CHAPTER-V

RESULTS AND INTERPRETATIONS: PERSPECTIVE OF HEALTH CARE PROVIDERS

CHAPTER – V

RESULTS AND INTERPRETATIONS: PERSPECTIVE OF HEALTH CARE PROVIDERS

This chapter includes results and interpretations of the second sub study on Health Care Providers' Perspective undertaken by the researcher.

The results of this part of the study are organized in seven sections.

Section 1 - describes the Personal Background Information of health care providers (HCP) who participated in the study.

Section 2 - describes HCP respondents' perception of women's health care seeking behaviour.

Section 3 - provides details related to health care provided by HCP respondents to survivors of domestic violence. This section includes HCP respondents' observations related to survivors of domestic violence and their feelings towards them.

Section 4 - is related to HCP respondents' response to the survivors of domestic violence. It describes the specific response scale prepared to measure the type of response that HCP respondents made.

Section 5 - describes HCP respondents' perception of barriers obstructing their intervention, response towards the survivors of domestic violence. It also includes HCP respondents' views on the issue as well as their personal experiences related to it.

Section 6 - elaborates on the HCP respondents' response to the survivors of domestic violence. It deals with the analysis of results from the Chi-Square test to ascertain whether the variables of select personal background information, HCP respondents' perception of women's health care seeking behaviour, perception of barriers and views on domestic violence are significantly associated with the type of response that they made to survivors of domestic violence.

Section 7 - includes HCP respondents' preparedness and requirements to respond to survivors of domestic violence.

Section - 1

Personal Background Information of Health Care Providers (HCP)

This section presents personal background information of health care providers who responded and shared their experiences, views and opinions on the subject with the researcher. The section includes details related to HCP respondents: hospital and department they belonged to, their sex, age, religion, caste, marital status and years of work experience.

Table-85: Hospital-wise Distribution of HCP Respondents

N=141

Name of the Hospital	Frequency	Percentage
SSG Hospital, Baroda	35	24.8
Civil Hospital, Ahmedabad	29	20.6
GG Hospital, Jamnagar	26	18.4
New Civil Hospital, Surat	26	18.4
Sir, T. Hospital, Bhavnagar	25	17.8
Total	141	100

Five leading teaching hospitals of the state namely Shree Sayajirao General Hospital, Vadodara, Civil Hospital, Ahmedabad; Guru Govind Singh Hospital, Jamnagar; New Civil Hospital, Surat; and Sir, Takhatsinhji Hospital, Bhavnagar constituted the select sample site for the study. In all, 141 health care providers (HCP) were interviewed.

Above table shows the hospital wise distribution of HCP respondents. The table indicates that almost equal number of health care providers with a marginal difference of one or two HCP respondents were interviewed from the three selected hospitals situated at Surat, Jamnagar and Bhavnagar. However, the largest group of HCP respondents (24.8 percent) was from researchers' home town based hospital, S.S.G. Hospital Baroda followed by the leading Civil Hospital of the state situated at Ahmedabad (20.6 percent).

Table-86: Department-wise Association of HCP Respondents

N=141

Name of the Department	Frequency	Percentage
Casualty / Emergency	20	14.2
Obstetrics & Gynaecology	19	13.5
Psychiatry	16	11.3
Surgery	16	11.3
Orthopaedic	14	9.9
Medicine	12	8.5
Ophthalmology	10	7.1
Burn	9	6.4
Ear Nose Throat (ENT)	7	5.0
Others	18	12.8
Total	141	100

Health care providers belonged to different departments of the hospital. The above table indicate that the distribution of HCP respondents belonging to casualty, gynaecology, psychiatry and surgery departments are almost equal (with a marginal difference of 1.7 percent to 2.9 percent) while, HCP respondents representing departments like ENT (5.0 percent), Burns (6.4 percent) and Ophthalmology (7.1 percent) are less in percentage. This is either due to the lack of availability of health care providers in the departments at the time of data collection or because HCP reported that they did not encounter cases of domestic violence in their work, and hence were not included. Burns department is less represented as in two of the selected hospitals, the burns department was the part of the Surgery Department.

The other departments forming 12.8 percent of HCP respondents include Dentistry, Plastic Surgery, Cardiothoracic Surgery, Urban Health Centers, and Physiotherapy unit of the hospital, wherever it existed.

Table-87: Sex-wise Distribution of HCP Respondents

N=141

Sex	Frequency	Percentage
Male	73	51.8
Female	68	48.2
Total	141	100

The above table shows that out of 141 total HCP respondents, 51.8 percent were male and 48.2 percent were female. Thus the study includes almost an equal percentage of HCP respondents from both the sexes and it has the perspectives of male as well as female health care providers.

Table-88: Age-wise Distribution of HCP Respondents

N=141

Age (in years)	Frequency	Percentage
Less than 25 years	4	2.8
25-35 years	43	30.5
35-45 years	53	37.6
45-55 years	33	23.4
55 years and above	8	5.7
Total	141	100

The above table indicates that majority of the HCP respondents were young. There were 70.9 percent of HCP respondents who were less than 45 years of age. The study also includes those HCP respondents who were above the age of 45 (29.1 percent), but predominantly the young health care providers' perspective that gets reflected in the study.

Table-89: Education-wise Distribution of HCP Respondents

N=141

Education	Frequency	Percentage
Upto secondary	5	3.5
Certificate / Diploma	34	24.1
Graduation	23	16.3
Post Graduation	71	50.4
M.Ch. / M.Phil / Ph.D.	8	5.7
Total	141	100

As the study involved HCP respondents that were employed in the government public hospitals, they were bound to be educated. The table shows that half of the HCP respondents (50.4 percent) had post graduate degrees i.e., they were either MD or MS (specialized doctors) or MSW / MA. Another larger group of HCP respondents were certificate or diploma holders i.e., 24.1 percent of HCP respondents had completed nursing diploma or certificate course. The study also included 5.7 percent of super specialists having M.Ch., M.Phil. or Ph.D. degrees. There were very few HCP respondents who had studied only upto secondary level.

Table-90: Occupation-wise Distribution of HCP Respondents

N=141

Occupation	Frequency	Percentage
Teaching Faculty Doctor	62	44.0
Nurse	35	24.8
Social Worker	16	11.3
CMO	11	7.8
Resident Doctor	10	7.1
Others	7	5.0
Total	141	100

The above table shows that out of 141 total HCP respondents who were a part of this study, 44 percent were teaching faculty members at the medical college attached to the selected hospital under study. 38.7 percent of them were associate professors and 30.6 percent of them were professors and assistant professors each.

Of the all 141 HCP respondents, 58.9 percent were doctors as the study also included casualty medical officer (7.8 percent) and resident doctors (7.1 percent). Casualty Medical Officer (CMOs) play a crucial role as the first contact person for women survivors of domestic violence approaching the health care system for care. (Please refer Figure-17)

Nursing staff was another major group of HCP respondents for the study (24.8 percent) followed by the social workers (11.3 percent) employed at the hospital. Other category of HCP respondents included other paramedics i.e., physiotherapists or other support service staff like dressers, aaya with whom women survivors of domestic violence seeking care are likely to come in contact with.

Figure-16: Occupation-wise Distribution of HCP Respondents (N=141)

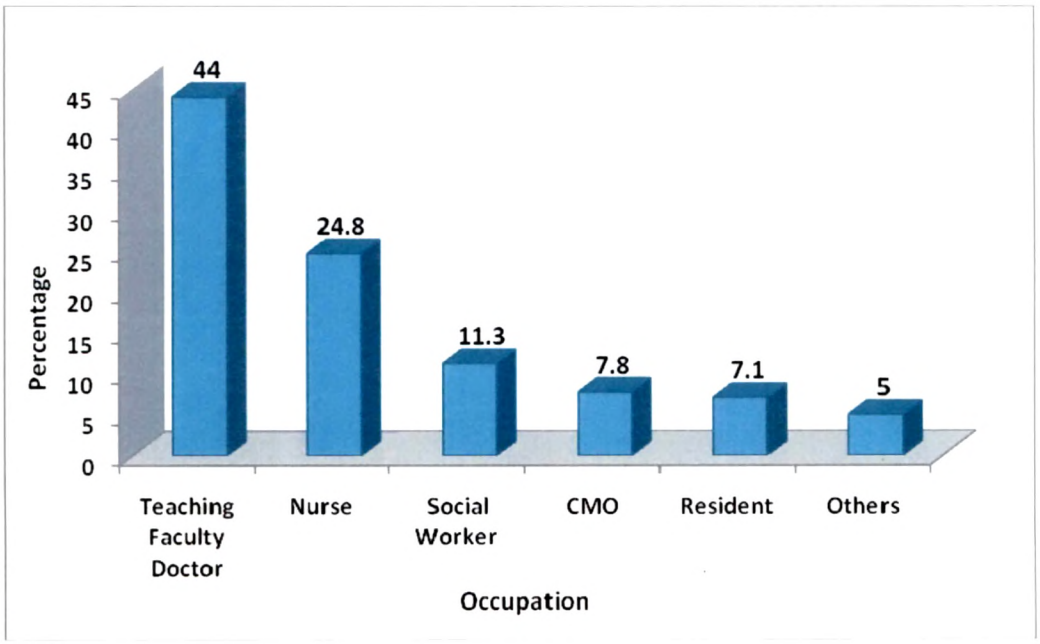


Figure-17: Designation of Doctor Respondents (N=83)

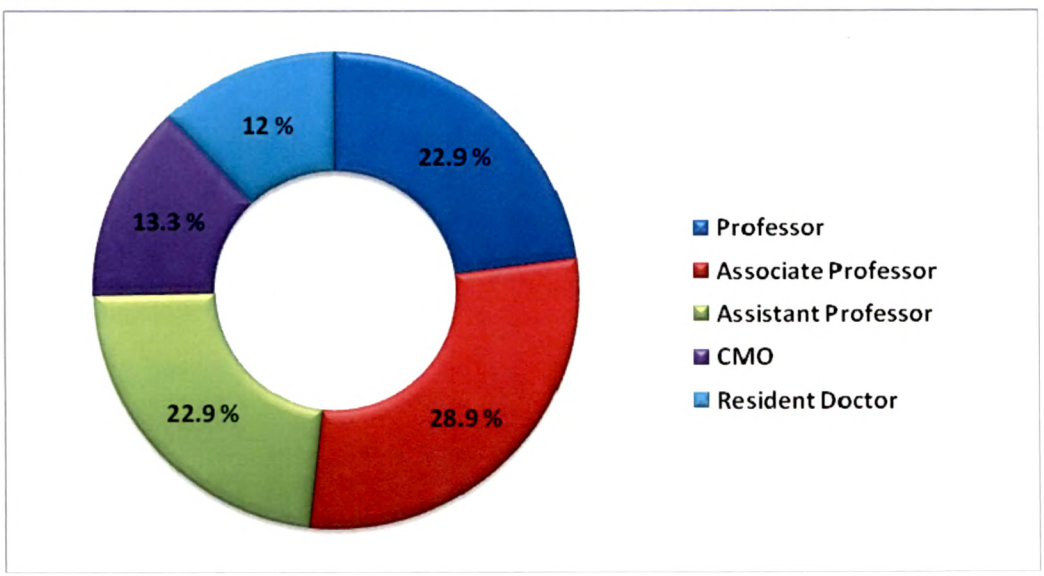


Table-91: Sex and Occupation-wise Distribution of HCP Respondents

N=141

Sex	Occupation						Total
	Teaching Doctor	Nurse	Social Worker	CMO	Resident Doctor	Others	
Male	45(61.6)	3(4.1)	4(5.5)	9(12.3)	8(11)	4(5.5)	73(51.8)
Female	17(25)	32(47)	12(17.6)	2(3)	2(3)	3(4.4)	68(48.2)
Total	62(44.0)	35(24.8)	16(11.3)	11(7.8)	10(7.1)	7(5.0)	141(100)

(Figures in parenthesis indicate row percentage)

Examining the sex wise occupation of HCP respondents, we find that most of the male health care providers who were interviewed were doctors i.e., 84.9 percent. They were either teaching faculty doctors (61.6 percent) or CMOs (12.3 percent) or resident doctors (11 percent).

