

CHAPTER-VI
CASE STUDIES

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This chapter presents the findings from the in-depth case studies conducted with 30 women survivors of domestic violence. These women were selected from among the 143 women who were interviewed under the users' perspective study.

The objective of conducting in-depth case studies was to get a comprehensive picture of the life situations and experiences of the women survivors of domestic violence with the health care system and providers, and give 'voice' to the numbers, i.e., substantiate the findings from the quantitative study with qualitative data.

These women survivors of domestic violence who were interviewed in length were selected from those women who had reported it very clearly that domestic violence was a cause of their current health problem or from the 'Suspect Cases' of domestic violence. This includes those women with mental health problems who had stated that domestic violence was one of the causes of their current health condition or who were identified by the researcher as 'Suspect Cases' (please refer to Chapter-IV, Section-II). Only those women who were able and willing to share harrowing stories of their lives were interviewed at length.

These 30 case studies included in depth interviews with 17 women respondents with some physical injuries (included one suspect case) and 13 women respondents with mental health problems.

The 14 case studies developed on the basis of these in-depth interviews are presented in this chapter. These stories reflect the variety of experiences that women survivors of domestic violence had with the health care system. Women survivors' names are not mentioned to protect their identity and maintain confidentiality. Each case study is titled to reflect the response the woman survivor received from the health care system and providers. Conclusions have been drawn at the end of the chapter regarding what do women survivors' perceive as good or bad experiences; positive or negative responses.

Response of the Health Care System to Domestic Violence: Voices of Survivors

Case Study-1 : A woman who was listened to

'P', age 50, has come for a check-up in the psychiatry OPD of the hospital. 'P's parents died when she was very young. Her paternal uncle and aunt brought her up and they got her married when she was hardly 15 years old. Her husband held a government job and is now retired. He receives a pension of Rs.2,500/- per month. He also has a severe psychiatric problem and is seeking treatment from the same hospital since 5 years.

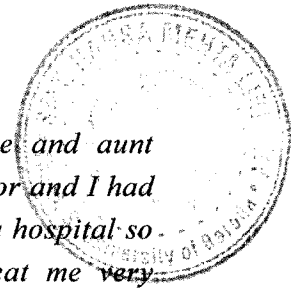
'P's health problem began about two to three years ago with backache, giddiness, shooting pain in the head, severe pain in the hands and legs. She was unable to stand and did not feel like talking to anyone. She said that throughout her life she had been plagued by the worry about managing family affairs in scarce resources. Even at this age of her life, the situation has not changed for her as her son had been of no help to her. In fact he and his family were still dependent on her.

"I have to run the house in less income. I have to look after my son's family also. My son is not doing any job. I have suffered throughout with the drudgery of life and have never been happy".

Her husband had a drinking problem. His job demanded him to work in the night shifts. After finishing his night duty early in the morning, he would go to the liquor shops directly and would come back home around noon drunk. She felt that it was liquor that ruined her family life. Her husband would drink and harass her. According to her, the first twenty years of her married life were miserable which she suffered in silence.

'P' also feels that her psychiatric problem is a result of the miserable life she had led, marked by torture, harassment and poverty. And now that her husband has a severe mental health problem, she has the additional responsibility of taking care of him. She said,

"My parents died when I was very young. My uncle and aunt brought me up and got me married. My in-laws were poor and I had to live a dependent life. I worked as a cook, worked at a hospital so that my children could study. Initially he used to beat me very badly. Whenever he would drink, it was as though the devil got inside of him. He would hit me so hard that I would get scars and bruises. But I never said anything to anyone. Now I am unable to work because I have to take care of him, clean up all his filth."



When asked about the services and facilities provided at the hospital, she said,

"It is very good here. It is even better than the private hospitals. I feel good once I take medicine given from the hospital. After I met the social worker I felt very good. I felt as if I got my parents back. I feel very good with her. She takes good care of me".

'P' was very happy as the treatment was free of cost and moreover she was extremely satisfied with the attitude and behaviour of the social worker whom she met regularly as part of her treatment.

