LOYOLA COLLEGE OF SOCIAL SCIENCES

THIRUVANANTHAPURAM

CRITERIA 3- RESEARCH, INNOVATIONS AND EXTENSION

3.5 COLLABORATION

3.5.1 Number of Collaborative activities for research, Faculty exchange, Student exchange/ internship per year

Combined E-Copies of Related Documents

S. No	Title of the collaborative activity	Name of the collaborative agency	Proof Documents Attached	Page Number
1.	Research	Tezpur Central University	Approval Order	3
2.	Research	Department of Social Justice, GoK	Certificate of Association Final Submitted Report	4
3.	Student Exchange	Ersta Skondel Bracke University, Sweden	MoU, Consolidated Report	47
4.	Faculty Exchange	Ersta Skondel Bracke University, Sweden	MoU, Consolidated Report	47
5.	Research	Trivandrum Social Service Society	Appreciation Letter	84
6.	Research	Evangelical Social Action Forum (ESAF)	Appreciation Letter	85
7.	Research	Evangelical Social Action Forum (ESAF)	Appreciation Letter	86
8.	Research	Department of Clinical Psychology and Psycho biology, University of Barcelona	Final submitted Report	87
9.	Research	District Child Protection Unit, Thiruvananthapuram	Final submitted Report	127
10.	Research	Kerala Association of Professional Social Workers (KAPS)	Appreciation Letter	138
11.	Research	The British Council , The University of Newcastle Upon	Signed agreement	141

तेजपुर विश्वविद्यालय
(केंद्रीय विश्वविद्यालय)
नपाम, तेजपुर - 784 028, असम, भारत

TEZPUR UNIVERSITY
(A Central University)
Napaam, Tezpur - 784 028, Assam, India

To Whom It May Concern

This is to certify that Dr. Nisha Jolly Nelson, Assistant Professor and Head, Department of Sociology, Loyola College of Social Sciences, Sreekariyam, Thiruvananthapuram is the Co Principal Investigator in the project Titled 'Inequality and Inclusion in Primary Health Care System in India: Comparative Analysis of Kerala and Assam of ICMR and ICSSR joint Research Programme.

Sincerely,

Dr. Sumesh SS
Principal Investigator

फोन / Phone : 03712-267007 - 9 (3 lines) • फेक्स / Fax : 03712-267005, 267006 • ई-मेल / e-mail : admn@tezu.ernet.in

CERTIFICATE OF ASSOCIATION

This is to certify that The Department of Social Work, Loyola College of Social Sciences, Trivandrum, collaborated with Women and Child Department, Trivandrum as consultant for the Domestic Violence (DV) Survey conducted in Trivandrum District from March 2018 to July 2018. As part of the preparation for the survey, our department trained 47 students and 5 teachers on DV Act on 23-03-2018, 1.30pm to 3.30pm. Dr. Sonny Jose, Associate Professor, and Dr. Jasmine Sarah Alexander, Assistant Professor, were the staff-coordinators of the survey. The report of the DV survey was submitted to the department in July 2018.

Office of the Women Protection Officer
Date.....
Thiruvananthapuram

WOMEN PROTECTION OFFICER
W&CD Department
Thiruvananthapuram-12

REPORT ON

SURVEY OF THE IMPLEMENTATION OF DOMESTIC VIOLENCE ACT 2006

IN THIRUVANANTHAPURAM DISTRICT

SURVEY CONDUCTED BY

DEPARTMENT OF SOCIAL JUSTICE,

GOVERNMENT OF KERALA

In Collaboration with

DEPARTMENT OF SOCIAL WORK

LOYOLA COLLEGE OF SOCIAL SCIENCES,

THIRUVANANTHAPURAM

Report submitted:

JULY 2018

Contents

LIST OF TABLES AND FIGURES

IMPLEMENTATION OF DOMESTIC VIOLENCE (DV) PROHIBITION ACT – SURVEY 2018

I. INTRODUCTION

The Protection of Women from Domestic Violence Act (PWDVA**)**, instituted in 2005 and which came into effect in October 2006, is a legislation aimed at protecting women from violence in domestic relationships. This legislation was enacted after India's ratification of the United Nation's CEDAW (Convention on the Elimination of All forms of Discrimination against Women). The PWDV Act 2005 contains five chapters and thirty seven sections. Given below are some important provisions which are essential for understanding of the statute.

- Domestic Violence has been used in widest sense which covers all forms of physical, sexual, verbal, emotional and economic abuse that can harm, cause injury to, endanger the health, safety, life, limb or well-being, either mental or physical, of the aggrieved person.
- Aggrieved person covers not just a wife but a woman who is the sexual partner of the male irrespective of whether she is legal wife or not (includes live-in relationships as well). The daughter, mother, sister, child (male or female), widowed relative, in fact, any woman residing in the household who is related in some way with the respondent is covered by the act.
- Respondent implies "any male, adult person who is, or has been, in a domestic relationship with the aggrieved person". This ensures that the case can also be filed against relatives of the husband or the male partner.
- Apart from the victim herself, the complaint regarding an act or act of domestic violence can also be lodged by 'any person who has a reason to believe that' such an act was committed or is being committed. The Act makes sure that 'no criminal, civil or any other liability' lies on the informer, if the complaint is lodged in good faith.
- The magistrate has been given powers to permit the aggrieved women to stay in her place of adobe and she cannot be evicted by her male relatives in the retaliation. Also, the aggrieved woman can even be allotted a part of the house for personal use.
- The respondent can be prohibited from dispossessing the aggrieved person or in any other manner disturbing her possessions, entering the aggrieved person's place of work, if the

aggrieved person is a child, the school. Also magistrate can bar the respondent to communicate with aggrieved person by "personal, oral, written, electronic or telephonic contact."

- The magistrate can impose monthly payments of maintenance. The respondent can also be ordered to meet the expenses incurred and losses suffered by the aggrieved person and any child of aggrieved person as a result of domestic violence. It can also cover loss of earnings, medical expenses, loss or damage to property. Under Sec 22 magistrate can make the respondent pay compensation and damages for injuries including mental torture and emotional distress caused by act(s) of domestic violence.
    - Penalty up to one-year and/or a fine up to Rs.20, 000/- can be imposed under the act. The offence is also considered cognizable and non-bailable while Sec 32 (2) goes even says that 'under the sole testimony of the aggrieved person, the court may conclude that an offence has been committed by the accused".
    - The act ensures speedy justice as the court has to start proceedings and have the first hearing within 3 days of the complaint being filed in the court and every case must be disposed off within a period of sixty days of the first hearing.
    - The act makes provisions for state to provide for protection officers and status of 'service providers' and 'medical facility'.
    - Chapter 4 Sec 16 allows the magistrate to hold proceedings in camera "if either party to the proceedings so desires".

II. BACKGROUND OF THE STUDY

As part of implementing the Act in Kerala, 31 Protection officers were appointed across the14 districts of the status. More than a decade after the Act came into force, it becomes essential to study the implementation of the act. According to an article by *IndiaSpend* (Chachra, 2017), the statistics available on Domestic Violence in the country is highlighted below:

> "In the 10 years since the Protection of Women from Domestic Violence Act, a civil act, was passed, more than 1,000,000 cases have been filed across the country under sections pertaining to "cruelty by husband" and dowry, data from the National Crime Records Bureau shows. Cases registered under the abetment of suicide of women, collected by the

> Bureau since 2014, increased by 34%, from 3,034 the previous year to 4,060 in 2015, the data shows…..Though the protection under domestic violence act law was enacted in 2005, the NCRB only started collecting data under the law in 2014, according to this 2017 Lok Sabha. Today, data under PWDVA, as collected by the NCRB, includes only criminal violations of court orders under PWDVA, such as the violation of a protection order passed by the court while the case is ongoing. Cases registered under the violation of the PWDVA increased by 8%, from 426 in 2014 to 461 in 2015, according to NCRB data. This does not include actual incidents of domestic violence which are recorded under three sections of the Indian Penal Code–section 498 A for cruelty by husband and his relatives, section 304 B for Dowry deaths and section 306 for abetment of suicide."

There are nine Ph.D. theses in Shodhganga that has undertaken studies in the area of Domestic Violence and the implementations of PWDV Act in different parts of India. These studies and a few other articles on the Act, point to the lack of reliable data and the hurdles at different levels of implementation. In Kerala a baseline survey of the implementation of this Act has not been carried out prior to this undertaking.

In 2017, 10 years after the implementation of the Act in the state of Kerala, the Social Justice Department decided to conduct a state wide survey, across 14 districts, to elicit data on the implementation of the PWDV Act in the state of Kerala. The survey, which was designed as a summary review of the domestic violence implementation machinery in the state, targeted 1400 respondents who are petitioners under the PWDV Act. The current report is the materialization of the survey in the district of Thiruvananthapuram.

III. METHODOLOGY

Goal: To study the implementation of the Domestic Violence Act in Thiruvananthapuram district of Kerala state.

Design: The current research study aims at shedding light on the implementation of the PWDV Act in the city of Trivandrum. A quantitative survey method was considered most appropriate to conduct a preliminary analysis of ground realities.

Sampling: Data was collected from 100 respondents who are complainants in various DV petitions in Trivandrum City. Considering the sensitive nature of DV petitions, a simple random sampling was not considered appropriate as the respondents' willingness to participate in the survey was a crucial element. Hence a purposive sampling approach was used. Trivandrum city was divided into the Judicial First Class Magistrate courts (JFMC) and DV petitioners, under these JFMCs, were selected as respondents. The criteria for selecting respondents were primarily based on their willingness and also based on the stage of their petition. Best attempts were made to include petitions who were at different stages of the judicial process, .i.e. from filing of petition, passing of interim order, passing of orders and disposition of petition etc. 6 JFMs were selected namely, Trivandrum, Neyattinkara, Nedumangadu, Varkala, Attingal and Kattakada. Respondents under each JFMC were selected only on the basis of their willingness to participate and also convenience. Hence the number of respondents selected under each JFMC was not uniform.

Data Collection: The Department of Social Work, Loyola College of Social Sciences, Thiruvananthapuram assisted the Social Justice Department in data collection, analysis and reporting of the data. All respondents were informed of the study via phone call and their permissions were sought prior to data collection. In majority of cases the respondents were visited in their homes, whereas in as many as 20 cases data was collected from respondents who agreed to visit the enumerator at a designated place or the women protection office.

Data Collection Tool and Analysis: An interview schedule (IS) was prepared for the study. The Malayalam and English versions of the schedule has been placed in the Appendix. The Malayalam version of the IS consists of 35 questions. Except for the 1st question, which indicated the preliminary details of the respondents, all the rest of the questions were multiple choice and multiple response questions. The Malayalam IS was then translated and reorganized into the English IS to facilitate analysis.

The original interview schedule was reorganized for data analysis.

- The original Interview schedule was in Malayalam and had 32 questions.
- In addition to these original 32 questions, 5 more questions were added. The first two of these questions contributed more on the preliminary information about the respondent, whereas the other three contributed more about the general evaluations of the respondent about DV and the DV Act process.

- The additional questions added were:

  1) Court under which DV was filed (Appended as Q.1.2)

  2) Religion of respondent (Appended as Q.1.3)

  3) General reasons for DV (Appended as Q.33)

  4) What the respondent would like to change in the DV process?(Appended as Q.34)

  5) What alternative would be preferred to filing petition under DV?(Appended as Q.35)

- The Interview Schedule was then translated into English.
- For analysis purpose the questions were rearranged under the following categories:

HEADS OF DATA ANALYSIS	Question number in Malayalam Interview Schedule	Question number in English Interview Schedule and Findings Chapter	Questions
A. Preliminary Information	1-1.1	1.1.	Name & Residence
	1-1.2	1.2	JFMC under which DV was filed
	1-1.3	1.3	Religion
B. Economic status of respondents	2	2	Occupation
	3	3	Property Ownership
C. Nature of DV	4	4	When did DV Start-Age of DV?
	7	5	When did DV start- in relation to marriage?
	6	6	Perpetrator of DV
	12	7	Kind of DV
	8	8	Cause
	31	9	Do you think husband has right to inflict DV?
	9	10	Health Impact
D. Nature of DV Petition	5	11	How did you come to know about DV Act?
	10	12	How many years after DV continued, did you file petition under DV Act?
	11	13	Reason for delay for filing under DV Act
	15	14	Who helped in filing under DV?
E. Nature of Remedy	17	15	How long has it been since you filed under DV?
	19	16	Present situation of the case
	18	17	When did you get the interim order?
	10	18	Orders received from the case

	21	19	Have the orders been carried out?
	25	20	Did the opposite party accept the orders of the court?
	13, 14	21	If you applied for divorce, what is the present situation?
	23	22	How much money was spent for the case?
F. Evaluation of DV act and procedures.	22	23	Attitude of Police towards petitioner
	16	24	Approach of the officers at the time of filing the case.
	30	25	Is this law beneficial to women?
G. Impact of filing under DV	24	26	Attitudinal change that the husband underwent after filing under DV.
	26	27	What happen to you after filing the case?
	27	28	Was filing under DV act useful or harmful?
	28	29	Have you ever felt that u need not have filed the case?
	32	30	Have you made anyone aware filing under DV Act?
	29	31	What advice will you suggest for a victim of domestic violence?
H. Additional questions	33	32	General reasons for domestic violence.
	34	33	Evaluation of court procedures in relation with the case.
	35	34	Do you expect to solve the problem through other ways other than through court?

IV. DATA ANALYSIS

A. PRELIMINARY INFORMATION

1.1. Name& Residence (Q.1.1): Even though name and residence were collected, these were not considered relevant for analysis. 3 respondents insisted on not revealing their name.

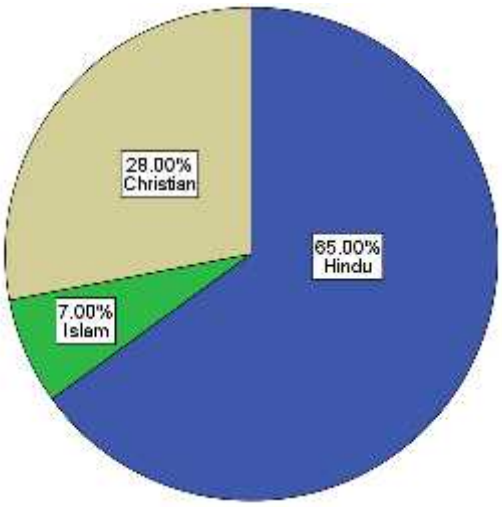
1.2. JFMC under which DV was filed (Q1.2- Table 1): This information was provided by the Women Protection Office. The highest percentage of respondents was from JFMC Trivandrum (36%) and the lowest was from JFMC Varkala (4%).

