

Domestic Violence in India

A Summary Report of Four Records Studies

Health Records and Domestic Violence in Thane District, Maharashtra

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Domestic Violence: A Study of Organizational Data

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Special Cell for Women and Children: A Research Study On Domestic Violence

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Patterns and Trends of Domestic Violence in India: An Examination of Court Records

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In 1997, the International Center for Research on Women (ICRW) began a three-year research program on domestic violence in India in partnership with researchers from a range of Indian academic and activist organizations.¹ A National Advisory Council, representing the different constituencies in India that address the issue, has provided guidance for the program (see box below). The goal of the program has

been to provide reliable and sound information with which to identify, replicate, expand, and advocate for effective responses to domestic violence. The program has three components: first, assessing patterns and trends of domestic violence by identifying and analyzing existing data sets; second, conducting population-based surveys to estimate prevalence and to increase the understanding of determinants and outcomes of domestic violence; and third, distilling lessons learned from an analysis of ongoing programmatic and policy interventions. [All of the individual studies supported through this research program are briefly summarized in the box on page 2].

In this report, four studies that examined hospital, non-governmental organization (NGO), police, and court records are summarized. The hospital is an important intervention entry point for victims of domestic violence where women, who otherwise may not access formal services, can receive help and referrals. In situations of immediate danger, women sometimes turn to police and an examination of police records provides insight into the obstacles hindering the criminalization of domestic violence. Non-governmental (NGO) service providers appear to be alternatives for women in grave danger after other measures have failed. The fourth sector studied in this series, the judicial system, offers the potential of legal resolution; therefore, an examination of judgments reveals the extent to which domestic violence is successfully prosecuted.

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¹ The research program in India is part of the larger global grants program called Promoting Women in Development (PROWID) being implemented by ICRW in partnership with CEDPA and funded by USAID.

Program Descriptions

An Analysis of Primary Survey Data from Gujarat

Leela Visaria, *Gujarat Institute of Development Studies, Ahmedabad.*

This population-based study presents a picture of domestic violence as reported by 346 married women in rural Gujarat. Through both quantitative and qualitative methods, this project explores the magnitude and correlates of violence; forms and reasons given for violence; and women's options for support.

An Analysis of Hospital Records in Thane District, Maharashtra

Surinder Jaswal, *Tata Institute of Social Sciences (TISS), Mumbai.*

This study examines the records of hospitals and community health outposts in Thane District. The project studies the construction of the definition of violence by both the community and the providers of care as well as reconstructing specific incidents of violence through in-depth interviews.

An Analysis of Records of Special Cell for Women and Children Located in the Police Commissioner's Office in Mumbai

Anjali Dave and Gopika Solanki, *Tata Institute of Social Sciences (TISS), Mumbai.*

This study analyzes the records of Mumbai's Special Cell, a collaboration between the police and the Tata Institute of Social Science. The project addresses how the language used in recording cases influences the investigative process and the final resolution of the case.

An Analysis of Records of NGOs in Bangalore

Sandhya Rao, *Hengasara Hakkina Sangha, Bangalore.*

Using the records of non-governmental organizations in Bangalore, this study explores domestic violence as a human rights issue. Included in the sample are a feminist organization working on violence issues for the last twenty years and a shelter which was established in the 1920s.

An Analysis of Court Records in Bangalore District

V.S. Elizabeth, *National Law School, University of India, Bangalore.*

This study examines the records of a family court in Bangalore, three district level courts, and the High Court. The project examines cases to understand the judicial interpretation of existing laws that have an impact on domestic violence and to identify the gaps in investigative procedures that result in non-conviction.

A Population-Based Survey of Domestic Violence

International Clinical Epidemiologists Network (INCLEN).

This multi-site study is being conducted by local researchers in seven sites: Lucknow, Bhopal, Delhi, Nagpur, Chennai, Vellore, and Thiruvananthapuram. The project explores the magnitude of violence, risk and protective factors, and health and economic outcomes. The methodology addresses ethical, safety, and training issues involving survey respondents and interviewers.

Responses to Domestic Violence in the States of Gujarat and Karnataka

Divya Pandey and Veena Poonachana, *SNDT Women's University, Mumbai.*

This study examines state, collaborative, NGO, and community-based initiatives addressing domestic violence in Gujarat and Karnataka.

Responses to Domestic Violence in the States of Maharashtra and Madhya Pradesh

Nishi Mitra, *Tata Institute of Social Sciences (TISS), Mumbai.*

This study examines state, collaborative, NGO, and community-based initiatives addressing domestic violence in Maharashtra and Madhya Pradesh.

Objectives

The “records studies,” as these four studies are called, accomplish several shared objectives. First, by examining diverse institutional record-keeping systems regarding domestic violence, the researchers provide an understanding of how key institutions perceive the problem and how this perception is translated into procedures. This builds upon another set of studies published by ICRW² that explored the type and quality of responses taken by states and communities to domestic violence in India. In addition, focusing on the documentation process of each agency or organization helps to shed light on the fundamental paradigm within which each institution operates. An institution’s paradigm is particularly apparent in the definition of domestic violence applied in standard procedures and responses to abused women. In order to determine this, researchers examined the language and type of information used to describe, classify, and respond to domestic violence incidents, perpetrators, and victims by a given institution. By identifying the assumptions and differences in discourse between and within institutions, researchers hoped to clarify gaps in both the understanding and the response to domestic violence. And finally, by applying these conclusions about gaps, flows of information, and institutional responses, researchers hoped to improve strategies for the reduction of domestic violence and its impact on individuals and communities.

In addition to examining institutional discourse, the studies also provide data about patterns and trends of domestic violence. Data on domestic violence in India is still limited and institutional records provide a valuable resource to researchers and advocates. The data shed light on the women reporting violence (such as their age, duration of marriage, education, work status, and relationship to the perpetrator), as well as on the incidents of violence (such as the frequency of violence, nature of the attack, precipitating factors or reasons given, type of injury, and/or type of weapon). The studies also document the success or failure of attempts to intervene and prosecute cases of domestic violence. In order to accomplish

these objectives, researchers used a mixture of qualitative and quantitative methods of data collection and analysis.

The Studies

An Analysis of Hospital Records in Thane District, Maharashtra

While health care settings are recognized in many countries to be very important sites of first response for women experiencing violence, such is not the case in India. Surinder Jaswal’s study is unique, then, in that it examines medical records looking at the documentation of injuries attributed to domestic violence in the major municipal hospital, the referral hospital in the district, as well as the community health outposts in both rural and urban areas in Thane District. Beyond the written records, Jaswal also has conducted focus group discussions, in-depth interviews with women service users, and interviews with service providers to get a deeper understanding of the health system’s response to domestic violence. The study shows that 53 percent of what are termed medico-legal cases registered by women at the Thane Corporation hospital are due to injuries caused by domestic violence. However, apart from medical information on the nature and type of injury and probable weapon, little information was recorded regarding the perpetrator, location of the incident or possible future danger to the woman.

A Study of Organizational Data

Sandhya Rao and her team at Hengasara Hakkina Sangha in Bangalore examine the role that state and non-governmental organizations play in responding to domestic violence and investigate the type and quality of records these organizations keep in responding directly to women in need of support after a violent incident. These organizations are a critical entry point for women who are unable to access or receive support from police, hospital or legal services on their own. Their services include, among other things, crisis counseling, legal assistance, temporary shelter, economic opportunities or a combination of these

² See Domestic Violence in India: A Summary Report of Three Studies, Volume 1, September 1999.

services. In Rao's study, the gaps in information documented are noted and evaluated. In addition, the records offer important data regarding the needs of the women seeking help, the type of violence encountered, and the particular view of justice held by many women experiencing violence.

The Special Cell for Women and Children

The introduction of special police cells to facilitate women reporting violence has been an important response to violence by the Indian government. The Mumbai Police, in coordination with Tata Institute of Social Sciences, set up one of the initial cells in 1983. Anjali Dave and Gopika Solanki have undertaken an in-depth analysis of this Special Cell to explore the recorded information from cases brought by women. In particular, they explore the ways in which the complexity of women's voices are translated and recorded into formal documentation. An important question the study addresses is how the language used in recording the cases influences the investigative process and the case resolution. Findings from the study show that women generally seek help from police and service organizations as a last resort after a long and severe history of physical violence and after other help-seeking attempts have failed.

An Analysis of Court Records in Bangalore District

To further understand and document the role and success of the Indian courts in responding to domestic violence, a research team led by V.S. Elizabeth of the National Law School of India University has examined court records of three district level courts, a family court, and the High Court in Bangalore district. Court records illustrate how domestic violence is employed as a method of control in a range of disputes including those revolving around ownership of property. Researchers have examined a sample of cases from each of these courts to understand the judicial interpretation of existing laws that impact on domestic violence and to identify the gaps in investigative procedures that result in non-conviction. The study finds that there are a number of barriers to prosecuting cases of domestic violence and that, over the time period studied, a very

small proportion of cases of domestic violence were successfully prosecuted.

Research Outcomes and Constraints

There were many unanticipated outcomes of the studies that became significant to conclusions drawn by the research. In many cases, access to institutional records was difficult and in some cases impossible. Some institutions resisted requests by researchers or simply had no time or personnel to provide needed materials.

Researchers also learned that information regarding specific variables (such as employment status, length of marriage, income level and/or type of injury) was not always documented or available. This was due in part to a lack of consistency in record keeping over time and/or among institutions and to a reluctance on the part of certain institutions to maintain accessible records. It also became apparent that the purpose of keeping records and monitoring cases was not entirely synchronous with the practical objectives of some institutions. In particular, overwhelming workloads prevented some organizations, especially those providing counseling services, from maintaining regular records. This was both frustrating and useful for researchers, providing insights into the gaps and differences in practices and approaches among different institutions and sectors.

Professional paradigms also play a significant role in not only what is assumed to be relevant and recordable data, but in the value of recording and monitoring information about domestic violence at all. For example, medical personnel usually record extensive physical detail of injuries but rarely consider the experience of violence to be a component of patient history. Police records indicate an equally narrow focus on the specific incident with little emphasis on the history of violence. Information about the perpetrator of violence is also rarely documented or available.

While the individual institutional data sets had significant gaps, the four studies as a whole validated key findings about patterns and trends and the flow of information between institutions found elsewhere

in ICRW research on domestic violence in India. In particular, some of the findings regarding the characteristics of women reporting violence such as age, marital status, and employment status were found to be common across the studies. Interestingly, the nature of the abuse and the perceived reasons for it were also very similar across the studies. All of the studies also made evident the lack of information

sharing and referrals between agencies, especially by the hospital and police to service providers. This finding is particularly relevant because a dialogue about documentation is now emerging as a critical vehicle for improving communication among and within institutions responding to domestic violence. These studies are an important first step in fostering this dialogue within the Indian context.

Study 1

Health Records and Domestic Violence in Thane District, Maharashtra

Surinder Jaswal

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Introduction

Studies worldwide have shown that hospitals and clinics, whether government owned or private, are an important entry point for women suffering from abuse within the family. A 1991 study found that the prevalence of violence and sexual assault was higher among those who used health services (Felitti 1991). Dobash and Dobash (1984) point out that in the U.S., physicians are approached for help earlier than other formal agencies. And finally, several studies (Golding et al. 1988; Koss, Koss, and Wooldruff 1991; Heise, Pitanguy, and Germain 1994) demonstrated that a history of rape or assault was a stronger predictor of physician visits and outpatient costs worldwide than any other variable such as age or other health risks.

In this way, past and current research underline the importance of the health care system in identifying women experiencing abuse, in connecting them with other resources, and in documenting and monitoring the extent and nature of violence in the communities they serve. Health care practitioners not only treat women's immediate medical conditions due to abuse, but also interact with many women who are otherwise isolated and who would not access any other formal service. Hospitals and community health facilities then become an important point for bridging a "private" problem hidden in the home with "public" services that currently reach only a small proportion of the women experiencing violence. Furthermore, recognition of the health care system's role in addressing the disturbingly wide-

spread and severe phenomenon of abuse can help to better integrate domestic violence into the public health agenda.

In 1997, the Department of Medical and Psychiatric Social Work at the Tata Institute of Social Sciences, Mumbai, undertook a study of medical data sets in the western part of India to investigate the prevalence of domestic violence cases in health care settings as well as the institutional response to them. The objectives of the research were: to discern patterns and trends of domestic violence cases in rural and urban health care settings, to understand current practice for identifying and recording abuse into medical records, to probe health providers' perceptions of violence in their patient case-load, and to learn women's perspectives on the accessibility of medical personnel and the type of treatment they receive when seeking medical help.

Methodology

For the purposes of this study, domestic violence is operationally defined as verbal, physical, and emotional abuse against adult women in the family setting. Given the varied objectives of this study, the methodology was designed with a combination of qualitative and quantitative research tools. The use of complementary research techniques created opportunities to present more detailed and multi-dimensional insights into the interactions between women who seek treatment for abuse-related injuries and doctors and other health care professionals who care for patients as well as the institutional recognition and

monitoring of this process as documented in hospital records.

Field site

From 1997 – 1999, researchers examined health records from different urban and rural government health facilities in Thane, a satellite city northeast of Mumbai, India. Though Thane is an old town, the Thane Municipal Corporation (TMC) was established in October 1982 by merging 32 surrounding villages. The TMC is experiencing rapid industrialization and 40 percent of its population of 1.5 million are low-income migrants. The Health Department of the Thane Municipal Corporation provides health services to the community through:

- ▶ One urban “corporation” hospital with 350 beds that provides tertiary treatment;
- ▶ Twelve urban outreach health centers comprised of
 - ◆ Eight health posts in low-income urban communities,
 - ◆ One ayurvedic dispensary,
 - ◆ Two maternity hospitals, and
 - ◆ One urban clinic providing outpatient services and basic laboratory facilities; and
- ▶ One rural primary health care center serving eight villages.

This study looked at health records from a cross-section of these health facilities: the rural primary health center, one urban health post, one urban maternity hospital, the urban clinic, and the corporation hospital.

