

Promoting Zero Tolerance for Spousal Violence: A Community-based Intervention in Rural Tamil Nadu, India



Photo courtesy of RUWSEEC

Cultural show on Gender-based Violence staged by a Women's Protection Committee

Gender-based violence was a part of the everyday reality of many of the women from Rural Women's Social Education Centre (RUWSEC),¹ located in Chengalpattu, in Tamil Nadu, South India. While we encountered many forms of gender-based violence, including sexual assault and violence on young women who transgressed accepted norms of sexual conduct, spousal violence was by far the most predominant form of violence that most women experienced.² From its early days, RUWSEC as an organisation provided legal, psycho-social and economic support not only to women in the villages it worked in, but also to RUWSEC's workers and managers who experienced

spousal violence. But these were reactive and ad hoc interventions.

A turning point in the organisation's engagement with spousal violence was precipitated by the tragic death of one of RUWSEC's community workers, who was set on fire by her husband. What was worse than her death itself was the fact that members of the community, including many women leaders, helped the woman's husband to hide away from the police. We realised that something was seriously wrong with the approach in which a community-based women's organisation took all responsibility for challenging spousal violence while the community often actively



Photo courtesy of RUWSEC

A Committee member speaks against gender-based violence at a community event

aided the perpetrator, and at best, did nothing to stop him. We felt the need to make the community take responsibility for stopping spousal violence against women. Thus was born RUWSEC's "Violence against Women-Prevention and Support" Programme.

This article describes one component of this comprehensive programme, namely the creation of pressure groups within the community to champion the prevention of gender-based violence in general and spousal violence in particular.³

Objective, rationale and strategy. The objective of this intervention was to bring about attitudinal change within the community, making gender-based violence, and especially spousal violence, socially unacceptable.

As an organisation aiming to promote women's wellbeing, RUWSEC had to necessarily engage in the prevention of gender-based and especially spousal violence. Physical injuries were only a small part of the health consequences of spousal violence. Women experiencing spousal violence often neglected their health, and had no interest in seeking health care when ill. Many had unwanted pregnancies resulting from non-consensual sex and sought recurrent pregnancy terminations, but were unable to use contraception. The nightmare that women experiencing spousal experience lived through on an everyday basis seriously compromised their mental health as well, ranging from stress and anxiety to depression.

Most of the women we worked with wanted to stay within their married relationship while putting an end to the violence. For them, separation, shelters and legal action were an option to consider only when all

else failed. Further, we believed that approaches to prevent gender-based violence that were not owned by the community were not sustainable. This was especially true for spousal violence, any action against which would represent a major challenge to accepted patriarchal social norms. The organisation would pit itself against the might of the community in trying to prevent or take action against spousal violence, and drain our energy and

resources without making a lasting impact.

We decided that our strategy would be to create pressure groups within communities who would become local champions and advocates for the prevention of gender-based and especially spousal violence. We formed village-level committees of men and women to act as such pressure groups. They went through a sustained process of capacity-building. Their role was envisaged as:

- creating awareness within the community on gender-based and spousal violence as a social justice and health issue;
- challenging every act of spousal violence; and
- providing social support to women experiencing spousal violence, including temporary shelter, and helping them seek referral (counselling/medical/legal) services from RUWSEC or elsewhere.

The Process. The intervention began in April 1998. Five villages were carefully chosen for this exploratory intervention, which met the following criteria:

- RUWSEC had been working for 10 or more years in the village and had an active women's group;
- Our work with men on gender and SRH issues had helped create a core group of young men sensitive to gender issues; and
- RUWSEC's community worker (who belonged to that village) had been elected to the local government and enjoyed considerable community support; she also had the support of her husband for participating in this socially risky intervention.

Each of the committees had five to six members, with at least two, and usually three, women. The men

were from among those who had played an active role in our gender sensitisation programmes, and in addition, known to not abuse their wives or addicted to alcohol. The women were usually around 35 years or older, had completed childbearing and had a track-record of leadership in community activities.⁴ All members were volunteers and did not receive financial compensation for the work they did.

Members of what came to be known locally as “Women’s Protection Committees” underwent a sustained process of capacity building in 18 one-day workshops held one Sunday a month. The topics covered may be grouped under two major categories: a) introducing gender-based violence as a gender, social justice and health issue, and an appreciation of its many dimensions and complexities; and, b) developing their leadership, problem-solving and counselling skills.