TABLE 1: COURT-WISE RESPONDENT DETAILS (Question 4)

	Frequency	Percent	Valid Percent	Cumulative Percent
JFMC NEYYATINKARA	18	18.0	18.0	18.0
JFMC VARKALA	4	4.0	4.0	22.0
JFMC TVM	36	36.0	36.0	58.0
JFMC NEDUMANGADU	21	21.0	21.0	79.0
JFMC ATTINGAL	12	12.0	12.0	91.0
JFMC KATTAKADA	9	9.0	9.0	100.0
Total	100	100.0	100.0	

1.3. Religion (Q1.3): This question was not added in the original Interview Schedule. Majority of the respondents were Hindus (65%), 28% were Christians and 7% were Muslims.

Figure 1: Religion of Respondents



B. ECONOMIC STATUS

This section talks about the occupation and property ownership of the respondents.

2. Occupation (Q2- Table 2): 55% of the respondents were unemployed, i.e., they were homemakers (47%), searching for jobs (6) or studying (2). Of the 45% who were employed, 22% were employed in daily wages jobs, 16% in private jobs, 5% in the unorganized sector and only 2% were in Government jobs. Of those who were unemployed, 36 were Hindus, 15were Christians and 5 Muslims.

TABLE 2: OCCUPATION

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Government Job	2	2.0	2.0	2.0
	Private	16	16.0	16.0	18.0
	Daily Wages	22	22.0	22.0	40.0
	Unorganized sector	5	5.0	5.0	45.0
	Home Makers	47	47.0	47.0	92.0
	Searching of Jobs	6	6.0	6.0	98.0
	Student	2	2.0	2.0	100.0
	Total	100	100.0	100.0	

3. Property Ownership (Q3- Table 3): While 46% of the respondents own property, 54% did not. Of the 46% who owned property 29 (48.3%) were Hindus, 16 (57%) Christians and 1 (1.6%) Muslim.

TABLE 3: PROPERTY OWNERSHIP

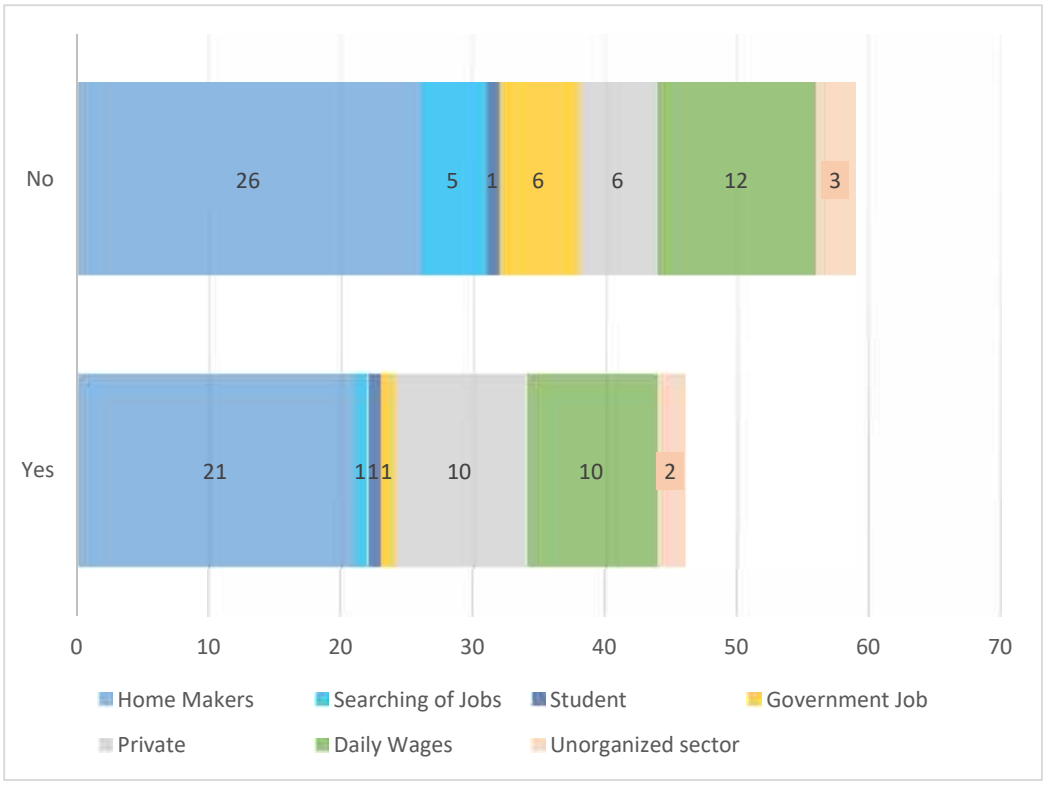
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	46	46.0	46.0	46.0
	No	54	54.0	54.0	100.0
	Total	100	100.0	100.0	

- **Petitioners with neither Property nor Occupation (Table 4: Cross tabulation):** From cross tabulating the data from occupation and property ownership it was discovered that 32% of the petitioners under the Act neither had jobs nor property ownership.

TABLE 4: CROSS TABS OCCUPATION AND PROPERTY OWNERSHIP

OCCUPATION		PROPERTY OWNERSHIP		TOTAL
		YES	NO	
UNEMPLOYED	Home Makers	21	26	47
	Searching of Jobs	1	5	6
	Student	1	1	2
TOTAL		**23**	**32**	**55**
EMPLOYED	Government Job	1	1	2
	Private	10	6	16
	Daily Wages	10	12	22
TOTAL	Unorganized sector	2	3	5
		23	**22**	**45**

Figure 2: Occupation and Property Ownership



X Axis- No. of Respondents/Y-axis: Property Ownership

Unemployed with no property: 32= Homemakers (26) + Searching for Jobs (5) + Students (1)

C. NATURE OF DV (Time, Perpetrator, Kind, Cause, Impact)

4. When did DV start- Age of DV? (Table 5): A majority of the respondents (69) said that they experienced the first episode of domestic violence in the age group 20-35. The next largest group of respondents (21) experienced domestic violence during the age group 35-50. Only 1 respondents experienced domestic violence after the age of 65. There were only 5 respondents who experienced DV below the age of 20. 1 person experienced DV during all these age groups.

TABLE 5: WHEN DID DV START- AGE OF DV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 20	5	5.0	5.0	5.0
	20-35 year	69	69.0	69.0	74.0
	35-50 Year	21	21.0	21.0	95.0
	50-65 Year	3	3.0	3.0	98.0
	After 65	1	1.0	1.0	99.0
	All the above	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

5. When did DV start- in relation to marriage? (Table 6): While only 2% of the respondents had experienced domestic violence before marriage, 81% of the respondents became victims of domestic violence within 5 years of marriage. 8% and 9% of respondents experienced DV after 5 and 10 years of marriage respectively.

TABLE 6: WHEN DID DV START- IN RELATION TO MARRIAGE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	DV BEFORE MARRIAGE	2	2.0	2.0	2.0
	DV SINCE MARRIAGE	81	81.0	81.0	83.0
	DV AFTER 5 YEAR	8	8.0	8.0	91.0
	DV AFTER 10 YEAR	9	9.0	9.0	100.0
	Total	100	100.0	100.0	

6. Perpetrator of DV (Table 7 and Table 8)

- 89 respondents reported that they experienced DV from their husband. Of these 89 persons, 41 persons experienced DV from both husband and the relatives of husband and 1 person reported DV from husband, husband's relative and own family member.
- Of the 11 respondents who did not experience DV from husband, 5 experienced DV exclusively from husband's relatives, 3experienced DV exclusively from 'own family members'and 2 experienced DV from 'own family members' and 'others'.
- Of the 3 who experience DV exclusively from own family members, DV was experienced from daughter or son.Of the 2 who experienced DV from own family members and others, in one case DV was experienced from son and daughter-in-law, and the other case was from father and step-mother.

TABLE 7: DV PERPETRATOR

		Responses		Percent of Cases
		N	Percent	
	DV FROM HUSBAND	89	61.8%	89.0%
	DV FROM RELATIVES OF HUSBAND	46	31.9%	46.0%
	DV FROM OWN FAMILY MEMBERS	6	4.2%	6.0%
	OTHERS	3	2.1%	3.0%
Total		144	100.0%	144.0%

TABLE 8: DV PERPETRATORS CLOSER VIEW

DV Perpetrators	**Number of Respondents**
DV from Husband Only	48
DV from Husband and Husband's relatives	41
DV from Husband, Relatives of husband and own family members	1
DV from Husband's Relatives only	5
DV from own family members only	3
DV from own relatives and Others	2
TOTAL	100

7. Kind of DV (Table 9)

- Regarding the nature of domestic violence inflicted on the respondents, Majority of the respondents reported physical (96%) and mental abuse (94%). While verbal and mental abuse cannot be strictly compartmentalized, 79 % also reported verbal abuse. In 67% of cases there was threatening and in 63% cases they respondents were evicted from their homes. While financial harassment was present in 40% of cases, 37% reported sexual harassment. While 7% of respondents reported that their children were withheld from them, 1% reported other kinds of abuse.
- 1 respondent, who reported abuse under *others* category, had her husband near her because of which she could not answer openly. Her immediate reason for petitioning under the DV Act was because her husband abandoned her.
- 91% of the respondents reported both physical and mental abuse. 4 respondents reported that they experienced all categories of DV.

TABLE 9: KIND OF DV

		Responses		Percent of Cases
		N	Percent	
	PHYSICAL ABUSE	96	19.8%	96.0%
	MENTAL ABUSE	94	19.4%	94.0%
	VERBAL/EMOTIONAL ABUSE	79	16.3%	79.0%
	SEXUAL HARASSMENT	37	7.6%	37.0%
	FINANCIAL HARASSMENT	40	8.3%	40.0%
	EVICTION FROM HOME	63	13.0%	63.0%
	DO NOT SHOW CHILDREN	7	1.4%	7.0%
	THREATENING	67	13.8%	67.0%
	OTHERS	1	0.2%	1.0%
Total		484	100.0%	484.0%

8. Causes of DV (Table 10)

The cause of DV in the respondents' case: There were 299 responses under this question, i.e. one respondent reported an average of 3 causes for DV. Addiction was reported to be the largest cause of DV (69). Extra-marital affairs were involved in 53 cases. Dowry issues feature in 40of the cases. The other major contributors to domestic violence were Irresponsibility of husband (43), interference of relatives (32) and financial problems (36). Mental illness (13), issues related to mobile use and serial-watching (7) and other problem (7) were other causes of DV.

TABLE 10: PERCEIVED CAUSE OF DV

		Responses		Percent of Cases
		N	Percent	
	ADDICTION	69	23.1%	69.0%
	IRRESPONSIBLE	43	14.4%	43.0%
	DOWRY	40	13.4%	40.0%
	EXTRA MARITAL AFFAIRS/DOUBT	53	17.7%	53.0%
	MENTAL ILLNESS	13	4.3%	13.0%
	MOBILE/SERIAL	6	2.0%	6.0%
	INTERFERENCE OF RELATIVES	32	10.7%	32.0%
	FINANCIAL PROBLEMS	36	12.0%	36.0%
	OTHERS	7	2.3%	7.0%
Total		299	100.0%	299.0%

9. Respondents' views on husband's right to abuse wife (Table 11): While in 82% of cases the wives said that husband has no right to abuse the wife, 18% reported that the husband does have the authority to punish depending on the situation.

TABLE 11: OPINION ON HUSBAND'S RIGHT TO HARASS WIFE

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	18	18.0	18.0	18.0
No	82	82.0	82.0	100.0
Total	100	100.0	100.0	

10. Health Impact of DV (Table 12):

14 respondents said that they faced all 8 of the health issues mentioned in the interview schedule. On an average each respondent faced 3-4 physical problems. The issues faced by majority of respondents were Physical problems (81), Tension (80) and Sleeplessness (73). The other health issues faced were suicidal tendency (30), apathy or lack of interest (30), high blood pressure (32), depression (35) and oversleeping (16). 3 of the respondents reported that they did not face any of these. Of the three that did not face any health issues, 1 was respondent was not free to respondent was not free to respond because of the presence of her husband.

TABLE 12: HEALTHIMPACT FREQUENCIES

		Responses		Percent of Cases
		N	Percent	
	SLEEPLESSNESS	73	18.5%	73.0%
	OVER SLEEP	16	4.1%	16.0%
	TENSION	80	20.3%	80.0%
	HIGH BLOOD PRESSURE	32	8.1%	32.0%
	DEPRESSION	35	8.9%	35.0%
	PHYSICAL PROBLEM	81	20.6%	81.0%
	LESS INTEREST	30	7.6%	30.0%
	SUICIDAL TENDENCY	30	7.6%	30.0%
	NOT ANY OF THIS	3	0.8%	3.0%
	ALL THE ABOVE	14	3.6%	14.0%
Total		394	100.0%	394.0%

D. DV PETITION

11. How did you come to know about DV Act? (Table 13): There were 114 responses under this question, i.e. few respondents quoted more than 1 source of information about DV.48 respondents received information about the DV Act and petition from the Police. Other sources of information were hospital (5), media (4), awareness class (7), political leaders (8), neighbours (11), friends (13) and others (18).

TABLE 13: AWARENESS ABOUT ACT FROM?

		Responses		Percent of Cases
		N	Percent	
	POLICE	48	42.1%	48.0%
	HOSPITAL	5	4.4%	5.0%
	MEDIA	4	3.5%	4.0%
	AWARENESS CLASS	7	6.1%	7.0%
	POLITICAL LEADERS	8	7.0%	8.0%
	NEIGHBOURS	11	9.6%	11.0%
	FRIENDS	13	11.4%	13.0%
	OTHERS	18	15.8%	18.0%
Total		114	100.0%	114.0%

12. How many years after DV continued, did you file petition under DV Act? (Table 14): The DV Act came into force in 2006. This study is conducted nearly 12 years after the act came into force. It is in this light that the current question has to be viewed. While only 13 percent of the respondents filed cases under the Act within 1 year of DV, a majority of respondents waited for more than 1 year (38%). While 19% of the respondents waited for more than 5 years, 30% of the respondents waited for over 10 years to file a case.

TABLE 14: FILED CASE AGAINST DV

	Frequency	Percent	Valid Percent	Cumulative Percent
WITHIN 1 YEAR	13	13.0	13.0	13.0
1-5 YEAR	38	38.0	38.0	51.0

	5-10 YEARS	19	19.0	19.0	70.0
	AFTER 10 YEARS	30	30.0	30.0	100.0
	Total	100	100.0	100.0	

13. What was the reason for the delay in filing case? (Table 15): There were 262 responses for this question, i.e., at an average 1 respondent gave more than 2.62 reasons for delay in filing petition. More than half of the respondents (58) considered the future of their children an important reason for not filing under DV. 48 respondents were held back because of family members (either because of their welfare or criticism). 43 respondents also attributed the delay to lack of any other place/shelter to go to. Not knowing what to do (34), lack of money (29), fear of more persecution (28) and resigning to fate (16) were other reasons stated for delay. 3 persons stated other reasons for delay- 2 persons reported co-dependency related reasons and the faith that the perpetrator would stop inflicting DV, and 1 person could not respond freely because of her husband's presence. Of these 3 believed that they did not show any delay in filing the petition (i.e., the question was not applicable to them).