Figure 1 diagrams the source and number of records studied. The total sample size for the corporation hospital setting was 2,047 medico-legal case papers, of which 689 (33.7%) case papers were of female patients.³ In the community based health facilities, out of a total of 10,616 health records, 718 preter-

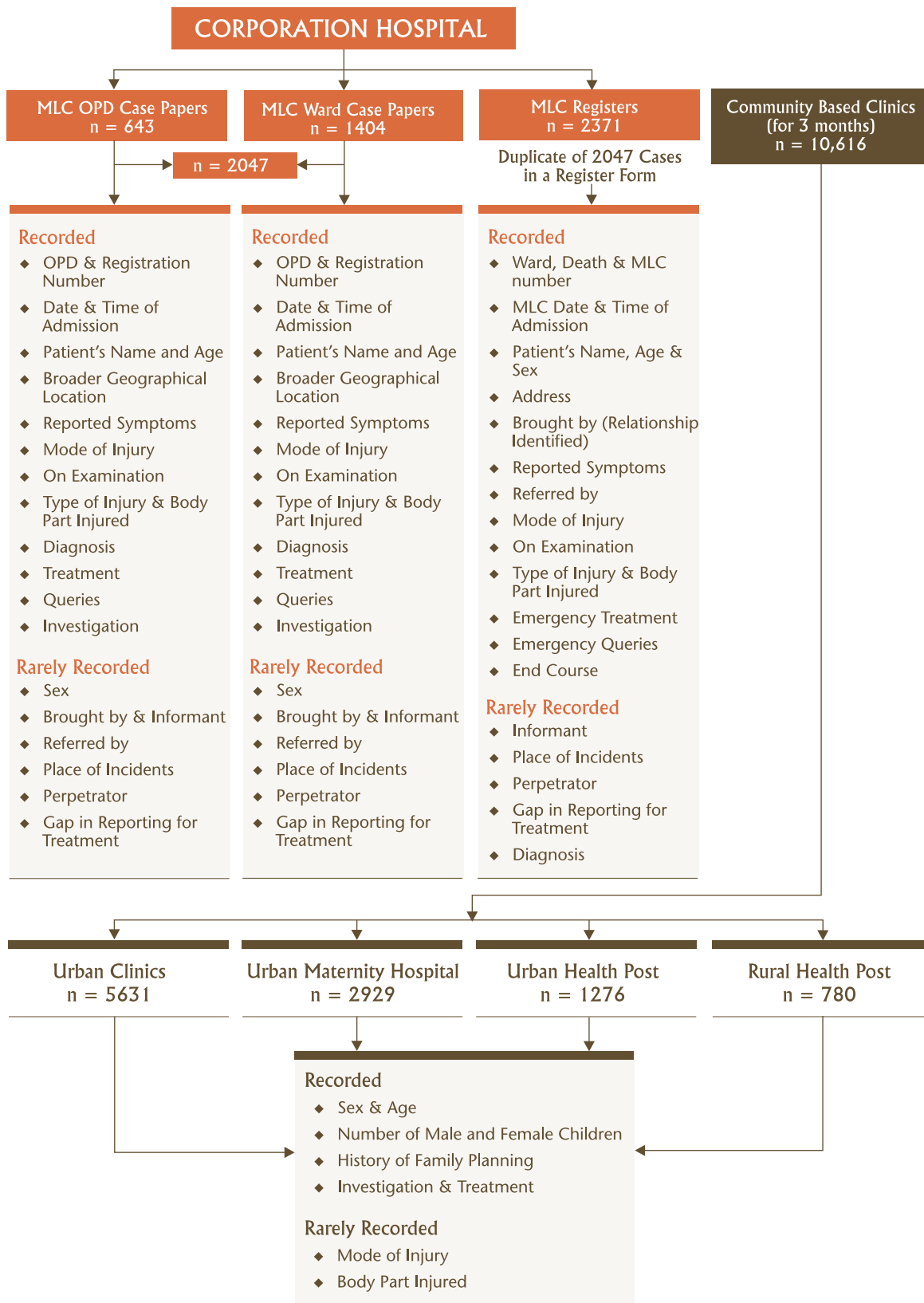
natural cases were selected for analysis. Preternatural cases are irregular cases of burns, falls, bites, poisoning, assault, suicide, injuries, gynecological morbidity, and TB. They also include situations in which the patient has died or become unconscious within 24 hours of admission or is brought in dead or unconscious. The remaining cases were of general medical ailments such as colds and malaria and were excluded from the analysis.

Apart from developing numerical indicators to measure specific socio-economic variables and medical details, the study also sought to capture women’s and health care providers’ voices in their own words and idiom. The techniques used in this study are detailed below.

- ▶ **In a pilot study**, researchers studied the records from the outpatient clinics, casualty, wards, and records department of the corporation hospital. The use of checklists aided the development of patient profiles at different health facilities as well as the identification of those departments where cases of violence were more likely to be reported. These results then informed the focus of the main study.
- ▶ **Checklists** based on observations of the researchers in the outpatient clinics in community health posts and at the corporation hospital during the pilot study helped to develop a profile of female patients reporting to these clinics. Checklists of 753 patients were drawn up. Based on the profiles of women that emerged from the checklist, a few were identified for exit interviews.
- ▶ **Exit interviews** were conducted briefly with female patients who were observed to be likely victims of domestic violence. In the gynecology and TB outpatient clinics, women with chronic complaints were selected for exit interviews. Twenty-nine exit interviews were conducted across all health facilities. These interviews were used to identify women for the in-depth interviews. Two

³ In the Indian health system, all doctors, regardless of whether they are at the community clinic/health post, the out-patient clinics, or the casualty of the hospital, are required to refer all cases which in their opinion involve serious injury, grievous hurt, accidents, homicides and suicides, and attempted homicides and suicides for registration as **medico-legal cases**. The police are mandated to record all details of such cases in a separate register called the medico-legal case (MLC) register.

Figure 1
Main Features of Health Facility Records



questions elicited more responses than direct questioning when probing for domestic violence:

- ◆ How does your husband's unemployment/lack of family income cause tensions at home?
 - ◆ Does your husband have any habits of alcohol, drugs, or gambling? How does it affect his behavior with you and your children?
- ▶ **In-depth interviews**, using a guided questionnaire, attempted to understand women's construction of violence and their views on responses of the health system. Twenty-three women were identified for in depth-interviews, of which 18 participated.
- ▶ **Focus group discussions** were conducted with women from three geographically and culturally different communities to understand community perceptions of violence. The four focus groups varied from 7-15 women.
- ▶ **Interviews with service providers** were conducted in five different health facilities. Care providers from specific outpatient clinics that were likely to be accessed by women with a history of violence were targeted, such as general practitioners, gynecologists, and psychiatrists. In all, 21 doctors were interviewed.

Analysis

The research shows that recording systems within hospitals and community health settings are neither rigorous, committed nor sensitive enough to capture the public health crisis of domestic violence. The hospital medico-legal case records specifically mentioned domestic violence as the causal factor of injury in only 13.5 percent of cases. However, construction of probable cases of violence by studying corroborating data (such as mode of injury and diagnosis) shows that the judgments contained in medical records may have overlooked an additional 38.8 percent of women who were most likely victims of abuse. **In other words, both probable cases and recorded cases of domestic violence constituted nearly 53 percent of the total MLC cases.**

Constructing "Probable Cases" of Violence

A major challenge in using health records to investigate the treatment of intimate violence in hospital settings is that very few cases are recorded and labeled specifically as domestic abuse. To address this the researchers sifted out cases of probable violence that have not been recorded as such. For the medico-legal cases at the hospital, the procedure started by eliminating cases which were clearly other types of medical problems, for example, colds and terminal diseases. The researchers then examined the remaining cases carefully for details on diagnosis, mode and type of injury, perpetrating circumstances (where available), location of incidents, reason for admission, reason for MLC, and body parts injured to isolate those where domestic violence was very likely to be the cause for seeking medical help.

The results reported in this summary report are taken from analysis of the types of records that had the highest frequency of domestic violence and the greatest level of detail. As noted above, this encompasses the medico-legal case papers and register in the corporation hospital (n=2047 and n=2371) and the pre-natural cases from the community-based health facilities (n=718).⁴

Gaps in Recording

The examination of thousands of records across a representation of different state-provided health facilities disclosed large and consistent gaps in both the type of information and level of detail recorded. In primary, secondary, and tertiary health care facilities, researchers found not only procedural gaps in terms of information required and documented by hospital staff, but also a lack of focused attention and, therefore, a lack of medical care and referrals for domestic violence cases. For example, in the medico-legal case papers at the corporation hospital, the type of injury was not recorded in 71.8 percent of cases and which body parts were injured was not recorded in 58.3 percent. Though contusions and lacerated wounds emerged as the most common type of injury (7.3%), this was from the limited sample of the 28 percent of records which contained this informa-

⁴ The MLC register is a duplication of the OPD MLC case papers. The difference of 324 cases between the two forms of records is due to the absence of some records in the process of filing, and in procedural differences in cases where the patient dies or leaves against medical advice.

tion and is, therefore, insufficient to gain an overall picture of the types of violence being brought for treatment at the hospital. There was no information on type of injury available from the community-based facilities.

The limited data that could be obtained from health records prevented a clear assessment of the prevalence of women reporting to health facilities as a result of domestic violence and the types of services most needed from health facilities according to the nature of injuries. In the vast majority of cases—91.3 percent of the hospital medico-legal cases and community-based prenaternal cases—the perpetrator of the injury was not documented. The records also make it difficult to assess where domestic violence cases are referred from and whether any referrals were made from the hospital to other types of services. Referrals were documented only in 14.6 percent of the hospital medico-legal cases and in none of the community-based prenaternal cases. The little available data show that the weakest link by far is the police, with only .1 percent of cases referred, while a larger percentage of cases were referred by charitable and private institutions. More comprehensive data would aid in examining how to strengthen the relationship between the police and hospitals, especially in medico-legal cases such as domestic violence.

In addition, the lack of detailed information in health records makes it difficult to trace the pathways of women reporting domestic violence through the health care system. This is important to an understanding of the nature of interactions between the health-care system and patients and whether the services provided are fully meeting the needs of the community and individuals. From the information available, approximately 38.5 percent of all medico-legal cases of female patients in hospitals and 19 percent of probable violence cases end in death or discharge against medical advice. Further investigation of this is needed. Approximately 50 percent of female patients who are facing domestic violence are discharged

and then referred to the psychiatric outpatient clinic and expected to visit regularly. However, since follow-up and tracking systems are absent, large populations of women suffering partner abuse are lost by the medical system, both in their records and to their services. In order to understand and improve the health care system's response to domestic violence, consistent information regarding type of injury, perpetrator of injury, and any referrals given are important to record at each different type of health facility.

Patient Profiles

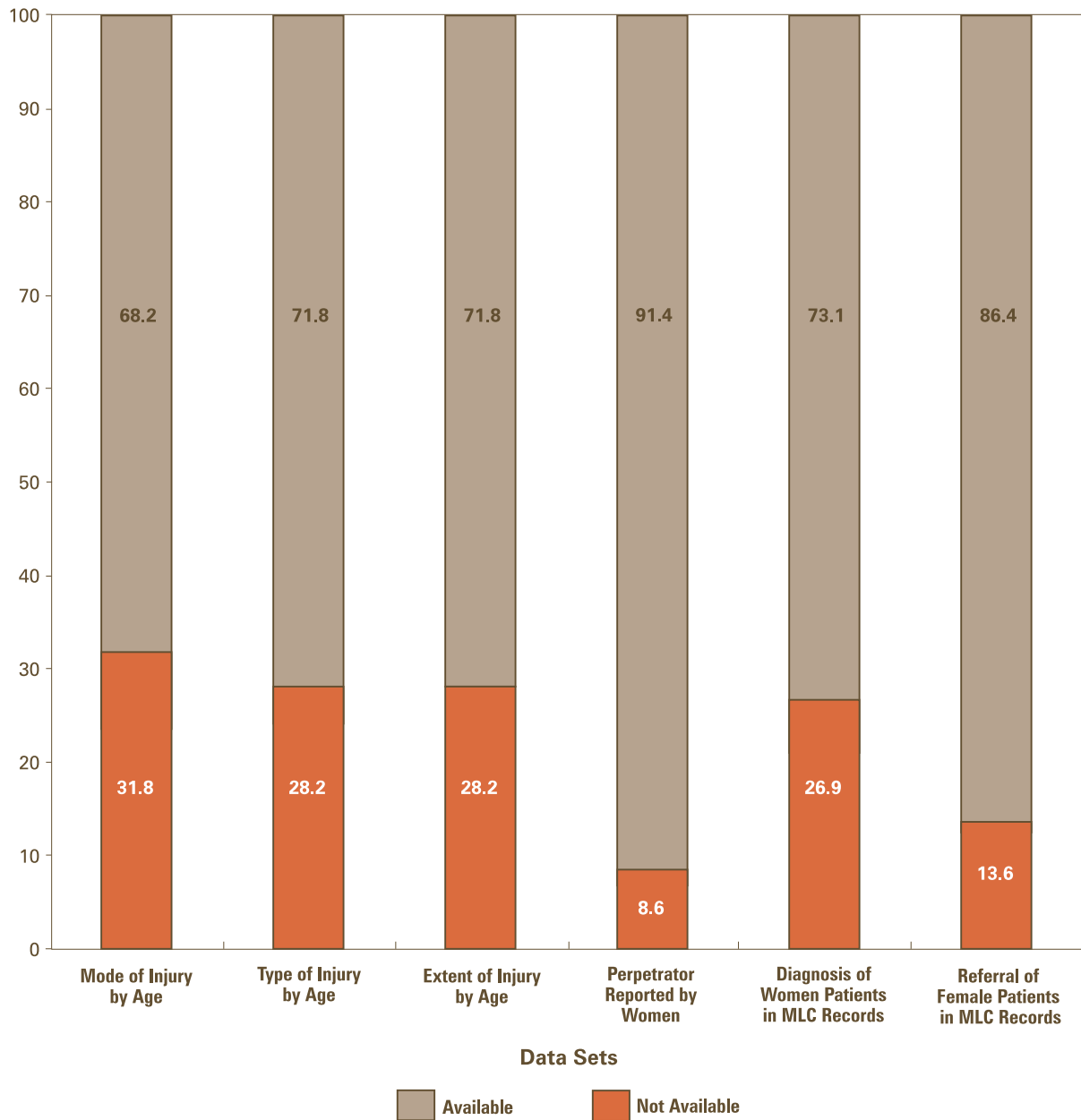
As stated above, more than half of the medico-legal cases of female patients at the corporation hospital were found to be associated with domestic violence. Furthermore, the data from the prenaternal cases in the community-based health facilities suggests that up to 81.8 percent—a large majority—of all female patients may be approaching the health system due to domestic violence. Abuse is an issue repeatedly surfacing in a large proportion of patients, yet it is not yet being acknowledged or treated as such.

The nature of injuries that brought women to the hospital tended to be severe: of the reported and probable violence cases, approximately three out of every ten women attempted suicide or suffered the loss of her life at the hands of her spouse. The seriousness of many violence cases warranted admission to the hospital. The data sets showed that 77.8 percent of violence and probable cases were admitted to wards, and 20.8 percent reported to casualty.⁵ Interviews with women also revealed a high degree of sexual violence within marriage. This is an issue about which little is known and documented. Sexual violence is an especially sensitive aspect of domestic abuse that requires further understanding and different responses on the part of service providers.