The intervention grew very gradually, adding five more villages only after two years of experimentation, and subsequently expanding to 70 villages between 2000 and 2009. Each batch of villages went through the capacity-building process, and some of the “alumni” would become resource persons in these workshops. Periodic meetings were held with members of previous batches of committees, for review and report-back and discussion of problems encountered.

Outcomes. The Women’s Protection Committees have become an integral part of the communities. We believe we have made good progress towards attitudinal change in the community. The presence of pressure groups in the community sends a signal to young women and men that gender-based violence will be not be tolerated, and actively challenges the myth that it is alright for men to beat their wives. The track-record of the committees has encouraged women to report spousal violence, thus breaking the long entrenched culture of silence around this issue.

During the past six years, timely intervention by Women’s Protection Committees prevented 233 incidents of battering from causing grievous injury and saved the lives of about 800 women who attempted suicide because the committees arranged for immediate hospitalisation. The Committees have helped women

stay away from the violent partner for a night or two by providing them shelter in the homes of one of the Committee members, and sometimes escorted the women to the home of a relative where she would be safe. Few women—no more than two to three in a year—opt to go to a formal shelter, and only six women sought the help of the Protection Officer appointed under India’s “Protection of Women from Domestic Violence Act” during 2007-09.

Between 1998 to 2004, committees in 30 villages had dealt with 1,744 instances of gender-based violence,⁵ or 10-12 instances per year, and referred 416 women to RUWSEC for further help. Of these, 219 received legal counselling and 197 women received psychosocial support and medical care mainly for physical injuries. Only those who reside in the vicinity of RUWSEC’s health facility prefer to seek medical care and counselling services from there; the others go to the nearest affordable health facility.

All health providers in RUWSEC’s health facility have been trained to identify signs and symptoms of spousal violence. In addition to providing care and support to women referred by the Committees, the facility’s counsellor screens all women patients for spousal violence, and refers women for legal support to the Violence Against Women Prevention and Support programme. During 2009-10, 29 of 3,123 women screened reported domestic violence, of which 22 women experienced spousal violence.

The Women’s Protection Committees have also become active advocates against gender-based violence. Every year, they organise public awareness events in their villages during International Women’s Day (8 March) and on the International Day for Prevention of Violence Against Women (25 November 25). Street plays are staged, films are screened and pamphlets are distributed. In the evening, there are candle-light marches that end with a public meeting in which Committee members, as well as local women and men leaders, affirm their commitment to preventing gender-based violence, and especially spousal violence against women. The event also serves to affirm the work being done by the Committees.

Needless to say, getting to this stage has not been easy. Members of the Committees continue to face

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formidable opposition from some sections of the community, and some women members have been dissuaded by their families from getting involved in the affairs of others. The police and local government (*panchayat*) leaders did not approve of the Committees who they felt had no *locus standi* to intervene in such matters. Over the years, however, the Committees have won the recognition of the powers that be through their work. Protection Officers appointed under the domestic violence law refer women to the Committees for follow-up of cases, and also provide support to those referred by the Committees.

It has also been a major challenge for RUWSEC to maintain the morale of the Committee members through ongoing capacity-building and skills-enhancement, and especially to ensure that they do not relapse into acting in accordance with patriarchal norms.

Conclusions. There are fewer instances of grievous spousal violence in the intervention villages, as a result of the prevention and support role the pressure groups have played. For RUWSEC, the intervention has been an important learning that creating community pressure

groups is both an effective and a sustainable strategy to address spousal violence against women.

Endnotes

- 1 Established in the early 1980s, RUWSEC is a grassroots women's organisation seeking to address women's sexual and reproductive health and rights (SRHR) issues. It was formed by 12 dalit women from different villages in Chengalpattu, Kanchipuram, Tamil Nadu, and by one of the authors of this paper.
- 2 To know more about the situation of women and young women in Tamil Nadu, read the following: a) National Family Health Survey-3. Fact Sheet-Tamil Nadu. Available at www.nfhsindia.org/pdf/Tamil%20Nadu.pdf b) International Institute for Population Sciences (IIPS) and Population Council. "Violence within marriage among young people in Tamil Nadu." Youth in India: Situation and Needs 2006-2007, Policy Brief No.12. Mumbai, IIPS, 2009. Available at www.popcouncil.org/pdfs/2009PGY_YouthInIndiaBriefViolenceTN.pdf
- 3 The other components included support groups for women experiencing violence, and providing legal, psycho-social and health care support.
- 4 These criteria were evolved by RUWSEC's team of community workers and leaders.
- 5 Except for 195 instances of sexual harassment of young women, all the remaining were instances of spousal violence.

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