TABLE 15: WHAT WAS THE REASON FOR DELAY IN FILING UNDER DV?

	Responses		Percent of Cases
	N	Percent	
DID NOT KNOW WHAT TO DO.	34	13.0%	34.0%
CONSIDREING THE WELFARE/CRITICISM OF FAMILY MEMBER.	48	18.3%	48.0%
THINKING ABOUT THE FUTURE OF CHILDREN.	58	22.1%	58.0%
LACK OF MONEY.	29	11.1%	29.0%
FEAR OF MORE PERSECUTION.	28	10.7%	28.0%
NO OTHER SHELTER	43	16.4%	43.0%
FATE	16	6.1%	16.0%
OTHERS& Not Applicable	6	2.3%	6.0%
Total	262	100.0%	262.0%

14. Who helped you in filing under DV? (Table 16): There were 100 responses for this question.64 respondents were assisted by the Women protection officers to file the petition,

while 21 respondents were assisted by advocates. 8 were assisted by service providing centres, 5 were assisted by the Legal Service Authority and 1 by others. In one case, the case was forwarded by Police; hence the question was not applicable.

TABLE 16: WHO HELPED IN FILING PETITION UNDER DV

	Frequency	Percent	Valid Percent	Cumulative Percent
ADVOCATE	21	21.0	21.0	21.0
PROTECTION OFFICER	64	64.0	64.0	85.0
SERVICE PROVIDING CENTRE	8	8.0	8.0	93.0
LEGAL SERVICE AUTHORITY	5	5.0	5.0	98.0
OTHERS	1	1.0	1.0	99.0
Not Applicable	1	1.0	1.0	100.0
Total	100	100.0	100.0	

E. NATURE OF REMEDY

15. How long has it been since you filed under DV? (Table 17): There were 100 responses for this question. In 37% of cases it has been above 2 years since the petition has been filed. In 21% of cases it has been between 1-2 years, in 18% cases between 6months and 1 year. In 23% cases it has only been 6 months since the petition was filed. In 1 case the question was not answered because the respondent's husband was close by; the respondent however reports that she received expenditure and child custody orders which were sanctioned and accepted by opposite party; however this petition was abandoned because of compromise between husband and wife.

TABLE 17: How long has it been since you filed under DV?

	Frequency	Percent	Valid Percent	Cumulative Percent
SIX MONTH	23	23.0	23.0	23.0
6 MONTH - 1 YEAR	18	18.0	18.0	41.0
1-2 YEARS	21	21.0	21.0	62.0
ABOVE 2 YEAR	37	37.0	37.0	99.0
NA	1	1.0	1.0	100.0
Total	100	100.0	100.0	

Q.16: Present condition of the case: These questions were about the Present condition of the case and the type of orders received. There were many overlapping answers and misinterpreted responses. For instance 4 respondents who said they received interim order did not mark the response as the ongoing, 6 respondents who said they received no interim order also did not mark as ongoing, and 1 respondent who marked as ongoing also marked as abandoned. This was primarily because of the inherent defect of questionnaire and also lack of discernment from the part of enumerators. After producing a number of cross-tabs and analyzing the data carefully, the present condition of the case was ascertained as provided in Table 18 and Table 19.

TABLE 18: PRESENT CONDITION OF PETITION

	Respondents
Ongoing	85
Final Orders	5
Abandoned	10
TOTAL	**100**

TABLE 19: STATUS OF ORDERS RECEIVED

	Ongoing	**Final**	**Abandoned**	**TOTAL**
Interim	74	5	10	89
No orders received	11			11
TOTAL	**85**	**5**	**10**	**100**

- **Orders received by persons who received Final Orders:** 5 respondents received the final orders- Their Order was sanctioned by the court and it was carried out by opposite party completely in 4 cases and partly in one case. All of 5 received protection orders, 1 received permission to enter husband's home and 3 permission to stay at home.
- **Orders received by persons who abandoned the case:** Of the 6 persons, who abandoned the case because of mediation, all 6 got protection orders and one got permission to enter husband's home. Of the 4 persons who abandoned the case because they could not proceed, 3 got protection orders, all 4 got expenditure orders, 2 got permission orders for staying at home, 1 got permission order for entering husband's home and 1 got child custody order.

17. When did you get the interim order (Table 20): There were 100 responses for this question. 55 cases received interim order within 2 weeks, 13 cases received order within 3 months and 7 cases received interim order within 1 year. 8 respondents did not receive interim orders. Even though 17 respondents reported that they received orders like protection, expenditure, child custody, permissions etc. (Q.18), under this question they reported that they have not received the interim orders. This is because of the confusions they had regarding what an interim order was. Hence, the responses of these 14 respondents have been provided under "Mistaken response".

TABLE 20: WHEN DID YOU GET INTERIM ORDER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 2 weeks	55	55.0	55.0	55.0
	Within 3 months	13	13.0	13.0	68.0
	within 1 year	7	7.0	7.0	75.0
	No orders received	11	11.0	11.0	86.0
	Mistaken Response	14	16.0	16.0	100.0
	Total	100	100.0	100.0	

18. Orders received from the case (Table 21): 89 respondents had received orders and they gave 148 responses under this question. That is at an average 1 respondent made 1.64 responses. 77 persons received protection orders, 26 received orders granting permission to stay at home, 10 received the permission to enter husband house, 27 received the order for expenditure and 6 received orders for child custody. 2 stated that they received *Other* orders- stay order regarding land (1), 1 order restricting calls to her (1).

TABLE 21: ORDERS RECEIVED

	Responses		Percent of Cases
	N	Percent	
PROTECTION ORDER	77	52%	77.0%
PERMISSION TO STAY AT HOME	26	17.6%	26.0%
PERMISSION TO ENTER HUSBANDS HOUSE	10	6.8%	10.0%
ORDER FOR EXPENDITURE	27	18.2%	27.0%
CHILD CUSTODY	6	4%	6.0%
OTHERS	2	1.4%	2.0%
Total	148	100.0%	100

19. Were the orders implemented (Table 22): 42 of the orders were implemented, whereas 21 of them are yet to be implemented. 26 orders were partly implemented. 11 have not received any orders yet.

TABLE 22: ORDERS IMPLEMENTED

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No orders received	11	11.0	11.0	11.0
	Yes	42	42.0	42.0	53.0
	No	21	21.0	21.0	74.0
	Partly	26	26.0	26.0	100.0
	Total	100	100.0	100.0	

20. Has the opposite party accepted the orders of the court (Table 23): Out of the 100 cases 11 of them have not received any orders from the court. 26 of the petitioners reported that opposite party has accepted the orders of the court and 35 of them have not. 28 of them reported that the orders were accepted partly.

TABLE 23: OPPOSITE PARTY'S ACCEPTANCE OF THE COURT ORDER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No orders received	11	11.0	11.0	11.0
	Accepted	26	26.0	26.0	37.0
	Not Accepted	35	36.0	36.0	73.0
	Partly	28	28.0	28.0	100.0
	Total	100	100.0	100.0	

21. If you applied for divorce, what is the present situation of the case (Table 24): There were 100 responses for this question**.** 60 of the women who underwent domestic violence didn't file divorce petition. In 24 cases the divorce petition is ongoing and for 3 the divorce was allowed. 6 of cases reached compromise whereas 7 of them are legally separated.

TABLE 24: PRESENT SITUATION OF THE DIVORCE CASE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not file the case	60	60.0	60.0	60.0
	On going	24	24.0	24.0	84.0
	Allowed divorce	3	3.0	3.0	87.0
	Compromise	6	6.0	6.0	93.0
	Legal Separation	7	7.0	7.0	100.0
	Total	100	100.0	100.0	

F. EVALUATION OF POLICE, PROTECTION OFFICERS AND COURT

22. Attitude of the police towards petitioner (Table 25): Only 91 respondents had approached the police. Hence, among the respondents who approached the police, 39.5% reported that the attitude of the police was satisfactory. However an equal percentage of respondents (39.6%) responded that they had non-satisfactory or bad experience or that the behaviour of the police had to change. 20.9% reported that they had no problems with the police.

TABLE 25: ATTITUDE OF POLICE TOWARDS PETITIONERS

	Frequency	Percent
Satisfactory	36	39.5
Non satisfactory	19	20.9
Bad experience	11	12.1
No problem	19	20.9
Need to change	6	6.6
Total	100	100

23. Approach of officers at the time of filing the domestic violence case (Table 26): 87% of the victims remarked that the approach of the officers was satisfactory and 3% of them said it was not satisfactory. 10% of them remarked that they were ok with the approach of the officers.

TABLE 26: APPROACH OF OFFICERS

	Frequency	Percent	Valid Percent	Cumulative Percent
Satisfactory	87	87.0	87.0	87.0
Non satisfactory	3	3.0	3.0	90.0
ok	10	10.0	10.0	100.0
Total	100	100.0	100.0	

- Refer to Section I: Additional question numbers 33 and 34 for an evaluation of court processes.

24. How much money was spent for the case (Table 27): There were 100 responses for this question. 33% of the victims have spend above 5000 rupees on the case, 8% of them have spend

2000-5000 rupees. For 13% the expense was 1000-2000 rupees and for 35% the expense was 500-1000 rupees. 11% stated that they had no expense at all while dealing with the case.

TABLE 27: EXPENSE FOR THE CASE

	Frequency	Percent	Valid Percent	Cumulative Percent
Rs. 500-1000	35	35.0	35.0	35.0
Rs. 1000-2000	13	13.0	13.0	48.0
Rs. 2000-5000	8	8.0	8.0	56.0
Above Rs. 5000	33	33.0	33.0	89.0
No Expense	11	11.0	11.0	100.0
Total	100	100.0	100.0	

G. IMPACT OF FILING UNDERS DV

25. What are the attitudinal changes that husband underwent after filing under DV Act (Table 28): There were 153 responses under this category, i.e. at an average 1 respondent made 1.5 responses. 37.9% of the responses indicated that the enmity of the husband increased as a result of filing the case. 5.2% indicates the petition filing resulted in divorce and 22.9% indicates abandonment. 10.5% responses show reduced physical harassment, 3.9% more love and respect from husband and 13.1%responses indicate peaceful life after filing the case.3 respondents (2% of responses) stated other reasons- all three remarked that there was no change in the attitude of their husband. For 7 cases (4.6% of responses) the question was not applicable- as the cases were filed against mother-in-law (1), daughter (2), step mother and father (1) and son (1); respondent could not reply because husband was nearby (1), case had just commenced (1).

Of these responses, 3 responses- 'peace', 'love and respect from spouse' and 'reduced physical harassment' indicate the positive changes, whereas 3 responses (increased enmity, divorce and abandonment) indicate negative change. Hence while 27.5% of the responses indicate positive changes in their husbands, 68% indicate negative changes.

TABLE 28: ATTITUDINAL CHANGES IN HUSBAND

	Responses		Percent of Cases
	N	Percent	
ENMITY INCREASED	58	37.9%	58.0%
FILED DIVORSE CASE	8	5.2%	8.0%
ABANDONED	35	22.9%	35.0%
REDUCED PHYSICAL HARASSMENT	16	10.5%	16.0%
GOT PEACE	20	13.1%	20.0%
MORE LOVE AND RESPECT FROM SPOUSE	6	3.9%	6.0%
OTHERS	3	2.0%	3.0%
NA	7	4.6%	7.0%
Total	153	100.0%	153.0%

26. What changes happened to the respondent after filing the petition (Table 29): There were 251 responses for this question, i.e. one respondent chose an average of 2.5 responses. 7.1% of the responses indicate the reinstatement of happy family life. 21.2% of responses report that respondents became aware of the fact that they need not have to suffer harassment. A majority (29.5%) of responses indicate that respondents learned to face life and 23.7% of responses show that the respondents gained more self-confidence after filing the petition. 12% of them felt lonely in the family and society after filing the case. 5.8% of responses indicate that things become worse than before. For 2 respondents who answered in the 'others' category, the petition had been filed against son, who after the petition, moved to another house and hence DV ended; in the other case, the respondent experienced mental happiness; thus the 'others' category indicates positive change.

This question mostly (except for 2 responses) elicited the positive changes or outcome in the respondents after filing the case. Hence, 82.2% of the responses indicate positive changes, while 17.8% of responses indicate that things got lonely or worse for them.

TABLE 29: WHAT CHANGES HAPPENED TO THE REPONDENT AFTER FILING THE PETITION

	Responses		Percent of Cases
	N	Percent	
HAPPY FAMILY LIFE REINSTATED	17	7.1%	17.0%
BECOME AWARE NOT TO SUFFER THE HARASSMENT	51	21.2%	51.0%
FELT LONELY IN FAMILY AND SOCIETY	29	12.0%	29.0%
LEARNED TO FACE LIFE	71	29.5%	71.0%
GAINED MORE SELF CONFIDENCE	57	23.7%	57.0%
THINGS BECAME WORSE THAN BEFORE	14	5.8%	14.0%
OTHERS	2	0.8%	2.0%
Total	241	100.0%	241.0%

- **Positive changes in respondents despite negative outcome (Table 30- Cross-Tabs):** Despite the reporting of negative-outcome responses about the attitude of the husband (i.e. it

led to increase in husband's enmity, divorce petition and abandonment) by 67 respondents (Figure 3) in Q25, at least 45 reported positive changes after filing the petition. Similarly despite the reporting of negative outcomes by 36 respondents (Figure 4) in Q26 (like loneliness or that things got worse), at least 19 respondents said that they experienced positive changes.