Reconfirming other studies, the data showed that domestic violence has far reaching mental health consequences. According to the results of the self-response questionnaire, over 60 percent of respon-

⁵ In most hospitals, patients are first seen in outpatient clinics or departments (known as OPD) and admitted to wards depending on the severity of the problem.

Figure 2
Chart Showing Gaps in Recording Information (In Percent)



dents were found to be suffering from severe psychosocial stress. Close to 39 percent of women reported suicidal ideations.

Many doctors and other health care providers do not yet recognize domestic violence or are hesitant to address it. The attitude, training, and sensitivity of health care providers affect several processes and outcomes: correct diagnosis and treatment for the patient, compassion and, therefore, accessibility for

the patient, referrals to other legal, support, or health services, and complete and proper documentation of domestic violence in institutional records.

Doctors in the corporation hospital were equally divided in even acknowledging that they had come across cases of domestic violence in their medical careers. The doctors from the surgical OPD and TB OPD in the community-based health facility said that they had not seen even one case of domestic violence al-

though the data show that a large number of cases coming to the surgical and TB wards/OPDs are reported as definite or probable cases of domestic abuse. What these interviews made apparent is that doctors do not often probe into the issue even when they suspect that the case may be one of domestic violence. This may be partially due to such constraints as time (“Basically, we do not have time to spend with the patient”), cultural sensitivities (“We have to suspect. Nobody tells us anything openly”), and ambiguity (“We do not see clear cut cases of violence”). Some medical practitioners may not want to delve into these areas or else feel unsure about the options for support they can offer outside of medical care.

In the interviews and focus group discussions, women experiencing violence often reported insensitivity by doctors. As one woman said, “The doctor at the corporation clinic shouts a lot. I don’t really like her but what to do?” Many women stated that they felt uncomfortable discussing violence with their doctors or felt they met with an unsympathetic response. Doctors are sometimes unwilling to probe into the details of suspected cases of domestic violence. This perpetuates women’s sense of isolation and the feeling that they must keep their situation to themselves discourages them from reporting abuse, and consequently prevents their access to related services such as legal counseling and therapy.

Profile of Access

The data from this study also showed certain patterns in how different populations access health care facilities. First, more women who are likely victims of domestic violence access community-based health facilities rather than hospitals. Influencing factors may be their proximity and quality of health care. As one patient noted, “Whatever happens, it is easier to go there as it is nearby.” In contrast, the corporation hospital is seen as more hostile, uncaring, and distant. Some of the women stated: “I always go to the district hospital. I used to go the corporation hospital but the district hospital is better and cheaper,” and “In the district hospital there is more care. They talk properly and look after you properly.”

Secondly, almost half of the women reporting to the hospital who have likely experienced domestic violence are between the ages of 18 and 30. This age characteristic merits further investigation as it may provide insight into who is more easily able to seek help and access services as well as which age group may be experiencing more violence. Lastly, rural women are not fully accessing rural-based community health facilities. The percentage of rural women accessing health posts is seven times lower than urban women, and makes this an urgent area for action.

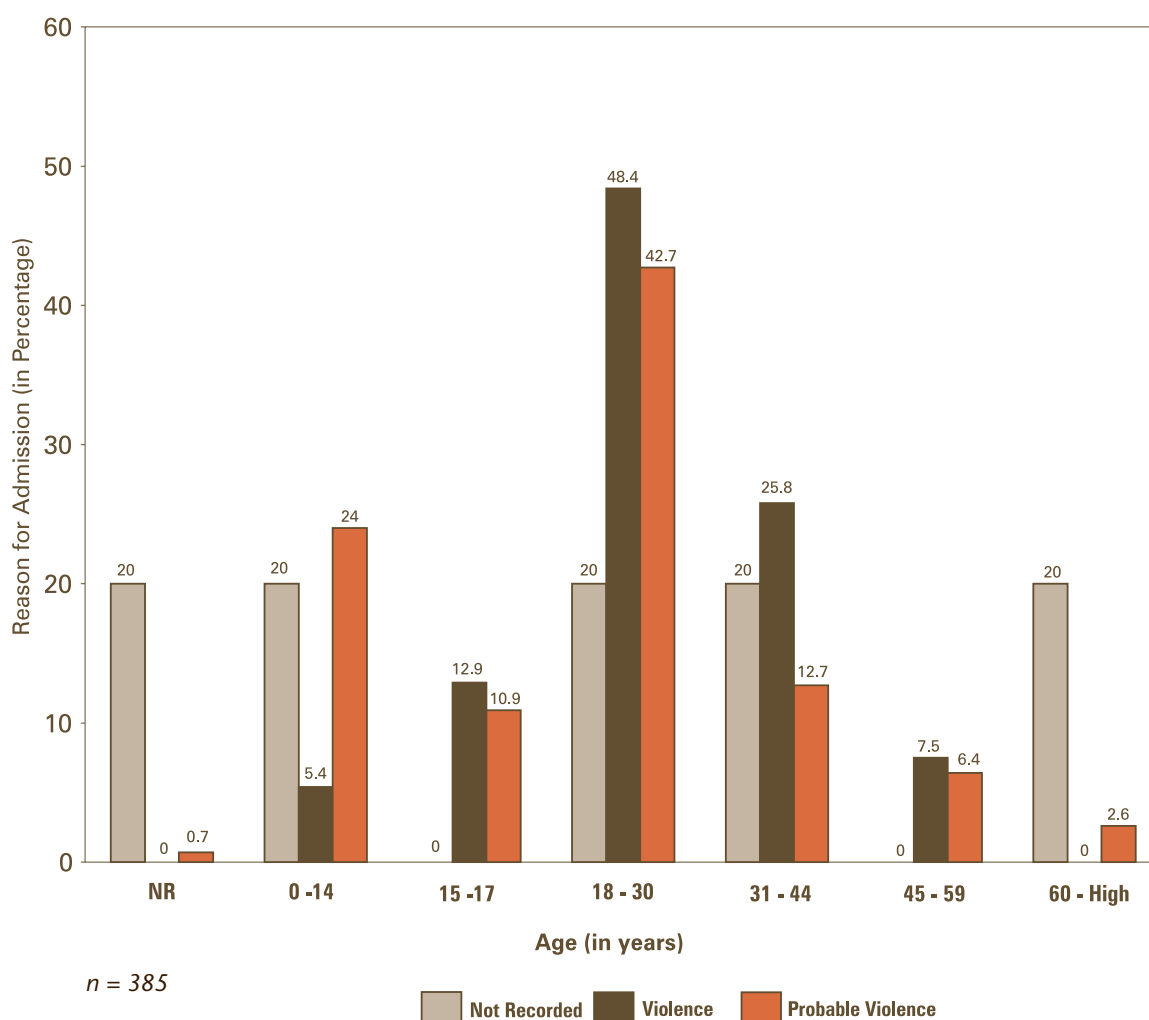
Pathways

As already stated, health care facilities are an important entry point for identifying women who are experiencing violence. The results of this study suggest that certain types of cases may be important to focus on when trying to help domestic violence victims. In particular, medico-legal cases at the tertiary hospital setting and preternatural cases in primary and secondary health care facilities are a critical group on which to focus. More specifically, the maximum number of medico-legal cases that were probably caused by domestic violence was found in the casualty, medical, surgical and labor outpatient departments and wards. Those women reporting with chronic TB and gynecological morbidity are another group to consider. All women followed up from these facilities reported partner abuse. In general, it was apparent that very few of the women involved with these cases were given any referrals to other legal, social, and health services.

Conclusion and Recommendations

- ▶ **Screen for Violence:** The fact that a large number of women accessing health services are victims of domestic violence points toward the need to develop more rigorous, detailed, and sensitive recording formats within the health sector at all levels. A basic protocol for screening victims of domestic violence in all health settings, particularly in those departments where more cases of domestic violence have been identified by the study, is strongly recommended. There are cer-

Figure 3
Reason for Admission by Age



tain areas which could be screened more carefully – such as medico-legal and preternatural cases.

- ▶ **Institutionalize Sensitive Attention to Domestic Violence:** Primary as well as tertiary health facilities have to be strengthened to identify and support women with injuries caused by domestic violence. They need to be equipped adequately to provide psychological and physical care to these women. Training and sensitization of medical personnel in these facilities should be institutionalized. The potential of existing services and resources within the hospital should be explored for greater and better service delivery to victims of domestic violence. Involving departments such as preventive and social medicine (PSM) and social work are two examples.

- ▶ **Improve Accessibility of Services:** Physical proximity as well as quality care are critical factors in determining a given population's access to health services and should guide the setting up of health services for a given community. Under-utilization of health facilities by rural populations, especially women, points towards the need to make rural health facilities more accessible and effective.
- ▶ **Strengthen Linkages between Health Care Facilities and Other Agencies:** Strengthening the linkages between various departments within the hospital and with other agencies involved in providing services to victims of domestic violence will promote concerted action on the issue. This will help to foster a practice of offering referrals to patients for services provided outside of the hospital.

► **Fill Gaps in Documentation and Monitoring:** Follow-up and tracking systems in hospitals should be made more stringent to ensure that violence and probable violence cases are not “lost” once their medical treatment is completed. The health

records are critical as they can be used as corroborating evidence when women approach other institutional systems. Therefore, it is essential that health professionals record appropriate and adequate information.

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Study 2

Domestic Violence: A Study of Organizational Data

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Introduction

This research study explored the status and nature of record keeping among domestic violence service providers in Bangalore, a city in southern India. Such a study contributes to larger inquiries about domestic violence, including the impact of services, what gaps are apparent, and how the needs and interests of women experiencing violence are documented. In addition, the study sought to develop effective methodology for a better understanding of domestic violence and for the evolution of insights that will lead to policy changes.

Previous reports published by the International Center for Research on Women (ICRW) focused on responses by the government and the voluntary sector to domestic violence in four states of India.⁶ This research project built upon this work and sought also to better understand how individual communities respond to domestic violence. HHS researchers examined written narratives of women reporting domestic violence and seeking help from four service providing organizations in Bangalore—one government organization, two non-governmental organizations, and a police station. The study documented the consistent recording of four primary categories of information: types of violence reported, apparent causes of violence, women's immediate needs, and support sought in the past. In addition to examining the written narratives of the women, this study explored caseworker perspectives on the problem of domestic violence and the kinds of services provided.

Hengasara Hakkinia Sangha (HHS) is an intermediary NGO based in Bangalore that works to empower women through the knowledge and use of law. HHS works in partnership with grassroots organizations serving primarily poor rural women in the state of Karnataka. Through training programs tailored to the needs of each organization, HHS seeks to make law and human rights relevant and accessible to all women. Ultimately, the objective of HHS is to mainstream women's rights and to insure that women's civil, political, economic, cultural, and social rights can be protected and promoted. As domestic violence plays a crucial role in preventing women from asserting their human rights, HHS chose to undertake this research project.

There were three main objectives of this research: to assess the status of record keeping among domestic violence service-providing organizations based in Karnataka, to assess and interpret what can be learned about domestic violence from secondary data, and to investigate the capacity of these organizations to support women's human rights. In order to address these objectives, researchers considered such questions as: What might record keeping or the lack of it indicate about the framework of any organization in regard to domestic violence? What information can be acquired about the practices and approaches of these organizations? If service providers consider current record-keeping practices adequate for their purposes, then how might activists and researchers acquire additional important data about domestic vio-

⁶ See Domestic Violence in India: A Summary Report of Three Studies, Volume 1, September 1999.

lence? Where and how might this information be documented?

Methodology

HHS identified stakeholders in this project as the organizations from whom data would be collected: the case workers in the organizations, women who seek help from the organizations for violence in their lives, HHS as an organization, and the members of the research team. All stakeholders were involved in developing and implementing the research project.

The research team created a series of questions to use in studying the primary records kept by three community organizations and the police station. These questions were designed to capture both the complexity of domestic violence as it is experienced and documented, and the particular approach to record keeping by the organizations studied. A second questionnaire explored the perceptions of caseworkers regarding their work, the specific support structures available, and the type of data recorded by the organizations.

Vimochana and *Janodaya* were the two non-governmental organizations selected for the study. They are both well known in the region and have a history of commitment to women and development issues, and to providing support for women in need. The Family Counseling Cell at the Police Commissioners Office and the Tilaknagar Police Station were the two other organizations selected. The Family Counseling Cell handles approximately 300 new cases of family disputes a month, including many cases of domestic violence. The Tilaknagar Police Station was chosen because it is located in a residential area close to a market and its jurisdiction includes all classes, castes, and religious groups. Data was collected at the offices of each organization for the years 1996, 1997, and 1998. Since records were not allowed out of the offices, a summary of each narrative was made. These summaries were then sorted and classified according to the information requested by the prepared questionnaire. At the same time, six caseworkers from various organizations were interviewed.

Analysis

Surprisingly, although all four organizations are quite diverse in their mandates and approach, they maintained very similar records in the form of narratives written by the women seeking help. In the narratives, the women explain why they have come and what they seek from the organization. If a woman cannot write the narrative, then one is written on her behalf. At *Vimochana* and *Janodaya*, these narrative reports were kept roughly in chronological order. At the Family Counseling Cell, the same types of narratives were recorded, but caseworker observations were added. At the Tilaknagar Police Station, the narratives were appended to each First Information Report (or FIR) on file. Overall, 208 records were collected from the four organizations. These narratives were found to be rich and varied sources of information about women seeking help, and provided invaluable insight into the actual words and concerns of these women. However, as the only available records, they offered no specific insights about the response of the organization, nor the effectiveness of any intervention made. Further, there was not necessarily a standard set of information found consistently in each narrative, as each woman chose what she wanted to write. As no follow-up data existed, there was also no way of gauging the outcome of the service provided, or the accuracy or completeness of the data derived.

Categories of Information

Bearing these limitations in mind, however, researchers were able to identify four categories of information present most consistently in the records of the organizations. These categories are: type of violence; apparent cause or excuse for violence; the woman's stated needs; and the type and apparent effectiveness of support that was sought in the past. Within these categories, certain patterns and trends about the women seeking help and domestic violence in this region can be derived.

Distinguishing the recurring information that is routinely included in women's written narratives is itself quite informative. One can learn the kinds of expect-

tations women may have of the organizations providing help, and what the women feel gives them enough credibility to seek public help. In addition, the particular words used by women in describing their needs provided researchers with more insight into the perception women have of their own rights. There was no significant difference between the particular organization and the types of cases found there. After the case summaries were analyzed and sorted, the findings were interpreted as follows:

Type of Violence

The data indicated that women endure tremendous cruelty at the hands of their husbands and family members before they ever reach out for help. Most profoundly apparent is the range and severity of the violence, the compounding of multiple types of abuse experienced in combination, and the predominance of physical violence. It is clear that women sought help from these organizations only after a long and severe history of violence or after a particularly harrowing and cruel incident.