Whereas majority of the female health care providers who formed part of the study were either into nursing (47 percent), or were social workers (17.6 percent). However 31 percent of the female health care providers were doctors including teaching faculty doctors (25 percent), CMOs and resident doctors 3 percent each.

Thus, the majority of medical care providers who formed a large part of the study were male whereas majority of para medical care/supportive care providers included in the study were females.

Table-92: Religion-wise Distribution of HCP Respondents

N=141

Religion	Frequency	Percentage
Hindu	118	83.7
Others	23	16.3
Total	141	100

Religion is one of the important agents of socialization. Individual's personal beliefs, values and cultural practices are quite dominantly governed by one's religious belongingness.

The above table shows that majority of HCP respondents were Hindus. They constituted 83.7 percent of total HCP respondents. Other 16.3 percent of HCP respondents were Christians (7.1 percent), Muslim (5 percent) and Jains (4.2 percent).

Table-93: Caste-wise Distribution of HCP Respondents

N=141

Caste	Frequency	Percentage
General	114	80.9
Reserved	27	19.1
Total	141	100

The above table shows that 80.9 percent of HCP respondents reported that they belonged to general category of caste. 19.1 percent of HCP respondents were from the reserved caste groups belonging to schedule castes, schedule tribes or socially and economically backward class.

Table-94: Sex and Marital Status of HCP Respondents

N=141

Sex	Marital Status		Total
	Married	Single	
Male	60(82.2)	13(17.8)	73(51.8)
Female	55(80.9)	13(19.1)	68(48.2)
Total	110(78.0)	31(22.0)	141(100)

(Figures in parenthesis indicate row percentage)

The table shows that out of 73 male HCP respondents, 82.2 percent were currently married. Similarly out of 68 female HCP respondents, 80.9 percent were currently married. Thus the table informs us that majority of health care providers of both the sex were currently married.

Table-95: HCP Respondents' Years of Work Experience

N=141

Number of Years	Frequency	Percentage
Upto 5 years	24	17.0
6-10 years	28	19.9
11-15 years	30	21.3
16-20 years	22	15.6
21-25 years	14	9.9
26-30 years	15	10.6
More than 30 years	8	5.7
Total	141	100

The above table shows that the study included range of HCP respondents having less years of experience i.e., upto five years (17 percent) to HCP respondents with more than thirty years of work experience (5.7 percent).

Majority of HCP respondents were having less than twenty years of work experience i.e., 73.8 percent in all.

If we merge some categories, we find that there was an equal representation of HCP respondents, 36.9 percent between two groups. One having work experience upto ten years and another belonging to the group having eleven to twenty years of work experience.

There were 20.5 percent of HCP respondents in the study who were having twenty to thirty years of long standing work experience in the field of health care.

Section - 2

Perception of Women's Health Care Seeking Behaviour

Having looked at HCP respondents personal background, this section describes their perception of women users health care seeking behaviour approaching them for treatment and / or care.

Table-96: Average number of Women Patients Treated and/or Cared in a Day by HCP Respondents

N=141

Number	Frequency	Percentage
Less than 15	38	26.9
16 – 30	50	35.5
31 – 45	22	15.6
More than 45	31	22.0
Total	141	100

The above table indicates that most of the HCP respondents i.e., 62.1 percent and / or provide care and / or treat upto 30 women patients on an average in a day. However 22 percent of respondents shared that on an average they treat and/or care more than 45 women patients in a day. This is inclusive of treatment and/or care provided to indoor as well as OPD patients.

To find out HCP respondents' perception of women's health care seeking behaviour, they were asked to respond on five point scale to the battery of behaviour patterns that they observe amongst women patients approaching them for treatment and care.

Following table shows HCP respondents response against each of the behaviour pattern.

Table-97: Women's Health Care Seeking Behaviour Pattern-wise Distribution of HCP Respondents

N=141

	Behaviour Pattern	V. Good	Good	N-G-N-B	Bad	V. Bad	No Response
1	Attention given by women to their health	6(4.3)	35(24.8)	54(38.3)	32(22.7)	13(9.2)	1(0.7)
2	Regularity in visiting OPDs / Health Care Services	10(7.1)	51(36.2)	34(24.1)	34(24.1)	11(7.8)	1(0.7)
3	Following instructions given by providers in terms of						
3.1	Diet	11(7.8)	50(35.5)	49(34.8)	23(16.3)	2(1.4)	6(4.2)
3.2	Medicines	14(9.8)	69(48.9)	38(26.8)	16(11.3)	2(1.4)	2(1.4)
3.3	Physiotherapy	7(5.0)	31(22.0)	32(22.7)	30(21.3)	9(6.3)	32(22.7)
3.4	Other supplementary treatment	8(5.7)	37(26.2)	33(23.4)	12(8.5)	4(2.8)	47(33.4)
4	Respect shown towards doctor and other care providers	48(34.0)	69(48.8)	16(11.3)	4(2.8)	2(1.4)	1(0.7)
5	Information shared by women for diagnosis & treatment	21(14.8)	72(51.1)	31(22.0)	11(7.8)	6(4.3)	-
6	Family's support in women's recovery	5(3.5)	57(40.5)	58(41.1)	11(7.8)	7(5.0)	3(2.1)
7	Faith shown by women in the treatment provided to them	41(29.1)	77(54.6)	22(15.6)	1(0.7)	-	-

Figures in parenthesis indicate row percentage

The above table shows that 'respect shown towards doctors and other health care providers', 'Faith shown by women in the treatment provided to them', 'Information shared by women for diagnosis and treatment' were some of the behaviour patterns in which majority of HCP respondents stated that women patients were very good or good.

However majority of HCP respondents stated that women were not good in giving attention to their health, regular in visiting OPDs/Health Care Services and following instructions given by them interms of diet or any other supplementary treatments.

Using 'scoring method' HCP respondents' Perception of Women's Health Care Seeking Behaviour was measured and categorized as Good, Fair or Poor as shown in the next table.

Table-98: HCP Respondents' Perception of Women's Health Care Seeking Behaviour

N=141

Perception of Behaviour	Frequency	Percentage
Good	63	44.7
Fair	67	47.5
Poor	11	7.8
Total	141	100

The table shows that majority of HCP respondents perceived health care seeking behaviour of women patients whom they treat or provide care to as good or fair as 92.2 percent of them had perceived it either as good (44.7 percent) or fair (47.5 percent).

Only 7.8 percent of HCP respondents felt that women's health care seeking behaviour was poor.

Having seen all HCP respondents' perception of Women's Health Care Seeking Behaviour, it is of interest to know how do HCP respondents of different occupation categories perceive it. Following table examines this.

Table-99: HCP Respondents' Occupation and Perception of Women's Health Care Seeking Behaviour

N=141

Occupation	Perception of Behaviour			Total
	Good	Fair	Poor	
Teaching Faculty Doctor				
Professor	10(52.6)	9(47.4)	-	19(13.5)
Associate Professor	17(70.9)	7(29.2)	-	24(17.0)
Assistant Professor	4(21.1)	12(63.2)	3(15.8)	19(13.5)
Nurse	15(42.9)	16(45.7)	4(11.4)	35(24.8)
Social Worker	9(56.3)	6(37.5)	1(6.3)	16(11.3)
CMO	3(27.3)	7(63.6)	1(9.1)	11(7.8)
Resident doctor	3(30.0)	6(60.0)	1(10.0)	10(7.1)
Others	2(28.6)	4(57.1)	1(14.3)	7(4.9)
Total	63(44.7)	67(47.5)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

The above table indicates that amongst those HCP respondents who were doctors, majority of assistant professors, CMOs and resident doctor perceived women's health care seeking behaviour either as average or poor 79.0 percent, 72.7 percent and 70.0 percent of them considered it respectively.

The 'others' category of respondents can also be put along with these set of doctors as 71.4 percent had perceived women's health care behaviour as or poor.

Whereas majority of those doctors who were teaching faculty members i.e. professors and associate professors felt that women's health care seeking behaviour was good as 52.6 percent and 70.9 percent of them respectively reported it as good. Perception of nurses was almost equally divided between good and fair categories of the behaviour perception scale, as 42.9 percent of them perceived women's health care seeking behaviour as good and 45.7 percent of nurses perceived it as fair.

As far as those HCP respondents who were trained social workers, 56.3 percent had found women's health care seeking behaviour as good and 37.5 percent of them found it as fair and 6.3 percent found it to be poor.

Thus it can be inferred from the table that HCP respondents across different categories of occupation are divided in their perception of women patients' health care seeking behaviour. The way they perceive women's health care seeking behaviour is different. Even when they are in the same occupation and profession.

Section – 3

Health Care to Survivors of Domestic Violence

This section includes details related to women survivors of domestic violence to whom health care providers provide treatment and care.

Table-100: Frequency of Women Survivors of Domestic Violence Observed by HCP Respondents

N=141

Frequency	Frequency	Percentage
Daily 1-3 cases	27	19.1
Weekly 1-3 cases	50	35.5
Fortnightly 1-3 cases	4	2.8
Monthly 1-3 cases	33	23.4
Six monthly 1-3 cases	18	12.8
No response	9	6.4
Total	141	100

The HCP respondents were also asked about the frequency of women survivors of domestic violence observed by them in their work. Of the total 141 HCP respondents, more than half i.e., 54.6 percent said that they observed one to three such cases either daily (19.1 percent) or weekly (35.5 percent). 23.4 percent of respondents said that for them frequency of such cases was as low as one to three cases in a month. However there were 6.4 percent of HCP respondents who said that it would be difficult for them to give any number. Thus their response was categorized as No Response.

Thus the above table shows that half of the HCP respondents i.e., 54.4 percent provided care to women survivors of domestic violence more frequently than others. However it would be relevant to quote here one of the HCP respondents, who said

> *"Sometimes we get two to three such cases in a day and at times none for two months or so!"*

Figure-18: Frequency of Women Survivors of Domestic Violence Observed by HCP Respondents (N=141)

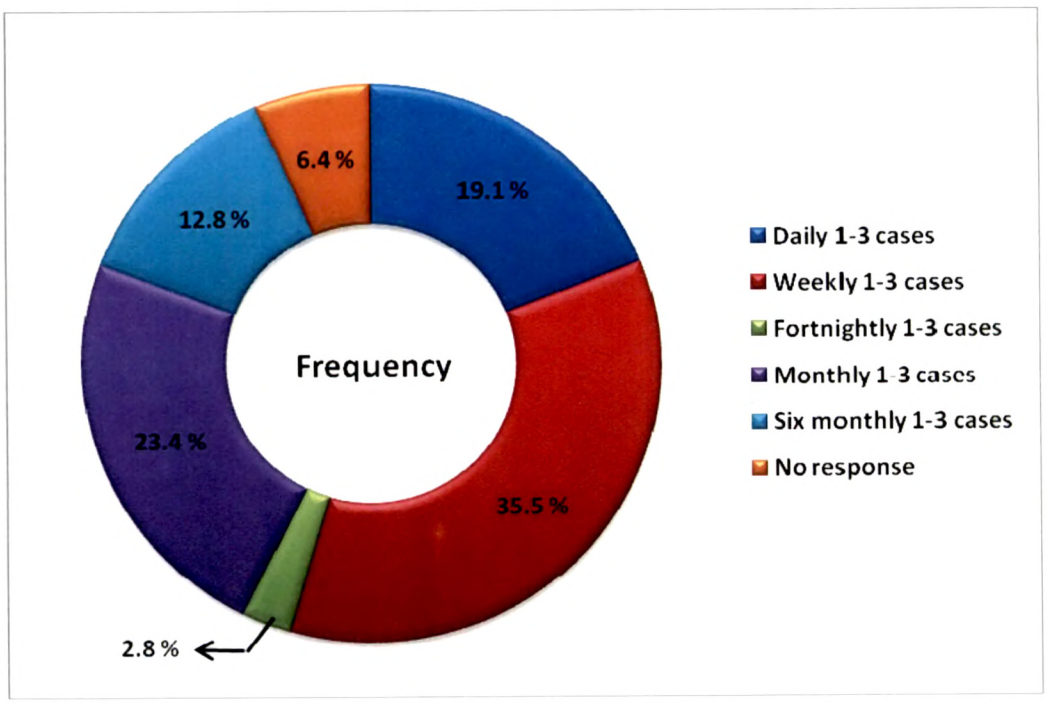


Table-101: Number of Women Survivors of Domestic Violence Observed in last one week

N=141

Number of Cases	Frequency	Percentage
None	72	51.1
1 – 2	38	27.0
3 – 4	12	8.5
More than 5	11	7.7
No response	8	5.7
Total	141	100

It is interesting to note from the above table that while almost half of the HCP respondents i.e., 51.1 percent reported that in past one week they had not provided treatment and/or care to any women survivor of domestic violence, 27 percent of them said that one to two such women had approached them in past one week. 8.5 percent of HCP respondents reported of treating three to four such patients and more than 5 women survivors had approached 7.7 percent of respondents for health care.