Case Study-2 : A woman who was supported

'J', is a 35-year-old woman who has come for a regular check-up at the psychiatry department of the hospital. She is married since the last twenty-two years and lives in a nuclear family. 'J's consent was not taken for her marriage. Her husband is working as a masonic labourer and earns Rs.3000/- per month.

She shared her experiences of domestic violence that she has been living with since 15 years. Her husband has beaten her with a washing club, pressure cooker or any thing that he could lay his hands on. He was

suspicious of her and had even tried to strangle her. Verbal abuse, pulling her hair, slapping, etc. were part of her routine life. She said,

“Once, five years ago, I was having severe headache. So I told my husband that I would not join him at work today. He got so annoyed that he threw a pressure cooker at me. I got hurt near my eye. It was bleeding. But I did not go to any doctor and just applied turmeric powder and kept quiet about it.”

Three years ago she was admitted in the psychiatry ward of the hospital for almost three weeks. When she went back home her husband accused her of having an affair with the doctor of the hospital. He verbally abused her so badly that she attempted to commit suicide by consuming poison. She was brought back to the hospital and was admitted to the emergency ward.

Currently ‘J’ is taking a treatment for a mental health problem. She suffers from frequent headaches and feels like crying all the time. She does not feel like doing any work. ‘J’ blames the tensions and worries related to her future for causing the health problem. She is worried because her husband is an alcoholic who treats her very badly and is not taking care of her.

When asked about the experiences, facilities and services at the hospital and the behaviour of health care providers, she said that the senior doctor was very good,

“She is my patient, nothing should happen to her”. The senior doctor and other doctors had called her husband and explained to him that it was due

to his drinking habit that she had developed the problem. Apparently, as the health care providers had intervened in her domestic problem and explained to her husband, he has now changed his behaviour towards her and created less trouble for her.

‘J’ felt that because she talked about her problems to the senior doctor, he could do something for her. She believed that staff at the hospital was very cooperative and willing to extend help in many ways.

Case Study-3 : A woman who was sympathized with

‘M’ is admitted at the burns ward of the hospital with 35-40 percent burns. She is twenty four years old, married for eight years and lives in a nuclear middle class family. Her husband is working in as a diamond polisher. He also has a side business of providing cable TV connections.

‘M’ was brought to the hospital by her parents and her male cousins brothers. Narrating the burn episode, she said,

“It was a pre-planned incident. Though I don’t go out of the house anywhere he suspects me of having an extra-marital affair. We had a fight over it the previous night. On the next day around 12:00 in the afternoon he poured kerosene on me and set fire on me.”

She narrated some of the incidences of violence that she faced since she was married. She said that her husband was very suspicious of her and doubted her character and was watchful of each and every move that she made. Once he had hit her with scythe on her hand and in another such episode she had a miscarriage. At both the instances ‘M’ was admitted to the hospital.

She reported that violence was a routine part of her marital life giving her scars and bruises regularly. She said that she had sought home remedies to overcome pain and aches. 'M' was quite worried about the reputation of her natal family. Her parents were poor and were not in a condition to support her economically. Hence she was enduring the violence as she had no other alternative.

When asked about the experiences with the services, facilities at the hospital and behaviour of health care providers, she said that nurses were nice and they did the dressing very carefully. She also said that while male doctors were good, she would prefer a female doctor checking her. She shared her problems and sufferings with the health care providers as they asked her. They were sympathetic towards her and tried to gain more information. They did not blame her for the situation. Nonetheless no one had showed any willingness to help her nor did they guide her to any organization to seek help.

Case Study-4 : A woman who was attended to and asked

'B' is a thirty-two-year-old woman living in a village situated 100 km away from the district hospital. She married the man she loved when she was fifteen years old. They live in a nuclear family. She and her husband both work as casual labourers.

'B' is admitted in the surgery ward as she had been hit with a wooden stick by her brother-in-law. For quite some time there was a dispute in the family. A few days ago, her brother-in-law quarreled with her husband over a visit

of one of their relatives. When she tried to intervene to stop the fight that ensued between the two brothers, her brother-in-law hit her with a stick on her head, her hand and back. He even tried to strangle her. For four days 'B' was in such a condition that she could not even drink water.