Researchers categorized the data by types of violence reported. These types were sorted into five general categories, from 17 specific categories based on descriptions of the violence in the narratives. Obviously, many forms of violence may also have occurred to women who chose not to explicitly mention these in their narrative. The decision by women to include explicit descriptions of the abuse is an important element of the records that must be considered when exploring the kinds of experiences encompassed within the rubric of domestic violence. For example, an incident or pattern of physical violence may be essential before women feel entitled to seek help. However, women often mentioned types of verbal or psychological abuse as well. In many instances, the word “torture” in English and its Kannada equivalent was mentioned repeatedly in the narratives. It appears to refer to both physical and mental violence and was used in most cases to mean unbearable cruelty. Although such a term links types of violence together as they are experienced in combination, researchers also sought to separate distinctive types in

order to get a better sense of the texture and experience of abuse which occurs (see appendix “Types of Violence in Narratives” for additional examples). The general categories of violence found were:

- ▶ **Physical violence:** This includes hitting, slapping, and beating with hands or fist, throwing objects, violence during pregnancy and/or a forced abortion, use of a weapon (such as an iron rod, a knife or kerosene), sexual violence of any kind (including forcing her to sleep with other men), poisoning, and other attempts to kill her. Sexual violence may occur as part of a regular practice of physical battering but not be mentioned in a narrative. The fact that relatively few women reported sexual violence may reflect discomfort in reporting this, not necessarily the low incidence of this type of violence.
- ▶ **Abuse of loved ones:** This category includes any physical or mental cruelty and abuse to complainant’s children or her natal family, such as beating of the children, assaults of natal family members, and humiliation of family members.
- ▶ **Mental and psychological violence:** This category includes threats of any kind, verbal abuse, and harassment such as insults, filthy language and taunting, harassment for dowry and income, threats to pour kerosene, and such humiliating actions as trying to prove she is insane, wiping dirty hands on her face, spitting at her, treating her like a servant, and embarrassing her at her workplace or in public.
- ▶ **Cruelty and torture:** This category includes such abuses as confinement and deprivation (including denying her the right to visit her family, tying her up and not allowing her out of the house, and denying her food), forcing her to consume unpleasant or disgusting things, the destruction or theft of her property, throwing her out of the house, taking another wife, and desertion.
- ▶ **Abuse from in-law:** This category refers to physical or psychological abuse directed at the woman from one of her in-laws.

Overall, there was an overwhelming presence of severe physical violence in the records. This may be a consequence of women's perceptions that married life inevitably involves a certain amount of suffering and that they are expected to endure abuse and cruelty. Community attitudes may reinforce the belief that women need to endure violence until it crosses a threshold, or that violence is only considered bad when it leaves injuries. A few comments from case-workers implied that there is a sense among some of the organizations as well that it is appropriate for women to seek help not after the first experience of abuse, but only after a significant amount of violence has occurred. Further, there was also some sentiment that obedience is an important virtue for wives, and that it is, in fact, a husband's right to reprimand his wife if necessary.

Many reports of physical violence also included reports of verbal or mental cruelty. Of the 208 cases studied, 94 percent reported physical violence, 75 percent reported forms of mental and psychological violence, 24 percent reported acts of cruelty and torture, 12 percent reported abuse of loved ones, and 5 percent reported abuse from in-laws.

In most cases, these various forms of abuse were experienced in combination. Women in 82 percent of the cases reported experiencing two or more types of violence (see table 2).

Table 1
Forms of Violence Reported in Women's Narratives

Type of violence	# of women	% of women
Physical violence	195	94%
Verbal and psychological violence	155	75%
Cruelty and torture	50	24%
Abuse to loved ones	25	12%
Abuse from in-laws	10	5%

Note: Due to multiple reporting of forms, the categories do not add up to 100%.

Table 2
Reporting of Multiple Forms of Violence

# of forms of violence	# of women	% of women
0	8	4%
1	29	14%
2	116	56%
3	46	22%
4	9	4%

The most frequently reported combinations were some sort of physical violence along with some form of psychological abuse. Combinations of violence and abuse occurred in particular patterns. It is evident, for example, that men often threaten their partners and that these threats become a way of controlling their behavior. In nearly 1/3 of the above cases the threats also involved the natal family and may have been directed at her children. For example, husbands reportedly threatened to kill their wives, to kill the entire natal family, to burn women alive, to send *goondas*⁷ to kill them, to kidnap the children, or to destroy the women's livelihoods. The combination of such threats with various forms of confinement was reported frequently as well. Women reported being tied up at home, denied food and water, and locked up in the home (see table 3).

Researchers also noted the specific reference to *kerosene* in 32 separate cases. Either as a weapon or a threatened weapon, kerosene clearly functions as an instrument of terror in the household.

Causes or Excuses for Violence

This category of information was also found consistently throughout the records although less frequently than types of violence. This may indicate a need to provide an excuse or explanation for violence while reporting it, or it may be the result of formulating a narrative that depends upon a cause to link events together. Obviously, these excuses or "causes" of abuse are interpretations offered by the women them-

⁷ *Goondas* is a colloquial term referring to a couple of men known to be strong or unusually cruel asked to harass, torture or intimidate another, similar to the colloquial terms "goons" or "thugs".

Table 3
Detailed List of Types of Violence

Type of violence	# of women	% of women
Pours kerosene/acid	23	11%
Poison/forced consumption	6	3%
Violence during pregnancy	4	2%
Use of weapon	18	9%
Assault and beating	192	92%
Sexual violence	8	4%
Beats children	16	8%
Abuse from in-laws	10	5%
Attempts to kill	12	6%
Threats	50	24%
Verbal abuse and harassment	133	64%
Confinement and deprivation	24	12%
Humiliation	15	7%
Dowry demands	2	1%
Threat to pour acid/kerosene	9	4%
Throw out of house	19	9%
Desertion	7	3%
Physical abuse of family	4	2%
Psychological abuse of family	7	3%
Suicide attempt by woman	1	<1%
Destroys property	2	1%

selves and not necessarily explanations for the violence that occurred.

Six broad categories of these causes were identified from the recorded narratives. Only 16 percent mentioned “no cause” for the violence and the vast majority included some reason or excuse to explain why

he began abusing her. Most frequent by far were matters related to money or dowry, with the majority mentioning either or both. These were classified separately as many women specifically mention dowry as a reason (52), while others describe tensions over money or demands for her money (62) as issues that are separate from dowry. According to the narratives, struggles for control over income, assets and expenses are central to household abuse dynamics. References to money or dowry may also be present in recorded complaints because of women’s perceptions that organizations can actually help in getting subsistence money or finances restored. This is evident in the data documenting “what she wants,” where returning her things or dowry was requested in 22 cases, and general maintenance was requested in 36 cases. Her own financial independence may or may not have been relevant as she may have been subject to violence whether she was a wage earner or not. The concern is more about control over money than money itself.

Causes or precipitating factors relating to sexuality were referenced by 21 percent of the cases. These included actual or suspected infidelities by either partner, resistance to intercourse, or his second marriage. For example, a husband’s second marriage may be used as a threat to subdue the first wife or perpetrate violence further. Women reported that their questions regarding husbands’ extramarital affairs led to increased violence against them. Some women also described being forced to have sexual relations with other men as a form of abuse against them. Women’s narratives occasionally also linked their own behaviors with increases in violence. In particular, some listed causes of violence as challenging him or his family, either by refusing to do what they were told, asking questions about his or their behavior, requesting more household money, or refusing intercourse.

The Woman’s Needs

What a woman wants of the organization from which she seeks help is often stated explicitly in the narratives. Although this category of information was found in a high number of reports, it may not be exhaustive, nor is it necessarily predictive of changes in her

needs that may continue to occur. The categories themselves are based upon terms used by the women themselves, however, and offer a glimpse of the perceptions women have of their entitlements in the face of violence. The records made clear that specific and concrete requests for maintenance, help to “get her things back,” and custody of children were mentioned frequently. This may be understood to refer to situations in which she was thrown out of her matrimonial home, or in which the husband took her jewelry or other possessions when leaving her, and/or when some kind of separation occurred.

In addition, however, many women appeared to seek less specific or concrete outcomes. In 52 cases the request was for “safety” or “security” from violence. This may refer to needing assistance in restraining her husband or in-laws in some way, regular protection from outside authority or an alternative housing arrangement. An interest in changing her fundamental circumstances was evident somewhat in the high number of direct requests for divorce and the relatively infrequent requests for help in staying in the marriage. However, although it is unstated, many women may not necessarily desire an end to the marriage, just an end to the abuse. Finding help to stay in the marriage (explicitly stated in only 14 cases) may in fact depend on particular conditions. This is evident in specific requests for help in changing his behavior generally (13 cases), for help in stopping his extra-marital affairs or his second marriage (16 cases), or for help in curing his alcoholism.

Another abstractly expressed need found often among the cases was an interest in finding some form of what was termed either as “peace”, “help”, or “justice”. These terms were used throughout the cases and often formed a summary, conclusion or an end to their complaint, as in “I just need some help,” or “Please help me live in peace,” or “I want justice for this.” It appears that the use of the term “justice” implies some form of compensation for a violation of his responsibilities and duties. Although it is difficult

to determine precise meanings of these terms, their presence gives some insights into the ways in which aggrieved women view their rights and entitlements.

Support

A large number of cases recorded by the four organizations made reference to help sought from other sources before coming. This was included as part of the narrative documenting the nature of her needs and their evolution over time. This information reveals where women think to go for intervention, the perceptions women have of their own rights to safety, and whom they believe duty-bearers might be.⁸ In addition, women’s perceptions of the effectiveness of these agents can also be informative.

Most frequently, women sought help first with the police, with community elders or *panchayats*, and with their natal families. Some women appeared to seek help in all three places before coming to the organizations studied. A brief analysis of this data showed that none of the three had been able to help women achieve safety, maintenance or needed support. Further, it is evident that, according to these accounts, none of these measures prevented the violence from continuing, and sometimes the violence increased.

Overall, these results make evident that natal families are often the first and most frequent place a woman may go for help and that women do often look to the police for protection and safety. However, there are a number of women who receive no protection, shelter or support from their natal families and are unable to find support elsewhere. It is possible that those cases that do not explicitly mention their natal families in their written complaints may have included an additional number for whom the natal family is not capable of providing support. This data also shows that women may seek help repeatedly from many sources until they get what they need, and that despite ineffective response from the police, women are willing to continue to reach out to other organizations.

⁸ “Duty-bearer” is a phrase used in human rights discourse which refers to those in community held accountable for protecting, promoting, and supporting rights and entitlements.

The Organizations and their Record-Keeping Practices

This research also shed light on the methods of record keeping among domestic violence service providers. First, while providers kept records of the initial complaint filed by women seeking help, the organizations have not established a standard form of recorded information which can be compared with other service providers; secondly, they did not document case follow-up consistently; and thirdly, they have no mechanism to evaluate the impact or effectiveness of services provided.

Moreover, the researchers hoped to explore the thinking behind record-keeping practices among service providers and the possible value of such records to the organization and to outside activists and researchers. In particular, researchers looked for indicators of a human rights framework underlying the services provided by organizations studied.

Regarding the services provided by the organizations studied, caseworkers described a combination of counseling, shelter, resettlement plans, and attempts to mobilize economic support as part of the response offered to women seeking help. Definitions of counseling and of the ideal function of the caseworker varied between organizations, and caseworkers stated that they often feel unable to provide the many services that women need. Of particular interest was the sense from caseworkers of what constituted an ideal case resolution. Some were interested in ensuring that the marriage remained intact, others were interested in providing whatever it was that the woman requested regardless of whether she chose to stay in the marriage.⁹

Implications for Human Rights

As a result of their focus upon human rights education, HHS researchers also sought to identify inconsistencies between a framework for women's human rights and particular attitudes and practices evident among organizations providing services to battered women. Researchers were particularly concerned about the relationship of caseworker perspectives to

the services provided and to the larger efforts to improve documentation practices. If domestic violence is seen either implicitly or explicitly to be a natural or inevitable part of marriage, an outgrowth of the right of men to reprimand their wives and/or a punishment for a disobedient wife, then it is not consistent with a human rights perspective on gender-based violence. A human rights perspective establishes unequivocally the right of all people to be free from violence and the right of women to register a complaint against someone who violates this right, regardless of the degree or reason for the violence. Moreover, a community is obliged to help women access and assert this right.

HHS has sought to educate community organizations that human rights are not strictly linear, where rights are accessed one after the other. HHS asserts instead that human rights form a web, each influencing other rights, and in turn being influenced by them. For instance, violence or the threat of violence may prevent a woman from accessing her right to mobility. This in turn restricts or denies her right to education, her right to livelihood, and may impact upon her right to form associations (see diagram on next page).