5.7 percent were those HCP respondents who didn't reply to the question and said that it was difficult for them to report of exact number of such cases, as they had never paid any attention to the cause of the health problem with which women approached them. One of the HCP respondents very openly shared

> *"I can't give the number because I never looked at my patients with that view."*

Table-102: Nature of Health Problems Observed amongst Survivors of Domestic Violence Visiting HCP Respondents for Care

N=141 (MR)*

Health Problems	Frequency	Percentage
Minor injuries	59	41.8
Pains / aches / bruises / swellings	59	41.8
Burns	55	39.0
Scars / wounds	47	33.3
Major injuries	34	24.1
Fractures	22	15.6
Poisoning	21	14.9
Depression / mental health problems	20	14.2
Suicide attempts	12	8.5
Other problems	10	7.1

*Multiple Response table, hence the total will not add upto 141 or 100 percent

The above table shows the range of health problems that HCP respondents observed amongst women who visited them for health care because of domestic violence.

The table shows that 41.8 percent of HCP respondents had found minor simple injuries on eye, ear, nose, jaws teeth, chest, head or in vagina. They had also found cuts of tissues or minor injuries in muscles amongst these women.

Another equally large category of health problem i.e. 41.8 percent that HCP respondents found among women who approached them for care due to domestic violence was of pains, aches, bruises or swellings on different parts of the body.

Burns (39 percent), scars / wounds (33.3 percent) and major grievous injuries (24.1 percent) were reported as other categories of health problems found by HCP respondents amongst women survivors of domestic violence who approached them for health care.

The table also shows that 14.2 percent of HCP respondents reported of having seen depression or other mental health problems amongst such women.

Figure-19: Nature of Health Problems Observed Amongst Survivors of Domestic Violence Visiting HCP Respondents for Care (N=141)*

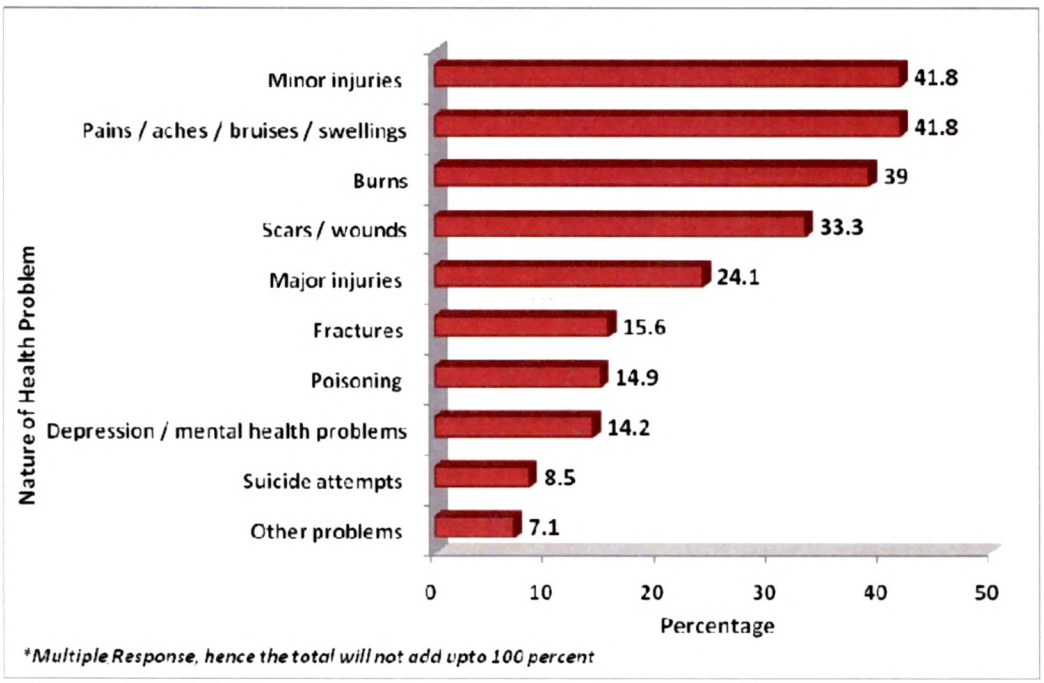


Table-103: Basis of Identifying Survivors of Domestic Violence

N=141

Basis	Frequency	Percentage
Women informed	73	51.8
Suspect cases	68	48.2
Total	141	100

The above table shows that out of total 141 HCP respondents, half of the respondents i.e., 51.8 percent reported that women survivors of domestic violence themselves informed them that the cause of their health problem was domestic violence. Thus HCP respondents found women open in sharing sensitive issues of their lives.

However the other 48.2 percent of respondents said that women did not share domestic violence as the cause of their health problem even when probed. They identified such women survivors of domestic violence as 'suspect cases'. Basis of respondents' identifying women as 'suspect cases' were many.

The most common basis that respondents mentioned included indepth interviewing. 58.8 percent of these 68 HCP respondents gave indepth interviewing as an important base. Other basis that 27.9 percent of HCP respondents mentioned included pattern or type of injury, lack of congruity between the history and pattern of the injury and/or behaviour pattern of women patients or their relatives were mentioned by 14.7 percent of respondents for each. Some instances as shared by HCPs are as follows:

"What women state is many times quite unbelievable. For example How can one have phenyl by mistake? Women give wrong history. Their family members have briefed them and they constantly remain around giving no privacy to us."

"We come to know from her non verbal gestures, her way of communication, attitude and behaviour of those who accompany her and more so from our experiences, we suspect that the woman is in problem, she is probably facing domestic violence."

However most of these respondents i.e., 87.1 percent admitted that 'its their suspicion' otherwise it was extremely difficult for them to identify women survivors of domestic violence. "Unless she tells us, we can't come to know about it" says a respondent.

Some Health Care Providers Speaks....

"By the pattern of injury and by taking history, the woman may say that she fell down from the steps, but that kind of injury cannot happen from falling. Then there is a suspect that she must have been hit by somebody."

"By history given or from accompanying person."

"If a woman explains in a confused way when giving the history, we come to know that she must have experienced domestic violence when we cross question her."

"Histories are fishy and conflicting. They say that they have got burnt while cooking etc., but such wounds cannot be caused by accidents."

"We try to elicit information. Patients try to hide things. But when probed, by asking questions, some women start crying. That's when we come to know that they are having some problem at home."

"We can make out!"

"We can make out through the nature of injury, by follow up or from relatives (who reveal the real history). In the beginning they always give wrong history. e.g. A woman having a injury in her arm ball said that she slipped but later it was discovered that she was beaten up."

"When the amount of burn is more than 70% than it is usually a suicidal or homicidal case. When there is an assault women don't hide. If the injury is serious, the intention is to kill. The real story is revealed during the treatment."

"Initially they don't talk. When we see the wound, we come to know. Then we start questioning them. Normally we are successful in eliciting the truth."

"By looking at the injuries. Also the behaviour of the people surrounding her give a clue."

"The story which they tell as the cause of their injury does not correlate with the injury. Sometimes we have to probe."

Table-104: HCP Respondents' Feelings towards Survivors of Domestic Violence

N=141(MR)*

Type of Feelings	Frequency	Percentage
Positive		
Sympathetic	55	39.0
Responding / Helping	43	30.5
Helpless	34	24.1
Anger on husband / Inlaws	34	24.1
Supporting and Referring	22	15.6
No Feelings	15	10.6
Negative		
Disgust	53	37.6
Anger on women	13	9.2

*Multiple Response table, hence the total will not add upto 141 or 100 percent

HCP Respondents were asked to share about their feelings on meeting women survivors of domestic violence when they approached them for treatment and care. While majority of HCP respondents expressed specific feelings, some of them gave mixed responses. The above table shows the distribution of HCP respondents on the continuum of feelings i.e., from positive to negative. While 39 percent of respondents felt sympathetic or sorry for women, 37.6 percent felt disgusted with the issue. 30.5 percent of participants said very specifically that they felt like doing something for such women whereas 24.1 percent felt angry on their husbands.

The table also shows that very few HCP respondents i.e., 10.6 percent said that they didn't feel anything when they met with such woman patient or felt angry with her (9.2 percent) and blamed her for the situation.

Important to note is a group of 24.1 percent of HCP respondents who felt helpless in the situation expressing their need in a way to have clarity on what they could do to help such women out.

The table gives encouraging result as it shows that by and large HCP respondents had positive feelings towards women survivors of domestic violence and have inclination to do something so that women survivors of domestic can be helped in some way.

Some Expressions .....

"I don't feel good. I feel for a woman."

"Its painful to see such women..."

"I get upset, it bothers me..."

"Empathetic towards them. I feel like doing something.... Almost talking to them"

"Naturally you feel angry. I also feel helpless for the woman. I ask her whether she wants to go back to her husband. Most of the time she says yes as she has nowhere else to go."

"What can you do? I feel sympathetic I get trembled, shocked at times. I can't believe ! How can any man do something like this to his wife ? I feel sorry, angry as well !"

"I am personally against any violence whether it is on women or on children. But here, I have to be detached in my profession. That's why we don't go into details."

"I don't bother. We only bother about the injury and treatment. We don't go into the family or social aspects."

"We don't have much feelings. What we do is treating the patient as a whole. First comes what has happened. Why it has happened comes second."

Section - 4

Response of Health Care Providers to Survivors of Domestic Violence

This section includes information related to responses that health care providers made to the survivors of domestic violence who come to them for treatment and care. The section first includes details of the qualitative responses that HCP respondents narrated / talked about. And later it describes type of response that HCP respondents made measured through a Type of Response Scale.

Table-105: Attempts Made to do Something for Survivors of Domestic Violence

N=141

Attempts Made	Frequency	Percentage
Yes	88	62.4
No	53	37.6
Total	141	100

The above table shows that 62.4 percent of HCP respondents had made some attempts 'to do something' or help the survivors of domestic violence. Doing something by HCP respondents included 'other than their regular routine work, extra effort' help that they made, extended after knowing or suspecting that a particular woman patient was a survivor of domestic violence. The nature of help provided by HCP respondents to survivors included direct help as well as indirect help.

Direct help were counselling women to do something about their situation (53.4 percent), providing financial help (25 percent), material help (23.8 percent), personalized care (15.9 percent) and / or building more rapport, paying more attention (13.6 percent).