TABLE 30: Cross Tabs- POSITIVE CHANGES IN RESPONDENTS DESPITE PRESENCE OF NEGATIVE OUTCOME

	Felt lonely	**Things became worse than before**	**Husband's enmity increased**	**Led to filing divorce petition**	**Led to abandonment**
Happy family life reinstated	1	0	7	0	8
Become aware not to suffer the harassment	14	3	31	5	20
Learned to face life	19	7	45	6	30
Gained more self confidence	12	1	31	3	19
Others	1	0	0	0	0
Peaceful Life	2	1	7	0	6
More love and respect from husband	1	0	0	0	0
Reduced physical harassment	4	1	6	2	5

Figure 3: Venn-diagram showing negative responses to Q.25

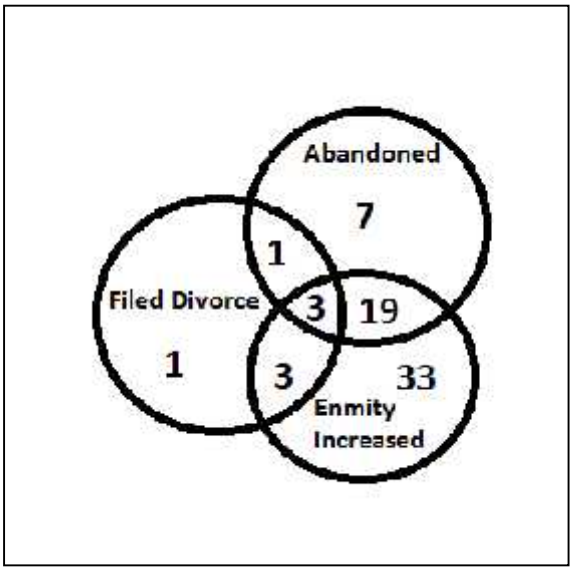
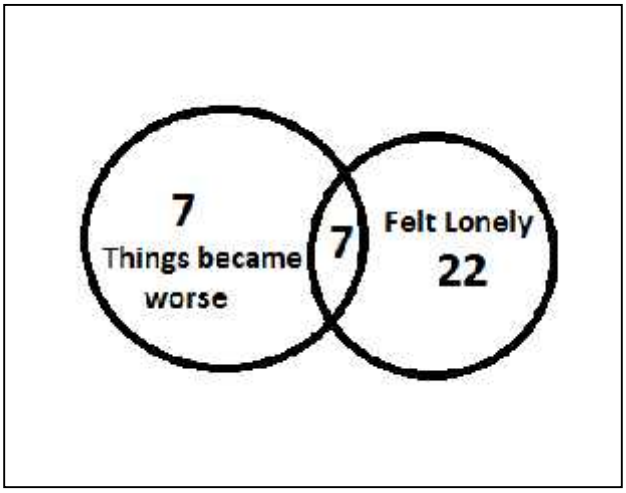


Figure 4: Venn-diagram showing negative responses to Q.25



H. EVALUATION OF THE ACT

These questions explores whether the Act was beneficial to the respondent and their appraisal of the Act in general.

27. Was filing under the DV Act useful /harmful: There were 100 responses under this question. A majority, i.e. 64% felt that filing under the Act was useful, while 8% felt that it was harmful. 26% was of the opinion that filing under the act was neither useful nor harmful. 2 respondents did not answer this question because 1 just started with the case proceedings and the other could not answer because her husband was close by.

28. Have you regretted filing the petition (Table 31): There were 100 responses under this question. 11% completely regretted filing of the petition, while 3 percent regretted it often, 17 percent regretted it sometimes. However, majority of the victims (69%) found that the Act was beneficial and has never regretted filing the petition.

TABLE 31. DO YOU REGRET HAVING FILED DV PETITION

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	11.0	11.0	11.0
	No	69	69.0	69.0	80.0
	Sometimes	17	17.0	17.0	97.0
	Often	3	3.0	3.0	100.0
	Total	100	100.0	100.0	

Cross Tabs- Beneficial and Regret (Table 32): The cross tabs indicate that of the 14 respondents who "often or completely regretted filing the petition", 5 respondents felt that the petition was nevertheless useful, 4 considered that the petition had harmed them and for 5 there was no change in their state. Of the 17 who "sometimes regretted filing the petition", 7 reported that filing the petition was nevertheless beneficial to them, while 9 found no change in their state and 1 found it harmed them. That is, even though, 31(%) of the respondents regretted filing the petition, 12 of them said that it had benefitted them.

TABLE 32: BENEFIT OF ACT AND REGRET (CROSS-TABS)

	Beneficial	**No Change**	**Harmed them**	**TOTAL**
Often and	5	5	4	**14**

completely regretted filing the Petition				
Sometimes regretted filing the petition	7	9	1	**17**
TOTAL	**12**	**14**	**5**	**31**

29. Have you created awareness about filing under the DV Act? (Table 33): There were 100 responses under this question. 58 women shared with their friends, neighbors and others about the DV Act. 42 respondents have not shared about the act to others.

TABLE 33: HAVE YOU CREATED AWARENESS BY SHARING WITH OTHERS ABOUT THE ACT

	Frequency	Percent	Valid Percent	Cumulative Percent
YES	58	58.0	58.0	58.0
NO	42	42.0	42.0	100.0
Total	100	100.0	100.0	

30. What advice will you suggest for a victim of domestic violence (Table 34): There were 100 responses for this question.85% of the women suggest that victims of domestic violence should file petition under DV, whereas4 of them suggest not to do so as they had bad experiences. 5 of them suggest counseling as an alternative to solve problems.6 respondents preferred divorce as a better option.

TABLE 34: ADVICE FOR THE VICTIMS OF DV

	Frequency	Percent	Valid Percent	Cumulative Percent
GO FOR THE CASE	85	85.0	85.0	85.0
NEVER GO FOR THE CASE	4	4.0	4.0	89.0
COUNSELLING IS ENOUGH	5	5.0	5.0	94.0
DIVORCE IS BETTER	6	6.0	6.0	100.0
Total	100	100.0	100.0	

31. Is this law beneficial to women (Table 35): There were 159 responses for this question, i.e. at least half of the respondents made more than 1 response.98.1% of the responses indicated that the victims felt that the law was beneficial for women. 42.1% and 37.1% of the responses indicated that the law made them feels secure and gave them courage to stand up in the society respectively. 3.1% remarked that the law promotes sexual equality and 15.7% says the law helped them to realize the role of women in family. In the case of 1 respondent she was not able to provide a reply as the case was settled and as her husband was present with her. Only 2 respondents felt that the law was not beneficial to women.

TABLE 35: LAW BENIFICIAL TO WOMEN

		Responses		
		N	Percent	Percent of Cases
	LAW NOT BENEFICIAL	2	1.3%	2.0%
	SECURE FEELING	67	42.1%	67.0%
	COURAGE TO STAND UP	59	37.1%	59.0%
	SEXUAL EQUALITY	5	3.1%	5.0%
	REALIZATION OF WOMENS ROLE IN FAMILY	25	15.7%	25.0%
	NA	1	0.6%	1.0%
Total		159	100.0%	159.0%

H. ADDITIONAL QUESTIONS

3 more additional questions were added at a later stage after the Domestic Violence questionnaire was prepared. Some enumerators were not able to carry the additional set with them (in 9 cases) while some enumerators did not ask these questions and hence the last three questions have missing cases (Table 36).

TABLE 36: MISSING CASES IN LAST 3 ADDITIONAL QUESTIONS

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Q.32	78	78.0%	22	22.0%	100	100.0%
Q.33	75	75.0%	25	25.0%	100	100.0%
Q.34	80	80.0%	20	20.0%	100	100.0%

32. General causes of DV (Table 37): The first of the 3 additional questions was about the general cause of DV as perceived by the respondents.

- In addition to the 9 respondents who were not asked this question, 13 respondents did not answer the question. Hence there were no responses in 22 cases. For the 78 cases that responded, there were 146 responses, i.e. at an average, 87% of respondents made more than 1 response.
- Of the 78 respondents, 38 respondents reported that broken families were the reason for domestic violence, while 32 and 33 felt that influence of other family members and family background respectively were the primary reasons for DV. Only 10 respondents (6.8%) perceived gender inequality as a reason for DV. That is nearly 70.5% of respondents felt that family related issues were the general cause of DV. 33 respondents quoted other reasons.

TABLE 37: GENERAL CAUSES OF DV

	Responses		Percent of Cases
	N	Percent	
BROKEN FAMILY RELATIONSHIPS	38	26.0%	48.7%
GENDER INEQUALITY	10	6.8%	12.8%

	INFLUENCE OF FAMILY MEMBERS	32	21.9%	41.0%
	FAMILY BACKGROUND	33	22.6%	42.3%
	OTHERS	33	22.6%	42.3%
Total		146	100.0%	187.2%

33. What needs to change in DV process? (Table 38): The second additional question was regarding what the respondent liked to be changed in the DV prosecution process.

- While 9 respondents were not asked this question, 16 respondents did not answer this question. 75 respondents answered this question and there were 166 responses on the whole, i.e. at an average, one respondent selected more than 2 responses.
- The largest number of respondents, i.e. 48, considered delay in the court procedures as the greatest hurdle. 35 respondents experienced the court procedures to be fear evoking, while 15 respondents reported that the court atmosphere was unfriendly and 12 respondents felt that the court procedures were public, that it lacked privacy. Evidence presentation related issues were reported by 13 respondents.
- 43 of the respondents reported in others category.

TABLE 38: ISSUES IN DV PROCESS

	Responses		Percent of Cases
	N	Percent	
PUBLIC COURT PROCEDURES	12	7.2%	16.0%
UNFRIENDLY COURT ATMOSPHERE	15	9.0%	20.0%
FEAR OF COURT PROCEDURE	35	21.1%	46.7%
DELAY IN SETTLING THE CASE	48	28.9%	64.0%
LACK OF EVIDENCE	13	7.8%	17.3%
OTHERS	43	25.9%	57.3%
Total	166	100.0%	221.3%

34. Preferred alternatives for solving the case (Table 39): There were 20 missing cases in this question. The remaining 80 respondents made 1 response each, i.e. 80 responses. In this question while one choice was provided to opt for court procedures, all the other choices were choices of alternative methods. Of the 80 respondents, 38.75% chose that court was the best option, while 61.25% vouched for the alternative methods. Of those who chose alternative methods, 21.25% respondents said that all the alternatives to court as quoted in the question need to be used. 20% suggested compromise through authorized agency, 7% mandatory counselling, 5% Mediation through authorized agency and 3% suggested regular follow-ups. 1 respondent suggested other methods, that is, church or school-mediated compromise.

TABLE 39: PREFERRED ALTERNATIVES FOR SOLVING THE CASE

	Frequency	Percent
Mandatory counselling	7	8.75
Mediation (through authorized agency)	5	6.25
Regular follow-ups	3	3.75
Compromise through authorized agency/court/other institution	16	20
All the above	17	21.25
Prefer Court	31	38.75
Others	1	1.25
Total	80	100

V. FINDINGS, SUGGESTIONS AND CONCLUSIONS

FINDINGS	SUGGESTIONS
A. Economic Status: 32% of the women who filed under DV had neither occupation nor property. 55% of the respondents were unemployed and 54% did not own any property. This exposes the risks and vulnerabilities of these women.	Programmes need to be developed for DV victims belonging to lower economic strata.
B. Nature of DV: ▪ 90% of DV was experienced in the productive age group of 20-50 ▪ 95% of respondents suffered DV in relation to marriage, from husband and/or husband's relatives. In 5% cases DV was from own children, spouses of children or parents/step-parents. ▪ 94% of respondents reported both mental and physical abuse. Other forms of abuse have also been reported. ▪ 97% of respondents suffered mental and physical health issues. ▪ Respondents stated multiple causes of DV, of which alcohol abuse was the largest cause. 69% of the respondents stated addiction of their husband as the prime cause of DV. Women are increasingly becoming victimized due to the alcohol abuse by men. ▪ 70.5% of respondents felt that broken families and other family related issues were the general causes of DV.	The government has to take strong measures for family welfare. The psychological well-being of families has been long ignored. 2. Policies and legislations should be enacted for compulsory treatment and rehabilitation of addicts and their families. 3. There should be family based mental health programmes within communities.
C. Nature of Petition: ▪ DV petitioners received awareness about the Act primarily from the police (42% of responses). Media (3.5%) and other sources seem to have played lesser role in disseminating information about DV. ▪ 12 years since the passing of the DV Act, we see that 87%	4. The need to create wide scale awareness about DV in the general community is highly felt. 5. Women need to be conscientized that there is no

of respondents suffered DV for long periods before taking a stand against DV. While 38% waited for over a year, 19% waited over 5 years and 30% over 10 years. ▪ The most stated reason for delay in filing petition was because the victims worried about the state of children. The other most stated reasons were that they considered the family's welfare, there was no other place for them to go and that they didn't know what to do. ▪ In 64% of cases it was protection officer who helped in filing the petition, whereas in 21% advocates have contributed.	welfare or honour in living with abuse for themselves or their children. Men have to also be made aware of the consequences of indulging in DV. 6. Women who have neither income nor assets should be supported.
D. Nature of Remedy ▪ It was more than 2 years since 37% of the respondents filed under DV, while for 21% there was more than 1 year delay. ▪ 85% of cases are ongoing, 10% abandoned the petition and 5% received final orders. ▪ 68% of the respondents received the interim order within 3 months of filing the case; ▪ 89% of respondents (which includes all the respondents who abandoned the petition and who received final orders) received interim orders, where as 11% did not receive any orders. ▪ 60% of respondents did not file for divorce. Of the 40 respondents who filed for divorce, 6 cases were compromised, while 3 divorces were granted. 24 divorce petitions are ongoing and in 7 cases legal separation have been granted.	Majority of interim orders were received within 3 months of the petition, however in majority cases there has been a delay of more than one year in settling the case. There are few cases who have not received orders and few cases were abandoned. Delay in settling the petition is a hurdle in the implementation of the Act.
E. Impact of Filing DV Petition: Regarding attitude change that happened in husband after the filing of DV petition, while 68% indicate negative or no changes, only 27.5% of the responses indicate positive	Processes and procedures should necessarily incorporate a reformative dimension. Penalizing perpetrators without

changes. Regarding the changes that happened in the attitude of the respondents after the filing of DV petition, 82.2% of the responses indicate positive changes, while 17.8% of responses indicate that things got lonely or worse for them. As these questions were multiple-response, it was seen that even those who selected negative responses, selected positive responses. That is, there were positive changes as well in more than half of the respondents who selected negative responses. However, overall the husbands' attitudes seem to be negative, while the petitioners were empowered by the process.	adopting measures that attempt to reform their attitudes create resistance and grudges towards the petitioners (as indicated in survey results). Perpetrators should be compelled to attend programmes that increase family bonding like family life education, marital counseling, de-addiction etc.
F. Evaluation of Police, Protection officers and Court Processes: While nearly 40% of respondents said they were satisfied with the police, 40% were dissatisfied. 20% were ok with the police. 87% of the respondents were satisfied with the protection officers. Regarding court procedures, 48 respondents felt that delay in settling of case was the greatest hurdle in DV, while 50 respondents said that court procedures were fear evoking and unfriendly. There were lot of other issues including to lack of privacy and evidence production. Regarding the opinion on instituting **alternative dispute settlement mechanisms**, while 61.25% prefer alternative methods of intervention like compromise, mediation, counselling, follow-up etc., rather than court procedures; 38.75% prefer court procedures. The preference for court procedures seems to be favoured in cases where the relationship becomes irreconcilable or requiring divorce. Regarding the expenses incurred for the case 33% of respondents spend over 5000 rupees, where as 55% spend less than 5000 rupees. 11% incurred no expenses.	The felt need for establishing family friendly practices, methods and institutions within police stations, protection offices, courts and outside courts is highlighted here. ▪ A Code of practice in relation to DV needs to be established for all officials involved with the aim of making procedures and processes more family-friendly. ▪ Alternative systems of Settlement of family disputes need to be established.
G. Evaluation of Benefits of Act: 98.1% of the respondents felt that the Act was beneficial for women in general and 85%	By making procedures and processes more family-friendly

of DV victims said that they would advise other victims of DV to file petition under DV. This high percentage is inspite of the fact that lesser percentages of women reported that the act was personally beneficial to them. That is, when compared to the 98.1% of women who considered the Act beneficial in general, only 64% of the respondents considered that filing the petition was personally beneficial to them. Though 85% of respondents were willing to advice other victims to file under the Act, only 69% did not regret having filed under the act. This indicates that even though the respondents were optimistic about the potentials of the act, the process or outcome was not perceived in an equally positive light. This is reflected above in "Section evaluation of procedures and processes of DV Act" and "Section impact of filing under the Act". Overall the Act seems to be heading in the right direction.	and by taking measures in ongoing protection of the dignity and wellbeing of women petitioners, the Act will become beneficial to more women.