First 'B' went to a private hospital for emergency treatment. As it was a medico-legal case, the private hospital would not admit her. As she required more advanced treatment, so she went to the government hospital close to her village. However, as the x-ray machine at this hospital was not functioning she had to come to the district hospital.

'B' is quite satisfied with the treatment facilities and care that she is getting at the hospital. She said,

"It is very nice here. It's like a home, much better than home. I get tea, milk and food. I get everything on time. It is better than private hospitals."

She also said,

"They cleaned my body with a wet towel and sprinkled powder. They provide good care and services. All doctors are nice and give good treatment. They have provided me bed and a blanket to sleep. I felt good."

She the health care providers about her problem and cause of injury, when they asked. The health care providers made her feel good, gave her enough time, allowed her to ask questions and listened to her with patience. They gave her respect and talked to her in the language, which she understood.

Case Study-5 : A woman who was cared for

‘M’ aged 22 is admitted in the medicine ward of the hospital. She is married for four years. She and husband both work as casual labourers and earn the same. They have one son. ‘M’ is currently living with her parents as her in-laws have thrown her out of the house.

She has been admitted to the medicine ward for treatment of poisoning. She had attempted suicide by consuming poisonous powder. Her husband and in-laws have kept her two year-old son and refuse to give him to her. The caste panchayat intervened in the matter and have given the decision of custody of the child to ‘M’ till the couple and families do not come to any decision related to the marriage. But her husband and in-laws refused to obey the caste panchayat’s decision. ‘M’ was heart-broken and out of a feeling of sheer helplessness and desperation she tried to commit suicide.

When asked about the experiences, facilities, and services of the hospital and the behaviour of health care providers, she said that she had told about her problems and sufferings to some of the health care providers. As her mother worked in the hospital as “aaya” everyone was nice to her.

She also said that when she was brought to the hospital, nurses asked her,

“Why did you do this, child? You should not have done something like this”.

She also said,

“When I was brought in, a resident doctor immediately took my case and told others to attend to me immediately. I was feeling very uneasy so they found me a bed just under the fan. They gave me medicines and TV on time.”

When she told the doctor about her problems, they were sympathetic towards her and tried to gain more information about her problems. While they did not hold her responsible for the situation they did not even show any willingness to help her.

‘M’ doesn’t know what to do and where to go for help. She does not want to go back to her husband but wants her son who is the only hope she had to bring some light in to her dark world, else she does not want to live.

Case Study-6 : A woman who did not break her silence

‘K’ is admitted in a plastic surgery ward of the hospital. She is 25 years old and married for seven years. It was a marriage of her choice with the consent of the family. She lives in a joint family of five members. She has one son. She lost her daughter a year back to Dengue.

She is currently taking a treatment as she suffered burns while making tea on the chulha (earthen stove). During the initial stage of the interview ‘K’ was hesitant and little cautious. First she reported that her burn was purely an accident, as she did not know how to cook on a chulha. However later, once the rapport was established and when she could trust

the researcher she revealed that her husband was unemployed and was making no effort to earn. He was only interested in roaming around without taking any responsibilities. In seven years of married life, he had earned only for a year. They lived on his father's earnings. She did not like her husband's attitude and had frequent quarrels on this.

'K' did not feel like living as a dependent on her father-in-law. She felt helpless, as she had no place to go to. Her parents were not alive and there was no other support. She felt that her father-in-law was encouraging her husband to remain financially dependent on him.

She came to the government hospital as her aunt (kaaki) was working as a nurse at the plastic surgery ward. She had survived of 50 percent burns and required plastic surgery once the wounds were healed.

According to her the treatment, facilities and care at the hospital were very good. She said,

"Medicines are good, treatment given by doctors is also good. They come every hour for the check-up. The food that they give is also good. At the time of dressing, doctors talk nicely. Here the care they give is even better than that of private hospital".