Indirect help included counselling husband or inlaws (32.9 percent), referring to organization helping women in distress (22.7 percent), seeking other's help / support for her (13.6 percent). As some of the respondents have said,

> *"I have tried to console her. Ask the family to have sympathy and try to get family's attention towards woman so that things get alright."*
>
> *"We try to find out the real history. We advise her to make a perfect documentation for investigation, make Xerox copies and submit one to CMO and keep a copy with herself so that she will not have any problem in fighting the case."*
>
> *"I try to build a personal relationship with them and help them by counselling them, giving information to them, listening to them...."*
>
> *"If women are not supported by their families, we give them free medicine, sometimes expensive medicines which cost Rs.40-50 per day."*
>
> *"I try to reassure them regarding the disease, their health problem that they will not have permanent damage. So that they are relaxed. I tell the husband the cause, that he is the cause of her condition!"*
>
> *"We consol her, advise her. We provide MLC certificate. We prove it in the court if she needs."*

The table also shows that 37.6 percent of HCP respondents denied to have made any effort to help survivors of domestic violence. Respondents gave multiple reasons towards this. Some of the reasons that this group of respondents mentioned included either personal reason or institutional reasons.

One of the most common reasons these respondents cited was that they did not consider it as part of their job / role or responsibility (24.5 percent). Personal beliefs (24.3 percent), lack of time (18.8 percent) and inadequate knowledge or skills to help such women (13.2 percent) were some of the personal constraints that respondents gave as reasons for not being able to do anything to help such women out.

Limitation of being in government service (13.2 percent) was stated as institution related reasons for not being of any help.

> *"There are many ways of helping. Social and medical. We are not into social work. We can only counsell them for some time. How can I help someone who does not come out with actual reason? Secondly nobody likes interference."*
>
> *"Because of over workload. We can only talk to the patients while dressing them because it takes a long time. We try to comfort them. But otherwise we cannot do anything more even if we want to."*
>
> *"Because there is a limitation. I have to treat many patients daily and am very busy. I am not trained. It is a personal problem. I have been living in this society and I know that the problem exists deep in the tradition. Basically, I don't want to interfere because it is not possible and not relevant."*

Table-106: Frequency of Women Survivors of Domestic Violence Observed by HCP Respondents and Attempts made to do Something for Survivors of Domestic Violence

N=141

Frequency	Attempts Made		Total
	Yes	No	
Daily 1-3 cases	18(66.7)	9(33.3)	27(19.1)
Weekly 1-3 cases	31(62.0)	19(38.0)	50(35.5)
Fortnightly 1-3 cases	3(75.0)	1(25.0)	4(2.8)
Monthly 1-3 cases	24(72.7)	9(27.3)	33(23.4)
Six monthly 1-3 cases	8(44.4)	10(55.6)	9(6.4)
Can't say	4(44.4)	5(55.6)	9(6.4)
Total	88(62.4)	53(37.6)	141(100)

(Figures in parenthesis indicate row percentage)

The above table indicates that majority of those HCP respondents who observed survivors of domestic violence more frequently i.e., 1-3 cases daily or 1-3 cases weekly had reported that they had made some attempts to do something for survivors of domestic violence. However we find proportionately less percentage of HCP respondents doing something for the survivors of domestic violence among those who said that they observed such cases less frequently (1-3 cases in six months). Even less percentage of those HCP respondents who did not specify the frequency of observing such cases, 'did something' for survivors of domestic violence.

Role Played by HCP Respondents in Medico-Legal Cases

HCP Respondents were asked about the role that they played in MLC cases. Of 141 respondents, 31.9 percent of respondents stated that they did not play any different role in such cases. They treated MLC cases as routine cases and did what they do as part of their routine work. However some of the common responses that emerged from the rest 68.1 percent of HCP respondents included important roles like providing primary and emergency care and treatment (40.5 percent), history taking (30.2 percent), observation and referral (28.1 percent) or providing assistance and support to patients and their families if required (24 percent). It is heartening to note here that 21.8 percent of respondents said that they provided counselling to such patients approaching them for health care.

Specific tasks that were very important for the survivors of domestic violence striving for justice were mentioned by some of the respondents. Maintaining MLC records, attending courts, giving statement in the court on the basis of history taken, initial examination, informing CMOs and / or police etc. were some of the other important additional tasks that respondents carried out when they provided care to the patient who was a 'MLC' as they called it. However these tasks are performed more by doctors on duty mainly CMOs or doctors on emergency duties than HCP respondents of any other occupational categories i.e., nurses, social workers or others. Most of the nurses had mentioned that they assisted and attended to the doctor providing care and treatment and thus played a supportive role. They found their main role in nursing care and treatment.

Type of Response made by HCP Respondents to Women Survivors' of Domestic Violence

To ascertain specific type of response that HCP respondents made whilst they came across survivors of domestic violence in their work, a battery of statements were prepared. This battery of statements included positive type of Response Statements as well as negative type of response statements.

Following table shows HCP respondents' response to each of the statements included in the battery. The table indicates the frequency of each of the response that HCP respondents usually made.

Table-107: HCP Respondents' Response to Survivors of Domestic Violence

N=141

	Response	Always	Very Often	Sometime	Rarely	Never	No Response
1	Ask her out rightly	71(50.4)	16(11.3)	12(8.5)	2(1.4)	40(28.4)	-
2	Ask her natal family	49(34.8)	20(14.2)	36(25.5)	13(9.2)	20(14.2)	3(2.1)
3	Try to console the survivor	98(69.5)	22(15.6)	8(5.7)	6(4.3)	5(3.5)	2(1.4)
4	Encourage her to do something	70(49.6)	13(9.2)	21(14.9)	8(5.7)	27(19.1)	2(1.4)
5	Tell her marital family that they are wrong	37(26.2)	19(13.5)	28(19.9)	21(14.9)	32(22.7)	4(2.8)
6	Inform police about it	52(36.9)	3(2.1)	6(4.3)	3(2.1)	74(52.5)	3(2.1)
7	Inform organizations working on the issue	6(4.3)	10(7.1)	9(6.4)	9(6.4)	105(74.5)	2(1.4)
8	Give her more time and attention	60(42.6)	24(17.0)	14(9.9)	11(7.8)	27(19.1)	5(3.5)
9	Involve medical social worker	22(15.6)	8(5.7)	11(7.8)	4(2.8)	90(63.8)	6(4.3)
10	Probe about her relationship with husband/in-laws	38(27.0)	20(14.2)	29(20.6)	13(9.2)	39(27.7)	2(1.4)
11	Talk to her in privacy	52(36.9)	15(10.6)	22(15.6)	8(5.7)	41(29.1)	3(2.1)
12	Do not intervene	14(9.9)	14(9.9)	19(13.5)	20(14.2)	68(48.2)	6(4.3)
13	Wait for her to take initiative	40(28.4)	12(8.5)	23(16.3)	13(9.2)	47(33.3)	6(4.3)
14	Get angry on her	2(1.4)	5(3.5)	19(13.5)	13(9.2)	95(67.4)	7(5.0)
15	Blame her for her situation	4(2.8)	10(7.1)	35(24.8)	10(7.1)	77(54.6)	5(3.5)
16	Advise her to be more tolerant in life	31(22.0)	11(7.8)	24(17.0)	7(5.0)	64(45.4)	4(2.8)
17	Just ignore cause of her problem	16(11.3)	17(12.1)	27(19.1)	12(8.5)	63(44.7)	6(4.3)
18	Treat her without any discrimination	81(57.4)	14(9.9)	5(3.5)	4(2.8)	32(22.7)	5(3.5)
19	Do not show any interest in her problem	4(2.8)	4(2.8)	16(11.3)	16(11.3)	96(68.1)	5(3.5)
20	Keep out of it completely	21(14.9)	4(2.8)	4(2.8)	3(2.1)	101(71.6)	8(5.7)

(Figures in parenthesis indicate row percentage)

If we examine the above table carefully what we discover is that there were some of the actions that usually majority of HCP respondents either always took or never took. For example, the statement number 3 'Try to console the survivor', 69.5 percent of respondents responded that they always did it or if we take statement number 7. 'Inform organizations working on the issue', we find that as many as 74.5 percent of respondents said that they never did it. Similarly, 68.1 percent of respondents said that they never did any action that would indicate that they were not interested in a woman's problem or 67.4 percent of respondents said that they never got angry on her.

Its interesting to also observe from the table statement number 9 that 63.8 percent of respondents never tried to involve medical social worker while working with women survivors of domestic violence. The probable reason could be non-availability of social workers in the hospital.

A type of response scale was developed on the basis of this battery of statements after assigning scores. On the basis of the scores that each respondent received they were divided amongst three types of response categories namely positive response, some what positive response and negative response. The following table gives the detail of the health care providers response on the scale.

Table-108: Type of HCP Respondents' Response to Survivors of Domestic Violence

N=141

Type of Response	Frequency	Percentage
Positive	70	49.6
Some what positive	60	42.6
Negative	11	7.8
Total	141	100

The above table shows that of the total 141 HCP respondents, almost half of them i.e. 49.6 percent responded positively to the women survivors of domestic violence. 42.6 percent of respondents made some what positive response. There were 7.8 percent of respondents who responded negatively to such women.

Figure-20: Type of HCP Respondents' to Survivors of Domestic Violence (N=141)

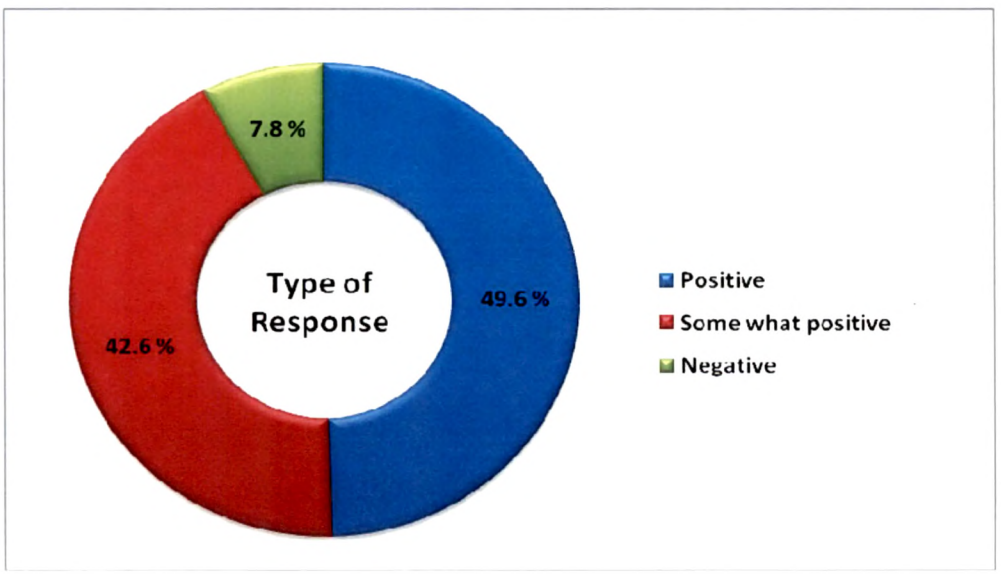


Table-109: Attempts made by HCP Respondents to do Something and Type of Response made to Survivors of Domestic Violence

N=141

Attempts Made	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Yes	49(55.7)	35(39.8)	4(4.5)	88(62.4)
No	21(39.6)	25(47.2)	7(13.2)	53(37.6)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

The above table examines specific response made by HCP respondents with the actual attempts that they said to have made to help women survivors of domestic violence. The table shows that out of those 88(62.4) respondents who had shared that they had made attempts to do something specific for women survivors of domestic violence, the response type of 55.7 percent of them was also positive whereas 39.8 percent of them were on somewhat positive category of type of response scale.

The table indicates that there were almost half of the HCP respondents who neither made any attempt to do something for survivors of domestic violence nor responded to them positively.

Section - 5

Barriers in Addressing the Issue of Domestic Violence

In order to understand reasons behind HCP respondents' type of response, the study included battery of reasons statements. These statements were related to respondents' perception of their Self Role and Competency as well as Institutional Factors that they may be perceiving as obstacles. It also included battery statements to understand respondents' personal views on Domestic Violence.

