

MEETING THE HEALTH NEEDS OF DOMESTIC VIOLENCE VICTIMS:

Analyzing the implementation of India's
Protection of Women from Domestic
Violence Act (2005) in the coastal
districts of Orissa.

Robert A. Baker-White, JD, MPH

Presenter Disclosures

Robert A. Baker-White, JD, MPH

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose

PROJECT AIMS

Assess:

1. The factors that impact domestic violence victims' **utilization** of the domestic violence law.
 - **Effective utilization** of the law can positively influence the **health and well-being**
2. The preparedness of the local health services system to address the needs of domestic violence victims by working towards the **prevention** domestic violence.

BACKGROUND AND CONTEXT: DOMESTIC VIOLENCE - ORISSA

- **41.2%** of ever-married women in Orissa have experienced **physical, sexual, or emotional abuse** by current or ex-husband (39.7% - India).¹
- **18.6%** of women who experienced violence **sought help**.¹

¹ National Family Health Survey (NFHS-3) 2005 - 06

BACKGROUND AND CONTEXT: PROTECTION OF WOMEN FROM DOMESTIC VIOLENCE (PWDVA)

- Civil not criminal
- Quick and streamlined
- 60 days for case resolution
- Available relief –
 - Protection Order
 - Maintenance
 - Medical compensation
 - Residential home