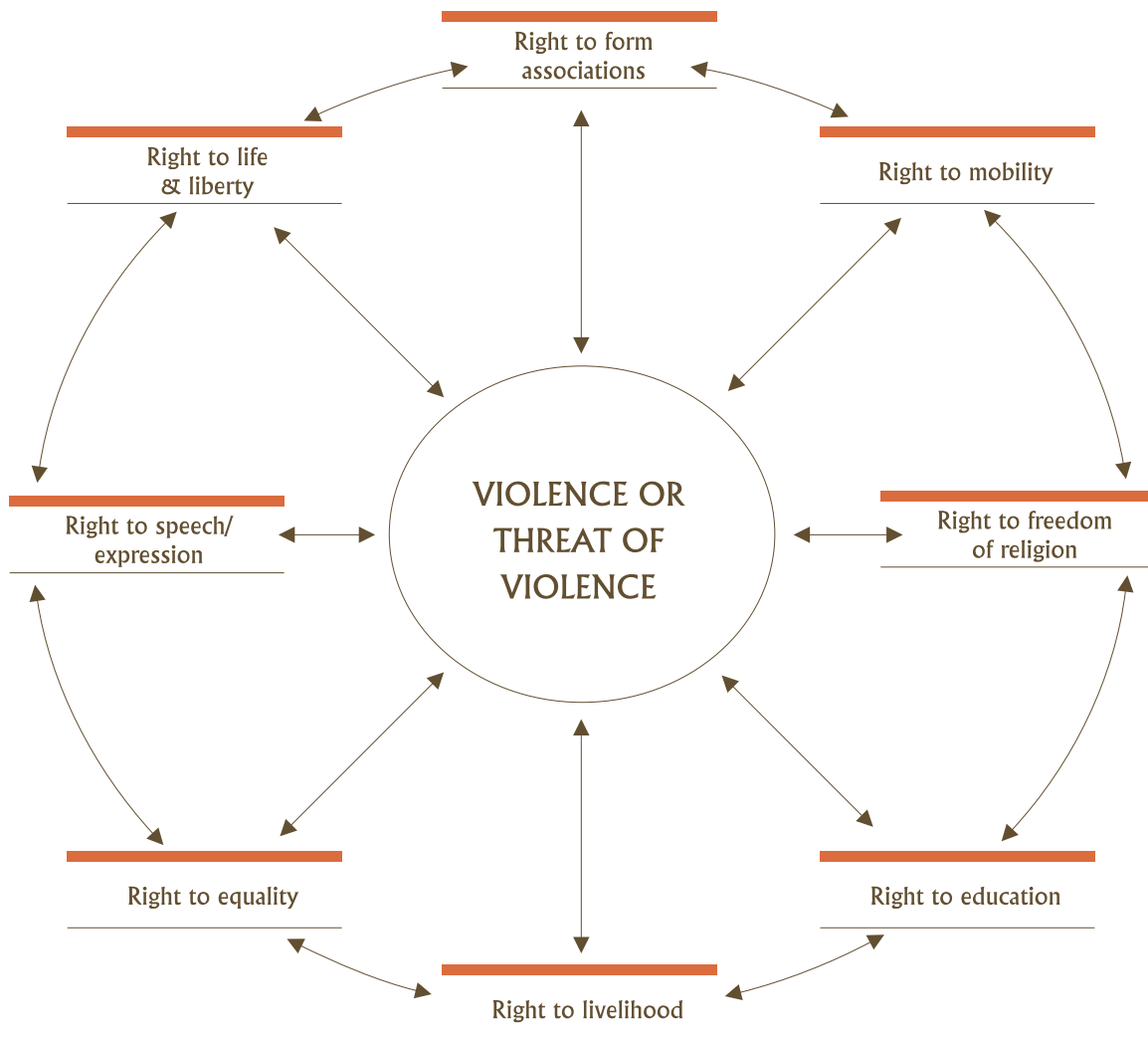
Research to document the complex relationship between violence and this web of human rights, however, depends upon the existence of additional data about women seeking help. For example, relationships between violence or the threat of violence in a woman's life and her employment status, her control of income earned, her freedom to leave the house, her freedom to meet with others, or her educational attainment are evident, but difficult to document without recorded information.

Recommendations

Recommendations from the study are that the following actions be taken in order to address the questions and concerns raised and to improve the availability of information for future projects:

- ▶ Convene a network of service providers who can establish together a standard form of record keeping and documentation;

⁹ These conclusions were based on insights drawn from interviews with caseworkers.



- ▶ Work to ensure that this standard format is relatively nonintrusive for women, potentially helpful for community and nationwide efforts to gather data, and appropriately useful for the organizations themselves;
- ▶ Improve public awareness of the links between domestic violence, support services, and human rights principles, and formulate a documentation system with these principles in mind; and
- ▶ Improve networking among police stations, domestic violence service providers, and community *panchayats* at district and sub-district levels. Initiate regular communication among these groups about specific domestic violence cases in an effort to follow-up and monitor effectiveness of interventions.

Appendix

TYPES OF VIOLENCE IN NARRATIVES

I. Physical Violence

Kerosene/acid/burns

Burns with incense sticks
Pours kerosene on her and tries to set ablaze
Pours kerosene on her and the children
Pours hot oil on her
Singd cheek with a lighter

Hitting/beating/assault

Tried to cut off tongue
Dragging by hair
Severe beatings
Cuts with knife
Biting
Burns with cigarette
Torture
Physical harassment
Beating after getting drunk
Kicks
Beaten like a cow
Pushing
Dragging
Abusing her at work all day
Battery
Making her do all the housework
Bashing her head
Breaking her teeth
Manhandling her
Slapping
Broken her arm many times
Beats her like a "mad dog" if she asks questions
Catch by hair and bang against wall
Hit her in stomach
Beats when asks for money
Beats to get money
Beating until unconscious
Throwing against wall

Forced to eat or drink

Poisoning
Overdose of sleeping pills
Threatens to force her to drink poison
Forces her to drink his urine

Violence during pregnancy

Forced to have an abortion
Kicked in stomach while pregnant

Use of weapon

Gave her infection
Hands tied and cloth stuffed in mouth
Iron rod
Blade
Threatens with knife
Wounded stomach with knife
Injury with sickle
Beats her "with anything he can get his hands on"
Beat her with a wooden log
Pouring hot oil on her

Confinement and deprivation

Denied food
Denied food and water
Confined to house
Locking her up
Not allowing her to go out
Denying right to visit natal home
Ties to a pillar and beats her
Ties her with a rope and leaves her in the well

In-law abuse

Threats from father-in-law
Mental cruelty by mother-in-law
Violence instigated by brother-in-law
Brother-in-law holds her while husband beats her
Mother-in-law and brother-in-law support him beating her
Mother-in-law hits her
Mother-in-law and children hit her
Husband's friend beats her

Attempts to kill her

While she is sleeping
Tries to strangle her at the workplace
Sets her ablaze
Tries to kill her
Tries to strangle her
By leaving gas on
Tries to hang her

Sexual violence

Forced to sleep with other men
Forced sex
Tries to rape

Thrown out of house

Throws out of house
Throws out of house at night
Throws her and the children out at midnight

Beats children

Harasses female child
Beats children
Pours kerosene on the children
Choking newborn child
Children not looked after
Kills female child

Abuse of family

Hit her father, brother
Hit brother
Kills her second husband
Abuses first husband

II. Psychological Violence

Verbal abuse/harassment

Harassment
Mental torture
Verbal abuse
Calls her a prostitute
Taunts
Abusing her at work all day
Insults
Tells her she looks like a monkey
Filthy language

Threats

Threatens to kill her
Threatens to kill entire natal family
Threatens to burn her alive
Threatens to divorce her
Threatens to pour kerosene and burn alive
Threatens to send *goondas* to kill her
Threatens to kidnap the children
Threats of divorce
Threats to ruin her factory
Threatens with knife
Threatens to set her beauty parlor on fire
Threatens to throw acid on her face
Threatens to hack with a machete
Threatens to leave her
Threatens to drown her
Threatens to injure her
Threatening to keep away the child
Threatens to break her legs

Threatens with acid/kerosene

Threatens to pour kerosene on her and burn her alive
Threatens to throw acid on her face

Humiliation

Trying to prove that she is mad and abnormal
Forced to sleep with other men
Slanders her name
Treated like a servant
Public humiliation
Wiping dirty hands on face
Spitting
Beating in front of friends
Hits her with chappals
Removes her clothes and beats her
Forced to drink his urine
Bigamy

III. Property Destruction

Damaged windows and furniture

Study 3

Special Cell for Women and Children: A Research Study On Domestic Violence

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Introduction

One of the most important gains of the women's movement in India has been the creation of legislation affecting women and, specifically, violence against women. Increasingly, the women's movement and the law enforcement machinery of the police have begun to collaborate to make justice accessible to women. Some outcomes of this collaboration are women's police stations, women's cells within general police stations, gender training programs, and police counseling cells.

The Special Cell for Women and Children, a collaboration between the Tata Institute of Social Sciences (TISS) and the Mumbai Police, is a unique partnership between the women's movement and law enforcement. The Special Cell was set up in 1984, with TISS providing trained social workers and the police offering infrastructure and administrative support. The Special Cell works directly with women, their families, and the community in providing a range of services including interface with police, emotional support, counseling, and crisis intervention. In working with the police, the Special Cell has tried to influence interpretation of legal provisions to widen the police umbrella for women facing violence.

The TISS researchers, who also work at the Special Cell, undertook a study of the Special Cell records to analyze the existing database on violence against

women. The specific objectives of the study were to:

- ▶ Identify patterns and trends of domestic violence from the records at the Special Cell;
- ▶ Study the nature of violence expressed by women and its reflection within police records;
- ▶ Examine the nature of intervention sought by women and the organizational responses to them; and
- ▶ Analyze the police construction of violence cases and the responses of the Special Cell.

Methodology

The project was based on a database containing the following records:

- ▶ Approximately 3,000 Special Cell case records for the period 1990-1997 were considered. As it is mandatory for every woman who comes to the cell to make a written statement about her experiences, situation, and the kind of assistance that she is seeking, written narratives exist for each case. Social workers at the cell also maintain an ongoing intake registry to record interactions and discussions with women and their family members. The records were collected from three Special Cells located in different areas of Mumbai.
- ▶ A registry of 1,071 complaints by women of non-cognizable offenses (NC) made in 1996-97¹⁰ at a

¹⁰ In Indian legal parlance, cognizable cases refer to criminal cases with severe punishment, either the death penalty or long imprisonment. These cases are investigated and taken for trial in the Sessions Court. Non-cognizable cases are criminal cases with less severe punishment, which can be heard and dismissed by the magistrate without a trial.

police station in central Mumbai. This registry is commonly referred to as the NC register.

- ▶ Mumbai police records of 15 cognizable criminal cases brought under Section 498A of the Indian penal code during 1990-1997. These records include the first report of a crime taken by police, women's narratives, the testimony of witnesses, and other documentation.¹¹
- ▶ Researchers' field notes from participant observation at the Special Cell.

Overall, the researchers analyzed 2,930 records from the Special Cell, 1,071 records from the non-cognizable offenses register, and 15 criminal cases registered under Section 498A. The study employed a combination of quantitative and qualitative methodologies. The Special Cell records and the non-cognizable offenses recorded in the NC register at the police station were analyzed with a pre-coded questionnaire. Later, qualitative methods of textual analysis were used for the in-depth case studies of the criminal cases which fell under Section 498A. It is important here to note that the methodological paradigms of the two parts of the study are completely different. As research exploring procedural and investigative processes from a feminist lens is very rare, provocative and important questions regarding the social response to domestic violence remain unexamined. Hence, in the second more qualitative part of the study, the researchers applied more innovative approaches to the data in an effort to garner much needed new insights.

Researchers encountered several obstacles in accessing and examining the data. The women's narratives were emotionally draining, and information in them was usually uneven. Further, access to the records was often slow because individual police personnel needed to use the same records in their ongoing work. Finally, there was often little or no information in them regarding interventions or actual completion of cases, making an analysis of assistance difficult.

Analysis

Part I: Pattern and Trends of Violence

Despite the difficulties encountered, the study shed light on the demographic profile of cases referred to the Special Cell and some emerging trends. The number of cases being referred to the Special Cell increased three-fold between 1990 and 1996. The data sets at the cell also make clear the role of ex-clients in increasing the outreach of its services as many women (40.6 percent) approached the cell due to referrals by older clients. Another 13 percent of the women were referred to the Special Cell by the police. However, links with courts and hospitals were weak, with barely one percent being referred by those institutions to the Special Cell.

Many women had approached other mediating agencies such as family members, elder counsels, and welfare organizations before seeking recourse at the Special Cell. Surprisingly, 34 percent of the women had initially approached the police for help. Thus, despite the image of the police as brutal, uncaring, and insensitive, women do apparently view them as an immediate source of protection from violence.

Most women approaching the Special Cell from 1990-1997 were within the age group of 18-34 years (65.4 percent). However, a fairly large number of women were also from the older age group of 35-44 years. More than 60 percent were married, primarily through arranged marriages. In 33.4 percent of the cases, the complainants were single women (either widowed, divorced, separated or unmarried). Interestingly, only 9 percent of the women reporting to the Special Cell had no education. A significant majority had either primary or secondary education. With respect to employment, more than a third were found to be involved in paid work. Data indicate that the majority of women (64.1 percent) were from low-income groups and one-fifth of the sample (21.3 percent) was from the middle class.

¹¹ The case records were written in the regional language Marathi, and were translated by having a Marathi-speaking assistant read out every case so that the colloquialism and nuances of the vernacular language could be captured into the translations.

Table 1
Demographic Profile of Women Reporting to Special Cell

Age	Frequency	Percent
Below 17	56	1.9
18-24	825	28.2
24-34	1089	37.2
35-44	410	14.0
45-54	143	4.9
Above 55	328	11.2
Marital Status		
Married	1877	64.1
Single	120	4.1
Widowed	143	4.9
Divorced/Separated	671	22.9
Other (Missing Information)	328	11.2
Education		
Illiterate	264	9.0
Primary	1046	35.7
Secondary School and/or Tech. education	768	26.2
Graduation or Higher	255	8.8
Other (Missing Information)	597	20.3
Employment Status		
Homemaker	1346	45.9
Self Employed	82	2.8
Service	860	29.6
Casual Work	102	3.5
Professional	16	0.5
Other (Missing Information)	514	15.7

Emerging trends. The records from the Special Cell provide insights into the characteristics of women who access the cell for assistance as well as the types of violence they face. Over half the women who sought help from the cell did so in the first five years of abuse. For women who had experienced violence for more than five years, the numbers drop sharply. In nearly 60 percent of cases, women are reporting violence within joint or extended family households.

As noted above, over a third of the women seeking help were involved in paid work. Though a woman's employment status was not associated with an increased or decreased likelihood of violence, the form

and nature of the abuse did vary by employment status. Women in paid work reported less physical violence but the reporting of mental violence was pervasive across both employed and unemployed women. Fewer women in paid work reported deprivation within their matrimonial home. Thirty-nine percent of women in paid work reported having left a violent husband, compared to 11.1 percent not employed outside the home.

An interesting difference emerged with regard to work status and reporting of violence. In the initial five years, more non-working women came forward to report inter-spousal abuse, but in later years of the marriage, their proportion declined dramatically compared to working women. Caseworkers at the Special Cell hypothesized that women in paid employment were more in touch with the outside world and this enabled them to explore wider alternatives and for a longer time. Among women not employed outside the home, the choices become very limited over a period of time, as reflected by the sharp decline in reporting rates of violence. The impact of financial independence and mobility on women's ability to exercise choices cannot be understated. At the same time, it is significant to note that economic independence by itself does not reduce the propensity for women to face violence within marriage.

Support from the natal home has also been found to be a crucial factor in women's struggle against spousal abuse. A majority of the women were found to be staying with their parents at the time of reporting. However, this was found to be more common among women who are not employed outside the home. More women in paid employment have reported violence to the cell while continuing to reside in the marital home.

Most women named the husband as the main perpetrator of violence. However, field experience reveals that often women are battered in an environment where other family members actively encourage or tacitly consent to this abuse. Women accused the husband in 2/3 of all cases, whereas the mother-in-law was named as a collaborator in nearly 1/3 of all cases.