This section includes HCP respondents' perception on each of these aspects.

Table-110: Self Role and Competency Related Reasons as a Barrier in Addressing the Issue of Domestic Violence

N=141

	Reason Statements	Agree	Somewhat Agree	Disagree
1.	It's not my job / subject	44(31.2)	4(2.8)	93(66.0)
2.	I am afraid of the husband / his family's reaction	25(17.7)	2(1.4)	114(80.9)
3.	I must first be sure it is really a case of domestic violence	101(71.6)	8(5.7)	32(22.7)
4.	Nothing can be done by me in it	37(26.2)	10(7.1)	94(66.7)
5.	I am too busy, I don't have time	42(29.8)	10(7.1)	89(63.1)
6.	Time spent on one patient is time taken away from my other critically ill patient	45(31.9)	6(4.3)	90(63.8)
7.	It's a private affair, one can't intervene	36(25.5)	6(4.3)	99(70.2)
8.	Women don't want to do anything about their situations	55(39.0)	13(9.2)	73(51.8)
9.	If I intervene women will not like it	42(29.8)	14(9.9)	85(60.3)
10.	I don't know what to do / how to help	35(25.5)	10(7.1)	95(67.4)

(Figures in parenthesis indicate row percentage)

Its interesting to observe from the table that majority of HCP respondents i.e., 80.9 percent disagreed to the statement which indicated that they were afraid of husband / his family reaction as one of the reasons for which they wouldn't intervene in domestic violence cases.

Another statement that was rejected by the maximum number of HCP respondents was the statement number 7. 70.2 percent of HCP respondents disagreed to the view that domestic violence was a private affair and one could not intervene. 66.7 percent of HCP respondents also disagreed with the statement number 4 that nothing could be done by them in it.

While none of the statement was accepted by the large majority of HCP respondents, statement number 6 found 31.9 percent of HCP respondents in its agreement which indicated their dilemma as health care providers i.e., 'Time spent on one patient is time taken away from my other critically ill patients.'

Table-111: Institutional Factors Related Reasons as a Barrier in Addressing the Issue of Domestic Violence

N=141

	Reason Statements	Agree	Somewhat Agree	Disagree
1.	Authorities will not appreciate my intervention in such situations	52(29.8)	3(2.1)	86(61.0)
2.	Such interventions do not fit into our purview / our organization's policy	60(42.6)	4(2.8)	77(54.6)
3.	I have so much of workload that even if I want, I can't do anything about it	62(44.0)	6(4.2)	73(51.8)
4.	It's too much of hassles, courts, police etc. once you get involved in such cases	55(39.0)	2(1.4)	84(59.6)
5.	There is no scope for me to do anything. I am too small in the hierarchy	46(32.6)	-	95(67.4)
6.	There is no privacy possible here that you can even talk to a woman	46(32.6)	1(0.7)	94(66.7)
7.	I am specifically instructed not to intervene / do anything in such cases	17(12.1)	-	124(87.9)
8.	I have no authority to help woman or intervene in such situation except for the physical ailment	38(27.0)	3(2.1)	100(70.9)
9.	By getting involved in such cases my routine work schedule would get disturbed	50(35.5)	2(1.4)	89(63.1)

(Figures in parenthesis indicate row percentage)

From the above table, it can be seen that as many as 87.9 percent of HCP respondents disagreed to the statement number 7 which said that he/she do not intervene / do anything in such cases because he / she is specially instructed not to intervene.

Another statement that was disagreed by 70.9 percent of HCP respondents was statement number 8, "I have no authority to help woman or intervene in such situation except for the physical ailment."

The statement number 3 related to workload and time constraints was accepted as one of the reasons working as a barrier by 44 percent of HCP respondents. Close to it i.e., 42.6 percent of HCP respondents agreed to the fact that such interventions did not fit into their purview / their organizations' policy.

Thus it appears from the above table that reasons like too much of workload, lack of policy in the organization, fear of authorities' reprimand and disturbance of routine schedule were some of the institutional related reasons to which many of the HCP respondents agreed.

On the basis of above two tables HCP respondents' overall perception score was derived using the scoring method as mentioned in the methodology chapter.

The next two tables show respondents' over all Perception of Self Role and Competency related reasons and Institution Related Reasons as a Barrier in addressing the issue of domestic violence.

Table-112: HCP Respondents' Perception of Self Roles and Competency Related Reasons as a Barrier in Addressing the Issue of Domestic Violence

N=141

Perception	Frequency	Percentage
Unimportant	49	34.8
Somewhat Important	58	41.1
Very Important	34	24.1
Total	141	100

The above table shows that out of 141 HCP respondents, 41.1 percent of respondents found self role and competency related reasons as a somewhat important barrier presenting them to address the issue of domestic violence affecting lives of women to whom they provide treatment and care. 34.8 percent of HCP respondents found it as an unimportant barrier whereas 24.1 percent perceived self roles and competency related reasons as a very important barrier preventing them from addressing the issue of domestic violence in their work.

Thus the table indicates that Self Role and Competency related Reasons were perceived by almost two third of HCP respondents as a very important or somewhat important barrier in addressing the issue of domestic violence.

This finding reinforces some of the international and national researchs cited in review chapter earlier that health care providers do not view addressing the issue of domestic violence as their role. (Ramsay, et al., 2002; Verma & Khanna 2000; Menon et al., 2000; Population Reports, 1999).

Views on Domestic Violence as a Barrier

To understand both the groups of respondents (i.e., women users' as well as health care providers') views on domestic violence a Likert Scale was developed constituting battery of statements related to three aspects; this included respondents' views on select forms of domestic violence, reasons related to it and ways to respond to it. Each of the statement was based on theoretical understanding of either Feminist Perspective or Family Violence Perspective.

Using the 'scoring method' respondents were divided into two categories of views namely Progressive Views (based on the feminist perspective) and Traditional Views (based on the Family Violence Perspective). The next table gives us details related to respondents' views on domestic violence.

Table-113: Views on Domestic Violence

N=141

Aspects	Views	
	Progressive	**Traditional**
Forms of Domestic Violence	127(90.1)	14(9.9)
Reasons of Domestic Violence	81(57.4)	60(42.6)
Responding to Domestic Violence	107(75.9)	34(24.1)
View on Domestic Violence	**100(70.9)**	**41(29.1)**
Total	141(100)	

(Figures in parenthesis indicate row percentage)

Putting health care providers on the scale to measure their views on domestic violence, we find that majority of them (70.9 percent) hold the progressive view on the issue of domestic violence.

Examining their views on different aspects that formed part of the scale, we find that most of the HCP respondents i.e. 90.1 percent hold progressive view on what constituted domestic violence. On asking HCP respondents their views on causes that they attribute to domestic violence, we find that 57.4 percent of HCP respondents hold progressive views. They agreed to the fact that domestic violence was used as one of the means to control women. Other 42.6 percent of HCP respondents had given substance abuse (alcohol consumption), provocative wife and structural stresses (poverty, unemployment) etc as reasons attributing to domestic violence.

However 75.9 percent of HCP respondents had agreed to progressive views and opined that women survivors of domestic violence should take concrete steps to counter violence affecting their lives. Other 24.1 percent of HCP respondents held traditional views and believed that women must endure violence or should do what their husband and in-laws expected them to do. This group of HCP respondents did not agree on taking any positive steps on the part of women to counter domestic violence.

Personal Experiences as a Barrier

Table-114: Personal Experiences of Domestic Violence

Personal Experience	Frequency	Percentage	
As a male perpetrator	40	76.9	N=52
As a woman survivor	29	58.0	N=50
No personal experience of violence	72	51.1	N=141

The above table and figure shows HCP respondents' personal experiences of domestic violence either as a perpetrator of domestic violence being a married male or as a survivor of domestic violence being a married female.

Of 60 currently married male HCP respondents, 52 HCP respondents talked about their personal experiences of domestic violence. 76.9 percent of them admitted that they have been a perpetrator of domestic violence towards their wives in one way or the other. Most of these male HCP respondents admitted to have committed psychological violence sometime on their wives. Scolding / accusing wife for some reason, taunting, fighting, verbal abuse and criticizing her skills / looks were some of the psychological forms of violence that these male HCP respondents confessed to have committed on their wives. Very few male HCP respondents talked about committing physical or sexual violence on their wives.

In case of female respondents, researcher could discuss with 50 currently married women about their personal experiences of domestic violence. 58 percent of them admitted that they have personally experienced

domestic violence in their own marital lives and that they were also survivors of domestic violence. Most of these, female HCP respondents shared about the psychological violence like ignoring, fighting, taunting, criticizing her skills / looks or limiting her contact with parents and family that their husbands' committed on them. Very few female HCP respondents shared about experiences of physical violence inflicted by their husbands on them and those who talked about it shared that their husbands had slapped them, pushed / thrown something at them.

Having looked at different possible barriers that HCP respondents perceive as obstructing them in addressing the issue of domestic violence affecting lives of their women patients, following three tables examines their perception of barriers viz-a-viz HCP respondents from different categories of occupation.

Table-115: HCP's Occupation and Perception of Self Role and Competency as a Barrier in Addressing the Issue of Domestic Violence

N=141

Occupation	Perception			Total
	Unimportant	Somewhat Important	Very Important	
Teaching faculty doctor				
Professor	5(26.3)	9(47.4)	5(26.3)	19(13.5)
Associate Professor	9(37.5)	9(37.5)	6(25.0)	24(17.0)
Assistant Professor	7(36.8)	8(42.1)	4(21.1)	19(13.5)
Nurse	11(31.4)	12(34.3)	12(34.3)	35(24.8)
Social Worker	9(56.3)	7(43.8)	-	16(11.3)
CMO	6(54.5)	3(27.3)	2(18.2)	11(7.8)
Resident doctor	2(20.0)	7(70.0)	1(10.0)	10(7.1)
Others	-	3(42.9)	4(57.1)	7(4.9)
Total	49(34.8)	58(41.1)	34(24.1)	141(100)

(Figures in parenthesis indicate row percentage)

From the above table we can observe that social workers and CMOs are emerging as the main group of respondents who did not consider self role and competency related reasons as an important barrier in addressing the issue of domestic violence affecting lives of women patients under their care. 56.3 percent of social workers and 54.5 percent of CMOs have reported it as an unimportant barrier.

We can also observe from the above table that more percentage of professors (47.4 percent), associate professor (37.5 percent), assistant professors (42.1 percent) and resident doctors (70 percent) considered it as a somewhat important barrier obstructing them to address the issue of domestic violence.

The group of nurse respondents has emerged as one group that perceived these reasons as somewhat important (34.3 percent) and very important (34.3 percent) barrier. One of the important reason that can be attributed to this is that nurse as a health care providers perceive their role mainly as of providing assistance to doctors or as 'told by seniors'. While they do recognize that providing psychological support, extending help is part of nursing profession at the field level they see themselves 'mainly as an assistant'.

It would be quite relevant to quote here what one of the nurse had said

> *"We are taught, trained to give psycho-social support to our patients. That's what our profession is about. But we have to do what doctors tell us. We can't intervene or do anything when he is taking the history even when we know that its not the TRUTH."*

Table-116: HCP Respondents' Occupation and Perception of Institutional Factors as a Barrier in Addressing the Issue of Domestic Violence

N=141

Occupation	Perception			Total
	Un-important	Somewhat Important	Very Important	
Teaching faculty doctor				
Professor	6(31.6)	10(52.6)	3(15.8)	19(13.5)
Associate Professor	14(58.4)	5(20.8)	5(20.8)	24(17.0)
Assistant Professor	7(36.8)	7(36.8)	5(26.3)	19(13.5)
Nurse	8(22.9)	9(25.7)	18(51.4)	35(24.8)
Social Worker	5(31.3)	7(43.8)	4(25.0)	16(11.3)
CMO	4(36.4)	6(54.5)	1(9.1)	11(7.8)
Resident doctor	3(30.0)	2(20.0)	5(50.0)	10(7.1)
Others	-	2(28.6)	5(71.4)	7(4.9)
Total	47(33.3)	48(34.0)	46(32.6)	141(100)

(Figures in parenthesis indicate row percentage)

From the above table we find that none of the categories of HCP respondents except associate professors, were in majority (58.4 percent) in perceiving institutional reasons as unimportant barrier in addressing the issue of domestic violence in their work.