She shared that health care providers had asked her about the true cause of injury, when she had approached them for contracture release operations. But she did not tell anyone her story as she felt that they would not be able to help her with it. Health care providers always made her feel good and gave enough of their time for her treatment. They took

interest in her problems and allowed her to ask the questions and listened to her with patience. They gave her respect and talked to her in the language, which she could understand.

However she felt that it was because of her aunt that health care providers were sympathetic towards her and tried to help her in every way.

Case Study-7 : A woman who broke the silence and got help

‘L’, age 45, has come for a regular check-up at the hospital. ‘L’ is married since the last 27 years and lives in a joint family. Her husband is a hawker and earns around Rs.3,500 per month.

She has a psychiatric problem. She gets severe headaches, feels disappointed, has memory loss, loss of appetite and sleep. She feels that it is due to the constant problems and quarrels that she has in the family. She is highly disappointed by with marital life. She feels miserable as she thinks that she has failed in carrying out her responsibilities towards her family. She yearns for her husband’s support and understanding. She wants a peaceful and contented family life.

‘L’ came to the hospital with her son and is taking psychiatry treatment since last ten months. She said that treatment given at the hospital is very good and she is fully satisfied with it.

She said,

“Earlier I was not able to tell my problems to anyone and kept brooding over it. When I spoke to the doctor, he asked me my problems very politely and patiently. Doctor called my husband and explained him, scolded him. He told my husband that he bat me even when I was not at fault. Such behaviour could cause serious head injury.”

She said that she wanted to complete her treatment in that hospital, as she was feeling better with the medicines given by the doctor. She did not have to spend any money on it. She also said that when she came to the hospital she was attended immediately and the doctor gave proper attention to her and asked her about her problem, its reasons etc. Thus gradually she could confided in him. When she shared her problems with health care providers they were sympathetic towards her and tried to gain more information from her. They not only showed willingness but actually helped her by talking to her husband which none could dare to do.

She is informed about the type of treatment given to her and the cost of treatment. She said that they had to buy medicines from outside, if it was not available in the hospital. She did not know for how long she would have to continue with the treatment. While she was not aware of any other facilities that were available at the hospital, one thing she was very clear about was that if she suffered with any other health problem in the future, she would come to that hospital only. She was very happy with the treatment and services. *“While coming to this hospital we don’t have to think about money because treatment is free of cost and above all its very good.”*

Case Study-8 : A woman who felt neglected

‘S’ is admitted in the plastic surgery ward of the hospital. She is 28 year-old and has been married since the last 7 years. This is her second marriage. Her in-laws live in Madhya Pradesh and she, her husband and their five-year-old son live in an industrial town of the state. ‘S’ works in a private company. Her husband is a tailor by profession, but was not earning.

‘S’ was stabbed at by her husband in as many as seventeen different parts of her body. She was stabbed with a knife on her eyelid, cheeks, neck, hand, fingers, legs, etc. She was first admitted at the community health center closer to her town and then was brought to the hospital by her father and brother. Narrating the incident, she said,

“I was sleeping, at the middle of the night around 2:30 am, I woke up suddenly as something hit me hard. I saw my husband with a knife in his hand. Before I could scream, he covered my mouth with one hand and began to stab me all over with the other. He sat on my stomach and hit me. He was very angry, as I had not been cooking food for ten days. I was doing so as he had taken away my five-year-old son from me and had hidden him somewhere. I wanted to know where my son was. So in retaliation I stopped bringing anything home, stopped talking, cooking etc.”

When asked about the services and facilities provided at the hospital, she said,

"In the emergency ward I was treated very badly. Many different doctors came and checked my wounds throughout the night. They were curious to know what had happened. So when they came, they opened the bandage, checked the wound and asked the same question. Till morning they were taking stitches. When I requested them not to do more gently, they replied very rudely, and scolded me saying I did not understand the difficulties in taking the stitches. Whole night I lay on a stretcher. We too are live human beings. Only one doctor should do all the treatment. Ten different student doctors came and learnt how to take stitches."

'S' was not at all happy with the treatment and behaviour of doctors in the emergency ward. However, she felt quite comfortable at the plastic surgery ward and felt that there she was treated sympathetically and respectfully.

