dasra also conducted a capacity building workshop with participation from 14 non-profits working on domestic violence during 21st-24th September, 2013.


Breakthrough, India. http://breakthrough.tv/explore/country/india/


Dasra conducted a capacity building workshop with participation from 14 non-profits working on domestic violence during 21st-24th September, 2013.


Oxfam. http://www.oxfamindia.org/what-we-do/campaigns/we-can-end-violence-against-women,

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