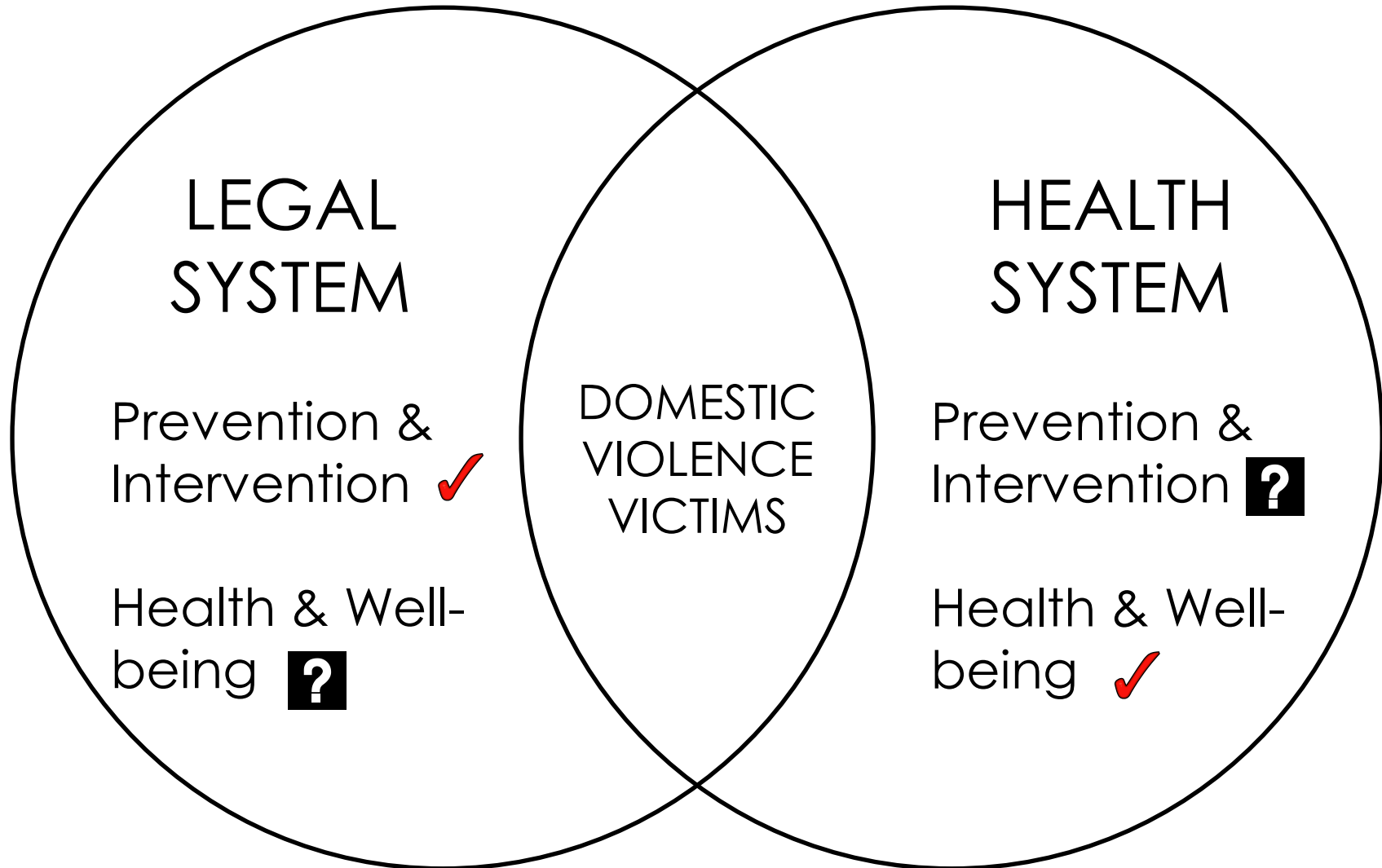
BACKGROUND AND CONTEXT: THE PWDVA

- Protection Officer
- Governmental implementer
- At least one per district
- Guide victims through the legal process
 - assist filling out the court petition
- Assist victims in meeting their immediate needs
 - request medical assistance from state-designated Medical Facility

BACKGROUND AND CONTEXT: ROLE OF HEALTH SERVICES

- Can do more than treat injuries
- Intervention and domestic violence
 - Screening
 - Inquiring about violence
 - Identifying violence victims
 - Referring to supportive services
- Training and beyond
 - Feedback of efficacy
 - Knowledge of resources

CONCEPTUAL FRAMEWORK



RESEARCH METHODS

- Literature review.
- In-depth qualitative interviews.
- Topic guide – modified with new learning.
- Ethical considerations.
- Sampling – convenience and snowballing.
- Interviews or focus group discussions in Oriya or English.
- Recordings translated and/or transcribed.
- Thematic content analysis.

COLLECTING THE DATA

- Research assistants
- Eight weeks
- Five coastal districts:
 - Puri
 - Khurda
 - Cuttack
 - Jajpur
 - Bhadrak
- Fifteen outings – 67 participants

KEY INFORMANTS

- **Women** – shelter home residents, PWDVA petitioners
- **Shelter home workers** – superintendents, counselors, directors
- **Health service providers** – doctors, health counselor
- **District officials** – District Social Welfare Officers, Protection Officers
- **Other service providers** – local attorneys, NGO workers, counselors, other advocates

THREE PHASES OF THE PWDVA AND VICTIM UTILIZATION

Phase One: Becoming aware of the PWDVA
and seeking help

Phase Two: Gaining support and assistance
from the Protection Officer

Phase Three: Court resolution and relief

BECOMING AWARE OF THE LAW AND SEEKING ASSISTANCE

Victim's awareness of PWDVA

*“Woman does not know **what is the Protection Officer,**
... whether there is a provision of Protection Officer,
because this is only in 2006, people do not know.”*

– Legal Advocate

BECOMING AWARE OF THE LAW AND SEEKING ASSISTANCE

Victim's inability to find the Protection Officer

*“So I advised them, why did not you go to the protection officer because this comes under domestic violence . . . but **she does not know where the protection officer's office.**”*

– Legal Advocate

BECOMING AWARE OF THE LAW AND SEEKING ASSISTANCE

Costs of locating the Protection Officer

*“Those who come they come with **great difficulties as they have no money. . . . She is coming from far off places with hungry belly.**”*

– District Social Work Officer

GAINING SUPPORT AND ASSISTANCE FROM PROTECTION OFFICER

Protection Officer's dual roles and large workload

*“I am a program officer also. **I am not only Protection Officer. So the workload is very hostile.** I have to assist in the ICDS programs.”*