On asking whether she would like to come again to this hospital, she said,

"No! I will not come here again, atleast not in the emergency where doctors are more interested in learning than treating the patient."

During interview she said that she wanted the hospital people to give her a proper medical report so that she could get justice in the court of law. She was also willing to give the interview to the press so that people come to know about the heinous crime that had been committed on her. She was thoroughly disgusted with her husband and was very determined to get him punished. She wanted justice from the law and expected health care providers' support in the process, as without sound documentation from their end it would not be possible.

Case Study-9 : A woman who wanted to break the silence; but no one asked

‘V’, a young twenty-two year-old young woman was nine months pregnant when she was admitted to the hospital with the 40 percent burns. She was married a year ago and lived in a joint family. Her husband worked at the tea stall and earned Rs.50/- per day. ‘V’ also worked as a casual labourer.

She is admitted in the burns ward with burns on her chest, hand, neck, hair, etc. She had reported to the police that it was an accident. The kerosene lamp fell on her at the night causing her the burns.

During the interview ‘V’ talked about the domestic violence that she faced in her marital life. She said,

“After some months of marriage, I told him to get a job. I used an abusive word so he had slapped me. He had threatened me that he would kill me and also the unborn. He is very short tempered; he slaps me very often, holds me by the collar and hits me and beats me on my back.”

‘V’ gave birth to a daughter at the hospital. She said she had seen the baby only once. As per the hospital record, ‘V’s daughter had died within four hours of birth. But ‘V’ seemed to be unaware of this. She kept saying that she wanted to go home so that she could be with her daughter and take care of her.

‘V’ was burnt on the upper part of her body. She had a history of violence about which she also talked. She was upset that her mother had not visited her even once. But said that her mother may not be aware that she was in the hospital.

When asked about the services and facilities provided by hospital she said that she felt awkward when a male doctor treated her. As it was a burn case on the upper part of her body, she felt embarrassed when male doctors did the bandage.

When asked whether she has told about her problem to anyone she said till now no one at the hospital had asked her about her problems. She wanted to share her miseries and throw the weight off her chest but felt that no one at the hospital was responding to her.

"I want to tell about my problems but no one is asking so what can be done?"

She wanted to go home as she thought that her daughter was at home. She wanted to be with her daughter and take care of her. *"Please let me go from here"*, she pleaded.

Case Study-10: A woman who broke the silence, but no one responded

'R' aged 20 years, is admitted in an orthopedic ward of the hospital. She has been married for a year and lives in a joint family. She and her husband worked together as casual labourers.

She had come to the hospital with multiple fractures in her thigh, knee, heel and back. Her husband had pushed her into a well as a result she suffered fractures as she hit the bottom of the well. 'R' wanted to go to meet her natal family but her husband did not want her to go. When she insisted they had a fight over the matter right on the road. Her husband

slapped her and abused her. On the roadside there was a well and in a fit of rage her husband pushed her in it. The well was 30 feet deep.

Talking about her husband's nature she said that he was a stubborn, short tempered and an extremely jealous person. He was proud that he had studied up to 9th standard and thought the world of himself. She blamed his short temperament and impulsive behaviour for what he had done to her.

'R' spoke about her experience of domestic violence. She said that after five months of marriage, she began to experience violence. It was when she told him to take her out and he refused saying. She told him that he had the time to go everywhere, even to the places where he should not go, but he did not have a time to take her out. That was the first time he had slapped her. She said that her husband did not like to work and liked to roam about in the whole village. Her mother-in-law also took the side of her son. However 'R' had not told her natal family about her problems, but after such a frightful incident, she said would want to tell them.

When asked about her experiences with the health care providers, she said that they did not give her family members adequate information related to anything like admission procedure, blood donation, visitors pass, etc. She felt that staff of the hospital did not have a time to explain them anything. It was difficult for her family and herself to understand, treatment and medicine as they explained it only once. She felt that health care providers did not respond properly.