The mental trauma and agony of psychological abuse also emerged as a pervasive issue through the Special Cell's recordings. Women reported several forms of abuse and their perceptions of what constitutes mental and physical abuse are very fluid and undifferentiated. Yet mental violence is consistently reported and remains very alive in the minds of women. In fact, women place many forms of physical abuse as being far more *mentally* disturbing than physically painful. This is evident in 83.5 percent of cases where women have verbalized precisely how their perpetrator operates against them with words, expectations, and behavioral norms. While physical violence is not detailed, mental violence is described in great detail. Desertion by the husband, deprivation of matrimonial residence, substance abuse, fraudulent marriage, and non-fulfillment of responsibilities are some of the many problems women have articulated in their applications to the Special Cell. It is also distressing to note that 6.2 percent of the women reported attempting suicide before seeking

help. In addition, reports of sexual abuse include rape within marriage and the actual beating and injury of genitals and breasts.

Nature of assistance sought. A primary reason that women approached the Special Cell was to seek help for preventing further domestic violence. This included negotiation for peaceful cohabitation, emotional and legal support (including counseling, legal help, and shelter), and resources to combat family violence (see table 2).

Information on the kind of assistance actually provided by the cell however was sparse. In 83.8 percent of cases, information on the nature of help given was not available in the records. From the available data, the demand for legal assistance was the highest noted across almost all age groups. One of the reasons for this could be that women seek external intervention, in this case the Special Cell, only when marital relations have reached a stage of near col-

Table 2
Assistance Sought

Assistance Sought	Frequency	Percent
Help to Prevent Violence	672	22.9
Counseling with the View of Reconciliation	720	24.6
Legal Help for Divorce/Maintenance	725	24.7
Legal Help for Custody of Child	77	2.6
Assistance to be Economically Independent	11	0.4
Shelter	20	0.7
Financial Assistance	22	0.8
Prosecution of the Offender	44	1.5
Assistance from Police	50	1.7
Share in Husband's Income/Property	80	2.7
Separation from the Abuser	102	3.5
Right over Matrimonial Home	21	.7
Entry into Matrimonial Home	30	1.1
Recovery of Streedhan	98	3.3
Information Not Available	162	5.5
Total	2930	100.0

lapse and legal intervention may be necessary. Further, caseworkers at the Special Cell observed that women's goals and priorities shift in the course of the intervention process itself and the caseworker often has to accommodate these shifts.

From the data that was available on assistance given, Special Cell workers were able to provide police help for women in over 1/4 of the cases. Police help ranged from writing up non-cognizable offenses to registering criminal cases against the offending husband to retrieval of assets and enforcement of court orders. The data on retrieval of personal assets received at the time of marriage (*streedhan*) indicates also that women seek outside help to assist in the struggle for control over assets when they want to opt out of marriage.

When women approach the police for help, the police must decide whether to register a complaint as a criminal case or a non-cognizable offense. Thus, police records of non-cognizable offenses provide important data regarding this decisionmaking process as well as the demographic trends that emerge. Evidence from these non-cognizable or NC registers indicates a demographic profile similar to that which emerged from the Special Cell records in terms of age, marital status, and employment status. The records of the NC register also provide more insight into the kinds of issues that women and children are bringing to police stations, their expectations from the system, and the response of the police to these women. NC records show that in over 50 percent of the cases, women complained of mental violence. In very few of these cases has there been any recording of physical injuries by the police and these records show that the police took follow-up action in 40 percent of the cases.

Part II: From Normalization to Criminalization

Clearly, data from Special Cell records and the NC register indicate that domestic violence is a pervasive phenomenon across class and education categories. However, the process by which violence and abuse within marriage actually gets converted into a legally

recognized crime is not always direct or clear. In other words, how does a "normal" act within marriage become a socially recognized criminal act? The study examined the contours of this process by considering how legal authorities decide to document and interpret women's experiences and voices in filing legal complaints. This process is vital to explore in order to understand when and how women's experiences of violence get validated within the criminal justice system.

In order to examine this process more insightfully, the study undertook a qualitative analysis of women's narratives as reflected in police recording of cases registered under section 498A, a criminal law against violence within marriage. The Mumbai police registered 4,677 cases of section 498A between 1990-1997. Since 498A is a crime against the state, the police are expected to undertake a thorough inquiry into these charges whenever they are brought. This process requires proofs, documentary evidence, witnesses, and other supporting evidence before the police can arrive at the conclusion that a crime has been committed. However, evidence from the Special Cell indicates that when section 498A is coupled with law sections that deal with murder (Section 302), and abatement to suicide (Section 306), invariably the focus of the police investigation is on attempt to murder or homicide, and not on proving the presence of domestic violence.

Women's voices. The experience of violence and abuse within marriage is complicated by many socio-cultural norms and the consequences of reporting such a stigmatized crime plays a significant role in this complexity. Therefore, attempts to render the diverse features of this crime into a legal complaint depend upon a sensitive understanding of women's experiences, options, and perspectives. However, qualitative analysis of case notes showed that women's own descriptions and definitions of cruelty in marriage were rarely recognized or adopted by police. Thus, the full desperation or tragedy of her experience as evident in her own narrative—her actual voice—is not recognized as legitimate. Instead, the case records validate a woman's experience only when

her voice and description have been echoed in the statements given by other members of her household, such as the father-in-law and brothers from the natal family.

Analysis also shows that when women's experiences of violence get transcribed into strictly legal language, many nuances and details are routinely subsumed under more abstract or misleading phrases. This is particularly true of sexual violence within marriage. For example, in the case of a woman named Pausha (see Appendix), the verbal construction around sexuality is largely through deflected or euphemistic terminology. Words such as "bad character" become reference points to the sexual nature of the violence.

In other examples, the association between dowry and harassment is emphasized to the exclusion of all other causes of harassment regardless of women's own accounts. In the case of Dhanashree, for instance, the report is so constructed that dowry demands seem to become the sole reason for violence. Dhanashree herself hints at the violence of being abandoned by her husband and the death of her newborn child (a girl), due to neglect. However, as the case is built around dowry, these aspects of her emotional and physical well being are not identified or explored in the report. The woman's official statement reads "The harassment meted out to me at my native village was for money only." In this way, the recording agency has apportioned greater space to dowry-related harassment than other critical elements of the woman's account. In other cases, alcoholism and unemployment are also convenient social constructs used in reporting that make it possible for case recorders to fit the violence into a common-sense grid of domestic violence, despite its more complex nature.

A strictly linear recounting of events is also considered essential for legal documentation. However, case-workers report that women are often able to narrate recent episodes of violence with much more lucidity than less recent events. The constant abuse they face makes it difficult for them to place the entire history of violence in the narrative form that the police seek to record. In such cases women's voices get subsumed

within the larger legal requirement of placing experiences within a sequential narrative and women's voices may not get explored. This mode of organizing does not make allowances for women's state of mind and mode of transmission. This is particularly apparent in the case of Kartiki. Due to 17 years of physical and mental violence, she was unable to recall the details over time that could have established evidence for a long period of suffering.

Witnesses. In many such cases, it is the voices of the witnesses that piece together the history of violence. And again, the male voices are more privileged, both in a literal and ideological sense. Analysis shows a greater number of male witnesses noted in the records and their statements are documented in more vivid detail. The case analysis of Chatura brought this into sharp focus. Her voice of despair was supported and strengthened by the statements of her father-in-law, when he reported that: "She was neither able to go to her maternal place nor to neighbors, she was mentally depressed and she decided to end her life." This extended the legitimate arena of mental cruelty, and police recordings subsequently acknowledged her steady decline to a state of despair. The courts reiterated this validation by warning her of the recurrence of mental cruelty if Chatura decided to reconcile with the husband. In this case, it was the male voices that legitimized a woman's claims of violation.

Police construction of Section 498a cases. Analysis of the case studies characterized the police investigation and reporting as stereotypical in some cases and sensitive in others. For example, Pausha and Chatura's cases were constructed skillfully, using documentary evidence and details of everyday violations. Additional data was recorded in such a way that it corroborated the women's voices. In these cases, the women's voices were central.

In other cases, such as Dhanashree and Falguni, the police conducted a stereotypically limited investigation and cases were registered under the umbrella of dowry demands, leaving other complexities unexplained. In these examples, statements of witnesses were constructed so that they challenged, under-

mined, and even rejected the complainants' experiences of violation. For example, "She stayed at her in-laws place only for a month" or "As Falguni is educated she is proud of her status. She was not happy that she had to do all the work in the house."

In some cases the police record of when the crime took place differs blatantly from the woman's own recounting. For example, in Shravani's case, she says that the violence began immediately after marriage but escalated in the last eight months after her brother-in-law died. But the police recorded the harassment as having started only eight months previously. They attached greater importance to her attempts at suicide after witnessing the illicit relation between her husband and her sister-in-law, rather than the mental harassment she had suffered in the last five years.

Analysis of the records suggests that the police feel a need to attribute violence to specific causes if occurring with a newly married woman. However, women who have borne several years of violence gain greater credibility, even within the current system. This is very stark in the case of Karthiki, who struggled at various levels before she approached the police. She approached the caste *panchayats* (elder counsels), family, and kin groups before she approached the state. Her long years of marriage and abuse, coupled with the struggle with various agencies to get her voice heard, validated the case for the police.

The deeply embedded ideology of marriage as a sacred, inviolable institution has apparently ensured that the public registration of a very private crime takes place only when there has been a threat to the life of the woman. Nine of the 15 women in cognizable cases were driven to suicide and, in other cases, there was serious danger to the life of the individual woman or her fetus. Thus, it is evident that the beliefs about marriage and about women in marriage are key tools for police in identifying whether or not a crime has occurred.

Similarly, a reference to so-called feminine virtues or flaws is used in complaints to create evidence for the legal system. For example, the case records reveal a strict dichotomy used by the recorders, the complainants, and the witnesses in referring to "good" and "bad" women. Language was used to construct a good woman as "adjusting", "calm", "simple natured", as opposed to a bad woman who is "denigrating" or "abusive". Police also brought evidence to prove that particular women are "isolated" or "not social".

An additional and more literal denial of women's voices occurs in the language of the complaint itself. Some of the women coming forward speak a language other than Marathi¹² and, in the translation process, culturally specific idioms, phrases, and context-specific language may be lost, yet again undermining the woman's perception and experience of violence.

Conclusions and Recommendations

Analysis of the Special Cell records, in conjunction with the in-depth case studies of the criminal cases registered under Section 498A, has yielded several key conclusions. While women seek help with support of the natal family, the case studies reveal that women do not register cases without male approval. In the detailed statements it clearly emerges that fathers, brothers, uncles or brother-in-laws have given approval and often take the lead in registering a case. Secondly, the woman's voice is not enough to validate a complaint as a criminal charge, there has to be endorsement by witnesses to build a picture of the violation and have weight in the court. Thirdly, from the data it is evident that violence within marriage is viewed hierarchically with grievous hurt being treated more seriously than being kicked, punched or beaten by hands. In addition, data from the records and the case studies clearly showed mental violence to be pervasive and well articulated, but women at the Special Cell rarely mentioned sexual violence in the narratives. Language to describe and

¹² Marathi is the primary language of Mumbai.

report either of these was found to be inadequate both for the women and the police in their official recording.

In sum, the qualitative case analysis indicates that while the investigative officer is a critical link in making the woman's voice heard legally, the attitudes and reporting of these officers are also shaped by the same dominant ideology that produces violence against women and governs most institutions within Indian society.

Recommendations

- ▶ Undertake focused research on women's views and perceptions around what constitutes violation and what is justice. This research should feed into the interpretation of laws at every level.
- ▶ Sensitize and train police to undertake skillful and sensitive investigation in cases of domestic vio-

lence. A protocol or "drill" for investigating cases of violations against women should be instituted, with a special focus on section 498A.

- ▶ Document and highlight registered "best practices" cases where police officials have succeeded in capturing the reality of women's experiences and used these to shape the law and legal procedures.
- ▶ Sensitize the Criminal Justice System to uphold mental violence as legitimate evidence and treat it on par with physical violence.
- ▶ Build strong strategic alliances between state, civil society, and research institutions. Capacity building of each of these sectors to respond to violence against women is imperative.
- ▶ Implement comprehensive, women-friendly legislation that deals with criminal and civil remedies to violence within marriage.

Appendix

SUMMARIES OF ACTUAL CASES, PARAPHRASED FROM CASE NOTES:

Shravani	Age 22	Since Shravani had not brought dowry to the marriage, her husband, mother-in-law, and brother-in-law's wife physically and mentally troubled her. She endured the abuse since her mother was poor and her father was missing. Her husband had punched her in the eye once and had been maintaining sexual relations with her co-sister. The FIR was filed 12/31/94 after she had seen her husband and co-sister engaged in sexual relations. Her husband then beat her and asked her to go and die, at which time she attempted suicide by consuming rat poison. She was hospitalized and saved. The case is still going on in court.
Kartiki	Age 39	Married on 1/21/77. They lived in a joint family, and two months after marriage, Kartiki's husband had started harassing her physically and mentally for trivial reasons. Her husband had lost his job but he continued to drink, and beat her for money. Her husband sold her ornaments, and her mother-in-law demanded that ornaments be brought from her natal family. On 1/21/91, Kartiki attempted suicide by consuming poison and was also treated for depression. On 3/4/94 a police constable was sent with Kartiki, and on seeing them, her husband started attacking her physically and shouting loudly. He was then arrested for causing threat to her life. She registered a case on April 13, 1994 under section 498A and Section 34 for Mental and Physical Torture. Kartiki and her husband compromised and started residing together. The case was compounded and the accused was acquitted.
Pausha	Age 30	Married on 5/15/94. Pausha worked in a private company, and used to give her salary and gifts she had received in marriage to her husband. Her husband would say that she had hidden some gifts and that he would burn her alive and used to doubt her character. He would ask her if she had relations outside the marriage and catch her throat and threaten to kill her if she revealed this to anyone. He used to force her to have sexual intercourse against her will. An FIR was filed on 7/13/94, after suffering physical abuse. Her husband had claimed that he knew she had illicit relations with someone and that she was pregnant. He further said that the child is not his so he started hitting her stomach with his hand. On 6/7/94 he took her to a private clinic for an abortion. On 7/8/94 he went to her office and asked her to give resignation. On the same day she was admitted to the hospital. The divorce was drawn by the family court. Both the accused and the complainant compromised on the ground that the accused would return all the property to the complainant. The accused was acquitted.
Falguni	Age 21	Married on 5/18/94. Three days after marriage, Falguni's in-laws claimed that her father had not given enough gifts in marriage. Her mother-in-law threatened to burn her if her father did not give them a flat. She also faced physical abuse from her younger brother-in-law. When she left for her natal home, her in-laws threatened to kill her if she did not tell her father of their demand for a flat. On 7/9/95, her in-laws pushed her out of the house at night and asked her to get the money for the flat from her father. Until then she would not be allowed to stay in the house and they threatened to kill her. FIR was filed on 12/13/95. The case is still in court.
Dhanashree	Age 21	Married on 2/27/91. Her husband began to abuse her and would say that he would not keep her in the house if she did not get money from her parents. Her mother-in-law would also physically and verbally abuse her. She delivered a baby girl who died after 12 days. According to Dhanashree, her mother-in-law did not take care of her and her daughter, and she had become weak. An FIR was filed on 12/11/96 prior to which Dhanashree had gone to her father's place where she stayed for one year. Her father then met with her father-in-law who said that she would be allowed back only if she brought money. The case is still in court.
Chatura	Age 25	Married in 1988. Since her marriage, Chatura was harassed in her marital home but could not visit her family or have them visit her. Her married sister-in-law would come often and physically abuse her. Her husband would side with his family members and fight with her. She could only contact her brothers by telephone to complain of the harassment. On 5/25/94 at night a fight took place between Chatura, her husband, and his family members, following which she was asked to leave the house. She attempted suicide by jumping from the terrace. The court records indicate that both parties settled the dispute amicably and that the complainant was now residing with her husband peacefully. Since there was no clear evidence of harassment and ill treatment on record, all the accused were acquitted.