The table also shows that while majority of professors (52.6 percent), social workers (43.8 percent) and CMOs (54.5 percent) perceived institutional reasons as somewhat important, nurses (51.4 percent) and resident doctors (50 percent) who find themselves at the lower end in the hierarchy of health care system as well as others (that included aaya, dressers etc.) who are again at the lower end (71.4 percent) perceived institution related reasons as very important barrier for them.

Table-117: HCP Respondents' Occupation and Views on Domestic Violence

N=141

Occupation	Views		Total
	Progressive	Traditional	
Teaching Faculty Doctor			
Professor	13(68.4)	6(31.6)	19(13.5)
Associate Professor	15(62.5)	9(37.5)	24(17.0)
Assistant Professor	9(47.4)	10(52.6)	19(13.5)
Nurse	28(80.0)	7(20.0)	35(24.8)
Social Worker	12(75.0)	4(25.0)	16(11.3)
CMO	9(81.8)	2(18.2)	11(7.8)
Resident Doctor	9(90.0)	1(10.0)	10(7.1)
Others	5(71.4)	2(28.6)	7(4.9)
Total	100(70.9)	41(29.1)	141(100)

(Figures in parenthesis indicate row percentage)

Examining HCP respondents' views on the issue across their occupation, it was found that amongst all the different occupation groups, resident doctors (90 percent), CMOs (81.8 percent), nurses (80 percent) were found to be more in favour of progressive views related to domestic violence compared to those doctors who were teaching faculty members. Surprisingly even amongst the teaching faculty doctors groups, majority of those who held stereotyped traditional view on the issue were assistant professors (who were young and at the entry point level in the occupation of teaching). 52.6 percent of assistant professors were traditional in their outlook whereas only 31.6 percent of professors (who are at the highest level in the occupation of teaching) held traditional views on the subject.

Section - 6

Correlates of Health Care Providers' Response to Women Survivors of Domestic Violence

After having discussed HCP respondents perception of Self Role and Competency and Institutional Factors as possible barriers that may be affecting the type of response that they give to the survivors of domestic violence, their views on domestic violence and their personal experience this section attempts to examine its relationship. The section also examines the relationship between some of the personal background characteristics and the type of response using the Chi-Square test of significance.

Table-118: Relationship Between HCP Respondents' Age and Type of Response to Women Survivors of Domestic Violence

N=141

Age (years)	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Less than 25 years	3(75.0)	1(25.0)	-	4(2.8)
25-35 years	30(69.8)	10(23.3)	3(7.0)	43(30.5)
35-45 years	23(43.4)	26(49.1)	4(7.5)	53(37.6)
45-55 years	13(39.4)	19(57.6)	1(3.0)	33(23.4)
55 years and more	1(12.5)	4(50.0)	3(37.5)	8(5.7)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

*$p<0.05$; Pearson's Chi-Square $\chi^2= 38.306$, df=20, Significance = 0.008

The Chi-Square test indicated a significant relationship between age and type of response that HCP respondents made to the survivors of domestic violence.

It is very interesting to note from the above table that younger the respondent, positive is his/her response to survivors of domestic violence and vice-versa. The table shows that percentage of HCP respondents making positive response towards women survivors decreases with increase in the age.

There are 75 percent of HCP respondents who are less than 25 years of age making positive response. Between 25-35 years of age group, percentage of HCP respondents making positive response is 69.8 percent; between 35-45 years of age category it is 43.4 percent. We find 39.4 percent of HCP respondents making positive response in the age group of 45-55 years and amongst those HCP respondents who are above 55 years of age, it is only 12.5 percent of respondents that make positive response to women survivors of domestic violence.

Similarly we also find that percentage of HCP respondents within the category of some what positive response and negative response also increases as we move to the elder age groups categories.

Thus we find that majority of younger respondents are more positive in responding to survivors of domestic violence than older respondents indicating their sensitivity and interest in responding to the issue.

Table-119: Relationship Between Sex of HCP Respondents and Type of Response to Women Survivors of Domestic Violence

N=141

Sex	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Male	39(53.4)	28(38.4)	6(8.2)	73(52.1)
Female	31(45.6)	32(47.1)	5(7.3)	68(48.9)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

*$p<0.05$; Pearson's Chi-Square $\chi^2= 1.174$, df=4, Significance = 0.882

No significant association was seen between HCP Respondents' sex and the type of response that they made to the survivors of domestic violence.

The above table shows that half of the male HCP respondents i.e. 53.4 percent are positive in their response to women survivors of domestic violence and 38.4 percent of male HCP respondents provided somewhat positive response to such women.

Whereas in case of female HCP respondents, we find that more percentage of them are somewhat positive in their response i.e. 47.1 percent of female respondents followed by 45.6 percent of them who provided positive response to such women.

Almost equal percentage of respondents (with a marginal difference of 1 percent) of both the sex made negative responses i.e. 8.2 percent and 7.3 percent in case of male and female respondents respectively.

Table-120: Relationship Between HCP Respondents' Marital Status and Type of Response to Women Survivors of Domestic Violence

N=141

Marital Status	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Married	51(44.3)	56(48.7)	8(7.0)	115(81.6)
Single	19(73.1)	4(15.4)	3(11.5)	26(18.4)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

*$p<0.05$; Pearson's Chi-Square $\chi^2= 10.655$, df=4, Significance = 0.030

The Chi-Square test indicated a significant relationship between marital status and type of response that HCP respondents made to the survivors of domestic violence.

The above table examines the type of response HCP respondents made with their marital status. The table indicates that majority of single HCP respondents 73.1 percent (i.e., almost two third of unmarried / separated / divorced respondents) positively responded to the survivors of domestic violence. Compared to that, only 44.3 percent of married HCP respondents responded positively to such women.

Table-121: Relationship Between HCP Respondents' Occupation and Type of Response to Women Survivors of Domestic Violence

N=141

Occupation	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Teaching Faculty Doctor				
Professor	10(52.6)	8(42.1)	1(5.3)	19(13.5)
Associate Professor	11(45.8)	12(50.0)	1(4.2)	24(17.0)
Assistant Professor	12(63.1)	6(31.6)	1(5.3)	19(13.5)
Nurse	10(28.6)	21(60.0)	4(11.4)	35(24.8)
Social Worker	12(75.0)	4(25.0)	-	16(11.3)
CMO	7(63.6)	4(36.4)	-	11(7.8)
Resident Doctor	8(80.0)	1(10.0)	1(10.0)	10(7.1)
Others	-	4(57.1)	3(42.9)	7(4.9)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

*$p<0.05$; Pearson's Chi-Square $\chi^2= 48.365$, df=28, Significance = 0.009

The Chi-Square test indicated a significant association between HCP respondents' occupation and type of response that they made to the survivors of domestic violence.

The above table shows that majority of resident doctors (80 percent), social workers (75 percent), CMOs (63.6 percent) and assistant professors (63.1 percent) made positive response to women survivors of domestic violence. It was also found that professors and associate professors are almost equally divided between positive (52.6 percent and 45.8 percent respectively) and somewhat positive (42.1 percent and 50 percent respectively) type of response.

Amongst the group of nurses while 60 percent of them have made somewhat positive response, we find 11.4 percent making negative response. Similarly it was seen that 42.9 percent of other respondents responded negatively to women survivors of domestic violence.

Figure-21: HCP Respondents' Occupation and Type of Response to Women Survivors of Domestic Violence (N=141)

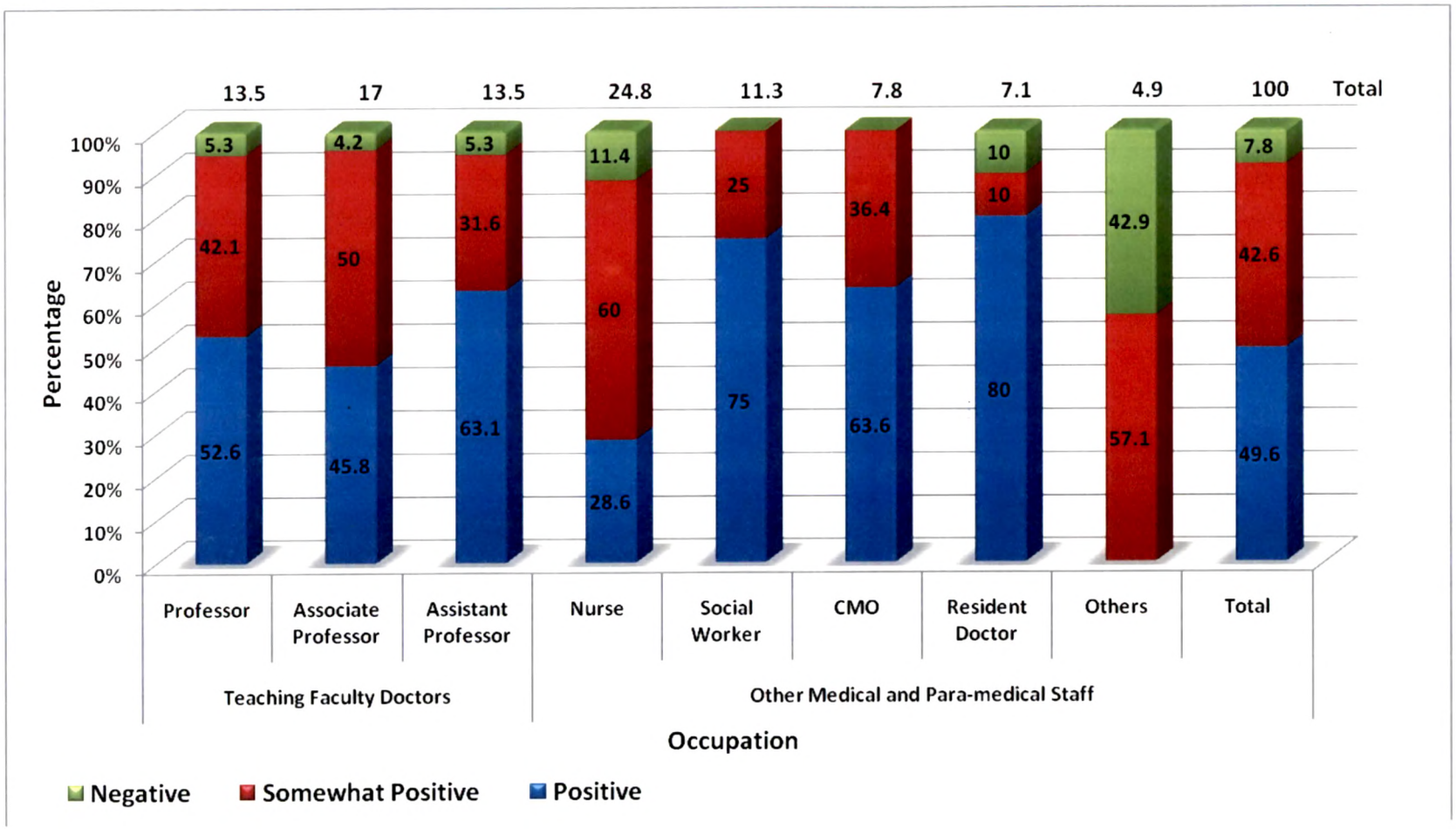


Table-122: Relationship Between Years of Work Experience and Type of Response to Women Survivors of Domestic Violence

N=141

Number of Years	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Upto 10 years	34(65.4)	15(28.8)	3(5.8)	52(36.9)
11 - 20 years	23(44.2)	26(50.0)	3(5.8)	52(36.9)
21 - 30 years	12(41.3)	16(55.2)	-	29(20.5)
More than 30 years	1(12.5)	3(37.5)	4(50.0)	8(5.7)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

*$p<0.05$; Pearson's Chi-Square $\chi^2= 69.947$, df=28, Significance = 0.000

The Chi-Square test indicated a significant relationship between years of work experience and type response.