She also said that she felt embarrassed when male doctors examined her or did her dressings. She would have preferred a female doctor. 'R' had told about the incident and her problems to the doctor and the nurse who asked her when they were examining her. However she did not expect anything from them as she felt that it was not realistic. "They have no time even for their routine work, so it is totally out of question that they would do anything else" she says.

Case Study-11 : A woman who is blamed for her situation

Bruised and blue, in extreme pain, 'L' aged 24 had come for the treatment to the surgery OPD of the hospital. 'L' was forced by her parents to remarry last year. She did not want to marry then as she had not yet come out of the had experience of her first marriage. 'L' and her current husband, both worked as casual labourers jointly earned Rs.3000/- per month.

'L' had severe stomach and body pain. She had bruises over her chest, hands and on her back. Her face had scratch marks and her lips were swollen. She definitely looked battered.

'L' wanted to visit her parent's family during '*Dasha ma vrat*' (a religious festival requiring ten days of fasting) but her husband did not want her to go. They had a fight over this matter and he beat her severely. 'L' talked about the domestic violence that she was facing over the past one year. She reported that her husband's harassment began after four months of marriage. He would not like 'L' to go out, speak with any one. He expected her to do

exactly what he wanted. He would beat her, verbally abuse her if she opined differently or did not do what he wanted. Her husband forced her to have sex in odd ways. If she resisted, he would hit her. For his physical needs, he would behave well with her for some time, apologize for his behaviour to her. As soon as he was satisfied he would restart his misbehaviour, abuse and torture.

‘L’ shared that she had an abortion once because her husband had pushed her down. She was so shattered by such experiences in her marriage, and out of sheer desperation she had tried to commit suicide some months ago. She had no hope and felt that she had no one to support her.

When asked about the experiences with the health care providers at the hospital she said,

“When I came to the hospital, I did not feel good as the doctor was constantly scolding me. For x-ray, blood-urine report they made us run from pillar to post. No one explained us properly”.

She also said that she was not informed about the type of treatment she was given, its cost, the time required for it, the rules and regulations of hospital or any other facilities that were available at the hospital.

When ‘L’ and her father registered a police case, at that time doctor got angry with them and told them not to act out and make ‘a mountain out of a mole hill.’ After sometime the doctor calmed down and asked about her problems. He assured her that he would inform the police, if required.

When 'L' shared with him the cause of her injuries, he held her responsible for it, as he felt that she should have listened to her husband. 'L' felt that health care providers did not want to understand her agonies and sufferings. No one showed any willingness to help her.

'L' also felt that if not much, health care providers at the hospital could at least talk nicely with patients and give them the required information.

Case Study-12 : A woman who is dissuaded from breaking the silence

'A', age 35, has come for the treatment at the emergency/casualty department of the hospital. She and her husband both worked in the municipal corporation as sweepers. She was married when she was fifteen years of age and no one had taken her consent.

She has come to the emergency department for the treatment of her ear lobe that was bleeding. She had a quarrel with her husband over some issue and he had beaten her badly. He tried to throttle her and dragged her by her hair. He pulled her ear lobe so hard that the earring that she was wearing hurt her.

When asked about her experiences with the health care providers at the hospital and with the treatment and care, she said,

"My ear lobe was bleeding and I was in severe pain. Still they did not give me immediate treatment at the casualty. As the OPD hours were over, they asked me to come at 4.00 pm, when it opened again".

'A' had come to the hospital around 1:00 pm. There were marks on her neck and scratches on her face. She had a note written by the police, which she showed to the doctor. An intern who was on duty that day refused to treat 'A' till she got the case paper. When she went to get the case paper, the clerk at the case window did not give her the case paper as the OPD timings were over and he felt that her case was not an emergency.

'A' went away disappointed. She had come with blood oozing from her ear lobe and was in great pain but went back without any medical care!

Case Study-13 : A woman who is refused support

'H', age 25 years, has come for the treatment to the emergency department of the hospital. She is married for last 8 years and lives in a joint family. Her husband is a tailor and earns Rs.2000/- per month.

