

Strengthening Community Networks to Prevent Intimate Partner Violence in Karnataka, India



RTI International researchers at the Women's Global Health Imperative (WGHI) are helping develop and test an intervention designed to prevent intimate partner violence in urban slum communities in Bangalore, the capital city of Karnataka, India. This effort is part of the Samata Health Study, a longitudinal study of gender-based power and women's susceptibility to HIV and other adverse reproductive health outcomes, jointly led by WGHI and the Centre for Public Policy, Indian Institute of Management, Bangalore.

This project builds on five years of research on the impact of gender norms and power—at the community, family, and individual levels—on women's health. Over the next three years, we will develop and pilot test this intervention, with the aim of extending its application throughout Bangalore and other urban centers of India.

The Need

The Indian National Crime Records Bureau reported an 8.2% increase in crimes against women (including rape, kidnapping or abduction, homicide/dowry deaths, mental or physical torture, molestation, sexual harassment/eveteasing, and importation of girls) between 2001 and 2005. The majority of Indian women are at risk for violence from their family members rather than others. In fact, of the 18,359 rape cases reported in India in 2005, 86.4% involved perpetrators who were known to the woman.

In 2009, the Samata Health Study, which focuses on young, married women, documented a similar scenario: 56% of women ages 16-25 years reported experiencing intimate partner violence, and about a quarter of those also reported attempting suicide.

Although the 2006 Protection From Domestic Violence Act expanded the definition of domestic violence and penalties imposed on perpetrators, the persistence of the problem necessitates community-based responses to make full use of the law. Urban slum neighborhoods are so densely populated that intimate partner violence, though deemed a "private" matter, is often witnessed by neighbors and passers-by. However, there is community, family, and individual acceptance of violence against women, and women are often rendered more vulnerable and stigmatized for leaving violent relationships.

The Community Approach

Our formative work in poor urban communities reveals openness among women to discuss cases of violence and address issues collectively. In addition to institutional mechanisms to address intimate partner violence, a comprehensive approach to early prevention and detection is necessary. Creating a safe local body that can support women and couples in times of conflict may reduce the escalation of violence to life-threatening levels.

An approach is needed that brings together members of the community—elders and leaders, men and women—and that facilitates an organic process to gradually change social norms and community values.

To this end, the Samata team is developing a participatory process to build community advocates who are linked with health care institutions and other support services to help prevent intimate partner violence. This approach entails the following key steps:

- Develop an in-depth understanding of community perceptions of and responses to violence against women.
- Form and build capacities of neighborhood violence prevention and response committees.
- Support neighborhood committees in developing and implementing a prevention campaign.
- Support neighborhood committee efforts to link women to counseling and other support services.
- Develop participatory monitoring and evaluation tools and a system to monitor the project.

By integrating community members into the development, implementation, and evaluation of the program, we are working to ensure the sustainability of this intervention.

About Samata

The Samata Health Study is a longitudinal study of gender-based power and women's reproductive health, jointly led by RTI International researchers at the Women's Global Health Imperative (WGHI) and the Centre for Public Policy, Indian Institute of Management, Bangalore.

Under the leadership of Director Suneeta Krishnan, PhD, the Samata team has been working in urban slums in Bangalore in coordination with the Bangalore Municipal Public Health System for over five years. Samata has consistently worked to strengthen collaborations between community groups, academic institutions, and government and private stakeholders.

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