Study 4

Patterns and Trends of Domestic Violence in India: An Examination of Court Records

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Introduction

In 1998 and 1999, the Centre for Women and Law at the National Law School of India University undertook a study of court records in the state of Karnataka, India. In this study, court cases and judgments involving violence against women from 1987 – 1997 were closely examined. The research concentrated on cases from the High Court in Bangalore, the Family Court in Bangalore, one urban Sessions Court, and one rural Sessions Court (see box below).

A study of court records provides an opportunity to analyze the types and outcomes of domestic violence cases in the judicial system; to learn about how judges

and lawyers interpret the law and the dynamics of domestic violence; and to identify the major obstacles abused women and their families confront in pursuing legal redress. Furthermore, an examination of court records offers insights about the information flow from institutional systems (such as the police and hospitals) to the courts. Lastly, such a study explores how detailed and consistent documentation sheds light on the effectiveness of existing laws and their implementation, and provides observations about the patterns and trends of violence against women.

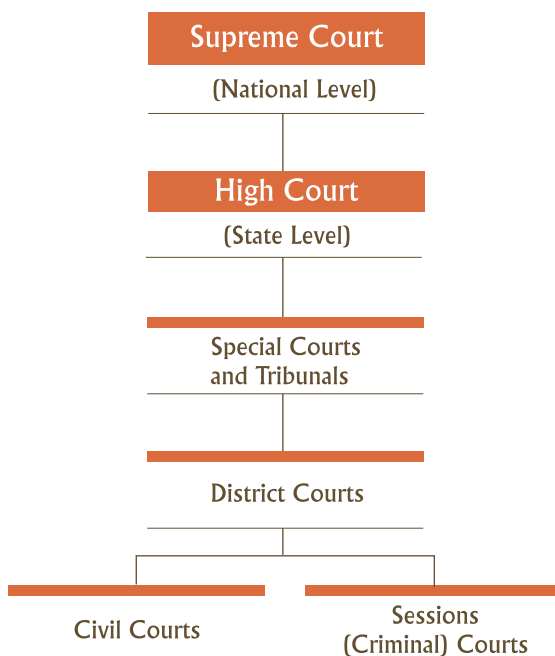
The major objectives of the investigation were to:

- ▶ Examine all cases connected with domestic violence in order to understand the trend of court judgments and to identify specific factors that may influence judgments;
- ▶ Study gaps and filters within the flow of information from such institutions as police and hospitals to the judiciary (including a look at records from the time of filing the initial complaint, the role of police in the investigation, and the final judgment); and
- ▶ Construct the definition of domestic violence as operationalized by the judicial system.

Methodology

The methodology was a two-step process of establishing the universe of cases for each of the four courts studied and then selecting a sampling for detailed examination. The researchers searched first for cases that gave any indication of being within the scope of domestic violence, for example, divorce, mainte-

Court Structure



nance, and physical and psychological abuse. The study included cases covered by the Indian Penal Code in Sections 319-322 (injury and grievous injury), 324 and 325 (use of a dangerous weapon), 327 (causing injury to extort property), 339 and 340 (wrongful restraint and wrongful confinement), 351 (assault), and 498a (cruelty and dowry demand). From this broad sweep of possible cases, the researchers identified landmark cases that illustrated the interpretation of domestic violence in the courts and the trend of judgments. Five landmark cases from each of the courts were analyzed in detail.

Difficulties Accessing Records

A factor in both the process and outcome of this research was the difficulty of accessing court records, which has significance for future attempts to study and monitor the judiciary's treatment of domestic violence. The researchers encountered a great deal of bureaucracy in obtaining permission to look at the records. They were required to get permission from the office of the chief justice of the Karnataka High Court, in addition to subsequent separate permissions from each of the subordinate courts. This process was so prohibitive and time-consuming for the High Court that the researchers instead decided to study only the published judgments.

In addition, the staff members who monitor the records were extremely uncooperative and the sheer number of records made the research difficult. In both the rural and urban Sessions Courts, the records room staff declined free access to the researchers. Further, the lack of organization and systematic classification of these records made the selection of records by staff fairly haphazard. Lastly, due to the confidentiality rules of the records office in each court, the researchers were only allowed to take notes on records rather than photocopying them.

Sample Size

Despite these constraints, the 117 cases gathered offer valuable information and insights about the four courts' treatment of domestic violence, and provide ideas for future research and questions.

Court	Number of Cases
High Court	22
Family Court	71
Sessions Court (Rural)	13
Sessions Court (Urban)	11

Given that access to High Court records was not forthcoming, the researchers scanned three separate law journals in order to review the High Court's decisions: Karnataka Law Journal, All India Reporter (Karnataka edition), and Karnataka Law Cases. Few cases reach the High Court, and over the entire decade, a total of only 22 cases relating to domestic violence were found. Subsequently, all 22 cases were examined to the depth possible with published material.

Because of the higher volume of cases in the two Sessions Courts and the Family Court, the researchers hoped that a larger number of cases could be accessed to identify the landmark cases. For example, the Family Court in Bangalore sees more than 1,000 cases per year. In the urban Sessions Courts dealing with atrocities against women, an even higher volume of cases is processed – in this court there were 891 cases in January 1999 alone. However, due to the constraints mentioned earlier, the researchers could only access 13 and 11 cases for the rural and urban Sessions Courts, respectively.

As the Family Court cases were more numerous and the records room staff more accessible, the researchers decided to analyze five cases from each year between 1987 and 1997 and ten cases from 1986, for a total of 71 cases. The records from each year were randomly selected by the staff of the records office. One caveat is that because of the lengthiness of court proceedings, those selected from the last two years must have passed through the courts quickly, and may not actually be representative of most cases from that period.

Five landmark cases were identified for each court. These cases were selected on the basis of which had the greatest bearing on the interpretation of domestic violence.

Analysis

An overwhelming observation from the analysis of the cases was the low number of convictions. In those that did have convictions, it was often on charges for which the violence was supporting evidence and not for the abuse itself. The courts did vary in their judgments; the High Court was the most favorable to women seeking legal redress, compared to the rural and urban Sessions Courts, which had a negligible number of convictions. A closer analysis of the cases from these four courts revealed a number of stumbling blocks to prosecution and resolution of domestic violence cases.

Stumbling Blocks

The barriers or stumbling blocks to prosecution in these cases ranged from types of proof to the opinion of the court concerning what defines criminal acts of violence. In some of the cases examined, no resolution was arrived at because the parties abandoned the case. The lengthiness of the court proceedings (up to several years) may be a factor in this. In other cases, there was not enough information in the records to determine why the defendants were acquitted. And in still other cases, several of the women had been driven to commit suicide. In general, barriers to the successful prosecution and resolution of domestic violence cases may be categorized as:

Proof of violence. A major constraining factor emerging from the study was the difficulty prosecutors encountered in providing the types of proof of domestic violence required by the court. Since violence often takes place in private, it is often the woman's word against the man's. A second issue of proof is missing documentation. This includes not only missing documentation of physical injuries, or amount of dowry given at the time of marriage, but even marriage certificates to prove that the couple was married. Another significant problem is inadmissible evidence. Evidence may be deemed inadmissible due to lapses in protocol or variations in statements. Men's confessions often become inadmissible because the police did not strictly adhere to protocol. Failure to properly record a woman's dying declaration is unfortunately a common loophole by

which perpetrators go free. For example, in one case heard by the High Court, there was a variation in the dying statement of a woman who had been burned. She told the duty doctor that it was accidental, but later told the magistrate that her husband had burned her. In this case, the court ruled that the later statement could not be used as the doctor had not signed it directly to certify that the woman was fit to give the deposition, but had given his certificate separately.

Time-barred complaints. Another stumbling block, which highlights the inefficiency and resulting ineffectiveness of the judicial and law enforcement systems, is the fact that many complaints do not get investigated or filed within the required time period. Such cases must then be dropped. For example, in a case brought to the High Court, a woman sustained burns and died. Due to her dying declaration, her husband was being investigated. Though a charge sheet was filed, the police report to the magistrate was dated more than one year after her death and was then considered inadmissible. In another case before the rural Sessions Court, the judge pointed to the fact that when the report of suicide was made the woman's parents did not mention dowry harassment at the first point of inquiry and had no proof that dowry was given. He ruled that the delay in filing the complaint as well as not confiding about the harassment to others during the marriage early on proved fatal to the case.

Compromise agreements. Sometimes cases are not prosecuted because both sides have dropped their charges in favor of a compromise agreement. This is another situation in which the cost and lengthiness of court procedures, as well as a woman's need to remove herself from immediate danger, may prevent the judicial system from being effective. In other cases, charges of domestic violence may be dropped because what the woman is really seeking is a divorce to end the violence that she faces from her husband and in-laws, and the divorce is granted. Though the woman has gained a separation from an abusive situation, her spouse was not held accountable for his criminal conduct.

Vague definitions of cruelty. While Section 498A of the Indian Penal Code makes “cruelty” a punishable, cognizable offense in the Indian Penal Code, “cruelty” is a vague term and courts are often reluctant to define it. The judicial system’s definition of mental cruelty and trauma is especially unclear and even judges who are sensitized to the issue of domestic violence may find themselves constrained in the types of rulings they can make. The lack of clarity leaves room for inconsistency among judgments, particularly as a large segment of the judiciary is not yet fully sensitized to the dynamics and dimensions of domestic violence. Thus, in some cases, psychological abuse and mental “torture” may be recognized and punished, while, in others, it is ignored.

Violence as a subsidiary issue. Another stumbling block to effective prosecution of domestic violence is that the abuse often becomes a subsidiary issue in the case. This is particularly true for High Court and Family Court cases. Even if a case involves domestic violence, the court will focus on specific acts of dowry harassment or the act of a husband taking a second wife. Though evidence of lifelong physical and psychological violence may be present, this will be viewed as support for other arguments rather than an important issue in and of itself. A case will be considered “resolved” if the other components are addressed; as mentioned earlier, it is sometimes

the feeling of the court that if a divorce is granted, there is no need to follow-up on the charges of domestic violence.

Conclusion

Studies of court records can provide insights into the effectiveness of the court system, the characteristics of domestic violence cases that make their way into the courts, and the attitudes of judges, lawyers, and police officers. This investigation highlights the need for better documentation of court cases. In many of the records, it is difficult to discern the reasoning behind the judgments and, since many of the cases ended in acquittals, why the vast majority of husbands charged with domestic violence are not convicted. More systematic and thorough records are needed for reformers to understand what happens in each case and why so many cases are dropped, end in compromise, or in non-conviction.

Another issue that emerged from the research is that there are several areas of ideological debate. These include ideas about “cruelty” and “evidence.” The wording of S. 498A is vague, with no consistent definition of cruelty and, hence, of domestic violence. Abuse often becomes a subsidiary issue in cases, while more easily measurable and provable charges like bigamy take the forefront.

Successful Cases

Successful cases can shed light on the types of evidence, crime, and procedural regularities necessary for a conviction on domestic violence. Researchers in this study gained insight into prosecutors’ and judges’ perspectives and, as a result, were able to pinpoint areas that could ensure greater effectiveness and accountability.

From the High Court. A woman filed for maintenance and separate residence under S. 18(2), alleging that her husband ill-treated her and that she was subjected to cruel treatment for no valid cause or justification. She also submitted that her husband drove her out and had taken a second wife. In this case, the main issue was the right to live separately and claim maintenance. The violence was not proven, but the Court held that subjecting a woman to the indignity of living with the husband’s other woman (concubine) was mental cruelty. In this case, it was much easier to “prove” that the husband had taken a second wife than to “prove” abuse.

From the urban Sessions Court. A woman was beaten to death by her husband after 14 years of marriage. After the first seven years of marriage, they had filed for divorce, but eventually the divorce proceedings were dropped and they started living together again. The husband was sentenced to life imprisonment under S. 302 and seven years under S. 201. This case is interesting in that there was no supplementary evidence of dowry harassment or adultery. The explanation for the court’s decision is not detailed in the records.

Of the five cases studied in detail from the rural Sessions Courts, none were successful in producing a conviction on charges of violence.

Evidence also becomes a constraining factor in many cases. The number of cases that were not able to move forward because of lack of evidence or inadmissible evidence points out two problem areas that keep domestic violence from being prosecuted under the law: the ineffectiveness, inaccessibility, and tardiness of both law enforcement officers and health care practitioners; and the mismatch between the guidelines for proving domestic violence (i.e. having witnesses) and the private and often “invisible” nature of intimate abuse.