She had come for the treatment at the hospital with her very young son under the pretext of going out to buy biscuits for him. 'H' was severely beaten up by her sister-in-law. She had pulled her hair and had tried to throttle her while her brother-in-law held her. She was unable to eat or even swallow water. She had a severe headache and pain in her throat. Her nose bled at times.

She said that she did not have very cordial relations with her husband's elder brother and his wife. Her husband would not support her for anything. Her in-laws had beaten her many times in the past and even when

she was pregnant. They had even threatened her with dire consequences if she talked about domestic violence that she was experiencing with anyone. The physical abuse sometimes left scars and bruises.

When asked about her experiences with the services and care provided at the hospital and the attitude and behaviour of health care providers, she said,

"I told CMO that as I want to file a case please give me a written note. But he refused to give in writing and advised me not to do so. He felt that it was a small matter and if I filed a case against my brother-in-law and his wife, my family relations would be further strained. A lady doctor should be there at the hospital as she would listen and understand us. Male doctors do not even listen to women, they just say its nothing."

Case Study-14 : A woman who wanted to go home

'N' is a two-months pregnant woman admitted in the Gynecology ward of the hospital. She is 28 years old and married for the past eight months. She and her husband live in a nuclear family in a village around 200 km from the hospital. For 'N' it's a second marriage, whereas her husband had been married thrice before. It is an inter caste arranged marriage. Her husband is a scrap dealer and earns around Rs.3000/- per month. But according to her, her husband was not regular in bringing money home. Many times he did not give her any money for household expenses.

She had come to the hospital with the police as her sister-in-law (living in the city, whom she had come to visit) had beaten her. Her sister-in-law had pulled her hair, bit her neck and kicked on her stomach. As she was

thrown out of the house at the middle of the night and had no other place to go to she went to the police station first. The police brought her to the hospital with severe pain in the stomach.

'N's natal family lived in a far off city, hence she was all alone at the hospital. When asked about her experience with the care that she availed at the hospital, she shared her bitter experiences. She said,

"When I came to the hospital, I was kept unattended for an hour or so. I was crying all the time but no one came. The doctor came after an hour and began my treatment."

However she added that there were many patients in the emergency and every one (staff) was very busy. Nonetheless, she was very upset with the behaviour of health care providers towards her. She said,

"Doctors are careless here and nurses talk very rudely with patients. Staff slaps women who come for delivery."

She said that,

"They scold these women for screaming and abuse them saying they were not the only ones giving birth to a baby."

She also shared that when her husband came to meet her at the hospital she was crying and complaining to him that he had not supported her and had left her alone when she needed him the most. At that time, nurse on duty made fun of her saying she was childish and doing a drama. The nurse also advised her to not act difficult with her husband and advised her to go back to him.

She said,

"I had not eaten anything since last night. So the next day at 12:30 in the noon when I asked the doctor what can I eat, he got angry with me and shouted at me saying should I now get you food too? He asked me to request the nurse to bring it for me. When I requested the sister she gave me food. I felt miserable then. Am I a beggar?"

She added,

"In the morning when I told the doctors that it is paining a lot. Doctor didn't like it. He shouted and asked the nurse to give me the medicine. Here no one takes care of me. All are careless."

'N' felt that she should have been treated by a female doctor as she was shy of male doctors. But she appreciated the male doctors who attended to her at the emergency. She felt that nurses and other supportive staff were not taking good care of poor patients. Because she did not have any money they did not attend to her properly. She told about her problems and suffering to the CMO when he asked her. He admitted her in the emergency ward. Nobody else showed any interest in talking to her.

According to 'N', the health care providers were neither sympathetic towards her nor were they bothered to gain more information from her or help her. On the contrary she felt that they had scolded her and held her responsible for the situation. She was feeling extremely helpless, as she found no one in the hospital who could help her in her situation. She wanted to inform her parents living 600 km away to come and take her back. But there was no one at the hospital whom she felt she could approach to a request a favour.

She also said that she would not come to this hospital. It was out of sheer helplessness that she had come to the government hospital, and did not want to visit it ever again.

What Do these Stories Tell Us?