– Protection Officer

GAINING SUPPORT AND ASSISTANCE FROM PROTECTION OFFICER

Protection Officer's dual roles and large workload

*“As ICDS personnel **we have very good cooperation from the doctors** . . . every doctor in our district. So they treat them free. It is very easy for me because I am the program officer and . . . **it is easier to take the help of the doctors for the victims.**”*

– Protection Officer

GAINING SUPPORT AND ASSISTANCE FROM PROTECTION OFFICER

Lack of monetary and personnel support for Protection Officer

*“District government has provided us some monetary help which are **not sufficient**. I have no single room to **counsel the parties**. They are not free to express their **opinion**, I am sitting within all the officials.”*

– Protection Officer

GAINING SUPPORT AND ASSISTANCE FROM PROTECTION OFFICER

Failure to recognize entitled or needed relief

*“[Domestic violence victims] **are not posing with their health problem before the judicial officers or protection officers. . . . They are having some health problem but they are not exposing or demanding for that.**”*

– District Social Welfare Officer

COURT RESOLUTION AND RELIEF

Delays in court proceedings

“Some cases are being done and some are delayed. The problem is when I assure the victims that your case will be solved within sixty days it is delayed years. So the victims will lose faith on this act.”

– Protection Officer

COURT RESOLUTION AND RELIEF

Judge's lack of awareness of PWDVA

*“The magistrate said that since is a new act we don't have much experience on this. **'If you find anything on this then please let me know,'** magistrate said.”*

– Protection Officer

PERCEIVED ROLES AND RESPONSIBILITIES OF THE HEALTH SYSTEM

- Domestic violence is not a health issue
- Domestic violence is the responsibility of others
- Responsibility is to treat and only report serious cases

LACK OF RESOURCES

- Heavy workload of health care providers
- Lack of domestic violence training
- Limited time to consult and identify violence victim

*“Daily it will be 100, 200, 300 patients he is seeing. **[L]ess than a minute for a patient to be check up.**”*

– Doctor

*“We are just trained as medical graduates, **we are not trained in that aspect. That is the social side.** . . . We have trained in diseases, only in diseases.”*

– Doctor

LACK OF AWARENESS

- Unaware of domestic violence prevalence
- Low prioritization of domestic violence

*“**Family violence is subordinate**, secondary, not primary”*

– HIV/AIDS Counselor

*“That sort of family violence **we don't see much here**. . . . We don't see that much of family violence in our area.”*

– Doctor

INABILITY TO IDENTIFY

- Belief that victims remain in hiding
- Unaware of supportive services
- Domestic violence perceived as a family matter

*“They **hide that their husbands has beaten.** They show that they are injured on road accident or something.”*

– Doctor

*“Her request for help is a **disclosure of a family matter.**”*

– Doctor

FEAR OF CONTROVERSY

- Desire to avoid litigation
- Threats (e.g, financial) from offended family

*“If we suspect, I will tell, the family **may issue a case against me**, and they say that [the doctor] is harassing [and] some . . . rupees we must get compensation. [The doctor] **must give compensation.**”*

– Doctor

*“As a health personnel **we don't get into that litigation.**”*

– Doctor

NEXT STEPS

Changing the Perception of Health Care Providers.

- Protect doctors from liability
- Train doctors to screen for domestic violence
- Increase provider knowledge of services
- Institutionalize collaborative relationships

NEXT STEPS

Increasing PWDVA's Positive Influence on Health and Well-Being.

- Increase and spread awareness
- Increase visibility of Protection Officer
- Provide confidentiality and privacy to victims
- Educate legal professionals and reduce court delays

ACKNOWLEDGEMENTS

- Suchismita Mohanty
- LEESA
- AVA
- COPHEE
- Sunita Singh
- Institute for Social Development
- CLAP
- SWC
- CHSJ
- All the participants and many others

THANK YOU