VI. CONCLUSIONS:

Mahatma Gandhi has said "Of all the evils for which man has made himself responsible, none is so degrading, so shocking or so brutal as his abuse of the better half of humanity; the female sex." The DV Act visualized the extinction of this evil. The most significant statistic in this survey is that 98.1% of respondents felt that this Act is beneficial to women and also that 85% of the women would suggest other women who suffer like them to file under the DV Act. The fact that the Act has made significant strides is indicated by the findings of the study, especially in terms of the perceived benefits accrued by the women and the positive impact made on women.

However there are some gray areas we need to urgently explore. By filing a DV petition, some women are risking the little financial and emotional security they have remaining in their life. The survey indicates that many women face immense trauma during and in the aftermath of the DV petition. Are these women being offered any kind of support after they have filed the DV

petition? How are they and their dependent children being helped to deal with such kind of trauma? Are we encouraging and fostering an atmosphere of trust and recovery through ensuring family-friendly practices?

Maya Angelou said that each time a woman stands up for herself, without knowing it possibly, without claiming it, she stands up for all women. These women who filed under the DV Act and who took part in this survey have taken immense courage in standing up to their right to a dignified life. We salute all the women who raised their voice against domestic violence and we hope that this report will lead to better living conditions for them.

ERSTA SKÖNDAL BRÄCKE UNIVERSITY COLLEGE

Department of Social Sciences

MEMORANDUM OF UNDERSTANDING (MoU)
Between
Loyola College of Social Sciences, Thiruvananthapuram, Kerala
and
Ersta Sköndal Bräcke Högskola (ESBH), Department of Social Sciences
Sweden

Loyola College of Social Sciences (hereinafter referred to as Loyola), located at Sreekariyam P.O., Thiruvananthapuram- 695017, represented by its Rector and Manager, Fr. Sunny Kunnapallil,

and

Ersta Skondal Bräcke Högskola, Departement of Social Sciences (ESBH) (hereinafter referred to as Ersta) agrees to acknowledge this MoU as a legal document that assists in establishing and developing bilateral relationships between them.

Purpose of Agreement

For Loyola and Ersta, to promote diversity, acquire international experience and global competence through mutual collaboration in a range of educational and social activities, building upon previous agreements, such as the Linnaeus-Palme collaborations since 2012.

Areas of Cooperation:

a. Faculty Exchange

b. Student Exchange

c. Co-organizing Workshops/Seminars/Conferences

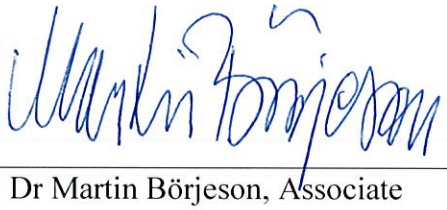
d. Collaboration in research

Terms of MoU

a. Both parties understand that all financial arrangements will have to be negotiated and agreed upon with due regard to the availability of funds and other resources.

b. Specific details for the implementation of these activities will be developed mutually for specific projects.
c. The Memorandum of Understanding envisages that there will be a specific subsidiary contract or documents with regard to each project.
d. The MoU shall be terminated at any time by mutual written consent or by nine months' notice in writing by either of the parties with due regard to the contractual commitments in terms of specific contracts.
e. The duration of the MoU shall be five years from the date of signature. If the MoU remains dormant for five consecutive years it will be deemed to have lapsed.

The agreement will come into effect upon the date of signature by the above two representatives.

Sign and Seal	:		
Name:	:	Dr Martin Börjeson, Associate Professor	Fr. Sunny Kunnappalil
Designation **Contact No:**	: :	Head of Social Sciences Department (ESBH)	Manager, Loyola College of Social Sciences
Date	:	August 17, 2021	

Ersta Skondal Bracke University: Exchange Program 2015-2021

Ersta Sköndal Bräcke University College is a University College was founded on January 1st, 1998 through the merger of the undergraduate, post-graduate and research programmes of the Ersta Society for Diaconal Work and the Stora Sköndal Foundation. On October 5th, 2010 Bräcke Diakoni joined as a part new owner.

A distinguishing characteristic of the University College is that it offers courses in which theory is combined with practice, research with studies in the field, and that special attention is given to questions within philosophies of life and world views, professionalization and societal issues.The University College has three campuses, at Ersta and Sköndal, both located in Stockholm, and in Bräcke in Gothenburg. The ESBH serves approximately 1700 students annually. Both campuses offer a unique study environment with a combination of old tradition and new interdisciplinary collaboration as well as opportunities for personal development.

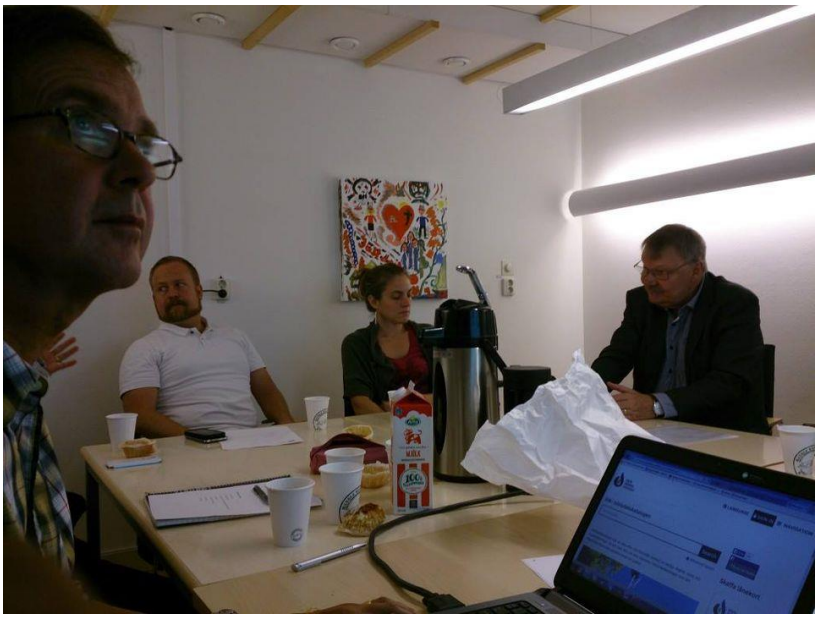
In 2012, Loyola signed an agreement with Ersta Skondal for collaboration in stduents and faculty exchange in the areas of *field practice*, besides long terms agreement to support *research and dissemination* (symposiums and conference). The activites reached a cresendo each year with the foreing exchange students and faculty visiting Campus Loyola and Ersta hosting both students and teachers. The below given report describes the journey of the Ersta-Loyola instrument of cooperation in student exchange, research and conference (dissemination).

2015

The first visit undertaken by Sonny was preceded by visits by Fr.Joye James, Rector and Manager, Loyola Institutions. After the latter's visit with preliminaries, Sonny commenced the first set of interactions with two partner- Ersta-Skondal-Bracke Foundation and later with Globala Gynasiet

High Skola. The first vist was from a two member group with Johan Garde and Lars-erik Olssen (former Dean) based out in Kovalam to our campus.

8 May 2015 Göran Bostom, Librarian Ersta Main Library



10 May 2015 - Interface with International Council – 10.30am -12.30pm

Sonny the exchange faculty had an opportunity to interface with the International Council for advancing international education. The group also featured Prof. Garde and Prof. Pablo (Head, Social Sciences). The meeting focused on prototyping website for international learners. Sonny attended the Annual Staff Day at Ersta Skondal University. The theme for 2015-16 meandered on internationalisation. During the interface Prof. Per Nilsson, the Vice Chancellor, presented his vision for the future, shared by Karin Jakobsson, the Administrative Chief, and an invited presentation on Quality Assurance by Mr. Thomas Schneider (Brasca Diakon). Prof. Johan Gärde had the audience splitting in laughter and singing during his hilarious yet thought provoking presentation.

9 May 2015 6.30pm - Annual Faculty Gathering

26 May 2015 Session on Kerala and its Welfare System

I June The exchange faculty also visited Globala Gynasiet High School, Stockholm, for interaction with the students meant for exchange to Kerala for 2016. Also had discussions with Magnus Minnberg the accompanying teacher, Rose Edlund and Emma Thomson the Principal.

11 May 2015 Field visits also took place and there were fieldwork 'konferens' on the go, Ersta style! Met up with Emma and Ian from the Glasgow Caledonian University a partner in Globan Sessions, on the steps off Tjärovsplan.

27 Sept 2015 Back home there was an Intenational Symposium on Migration. The interactions featured Filipe Wolter Research Scholar from Ersta, where he did a talk regarding the Swedish Welfare system to the audience of MSW Trainees. The program also featured presentation by Sonny on the Syrian Crisis and the migration in the MENA region and a presentation by Sojin P. Varghese, Research Scholar specialising in Interstate Migration being the theme of his thesis. The participants came from National College - Trivandrum and White Memorial - Vellarada as well as Dept of Sociology, University of Kerala.

2016

18 March 2016 - Interface with Prof.Johan Garde (Professor of Internationalisation, Ersta-Skondal, Stockholm). We were joined by Lars-Erik Olsson (former Dean, Ersta and prolific researcher) and Andres S (an eminent practitioner in Corrective Social Work) of Kerasoma,SE... bon homie and dinner at Villa Maya. Sabu P. Thomas attended the Global Sessions for the year 2016 during the month of May.

20 March Meeting with Fr.Joy, Anders Bhomm and Lar-erik Olssen to discuss student placements in Kerala for August 2017.

18 May 2016- 5.30pm- bon homie and bon appetite at Villa Maya

List of Exchange Students 2016

1. Jessica L (Sweden)
2. Helena Hedberg (Sweden)
3. Peter Morgan (Sweden)
4. Aashika Joseph (India)
5. Reenu Maria (India)
6. Sonny Jose (India)
7. Joye James (India)

2017

Johan Gärde, officially promoted as Docenter (Associate Professor) by Ersta Sköndal Bräcke högskola on 12 May at Ersta Kyrkka...

13 May 2017- Ersta Kyrkka installation as Associate Professor

21 November 2017 The four students Majid Malik, Linn Ullen, Yasmine, and Charlotte (Leewern, Belgium) completed their 3 month field practice at Loyola. They are provided a farewell dinner with Team Ersta Lars-Erik Olsson, Andreas, Johan Gärde, Majid Malik, Linn Ullen, Yasmine, Magnus Karlsson, and Charlotte (Leewern, Belgium).

21 Nov 2017 – Farewell Dinner for the visiting Ersta Exchange Students at ABC, Kovalam

List of Exchange Students 2017

1. Majid Malik (Sweden-Pakistan)
2. Linn Ullen (Sweden)
3. Yasmine J. (Sweden-Syria)
4. Svetlana P. (Sweden-Poland)
5. Charlotte B. (Sweden-Belgium)
6. Sonny Jose
7. Vivek R Thomas (India)

2018

Global sessions provided an opportunity for Loyola Social Work to host our co-hosts for Global Sessions in Thriuvananthapuram; we were visited by Asa Kneck of Ersta Nursing College and Prof.Angelika Iser and Prof.Wolfgang of University of Munich Johan Gärde of Ersta Sköndal

Bracke University College and the Global Sessions for opening up new windows to each other...

23 Feb 2018; 2.00pm visit by Prof.Angelika Iser and Prof.Wolfgang of Munich University for Applied Sciences, Munich, Germany

Was invited to attend Global Sessions May 6-9, 2018. Was joined by Bincy Babu for Global Sessions. Presented two papers – Kerala as a Welfare State and Suicidology, as well as a joint paper with Bincy on Loyola Social Work Andragogy.

12 May 2018 – 11am meeting with Ersta Exchange Alumni at Kristina Huset with Ellen and Louis

18 May 2018 – Meeting at Koh Phangan Skånegatan 57 with first exchange alumnae – Ms. Helena Hedberg. She works as social worker at Kutural Skolan in a very volatile neighbourhood.

18 May 2018 7.30pm@ Koh Phangan Skånegatan 57 – Helena Hedberg comments "meeting Sonny, my former professor/supervisor in Kerala, India and masters student Bincy today, who are in Stockholm for the Global sessions at Ersta Sköndal Bräcke College. Hadn't seen you, Sonny since 2015 and had a great time catching up with you "poitua aduthaalcha! Nalla divasam ayirunnu. Shubaratri, nanni and missing you all, my kudumbam from Sreekariyam times ♥☺

25 May Per Nilsson is the Vice Chancellor of Ersta Sköndal Bracke University hosted the Annual Faculty Meeting with the central theme being SDG drivien by Prof. Garde. Was touched by his magnanimity and leadership by example saw him wait till 9.05 am, on the participants, who were late after a very late rendezvous after the International Forum dinner.

9.05 am 25 May Per Nilsson hosts the farewell talk for Global session 2018

International Symposium on Fieldwork Engagement inaugurated by Sulthan Mushathick IRAS, Principal Financial Advisor, Indian Railways; ISFE was attended by almost 104 delegates including those from National College-Trivandrum Sreevidhyadhiraja-Karunagapalli, White Memorial-

Vellarada and Ersta Skondal. There was very ,eaningful interactions and presentations as a result of wonderful teamwork.

23 November 2018 ISFE Participants

Alumni Meet at Ersta

19 May 2018 - reconnecting with Team Globala Gymnasieum, Stockholm who visited Loyola at a Korean Dine, Nystorg, with wonderkids Axel, Mia, Multon, Kasja and Bincy.

