An evaluative framework for assessment of interventions provided by SNEHA for survivors of domestic violence in Mumbai, India

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Perinatal and Antenatal IPV and Household Maltreatment: Disclosure Decisions and Health Impact
Healthy Women + 
Healthy children 
= a Healthy Urban World
Largest NGO working on health of women and children in urban areas

Resource Center for health issues of urban women and children

Proven track record of working with public systems to make them more efficient and make our work sustainable

All interventions backed by research – University College London is a full time research partner

Strong Trustee Board and Management comprising leading medical, public health and management professionals
We work in informal urban settlements
Program on Prevention of Violence against Women and Children
Prevention of Violence against Women and Children

**Individual responses to violence**
- Advocacy through case management
- Visits by community health workers
- Home visitation and outreach by nurses

**Institutional responses to violence**
- Legislative and justice sector responses: laws, specialized police stations
- Health sector approaches and one-stop centres in or outside hospitals

**Combined economic and social empowerment programs**
- Addition of participatory training to existing economic empowerment programs
- Build knowledge and critical thinking, reanalysis of gender roles and expectations
- Support groups for individual support and outreach

**Community mobilisation**
- Participatory, community-driven projects that engage multiple stakeholders
- Support a process of critical thinking about violence and its consequences
- Promote and support equitable, non-violent gender norms
- Build new skills, support greater communication
- Support broader social diffusion of ideas in community

**Community mobilisation: group training, public events, advocacy campaigns**

**Family and work life**

**Economic empowerment**

**School-based interventions**
- Group training: educational meetings or workshops to address underlying expectations, support skills for communication and conflict resolution
- Group training targeting men and boys
- Group training with men and women

**Programming with men and women**
- School or community-based workshops
- Build knowledge and critical thinking, reanalysis of gender roles and expectations
- Promote changes in attitudes and behaviours
- Build skills in communication and conflict resolution

*Developed from Garcia-Moreno et al. Addressing violence against women: a call to action. Lancet 2014*

Model of intervention and prevention

Recognition of and action on gender-based violence

Convergence approach

- Crisis Intervention and Counseling
- Prevention and Community Intervention
- Little Sister
- Public System Strengthening
  - Police
  - Health
  - Judiciary
• Gain insight into the changing forms of violence through the crisis profile of survivors of domestic violence accessing SNEHA’s counseling centers

• Understand evaluation measures studied and practiced by SNEHA to assess counseling, community, and public system interventions
Profile: 328 women, 2013-2014

- Aged 20-29: 45%
- Married: 81%
- Newly married (<2 years): 8%
- Unemployed: 60%
- Joint family: 50%

Facing ongoing violence: 46%
Husband primary perpetrator: 41%
Types of Abuse

- Physical: 60%
- Economic: 50%
- Sexual: 40%
- Emotional: 80%
Detailed examples of Abuse

- Demanding money
- Denying access to money
- Not paying household expenses
- Husband withholding sex
- Husband threat to remarry
- Isolation
- Verbal
- Use of instruments

Detailed examples of Abuse
Abuse and home situation

Family Composition
- Nuclear: Emotional (80%), Physical (60%), Economic (40%), Sexual (20%)
- Joint: Emotional (70%), Physical (50%), Economic (30%), Sexual (10%)

Marriage Type
- Love Marriage: Emotional (80%), Physical (60%), Economic (40%), Sexual (20%)
- Arranged Marriage: Emotional (70%), Physical (50%), Economic (30%), Sexual (10%)

Primary Perpetrator
- Husband: Emotional (80%), Physical (60%), Economic (40%), Sexual (20%)
- Inlaws: Emotional (70%), Physical (50%), Economic (30%), Sexual (10%)

Duration of Marriage
- 0-2 Years: Emotional (80%), Physical (60%), Economic (40%), Sexual (20%)
- 2-5 Years: Emotional (70%), Physical (50%), Economic (30%), Sexual (10%)
- 5-10 Years: Emotional (60%), Physical (40%), Economic (20%), Sexual (10%)
- 10+ Years: Emotional (50%), Physical (30%), Economic (10%), Sexual (10%)

Emotional, Physical, Economic, Sexual abuse and home situation.
Mental Health Indicators

- The General Health Questionnaire (GHQ-28) is a screening device for identifying psychological well-being of the client. It assesses somatic symptoms, anxiety, depression, and suicidal thoughts.

- Rosenberg Self-Esteem Scale is a tool using a 10-item Likert-type scale to measure clients’ self-worth and self-acceptance.
GHQ 28  209 women, 2013-2014

- Pre: 67% (Client scored greater or equal to 7), 33% (Client scored less than 7)
- Post: 76% (Client scored less than 7), 24% (Client scored greater or equal to 7)
Rosenberg self-esteem scale  209 women, 2013-2014

- Pre: 61% scored less than 15, 39% scored greater or equal to 15
- Post: 18% scored less than 15, 82% scored greater or equal to 15

Client scored less than 15
Client scored greater or equal to 15
• Women's Empowerment has five components:
  • sense of self-worth;
  • right to have and to determine choices;
  • right to have access to opportunities and resources;
  • right to have the power to control their own lives, both within and outside the home;
  • ability to influence the direction of social change to create a more just social and economic order, nationally and internationally.

Source: Guidelines on Women’s Empowerment, United Nations Population Information Network
Sexual relationships  209 women, 2013-2014

Client communication on desire for sexual intercourse:
- PRE: Never 40%, Sometimes 50%, Always 10%
- POST: Never 40%, Sometimes 50%, Always 10%

Husband expects client to take responsibility for contraception:
- PRE: Never 40%, Sometimes 30%, Always 30%
- POST: Never 40%, Sometimes 30%, Always 30%
Decision making

209 women, 2013-2014

- Healthcare for yourself
- Daily household purchases
- Major purchases
- Children

Options:
- Someone else
- Husband
- Jointly
- Client
76 women interviewed July – September 2014

- Police sensitization
- Provided them with helpline numbers
- Referred them to the NGO for counselling
- Reviewed a safety plan with them
- Provided them a copy with the NC
- Lenient towards their husband
- Accused them of provoking the situation
- Recorded their statement in their words
- Made them feel comfortable
- Acknowledged their presence
- Provided them with helpline numbers
- Referred them to the NGO for counselling
- Reviewed a safety plan with them
- Provided them a copy with the NC
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- Made them feel comfortable
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62% of cases seen at Counseling Centre referred by health care professionals from local hospitals
Little Sister: Crowdsourcing Violence

- Uses mobile alerts and GPS to identify and map violence in Dharavi
- Uses a mobile platform for the community volunteers to document the ongoing violence
- Provides immediate help through four major interventions: police, hospital, counseling center, and home-based support
- Sends inconspicuous text messages and provides a toll-free number to register repeat violence for immediate support
Little Sister: Crowdsourcing Violence

367 cases registered through the Little Sister mobile phone system. 62 cases brought to Centre. July – Dec 2014.
“Women (and children) are not dying because of a disease we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.”

Mohammed Fathalla
(Ex-president, International Federation of Gynecology and Obstetrics)