Recommendations

Based on the analysis of the court cases, the researchers feel that the following actions are necessary for domestic violence cases to be more fully investigated and prosecuted:

- ▶ **Improve responsiveness of the police:** Many domestic violence cases are not properly prosecuted because of errors in police investigation or unnecessary time delays. Efforts must continue to make the police accessible and sensitive to women reporting domestic violence. If women feel comfortable seeking help from the police and if ensuing investigations are carried out properly, the power of the judicial system to address domestic violence in the courts would be greatly strengthened.
- ▶ **Institutionalize clearer and more thorough protocols for record keeping:** Consistent documentation is essential for transparency and monitoring of trends. Detailed records can aid in understanding how judges make their decisions, and can help identify the obstacles that often prevent women who are experiencing abuse from successfully prosecuting their case. A better database of information also could be useful in analyzing the patterns and characteristics of domestic violence cases brought to court.
- ▶ **Make the judicial system more accessible:** Currently, the enormous backlog of cases and resulting time delay make the courts a less accessible place for women experiencing violence to seek justice, as they may need immediate safety. Efforts to create special women’s and family courts should continue, as well as attempts to accelerate the judicial process.
- ▶ **Regularly monitor court actions and publicize outcomes of cases:** Advocates working for the elimination of domestic violence should regularly monitor the performance of the courts to understand decision-making trends and to identify strategies for supporting domestic violence cases through the legal system. Furthermore, publicizing domestic violence court cases will help to increase public awareness about the issue. While there has been increased coverage of dowry deaths and burnings in the newspapers, the public rarely learns about the outcome of prosecutions. Publicizing cases is a way not only to educate the public, but also to increase the recognition of the challenges that women face in the court system, and to mobilize different constituencies to push for change.
- ▶ **Re-think and elaborate upon definitions of “cruelty” in Section 498A:** The vagueness of the term “cruelty” in Section 498A often creates difficulties for judges when making rulings. In most cases, actions pertaining to dowry and adultery were considered “cruel”; what was under constant contention, however, was whether other types of domestic violence could be defined as cruelty. A greater elaboration of “cruelty” and the definition of domestic violence, as well as greater consensus and consistency about these terms among judges, would help make the judicial system more effective in addressing abuse.
- ▶ **Examine and reform types of evidence needed for domestic violence cases:** Because of the often private nature of domestic violence, or the strategy by which batterers injure their wives where no one else can see, the types of evidence demanded should be rethought. Many domestic violence cases are unsuccessful because the women cannot provide the numerous and detailed types of evidence required.



Conclusion

The primary objective of the "Records Studies" was to concentrate attention upon the issues, practices, and problems with institutional documentation. What became clear through this research is, first and foremost, that institutions must develop accessible and consistent methods of documenting domestic violence; methods that accurately capture information about the incidence, perpetrators, victims, and patterns of violence. This applies to institutions responding to domestic violence in any capacity, either directly through shelter and counseling services and police stations or, less directly, in a health care setting. On-going data collected at these sites provides an excellent resource for documenting services provided, evaluating effectiveness, and developing some type of monitoring and follow-up in order to improve response.

However, there are numerous concerns associated with the practice of documentation. For example, could recorded data about domestic violence actually be used to compromise women's interests? As domestic violence victimization remains a highly sensitive and stigmatized issue, it is important that any records indicating domestic violence be kept highly confidential. In the U.S., for example, as health care institutions have made an effort to document domestic violence in the medical records, there has been evidence of misuse of this information by insurance companies.¹³ Similarly, the legal ramifications of cer-

tain information pertaining to the abuse recorded at a shelter or crisis center may be complex and, thus, caseworkers, health care practitioners, and advocates may hesitate before documenting key information.

In addition, there has been a concern among some researchers and advocates that data disaggregated by class or ethnicity may contribute to class and ethnic communal tensions and may undermine efforts to emphasize a gender analysis to the issue. Moreover, the complexity of women's choices in the face of domestic violence is often difficult to document appropriately. Her voluntary return to a violent home, her refusal to report or prosecute, or her choice to seek a more risky form of employment such as prostitution may not entirely be the sole choice of the woman but be recorded as such. In this way, collecting data can appear to be yet another effort to monitor and evaluate women's behaviors and not necessarily respond to her needs. Further, information about men's choices and men's violent behaviors can routinely be left out of the documentation and the crime of domestic violence can remain effectively agentless. Record keeping can also create an increasing demand for accountability by organizations and even create previously unforeseen legal and logistical difficulties for organizations if they fail to intervene or follow-up. For instance, legislation enacted in the U.S. and elsewhere to mandate reporting of domestic violence by physicians who encounter it has been problem-

¹³ However, as a result of task force advocacy, the Victims of Abuse Insurance Protection Act (VAIPA), later attached to the Financial Modernization Act and signed into law in November of 1999, American insurance companies cannot use domestic violence as a criterion for denying coverage, dropping coverage or charging higher premiums for domestic violence or their caregivers (including domestic violence shelters). In addition, federal banking centers will also be required to establish consumer complaint centers to investigate discrimination charges.

atic in some contexts. There is a concern by some physicians that reporting violates the trust of their patients and that they still cannot guarantee their patient's safety.

And yet, increased awareness among medical professionals about abuse as a public health problem in various contexts has contributed to improvements in response and referrals. Documented information can lead to follow-up care for a woman after she has returned to her home, ensuring her continued safety, and informing her of available services. Despite its potential importance, follow-up service that is not done appropriately could put a woman in danger of increased violence. For these reasons, documentation policy and practices must be carefully examined and planned.

Improved communication among agencies and sectors about domestic violence cases can help to mitigate some of the problems with documentation and follow-up. Research has made it increasingly clear that domestic violence can best be addressed through a coordinated community response from diverse institutions. The goal of a coordinated community response is to provide a range of services (legal, medical, and social) to victims, and to advocate with other service providers to ensure that victims are offered a coordinated and comprehensive array of services. The main focus of the model is to place a priority on victim safety; to advocate for necessary institutional changes within and among legal, medical, and social service systems; and to promote a community-wide response to reduce violence against women.¹³ Information sharing among institutions is a key feature in supporting this response. This is necessary first to make all institutions aware of the scope of domestic violence and its impact on the community at large. In addition, it is important for members of diverse institutions to recognize the relevance of domestic violence to their purview and to identify where and when they can intervene effectively. Co-facilitated training, assisted by shared information and aware-

ness, helps these diverse institutions work together to take responsibility for domestic violence in the community. In addition, it helps the community at large recognize the complexity of the issue and the various and changing needs of victimized women and violent men.

How to promote a community response, as well as how to facilitate documentation and education, were the focus of a two-day conference hosted by PROWID in Bangalore in February 2000. At this conference, respected and experienced representatives from the health, law enforcement, judicial, government, NGO, and research sectors came together to hear and discuss the findings as presented by the researchers of the four studies presented herein. Participants collectively proposed specific recommendations to improve the quality of these various institutions' responses to domestic violence. From their expertise and familiarity with the institutions being discussed, the conference participants were able to consider both the complex constraints to change and critical areas for reform. The valuable strategies that emerged from these discussions focused primarily on the legal and health care sectors. Both general and research recommendations are summarized below.

General Recommendations

► **Improve institutional record keeping.** One of the greatest perceived benefits of thorough and consistent documentation is the ability to monitor the types and outcomes of domestic violence cases, as well as to evaluate the actions and procedures of each particular institution. However, incomplete or inaccessible records make this impossible. The researchers of the four studies summarized in this report collectively sifted through thousands of records on domestic violence, which systematically omitted crucial information, such as the action taken in response to a case, the perpetrator of an injury, or the detailed reasoning behind a court ruling.

¹³ For more complete description of the coordinated community response model, see Little, Kristin: Assessing Justice System Response to Violence against Women, 1998, www.vaw.umn.edu/Promise/pplaw.htm and the Duluth Model as articulated by the Advisory Council on Violence Against Women: A Community Checklist: Important Steps to End Violence Against Women, on www.ojp.usdoj.gov/vawo/speeches/checklist.htm

Though conference participants acknowledged many of the severe shortcomings of the institutional records, they also expressed concern about being held accountable for certain types of record keeping or procedures. For example, both NGOs and the police defended the records they keep, explaining that they feel these are for their own purpose and not a database for the government or researchers. Because all of these groups feel the pressure of limited financial resources, a paucity of professionals trained and sensitized to handle domestic violence, and heavy workloads, many were reluctant to take on additional responsibilities that they perceive as benefiting only researchers. Despite these hesitations, they agreed that current practice needs to be improved. In particular, they felt that it was crucial to trace the outcome of each case, especially the response taken by the institution.

- ▶ **Increase education and training on domestic violence.** Another common finding across the four projects was how the conceptualization of the issue by a particular organization or institution affects the procedures and outcomes of domestic violence cases. For example, the perception of violence as a family issue instead of a community issue or the equation of domestic violence with the narrower category of dowry violence has shaped whether or not a woman's complaint is filed by the police, properly investigated, and prosecuted. The court records in particular demonstrate that dowry harassment and adultery are generally considered punishable forms of cruelty; however, other types of physical or emotional abuse are viewed as secondary or irrelevant. The study on police records powerfully illustrates how a particular interpretation of domestic violence or of gender influences the recording of complaints in ways that often translate, undermine, or silence women's voices. Thus, a crucial next step involves the training and sensitization of health care practitioners, police, judges, lawyers, and social workers.

- ▶ **Promote communication and referrals among institutions.** These four studies demonstrated an almost complete lack of communi-

cation among various institutions. There was little evidence of referrals, such as a doctor referring a woman to a family counseling cell or a police officer referring a woman for proper medical treatment. Furthermore, coordination between these institutions to track cases (e.g. by collaborating with NGOs) or to establish procedures that strengthen a woman's case in court (e.g. medical reports) are extremely limited. The conference participants emphasized the introduction of referrals as a key procedure to promote coordination among different sectors addressing domestic violence and to better ensure that women learn of other available services.

- ▶ **Elicit support from government administrators.** A group of high-ranking administrators at the Bangalore conference engaged in an intense discussion about how the government could support efforts to address domestic violence more effectively. Many of their recommendations focused on larger structural and attitudinal problems associated with bureaucracy, lack of transparency, and ignorance. The primary concern of the administrators was that the state should become more responsive and held more accountable to the people. They recommended that community involvement and support be integrated at every stage of a program, and that government offices decentralize, increase transparency, and reward those who do their job well. They also emphasized the need for strategic advocacy. In particular, reform and change should be pushed at the state level in addition to the national and local levels, since state governments have jurisdiction over the police and hospitals.

Sector-specific Recommendations

In addition to the small group discussion held by the government administrators, other groups of conference participants met to formulate specific recommendations for health, law enforcement, and judicial institutions. These strategies are presented here. NGOs were also recognized as having an important role in monitoring the practices of these institutions, and they were encouraged to foster stronger linkages with the health and legal sectors in order to improve

the quality and effectiveness of their own services.

Recommendations for the Health Care Sector

- ▶ **Recognize domestic violence as a public health issue.** It is essential that domestic violence be recognized as a serious public health issue, and that changes to address this issue occur at all levels within the health care system with an appropriate allocation of resources.
- ▶ **Train health care providers.** Health care providers, researchers, and administrators at the conference recommended integrating domestic violence awareness into medical and nursing education curricula and providing training for current practitioners. This is particularly important as the research demonstrated that many doctors were simply uncertain about how to appropriately identify and care for a victim of domestic violence.
- ▶ **Implement domestic violence protocols.** Health care centers should implement domestic violence protocols. These include improving screening, care, and referrals; making trained counselors available on-site; and ensuring that medical exams of sexual assault victims are performed by female physicians.

Recommendations for the Law Enforcement and Judicial Systems

In order to strengthen a woman's ability to pursue justice through the legal system, conference participants identified procedural changes that would improve the accessibility of the police, the classification and investigation of cases, and their successful prosecution in the courts.

- ▶ **Change categories of crime.** The representatives from the police at the conference recommended creating a separate category for crimes associated with domestic violence. For example, while the murder of a woman may currently be categorized only as "dowry-related" or for "reasons other than dowry," the suggestion was made to specify domestic violence directly.

▶ **Improve collection of evidence.** Several recommendations were made for collecting and presenting evidence. Legal experts and women's advocates should explore how evidence requirements may be adapted for the complicated circumstances often surrounding domestic violence cases. Counselors, psychologists, and midwives should be recognized as experts within the Indian Evidence Act. Furthermore, the police, NGOs, and hospitals should work together to ensure understanding of the type of evidence and the fulfillment of proper procedures needed for courts to consider the evidence admissible. For example, doctors should be required to present post-mortem notes within 24 hours and police officers should be trained to identify signs of domestic violence. Furthermore, police reports need to include and support the credibility of women's voices in their descriptions of violence against them.

▶ **Increase sensitivity towards women who have experienced violence.** Women recounting sexual abuse or assault could present their accounts *in camera* if they so choose in order to avoid public embarrassment and trauma.

▶ **Introduce a civil law.** As the vast majority of women seek redress through civil law, many lawyers and judges at the conference supported a civil law that would include making protection orders available for women.

▶ **Clarify existing law and interpret consistently.** The ways in which different laws are used to rule on domestic violence cases should be clarified. For example, the term "cruelty" in Section 498A needs to be detailed in a way so that it is not only linked with dowry demands. Furthermore, definitions and indicators for mental cruelty must be recognized and expanded.

▶ **Monitor and publicize the processes and outcomes of cases.** The creation of watchdog groups could contribute to improving the coverage of and ensuring better accountability of the legal process. Though crimes against women get some media coverage, the usually unsuccessful

outcomes of prosecution do not get reported. In addition, greater public access to court records as well as more systematic organization and maintenance of those records would heighten public knowledge and understanding.

- ▶ **Institute professional training programs led by peers.** Professional peers should lead training programs on domestic violence. A judge leading a training program for another group of judges may be more easily received than someone outside of the field. Such seminars would discuss the dynamics of domestic violence as well as the law's ability to address it.

Research Recommendations

Based on the four studies as well as the recommendations emerging from the conference, participants had many suggestions for future research on domestic violence:

- ▶ **Ensure that all methodologies pay attention to ethical concerns.**
 - ◆ Ensure an ethical process of research that protects the physical safety and emotional well-being of both participants and researchers;
 - ◆ Ensure accountability of researchers to women and their families as well as the institutions they're studying; for example, make an effort to return results to the respondents (e.g. street plays, pamphlets); and
 - ◆ Conduct research and dissemination efforts in a way that articulates the voices of women being researched.

- ▶ **Conduct research that supports political advocacy strategies.**

- ◆ Design research protocols for action results; and
- ◆ Clarify and refine the definition of domestic violence and rethink modes for representing it.

As the studies and discussions above have made clear, improved communication among and within institutions responding to domestic violence in India needs to begin, in part, with a dialogue about documentation. Such a dialogue may include what kind of information needs to be recorded, how to monitor and follow-up on cases, what standards need to be upheld, and how information might be shared safely. The process of exploring these issues may also raise questions about the role of documentation in providing effective health care and social services, in improving law enforcement and prosecution rates, and in establishing a higher standard for cooperation and coordination among institutions. It is the hope and intention of this project that these studies may contribute to such a dialogue and lead to a more coordinated state and community effort to realize and protect the human rights of Indian women and women everywhere.

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