19 May 2018- meeting international exchange students - Axel, Mia, Multon, and Kasja - of Globala Gymnasieum, Stockholm

29 May 2018 5.55pm Goodbye to Stockholm with Alumni

31 Oct 2018 - Ersta-Loyola Alumni Meet at Erstagatan, Stockholm... high 5! to Robin, Maria and Jenny.

Exchange Scholars (2018)

1. Bincy Babu
2. Rahul S.
3. Ancy B. Kairali
4. Sherin Wilfred
5. Peter Olssen
6. Maria Palin

7. Jenny Ornberg
8. Robin Mormer
9. Francina P.X (Faculty-India)
10. Sonny Jose

2019

Connecting with alumni Shimy (MSW-2006) and her daugher Denaha at Erstagatan.

May 2019

16 Dec 2019 2pm – Krishnedu B.S. organised DMT for residents of Fountain House with Gilda Mani

Johan Gärde worked with Johan A. of Fountain House, Skondal (the oldest Social Work institution in Sweden) to provide Ms. Krishnendu an opportunity to organise a DMT Session for the Students of Social Work at Ersta. Emma-freja Thuresson was involved in organising the whole thing. She later organised a session for the residents at Fountain House.

Global Sessions: Munich

Global Session was organised by our partner Angelika Iser at Muchen University of Applied Sciences, Munich, Germany. Sonny initated a presentation on Self-care, which was eventually taken up as a research topic by Anithamol and Prof.Garde. 4 publications evolved out of this initiative.

2 June 2019- Dining at St.Augustine's Beer Garden, Munich (estb. 1394) with Dr.Werth Wolfgang, Angelika and Kline Fernandez (Philipines)

Dr.Wolfgang Werth performing the traditional Yiddish music at the University gathering at Munich Centrum. The band cosists of faculty of Munchen University of Applied Sciences, Munich, Germany

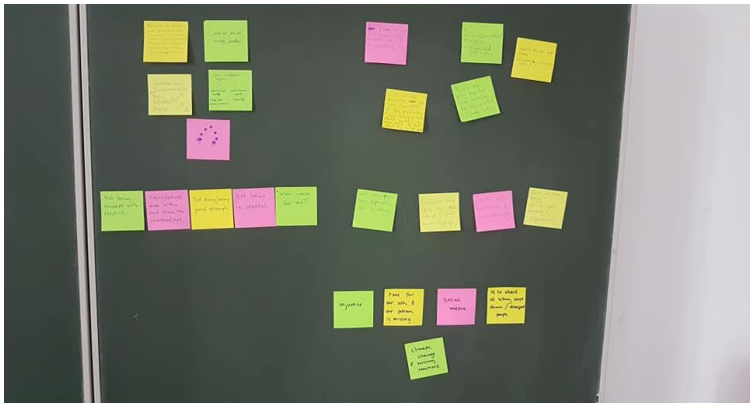
Global Sessions – Horshule Munchen -2019

Chaired Global Sessions 2019 panel on SUSTAINABILITY in welfare - themes are "voices of caregivers", "working conditions and quality of life", "political relevance of Unions", "changing geosociopolical systems and it's spillover effect on society", etc.

29 May 2019 Dining with Astrid Majumdar Shaw

Had an opportunity to administer a Workshop on "Self-care for Care Professionals" attended by Nursing and Social Work trainees at Global Sessions, 9.00-10.30am at Horschule München, Germany thanks to Johan Gärde, Eleni Papouli, Astrid Majumdar and Åsa Kneck for the ground support to make this happen with an international audience from at least 12 countries (at last count).

23 May 2019- 9-10.30am Self-care Workshop at Horshule Munchen.



Self-care Workshop Output

Research Colloquium 2019

We extended our collaboration to assist the Research Clinic for four disciplines -Counselling Psychology, Sociology, HRM and Social Work ...thanks to creative project proposals on themes ranging from work life balance, Type-II Diabetism, Management of Stray Dog Menace, Identity Assertion by indigenous persons, elderly care, Aardram Health Care, Family Health Care, etc. We were challenged by Mentors - Dr.Usha Kandaswami (Senior Scientific Officer, SCTIMST) and Prof. Johan Gärde (Associate Professor, Ersta Sköndal, Stockholm) and Dr.Angelo P Mathew (Personnel Management).

Fieldwork Guidance at Loyola

Provided field work guidance to Louisa Edlund, Ellen Gustaffson, Peter Dorman and Mattise M, assisted by Anithamol Babu networking various agencies. This time we made it a national event allowing them to travel to centers of excellence at SoI-Kochi, Christ-Bangalore, Goonj-Delhi and Mumbai IIT-Powai.

Exchange Students 2019

1. Krishnedu B.S. (India)
2. Gilda Mani (India)
3. Anithamol Babu (India)
4. Sonny Jose
5. Louisa Edlund (Sweden)
6. Ellen Gustaffson (Sweden)
7. Peter Dorman (Sweden)
8. Mattise M (Sweden)
9. Francina P.X (Faculty-India)

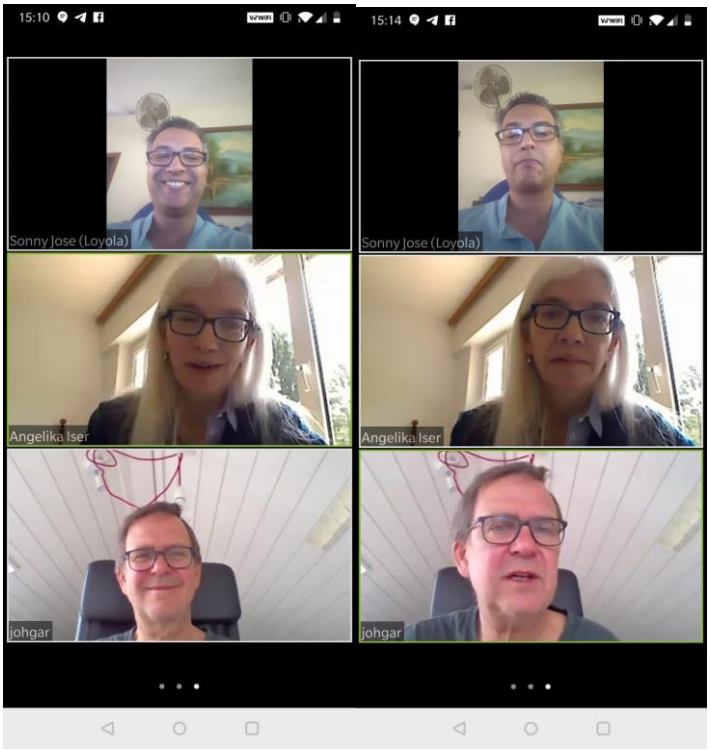
2020

International Forums

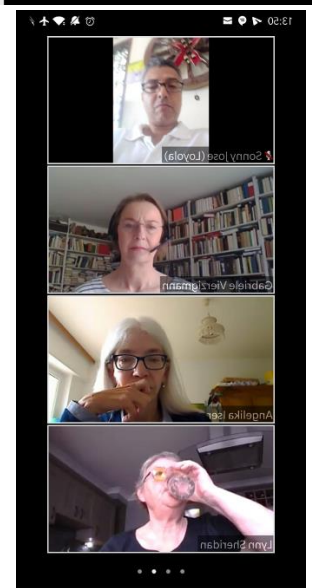
We organised several forums in the form of preparatory discussion forums more like working groups for familiarising the participants with each other as well as planning the themes pre-Global Sessions.

The first session was 21 April 2020.

The next session was on 13 May 2020 to pre-plan the meetings and the agenda for the GS 2020



The next session was on 20 May 2020 to prior to GS 2020; this meeting featured all the host-leaders for Global Sessions.

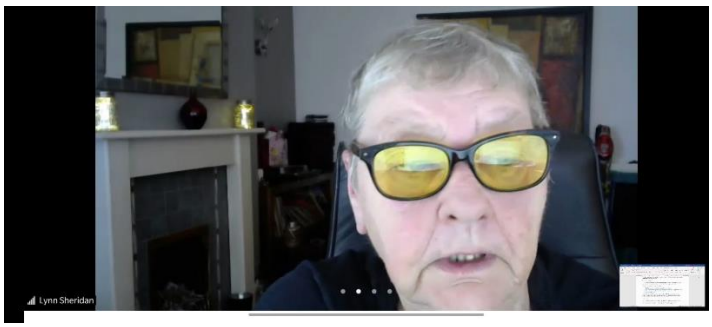


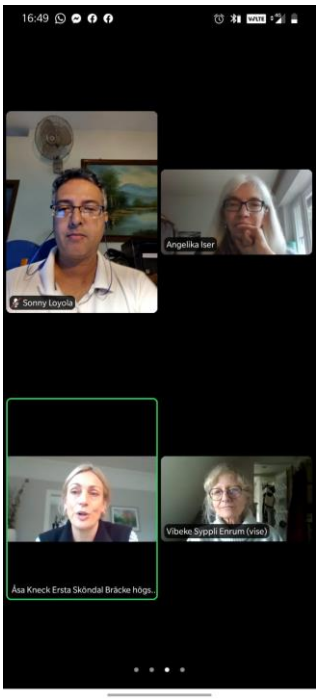
Post- Global Sessions we had two international forums to evaluate and plan for the future on 27 & 28 May 2020. This included the participants especially those who were interested work in continuation of the GS2020.

Cultural Evening 27 May 2020

International Forum 28 May 2020

23 October 2020





Global Sessions GS2020 May 25-29

THE PANDEMIC CHALLENGE – Student, teacher and professional perspectives from Social Work and Nursing/Health Care
Schedule – please join the meetings by following this link: https://hm-edu.zoom.us/j/99421051500?pwd=UW96c0plTndYMWdqb3Z3OXFYb243QT09
ref. full program on Facebook (Global Sessions 2020) here:
https://www.facebook.com/groups/243011186729394

The Global Sessions is an international gathering of students, teachers, scholars and professionals under the GS-partnering institutions funded by the Linneaue-Palme mobility program. These invitees mainly represent social work and health care/nursing. GS aims to highlight actual and

pressing issues of common concern. The topics will be decided jointly by the GS-partners Ersta Sköndal Bräcke University College (Sweden), Glasgow Caledonian University, Munich University of Applied Sciences (Germany), Loyola College of Social Sciences (India) and University College Lillebaelt (Denmark) and other partner universities.

The Global sessions builds upon the experiences and recommendations from past events. Given the current pandemic challenge, innovative thinking and measures must be taken in order to offer viable alternatives to students interested in global perspectives on pressing topics and issues. GS explores different virtual teaching and learning methods, blended and on-site learning activities, but also attempts to incorporate field-visits, mobility and exchange. The topics were linked to the central theme of the Global sessions THE PANDEMIC CHALLENGE – Student, Teacher and Professional perspectives from Social Work and Nursing/Health Care, and linked to issues of current interest and of common concern with an interdisciplinary approach.

The following were the papers presented by the India partners – Loyola Social Work:

India 1. Vandana Suresh, Assistant Professor, Ananthu BL, Kannan GS and Sonny Jose, PhD, Associate Professor, Loyola College of Social Sciences, Kerala, on "How did Kerala Keep the COVID Numbers Low?"- A journey through the timeline the four Phases of Lockdown and the various factors that helped.

India 2. Rameez S., Francina PX, PhD, Senior Lecturer and Sonny Jose, Loyola College of Social Sciences, Kerala, on "Community Welfare in action for the Vulnerable" – an exposition on the community initiatives especially Community Kitchen started under the aegis of panchayats (country councils) and the special activities focussed at migrants.

India 3: Krishnendu BS, Alumnae Linnaeus-Palme, Founder Navem, Kerala on "Life after Linnaeus-Palme & coping with Entrepreneurial Challenges."

India 4. Ancy B Kairali, Loyola College of Social Sciences, Kerala on "Working in Mental Health during COVID-19: Issues and Challenges in DMHP."

India 5. Bincy Babu & Sherin Wilfred, Palliative-care Social Workers & Linnaeus-Palme Alumni. "Palliative Care Social Work Activities during the Covid Times" - a brief on the activities undertaken by PalliumIndia, a WHO supported NGO and the role of social work during COVID Pandemic.

India 6. Arya Gopinath, Health Worker, Kerala Health Services, Alumni, Loyola College of Social Sciences, Kerala on the theme: "In the Eye of the Storm: Dilemmas in working within the Health Care System."

India 7: Neha Gupta: "Life in Munich, Germany as an international mobile student"

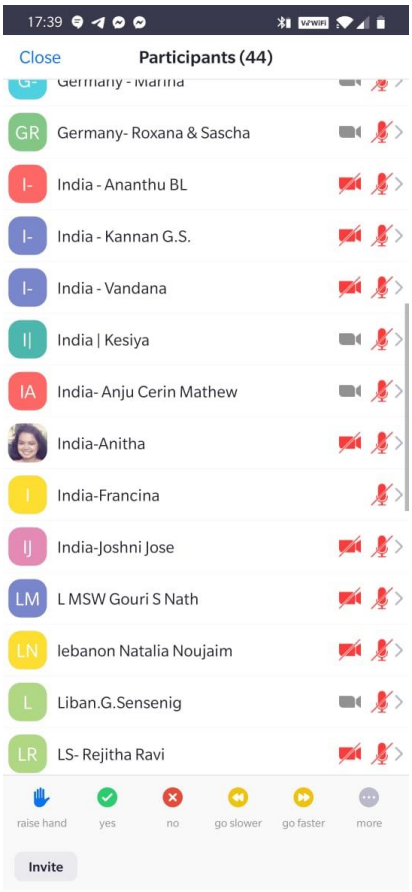
India 8: Sheethal Mariam John, Loyola College of Social Sciences, Kerala, on "Coming Back into Life in COVID Times": An autobiographical account of her trauma having to bring back a family member with Stage4 Cancer

India 9. Anithamol Babu, Alumnae, Linnaeus-Palme & Loyola College of Social Sciences, Kerala on "Self-care in Health Care during the COVID Pandemic.

India 10: Sabu P Thomas, Assistant Professor & Vice Principal, Loyola College of Social Sciences, Kerala on "Responding to needs of the Fisherfolk of Trivandrum during Covid-19 Pandemic."