Examining HCP respondents work experience in the field of health care by the type of response that they have made, it was seen that except HCP respondents having upto ten years of work experience (65.4 percent), no other group had high percentage of respondents making positive response. It was seen that percentage of HCP respondents making positive responses are decreasing as their years of work experience is increasing.

The table also indicates that the more percentage of HCP respondents making some what positive response are those who have 21 - 30 years of work experience (55.2 percent) followed by respondent having 11 - 20 years of work experience (50 percent).

Half of those HCP respondents who had more than 30 years of work experience i.e., 50 percent were negative in their response. This was the largest group in the negative response category compared to the other groups of respondents.

Thus from the table we can conclude that HCP respondents who are new in their profession, having less years of work experience are comparatively more positive in responding to women survivors of domestic violence than others.

Table-123: Relationship Between HCP Respondents' Personal Experiences of Domestic Violence and Type of Response to Women Survivors of Domestic Violence

N=141

Personal Experiences	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Violence committed	20(50.0)	18(45.0)	2(5.0)	40(28.3)
Violence experienced	13(44.8)	15(51.7)	1(3.4)	29(20.6)
No experiences	37(51.4)	27(37.5)	8(11.1)	72(51.1)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

*$p<0.05$; Pearson's Chi-Square $\chi^2= 1.612$, df=4, Significance = 0.806

No significant association was observed between HCP respondents' personal experiences of domestic violence and type of response that they made to the survivors of domestic violence.

The above table is an attempt to understand whether there exist any relationship between HCP respondents' personal experiences of domestic violence (either as a perpetrator or as a survivor) and the type of response that they give to the survivors of domestic violence. The table shows that from those 40 (28.3 percent) respondents who admitted to have committed domestic violence in their personal lives, half of them (50 percent) had responded to women survivors positively whereas rest 45 percent had responded somewhat positively.

The table shows that of those 29 (20.6 percent) women respondents who had personally experienced violence almost half of them i.e. 51.7 percent responded to women survivors of domestic violence somewhat positively, whereas 44.8 percent responded positively.

Similarly 51.4 percent of respondents with no experiences of violence, responded positively to such women.

Thus it seems from the above table that respondents' personal experiences of domestic violence seem to be not affecting the type of response that they make.

Table-124: Relationship Between HCP Respondents' Views on Domestic Violence and Type of Response to Women Survivors of Domestic Violence

N=141

Views	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Progressive	51(51.0)	43(43.0)	6(6.0)	100(70.9)
Traditional	19(46.3)	17(41.5)	5(12.2)	41(29.1)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

*$p<0.05$; Pearson's Chi-Square $\chi^2= 4.969$, df=4, Significance = 0.290

No significant association was found between HCP respondents' views on domestic violence and type of response that they made to the survivors of domestic violence.

The table examines HCP respondents' type of response to the survivors of domestic violence by their views on the issue. It shows that of those 100 (70.9 percent) HCP respondents whose views were progressive, 51 percent of them responded positively to the women survivors, whereas 43 percent of them responded somewhat positively. It is very surprising to find that 6 percent of HCP respondents having progressive views on the issue were actually responding to women survivors approaching them for care negatively.

41 HCP respondents who held traditional views on the issue of domestic violence were divided almost equally between the positive response and somewhat positive response (46.3 percent and 41.5 percent respectively). 12.2 percent of these HCP respondents responded negatively to women survivor of domestic violence.

Table-125: Relationship Between HCP Respondents' Perception of Women's Health Care Seeking Behaviour and Type of Response to Women Survivors of Domestic Violence

N=141

Perception	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Good	34(54.0)	29(46.0)	-	63(44.7)
Fair	34(50.7)	23(34.3)	10(14.9)	67(47.5)
Poor	2(18.2)	8(72.7)	1(9.1)	11(7.8)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

*$p<0.05$; Pearson's Chi-Square $\chi^2= 39.617$, df=16, Significance = 0.000

The Chi-Square test indicated a significant relationship between HCP respondents' perception of women's health care seeking behaviour and type of response that they made to the survivors of domestic violence.

The table shows the relationship between HCP respondents' perception of women's health care seeking behaviour and the type of response that they made to women survivors of domestic violence. What we find from the above table is that those HCP respondents who perceived women's health care seeking behaviour as good, responded to them positively (54 percent). Even half of those respondents who perceived women's health care seeking behaviour as fair responded positively.

Interesting to note is the response of the group of those 7.8 percent of HCP respondents who perceived women's health care seeking behaviour as poor. Of these 7.8 percent of respondents 72.7 percent of respondents' specific response to domestic violence survivor was somewhat positive.

Table-126: Relationship Between Frequency of Women Survivors of Domestic Violence Observed by HCP Respondents and Type of Response to Women Survivors of Domestic Violence

N=141

Frequency	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Daily 1-3 cases	13(48.1)	11(40.7)	3(11.2)	88(62.4)
Weekly 1-3 cases	28(56.0)	18(36.0)	4(8.0)	50(35.5)
Fortnightly 1-3 cases	2(50.0)	2(50.0)	-	4(2.8)
Monthly 1-3 cases	16(48.5)	16(48.5)	1(3.0)	33(23.4)
Six monthly 1-3 cases	8(44.4)	8(44.4)	2(11.2)	18(12.8)
Can't say	3(33.3)	5(55.6)	1(11.1)	9(6.4)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

*$p<0.05$; Pearson's Chi-Square $\chi^2= 22.214$, df=36, Significance = 0.965

No significant association was found between frequency of women survivors of domestic violence observed by HCP respondents and the type of response that they made to them.

The above table shows that half of those HCP respondents who encountered 1-3 women survivors of domestic violence daily, weekly fortnightly monthly or six monthly responded positively to survivors of domestic violence. There were only one third of HCP respondents who responded positively among those who had said that they couldn't say the frequency of observing survivors of domestic violence in their work.

Table-127: Relationship Between HCP Respondents' Perception of Self Role and Competency as a Barrier and Type of Response to Women Survivors of Domestic Violence

N=141

Perception	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Unimportant	33(67.3)	15(30.6)	1(2.1)	49(34.8)
Somewhat Important	28(48.3)	26(44.8)	4(6.9)	58(41.4)
Very Important	9(26.4)	19(55.9)	6(17.6)	34(24.1)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

*$p<0.05$; Pearson's Chi-Square $\chi^2= 26.447$, df=8, Significance = 0.000

The Chi-Square test indicated a significant association between respondents' perception of Self Role and Competency as a barrier and type of response that they made to the survivors of domestic violence.

The above table shows interesting relationship between the type of response HCP respondents' made to the survivors of domestic violence vis-à-vis their perception of their own self roles and competency as a barrier in addressing the issue of domestic violence affecting survivors lives.

The table reveals that out of 34.8 percent of those respondents who considered self roles and competency related reasons as an unimportant barrier, majority of them (67.3 percent) responded to the survivors positively compared to those who found it as somewhat important (48.3 percent of 41.4 percent of respondents) or very important (26.4 percent of 24.1 percent respondents) barrier.

Contrary to this, the table shows that those respondents who considered self roles and competency related reasons as a very important barrier responded to the survivors either somewhat positively (55.9 percent) or negatively (17.6 percent).

Thus, the above table also indicates that respondents' perception of self role and competency related reasons as a barrier affects the way they respond to the survivors of domestic violence

Table-128: Relationship Between HCP Respondents' Perception of Institutional Factors Related Reasons as a Barrier and Type of Response to Women Survivors of Domestic Violence

N=141

Perception	Type of Response			Total
	Positive	Somewhat Positive	Negative	
Unimportant	33(70.2)	14(29.8)	-	47(33.3)
Somewhat Important	24(50.0)	19(39.6)	5(10.4)	48(34.0)
Very Important	13(28.3)	27(58.7)	6(13.0)	46(32.6)
Total	70(49.6)	60(42.6)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

*$p<0.05$; Pearson's Chi-Square $\chi^2= 22.900$, df=8, Significance = 0.003

The Chi-Square test indicated a significant relationship between HCP respondents' perception of institution related reasons as a barrier in addressing the issue of domestic violence and the type response that they gave to women survivors of domestic violence.

The table indicates that when HCP respondents did not perceive institution related reasons as an important barrier, they responded to

women survivors positively (70.2 percent of those who perceived institution related reasons as a barrier) and when they perceived it as a very important barrier, they responded to women survivors somewhat positively (58.7 percent of those who perceived institution related reasons as a barrier responded somewhat positively) or negatively (13 percent).

Thus it can be concluded from the above table that HCP respondents response to the women survivors of domestic violence is affected by the way they perceived institution related reasons as a barrier in addressing the issue of domestic violence in their work.

Overall, Table 118 to 128 indicate that the relationship between type of response that HCP respondents made to the survivors of domestic violence and following variables have been found significant.

- Age
- Marital status
- Occupation
- Years of work Experience
- Perception of Women's Health Care Seeking Behaviour
- Perception of Self Role and Competency as a Barrier in addressing the issue of domestic violence
- Perception of Institutional factors as a Barrier in addressing the issue of domestic violence

Thus we find that type of response that HCP respondents made towards survivors of domestic violence is affected by their personal background characteristics like age, marital status, occupation, years of work experience as well as their perception of women's health care seeking behaviour, self role and competency and institutional factors as barrier in addressing the issue of domestic violence.

No significant association has been found between type of response that HCP respondents made and their sex, views on domestic violence, their personal experiences of domestic violence and frequency of women survivors of domestic violence observed in work.

Section - 7

Preparedness and Requirements to Respond to Survivors of Domestic Violence

Level of Preparedness

To identify HCP respondents' needs and preparedness to help women survivors of domestic violence they were asked following battery of statements related to knowledge and skills that are mainly required to reach out to women survivors of domestic violence. The table shows respondents level of preparedness against each of the statement.

Table-129: Preparedness to Help Women Survivors of Domestic Violence

N=141

	Knowledge and Skills	Fully Prepared	Somewhat Prepared	Quite Unprepared
1.	To identify / make out survivor of domestic violence from amongst general users	72(51.1)	43(30.5)	26(18.4)
2.	To face a woman who has been a survivor of domestic violence	96(68.1)	31(22.0)	14(9.9)
3.	To face a family / husband who are probably responsible for woman's situation	83(58.9)	32(22.7)	26(18.4)
4.	To begin to talk about it with woman	99(70.2)	23(16.3)	19(13.5)
5.	To listen to a woman patiently and attentively	116(82.3)	16(11.3)	9(6.4)
6.	To counsell woman, extend sympathy and concern	109(77.4)	16(11.3)	16(11.3)
7.	To provide support and care	86(61.0)	28(19.9)	27(19.1)
8.	To provide her with information of her rights and legal remedies available to her	45(31.9)	33(23.4)	63(44.7)
9.	To refer cases of domestic violence to appropriate authorities / org.	51(36.2)	16(11.3)	74(52.5)
10.	To advise her of any ways / means to handle such situations in future	77(54.6)	29(20.6)	35(24.8)

(Figures in parenthesis indicate row percentage)

The above table shows that listening, counselling, initiating discussion related to domestic violence or facing women survivors of domestic violence were some of the skills in which respondents found themselves fully prepared.

They found themselves unprepared / inadequate in possessing information related to organization where they could refer cases, legal information that they could provide, skill to identify survivors of domestic violence amongst general users, specific advise that they could give to women to handle such situations.

On the basis of the above statements, respondents level of preparedness was measured as mentioned in the Methodology Chapter. The following table shows the distribution of respondents on the scale.