The 14 case studies presented here show the different negative health outcomes of domestic violence that women present with when they approach a health care facility for treatment. The health problems resulting from domestic violence vary from mental health problems, cuts and bruises, multiple fractures, multiple stab wounds, severe burns, poisoning (attempted suicide) and even infant death.

The abusers are mostly their husbands but in some cases the perpetrators of violence include members of the extended family a brother-in-law, a sister-in-law.

The causes of violence were: alcoholism, suspicious nature of the husband, family dispute. The women faced violence when they questioned or confronted the 'irresponsible' ways of their husbands.

Women who consumed poison had attempted suicide as a result of the extreme sense of despair and helplessness they felt.

How these survivors of domestic violence perceived the quality of care was influenced by the type of experiences they had with the health care services especially health care providers.

The following is a summary of what survivors of domestic violence in the present study perceived as good and bad experiences.

Good Experience	Bad Experience
<ul style="list-style-type: none"> • When they received immediate attention and treatment for their problem. 	<ul style="list-style-type: none"> • When they were left unattended /or had to wait for a long period to get treatment.
<ul style="list-style-type: none"> • When they are provided information on the hospital facilities like x-ray department, lab, admission procedures, visitors pass, course of treatment, medicines, dosage, etc. 	<ul style="list-style-type: none"> • When they have to run from pillar to post to locate services and providers, they are not provided any information.
<ul style="list-style-type: none"> • When providers show involvement, attention, interest, patience and talk to them about their problem, allow them to ask questions. 	<ul style="list-style-type: none"> • When providers are disinterested, refuse to listen to them or are dismissive of their problem.
<ul style="list-style-type: none"> • When providers intervene and talk to the perpetrator/spouse. 	<ul style="list-style-type: none"> • When providers blame women for their situation, dissuade them from filing complaints, refuse support for filing complaint.
<ul style="list-style-type: none"> • Nice way to dressing wounds, bed and blanket provided, free food, free medicine, regular rounds to check on patients. 	<ul style="list-style-type: none"> • Insensitive handling of injuries, dressing check-ups by male doctors, not offering food.

The case studies indicate that survivors of domestic violence have a great need for sharing their experiences, even if they do not report domestic violence as a cause of their health problem. All survivors currently seeking treatment from the psychiatry department were satisfied with the

response of the providers, because health care providers had talked to them about their problem, and even intervened by taking their husbands to task for inflicting violence on the women. Women who did not report or share their experiences of domestic violence with the health care provider did so either because they were not probed or because they could not visualize any role for the providers beyond treatment and care giving. Those who did share their experiences of domestic violence felt relieved, especially when it led to intervention by the health care providers.

Women's experiences at the first contact with the health care providers at the time of entry into the hospital influences their perception. Negative experiences were reported by women who were received at the casualty/emergency department. Negative experiences were mainly due to lack of information about the services and procedures of the hospital, and being left unattended for a long period of time. For most of these women the visit to hospital is their first visit. Without information or guidance on the facilities available (x-ray, pathology lab, etc) and the procedures for admission they feel lost in the hospital.

The case studies show that the responses of the health care providers varies – from listening sympathetically to intervening on the woman's behalf; from being disinterested in knowing the real cause of the injuries to outright refusing support in filing a complaint.

The reluctance to intervene is observed in medico legal cases, where health care providers do not seem to probe for the real cause of the injuries.

In fact there are instances where they have blamed the woman for her situation or have tried to dissuade the woman from filing a medico legal complaint for the sake of maintaining domestic harmony.

Regarding quality of services, the case studies show that wherever women have had positive interactions with the health care providers, i.e., where the latter have shown concern and sympathy, women have expressed satisfaction with the quality of care they received.

The women seem to be satisfied with 'free medicine', free 'food', 'bed and blanket', and the rounds of wards made by doctors and nurses shows low expectation of services.

Thus over all the case studies indicate the following needs of survivors of domestic violence when they approach a health care system:

1. Immediate attention when they arrive at the hospital.
2. Information about the procedures and facilities available to them.
3. Sympathetic and supportive behaviour from health care providers.
4. Sharing about their experiences of domestic violence and some mechanism³ for redressal.