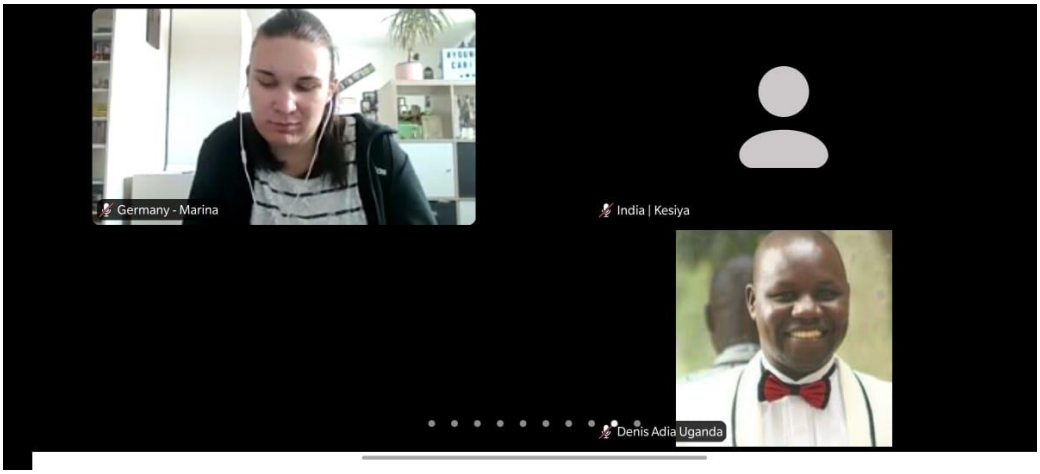
India 11: Anna K George, Loyola College of Social Sciences, Kerala, on "An Autobiography of Community Organiser" - learnings from the UNESCO experience" and engagement in the Kadakarapally Gramapanchyath in collaboration with the ICDS leading up to the Primary Health Care.

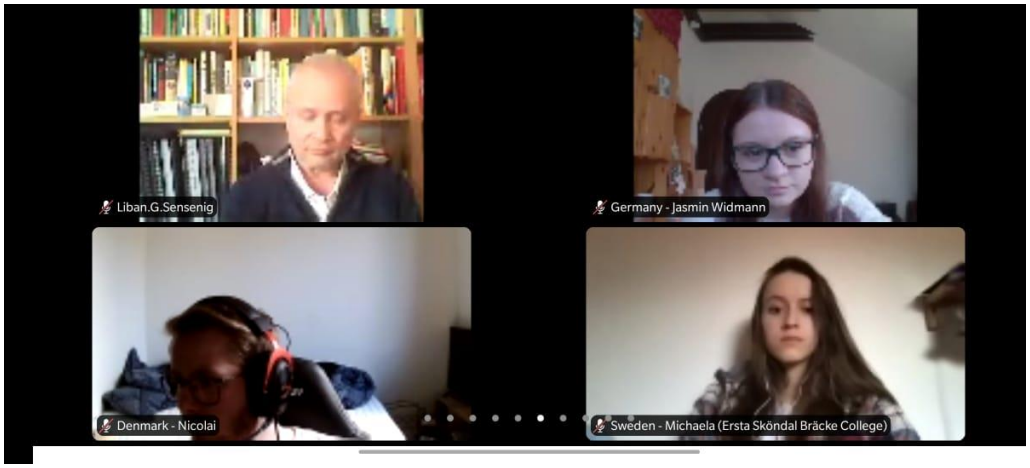
India 12: Neha Joseph, Loyola College of Social Sciences, Kerala on "Field Practice during COVID Times – Working with Children in the Community"
India 13: Feba K. R, Sinidas P: "Supporting Menni Home for Destituted Mentally Challenged during COVID.
India 14: Divya P, Grace M Leghu, Reeja Thomas., Jayashree M & Mohammed Sahal MI, Loyola College of Social Sciences, Kerala on "Field Practice during COVID Times: Psychosocial support work at SS Samithi for Mentally-challenged Individuals"
India 15: Anju Cerin Mathew & Gayathri P Nair on "Atom International On-line Trauma Counselling"



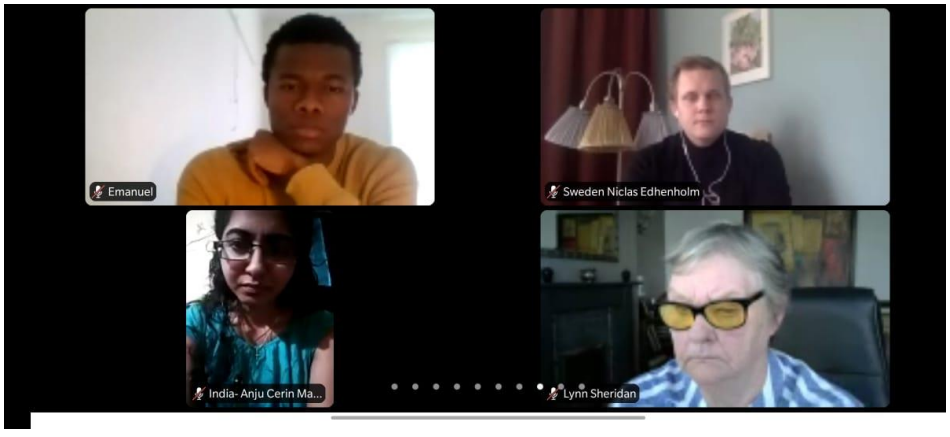
International Forum

We also organise various international preparatory discussion forums more like working groups for familiarising the participants with each other as well as planning the themes pre-Global Sessions. There were a couple 14 April 2020,




Liban.G.Sensenig
Germany - Jasmin Widmann
Denmark - Nicolai
Sweden - Michaela (Ersta Sköndal Bräcke College)


Zoom
Leave
India - Sonny
Germany - Angelika Iser
Unmute
Stop Video
Share
Participants
More

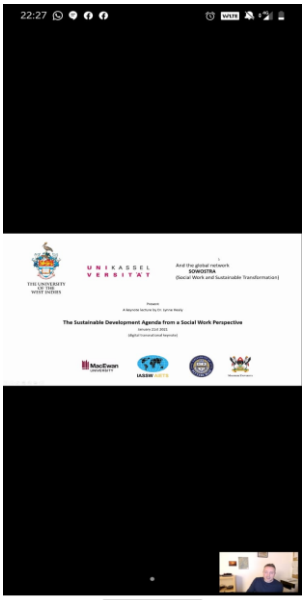

Emanuel
Sweden Niclas Edhenholm
India- Anju Cerin Ma...
Lynn Sheridan

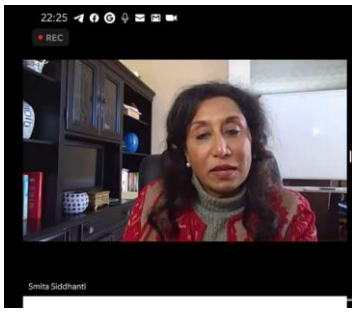

Germany - Nicole Poetter
Denmark - Mette Rømer
Sweden Åsa Kneck Ersta Sköndal Bräcke University college
Germany - Angelika Iser

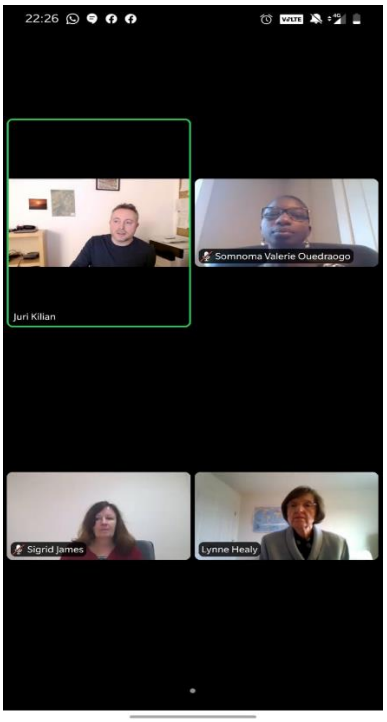
2021

21 Jan 2021 International Forum by IASSW – Sustainable Development Goals for Social Work Perspective – SWOSTRA – Kassel Versitat, West Indies.

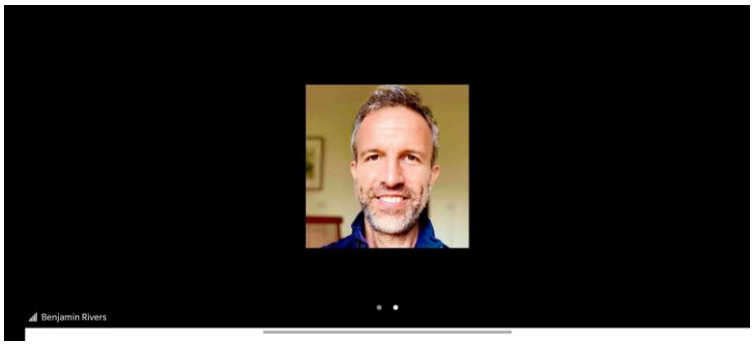
There was a international presentation by Lynn Healy the Emeritus President of IASSW on social work and sustainable development agenda with representatives of the North-South Americas and Africa regions.







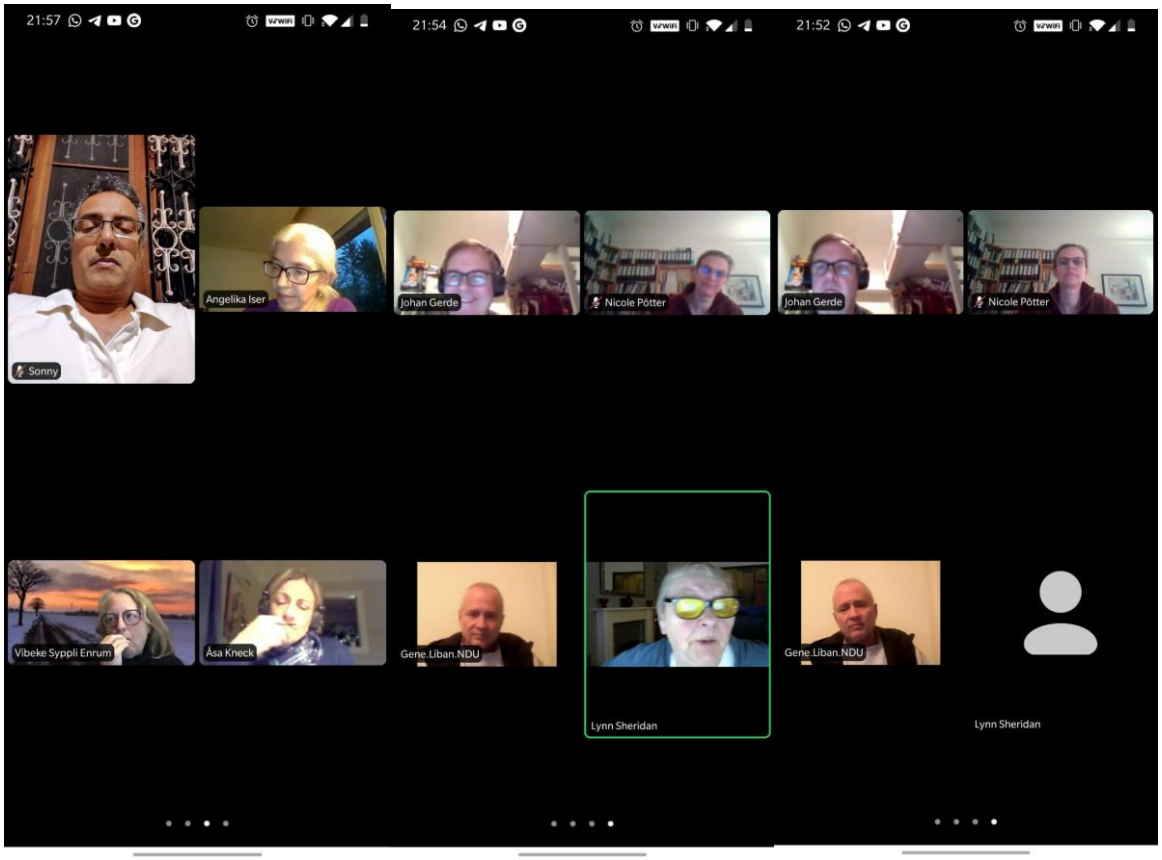
24 Jan 2021- Follow-up with Ben Rivers, Dawar, Cairo Egypt on DMT possibilities



There was a follow-up on his activities and possibilities in DMT. The enquiry seemed to suggest that he had no plans for online session, but was willing to receive participants in Cairo for this year given the travel restrictions.

28 January 2021 International Forum

It was decided to organise the GS based on the theme Sustainable Development and COVID to reflect on the set baack and the way forward from the angle of the learners, teachers and practitioners. The meeting would be in definite tracks connected with the central theme.

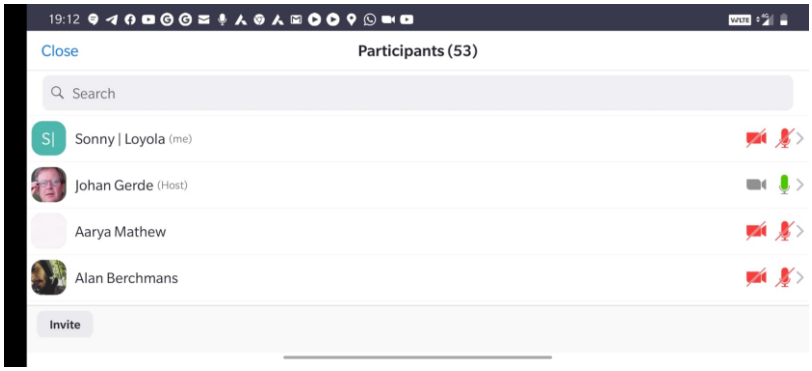


8 February 2021 nternational Forum

18 March International Social Work Day

The commemoration of World Social Work Day was done on 18 March. The theme was Ubuntu – *I am because we are all.* The participants included student and faculty representatives from Vellarada White Memorial, Manacaud National College and Neyyattinkara Vigyan College besides Loyola Social

Work and Disater Management. Johan Garde, International Coordinator of Ersta Skondal did the Keynote Address.