Table-130: HCP Respondents' Preparedness to reach out to Women Survivors of Domestic Violence

N=141

Level of Preparedness	Frequency	Percentage
Fully prepared	89	63.1
Somewhat prepared	41	29.1
Not prepared	11	7.8
Total	141	100

The above table shows that of 141 HCP respondents, 63.1 percent of respondents reported that they were fully prepared to help, reach out to women who were the survivors of domestic violence and under their care in terms of willingness, required knowledge and skills. 29.1 percent of respondents were somewhat prepared whereas 7.8 percent felt that they were not prepared at all to reach out to such women.

Table-131: HCP Respondents' Occupation and Level of Preparedness

N=141

Occupation	Level of Preparedness			Total
	Fully Prepared	Somewhat Prepared	Not Prepared	
Teaching Faculty Doctor				
Professor	14(73.7)	5(26.3)	-	19(13.5)
Associate Professor	13(54.1)	7(29.2)	4(16.7)	24(17.0)
Assistant Professor	10(52.6)	6(31.6)	3(15.8)	19(13.5)
Nurse	25(71.4)	8(22.9)	2(5.7)	35(24.8)
Social Worker	12(75.0)	4(25.0)	-	16(11.3)
CMO	7(63.6)	4(36.4)	-	11(7.8)
Resident Doctor	5(50.0)	5(50.0)	-	10(7.1)
Others	3(42.9)	2(28.6)	2(28.6)	7(4.9)
Total	89(63.1)	41(29.1)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

The above table indicate that 75 percent of social workers, 73.7 percent of professors, 71.4 percent of nurses, 63.6 percent of CMOs and almost 50 percent of respondents belonging to other occupational category said that they were fully prepared to handle / deal with cases of domestic violence if they have to.

However 50 percent of resident doctors, 47.4 percent of assistant professors, 36.4 percent of CMOs and almost 25 percent of respondent belonging to other occupational group expressed that they were either somewhat prepared or not prepared at all to handle or work with the survivors of domestic violence if they have to.

Table-132: HCP Respondents' Perception of Self Role and Competency as a Barrier in Addressing the Issue of Domestic Violence and Level of Preparedness

N=141

Perception	Level of Preparedness			Total
	Fully Prepared	Somewhat Prepared	Not Prepared	
Unimportant	39(79.6)	9(18.4)	1(2.0)	49(34.8)
Somewhat important	36(62.1)	19(32.8)	3(5.1)	58(41.1)
Very important	14(41.2)	13(38.2)	7(20.6)	34(24.1)
Total	89(63.1)	41(29.1)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

The above table interestingly shows that when HCP respondents perceived self role and competency related reasons unimportant, they were fully prepared to help out women survivors of domestic violence. 79.6 percent of those HCP respondents who perceived that self role and competency related reasons were not important had said that they were fully prepared to intervene in such cases.

However of those who had perceived these reasons as a very important obstacle coming in their way to help out women, they were either somewhat prepared (38.2 percent) or not prepared (20.6 percent).

Table-133: HCP Respondents' Perception of Institution related Reasons and Level of Preparedness

N=141

Perception	Level of Preparedness			Total
	Fully Prepared	Somewhat Prepared	Not Prepared	
Unimportant	36(76.6)	8(17.0)	3(6.4)	47(33.3)
Somewhat important	30(62.5)	15(31.3)	3(6.2)	48(34.0)
Very important	23(50.0)	18(39.1)	5(10.9)	46(32.6)
Total	89(63.1)	41(29.1)	11(7.8)	141(100)

(Figures in parenthesis indicate row percentage)

The above table shows that high percentage of HCP respondents who perceived institution related reasons as an unimportant barrier in addressing the issue of domestic violence were fully prepared (as 76.6 percent of them were falling in that category) to help women survivors of domestic violence.

Whereas half of those HCP respondents who perceived institutional reasons as a very important barrier were either somewhat prepared (39.1 percent) or not prepared (10.9 percent) to address the issue of domestic violence affecting lives of women under their care.

Requirements to Address the Issue of Domestic Violence

Table-134: Health Care Providers Requirements to Intervene in Domestic Violence Cases

N=141(MR)*

Type of Requirement	Frequency	Percentage
Support services	102	72.3
Knowledge	92	65.3
Conducive work environment	81	57.4
Skills	39	27.7

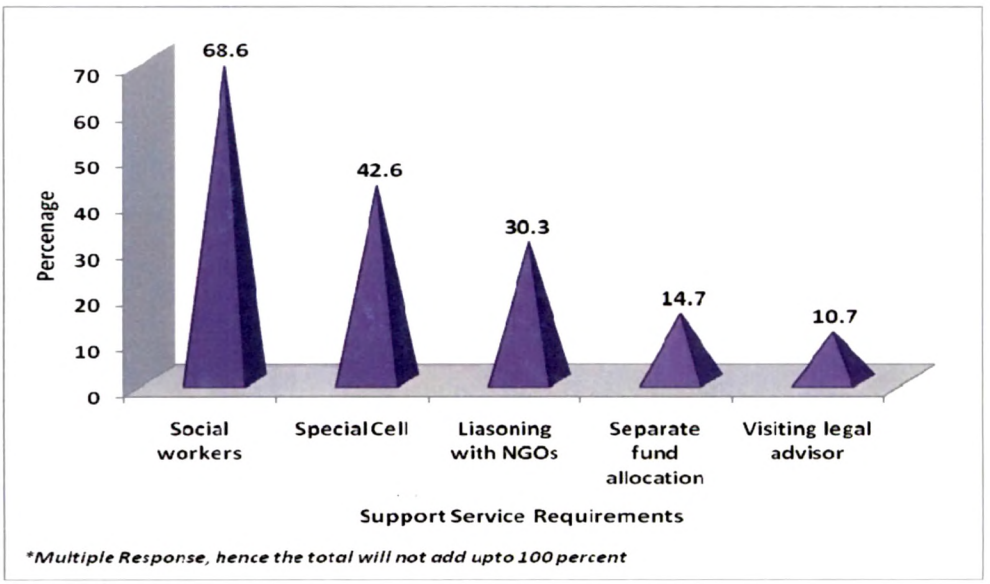
*Multiple response hence the total will not add upto 141 or 100 percent

HCP Respondents were asked for their specific needs requirements at the personal as well as institutional level so that women survivors of domestic violence visiting them for health care could be helped and the cause of their ill health could be addressed.

The above table shows that 72.3 percent of HCP respondents talked about the provision of **Support Services**

Support services that HCP respondents required were appointments / visits of social workers / counsellors in each department (68.6 percent), setting up of separate cell / department in the hospital (42.6 percent), collaboration with NGOs working on the issue (30.3 percent) and separate funds allocation or free service for such women. (Please refer Figure-22)

*Figure-22: Support Service Requirements of HCP Respondents (N=141)**



"Medical social workers are needed in my department. Doctors do not have time to talk to patients. Psychosocial aspects of the case for the diagnosis should be done by social workers."

"Someone should help me. I need people like you, social workers who come to the ward regularly. I need support from voluntary organizations to identify cases and counsell patients."

"There should be a voluntary organization in the hospital who could take up such cases and provide them counselling. If it's a repeat case of a women, than they could give her guidance, specific help and varied information. If they can help women, more women will get courage to speak up."

"Every department should have social workers."

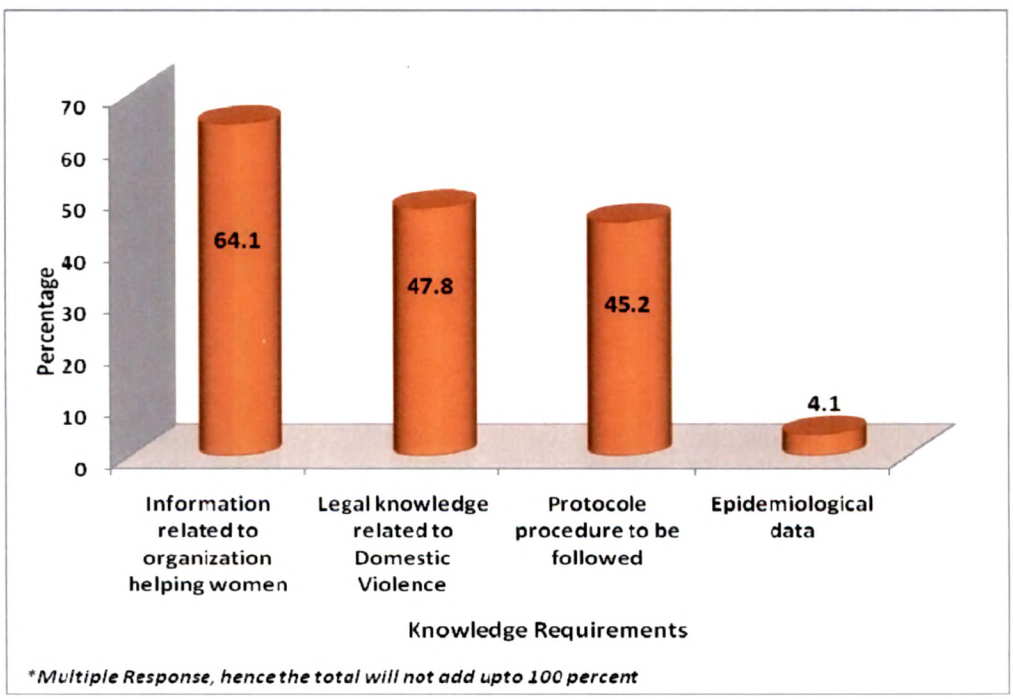
"We must create a safe environment for women. They should be reassured of help and confidentiality."

"We should discuss such issues at the hospital level. Until you came here, I never even thought that I could do something about it. I never considered it important or worth paying attention to!"

65.3 percent of HCP respondents asked for **Specific Knowledge** requirements that included information of institutions / organizations wherein they could refer such cases (64.1 percent), legal knowledge related to domestic violence (47.8 percent), procedure / protocol to be followed (45.2 percent) epidemiological data (4.1 percent).

> *"We must have a book / directory which shows the list of organizations at local / district / state level. It must show what help women would get and what legal actions we can take."*
>
> *"We must have ready reckoner, so that we can refer to it."*
>
> *"We must know what to do, how to do so that women get help, and justice if they want!"*
>
> *"Knowledge about what can be done for such women."*

Figure-23: Knowledge Requirements of HCP Respondents (N=141)



27.7 percent of respondents had expressed their needs of having **Specific Skills** so that women survivors could be helped by them. Skills required included counselling skills (46.1 percent), communication skills (23 percent), trauma care and crisis intervention skills (12.8 percent), identification and documentation skills (10.2 percent) skill to coordinate and mobilize resources (7.6 percent).

> *"How to deal with such cases...."*
>
> *"Skills in providing psychological support to patients we do have such skills but we are still learning."*
>
> *"How should we speak to women, interview skills."*
>
> *"I am at the position that I can really help such woman wanting justice. I want to know how to document everything so that she gets justice!"*

57.4 percent of HCP respondents talked about creating an **Institutional Environment** that would facilitate in providing help to women survivors of domestic violence. Here HCP respondents talked about creating women friendly environment (34.5 percent), setting up protocol and formal set procedure (27 percent), support and co-operation from authorities / colleagues (23.4 percent), appointment of more staff especially female staff (24.7 percent) and provision for maintaining privacy like setting up cabin, allotting room (14.8 percent). 16 percent of HCP respondents also talked about having authority / permission from higher ups so that they could help women. Some of the HCP respondents even talked about

improving the infrastructure, increasing human power, recruitments in vacant positions and many of other things so that they could function effectively, efficiently and sensitively.

Having seen results and interpretations of Health Care Providers' perspective study, the next chapter on **Case Studies** gives more details on women respondents' experiences with the health care providers especially when they are the survivors of domestic violence.