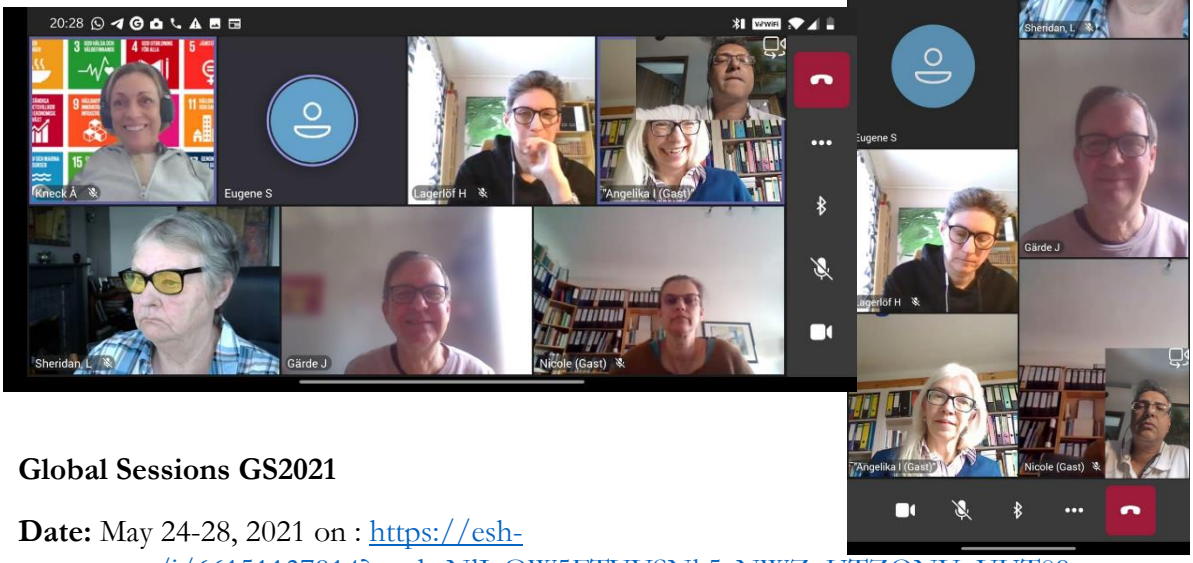


12 April 2021 International Forum

International Forum this time was focussed on finalising all the tracks for the GS 2021 presentations. IT was decided to have 8 Tracks in all as given below:

Track 1: *Climate change and the social dimension*
Track 2: *Social and/or Public Health Policies and vulnerability during the pandemic*
Track 3 : *Disability during and after the pandemic*
Track 4: *Educational effects and challenges from the pandemic*
Track 5: *Mental health issues during and after the pandemic*
Track 6: *Sustainable Development Goals and Agenda 2030*

Track 7: *The lack of sustainability with a failing state, lack of governance and corruption*
Track 8: *Other related topic and themes*



Global Sessions GS2021

Date: May 24-28, 2021 on : https://esh-se.zoom.us/j/66151137914?pwd=NlIyOW5FTVVSNk5yNWZuUTZQNVpVUT09
Ref: program and other link: For the group work and field-visits, see the links in the program and on our webpage: https://www.esh.se/samverkan/internationalisering/global-session-2021.html
The Global Sessions gathers students, teachers, scholars and professionals from mainly social work and health care/nursing and relating sciences to highlight actual and pressing topics of common concern. The topics will be decided jointly by the GS-partners. Invited are social work and nursing students (and related disciplines) from Ersta Sköndal Bräcke University College (Sweden), Glasgow Caledonian University, Munich University of Applied Sciences (Germany), Loyola College of Social Sciences (India) and University College Lillebaelt (Denmark) and other partner universities. The Global sessions will build upon the experiences and recommendations from past events. Given the current pandemic challenge, innovative thinking and measures must be taken in order to offer viable alternatives to students interested in global perspectives on pressing topics and issues. We will explore different virtual teaching and learning methods, blended and on-site learning activities, but also how we can incorportate field-visits, mobility and exchange. The topics, linked to any of our eight tracks, should be prepared prior to the Global sessions and linked to issues of current interest and of common concern with an interdisciplinary approach.

2021 Global Sessions

The Global Sessions gathers students, teachers, scholars and professionals from mainly social work and health care/nursing and relating sciences from Ersta Sköndal Bräcke University College (Sweden), Glasgow Caledonian University (Scotland), Munich University of Applied Sciences (Germany), Loyola College of Social Sciences (India) and University College Lillebaelt (Denmark) and other partner universities. GS2020 highlight actual and pressing topics of common concern jointly decided by the GS-partners. Invited are social work and nursing students (and related disciplines). The Global sessions will build upon the experiences and recommendations from past events. Given the current pandemic challenge, innovative thinking and measures must be taken in

order to offer viable alternatives to students interested in global perspectives on pressing topics and issues.

The theme for GS2021 was "Sustainable Development, Social and Health Inequalities - Current and future challenges in the wake of the pandemic" with topics put on seven tracks:

Track 1: *Climate change and the social dimension:* What are the possible linkages between the social and environmental dimensions in sustainable development? This track will both explore theoretical ideas and practical examples from the field.

Track 2: *Social and/or Public Health Policies and vulnerability during the pandemic*: Case studies of homelessness, migrants, refugees and other vulnerable groups with an interprofessional approach.

Track 3 : *Disability during and after the pandemic:* How did the pandemic affect people with disabilities and what kind of interventions have been implemented and/or could be developed in this area?

Track 4: *Educational effects and challenges from the pandemic:* This track will treat the different challenges in the educational field, lessons learnt in relation to on-line learning, virtual mobility, field-studies and growing educational inequalities.

Track 5: *Mental health issues during and after the pandemic:* There are growing concerns over increased levels of different mental health issues, such as depressions, anxiety, suicide-rates and other related areas. What is being done in this area of concern?

Track 6: *Sustainable Development Goals and Agenda 2030:* Examples of implementation with a focus on wellbeing and health/areas of social work/social sciences and health care sciences.

Track 7: *The lack of sustainability with a failing state, lack of governance and corruption:* Many countries are passing through multi-level crisis on different levels with drastic consequences for the citizens in general and the vulnerable in particular. Case studies will be presented with ideas regarding reforms, advocacy campaigns and projects with a right-based approach.

Track 8: *Other related topic and themes*

We will explore different virtual teaching and learning methods, blended and on-site learning activities, but also how we can incorportate field-visits, mobility and exchange. The topics, linked to any of our eight tracks, should be prepared prior to the Global sessions and linked to issues of current interest and of common concern with an interdisciplinary approach. The program featured 7 presentations hosted from Loyola as listed below:

5:1 India: Student presentation, social work: *The impact of the pandemic on students: Self-care in the journey of distress and hope during the COVID Pandemic.* Anithamol Babu, Alumnae, Linnaeus-Palme & Loyola College of Social Sciences, Kerala.

6:1 India: *SDGs in Actions at Hope Community Village, Alleppey. A portrayal of how Hope Village incorporates SDGs, into its child care institution activities based on a 'mother-headed' family cottages*. Alan Berchmans, Aparna R.A., Devika P.& Jumy G. Social Trainees Loyola College of Social Sciences.

6.3 India: Jalajagaran: Water Source Activism. Amritha VS, Divya P, Anna A. & Kesiyamol Mathew, Sr. Social Work Trainees - Loyola College of Social Sciences.

7.3 India: *Polity, Socio-political Inequities and Challenges: An Introspection*. Sonny Jose, Associate Professor, Loyola College of Social Sciences.

7.4: India: *Kerala and COVID Second Wave: An Autopsy*. Kannan GS and Vandana Suresh, Research Scholars, Loyola College of Social Sciences.

8:2 India: *Good Practices in COVID Psychosocial Care in Kerala: A Practitioner's Perspective*. Remya RV, Project Coordinator, District Mental Health Program (DMHP).
8:3 India: *Kudumbashree: First-line Responders in the Covid-19 Combat in Kerala (Southern India).* Francina PX, Assistant Professor, Loyola College of Social Science.
I1: India: *Virtual Field Work Presentation on Hope Community Village, Alleppey:* Hosts: Santhiraj Kolengaden (Director)Amal Sebastian (Senior Administrator), Hope Community Village, Kerala, INDIA
I2: India: *Thripinithura Community Life Presentation - A Day and Three Lives in Royal Town.* Sreehari AK, Athira Varma S. & K. Anakha Soman. Social Work Trainees - Loyola College of Social Sciences.

10 June GS Evaluation

The discussion was a positive evaluation of the GS 2021; Sonny did a presentation based on a Google-form based survey. The feedback in general suggested the Break-out Rooms was a great experience across cultures; language barriers were not an impediment; almost 92% expressed their willingness to come back and work on future projects.

Conclusion

The Linnaeus-Palme Mobility Program had provided opportunities for 12 students and four teachers from Sweden and 8 students and three faculty from India to travel to their respective contexts and undertake field practice and exposure. On the ground it played out in terms of very many conferences on migration and social welfare and field practice besides inter-site studies. The

Globals Sessions was a rich platform for inter-culutral interactions and exchange as well as operationalising tools for sustainable development in advancement of SDGs. It also helped our students to realise their potential thanks to the great support by Prof. Johan Garde, the International Coordinator of ESHB.

Sonny Jose Ph.D.
Coordinator for International Exchange and Collaboration

ARCHBISHOP'S HOUSE COMPOUND
P.B. 828, VELLAYAMBALAM
THIRUVANANTHAPURAM - 695003
KERALA, INDIA.

TRIVANDRUM SOCIAL SERVICE SOCIETY

A Voluntary Agency for Participatory Development and Social Action

10-12-2017

Dr. Sonny Jose,
H.O.D. Department of Social Work,
Loyola College of Social Science,
Sreekariyam,
Thiruvananthapuram.

Dear Sir,

Greetings from Trivandrum Social Service Society!

This comes to acknowledge and thank you for the immense work that you have done to TSSS and the Latin Archdiocese of Trivandrum, in the preparation of the proposal to the Honorable Prime Minister and Chief Minister basing on the recent havoc that hit the fishermen of our Archdiocese.

We are well aware that you have spent your valuable time and energy during day and night in the timely preparation of this project. I also wish to communicate to you the gratitude of our Archbishop Most Rev. Dr. Soosa Pakiam in this regard.

Yours Sincerely,

Fr. Lenin Raj,
Secretary, TSSS

FR. LENIN RAJ T.
SECRETARY,
TRIVANDRUM SOCIAL SERVICE SOCIETY

ESAF
EVANGELICAL SOCIAL ACTION FORUM
SINCE 1992

Certificate of Appreciation

It has been an amazing journey that ESAF Foundation and Department of Social Work, Loyola College of Social Sciences embarked upon during the Livability Assessment of Kerala. The study title 'Livability Assessment of 8 Cities of Kerala' from 25- 10-19 to 15-03-20, under the able leadership of Dr. Sonny Jose, Head and Associate Professor, Department of Social Work. Both the students and faculty along with ESAF Foundation Team led the research work covering in the Corporation of Trivandrum. The scope of the study includes the parameters - non-motorised transportation, open public spaces, vegetable markets and basic necessities at household level.

I commend Team Loyola for having undertaken the various modalities of research within the stipulated time and meeting the stringent standards of quality and validity.

Dr. Jacob Samuel

Director, Programmes

ESAF
EVANGELICAL SOCIAL ACTION FORUM
SINCE 1992

Certificate of Appreciation

It has been the pleasure of ESAF to enter into a MoU with Loyola College of Social Sciences to collaborate for research and allied activities at Trivandrum as part of the Livable Cities project of ESAF. The beginning of the cooperation has been marked well with the successful completion of the data collection for 'Gender Equity in Public Transportation' which has been undertaken by first semester MSW students of Loyola College of Social Sciences under the able guidance of Dr. Sonny Jose, Head and Associate Professor, Department of Social Work from 03 March 2021 to 26 March 2021. The research on Gender Equity in Public Transportation is undertaken to understand the lived experiences of women and transgender about safety and accessibility of public transportation in Trivandrum city in order to advocate for necessary policy change.

I applaud the efforts of the Loyola team for their wholehearted participation in the capacity building sessions conducted by ESAF on Kobotoolbox, their wonderful cooperation, and assistance of the Project Officer in undertaking the research, and finally for their commitment in completing the data collection within a short span of a week without compromising the standards of quality and validity.

Dr. Jacob Samuel

Director, Programmes

EVANGELICAL SOCIAL ACTION FORUM
Registered under the Travancore-Cochin Literary, Scientific and Charitable Societies Registration Act of 1955 vide Reg. No. 109/1992
Regd. Office: Viswas Bhavan, Kundukulam Road, Mannuthy P.O, Thrissur. 680 651. Kerala, India.
Ph: +91 487 2371472 E-mail: esafhq@esaf.in www.esafindia.org

UNIVERSITAT DE BARCELONA

GReVIA
Grup de Recerca en Victimització Infantil i Adolescent

UVIC
UNIVERSITAT DE VIC
UNIVERSITAT CENTRAL
DE CATALUNYA

Children at risk in India:

Knowledge for Indian Children's Safety (KIDS)

Bartolomé, Marina; Greco, Ana Martina; Oyarzún, Jessica;
Segura, Anna; and Suárez, Elizabeth Claudia

Index

1. Introduction

Child and youth victimization has not been a focus of academic and social interest until very recent times (Finkelhor, 2007). Although the knowledge and social awareness that has come from scientific research and the dissemination of the media has made it possible to visualize and intervene in this phenomenon, childhood and adolescence continue to be especially at risk from violence or consequences of this.

In this context, the project Knowledge for Indian Children's Safety (KIDS) seeks to improve the situation of children who are currently living at residential care centers in India. Considering previous research with this population (e.g., Collin-Vézina, Coleman, Milne, Sell, & Daigeault, 2011; Ellonen & Pösö, 2011; Segura, Pereda, Abad & Guilera, 2015) these children have probably experienced different kinds of victimization during their lifetime. Thus, we will seek to empower the professionals to develop their skills to provide a safe environment that will prevent children for experiencing further violence and that will encourage resilience procedures.

The project is carried out by the Research Group on Child and Adolescent Victimization (GReVIA), from the Department of Clinical Psychology and Psychobiology of the Faculty of Psychology of the University of Barcelona (UB). The members compound an heterogeneous team in regards to their previous experience and training, as they come from different areas of knowledge, such as psychology, criminology and education, which ensures a multidisciplinary approach and keep at the same time the common goal of fighting for the defense of the rights of children and adolescents.

The group carry out studies of social relevance with the highest academic rigor. The team has worked together productively over the years with other national and international organizations such as Save the Children, the Directorate-General for Children and Adolescents (DGAIA) of the Catalan Ministry of Social Welfare and Family, the Vicki Bernadet Foundation, RANA Foundation, or FAPMI. For the current project, the GReVIA team collaborates with the NGO Street Heroes of India (SOI), and with the participation of the University of Loyola, in order to pursue the project goals. The main objective is to find a common line of work based on the social role of research to create new knowledge and proposals to improve the reality of childhood and adolescence.

The current project will have four different stages: 1) Initial assessment; 2) Data analysis and Design of Training Programs; 3) Implementation; 4) Assessment. This report shows the main findings obtained in the execution of the first stage of the project, called "Initial assessment".

2. Objectives and hypothesis

The principal objective of this project is to improve the situation of Indian children who are currently living in residential care facilities, and who might have been victimized during their lifetime. In order to achieve this first and main goal the team will seek to achieve four specific aims.

(1) To analyze the extent of lifetime victimization experiences among children living in residential care centers.

- In order to do so, we will assess the prevalence of victimization and the accumulation of victimization experiences (poly-victimization) among children in those residential care centers collaborating with the NGO SOI.
    - On the basis of the available literature about the topic (e.g., Segura, Pereda, Abad, & Guilera, 2015), the team hypothesizes that children placed in residential facilities in the Southwest region of India will report high levels of victimization, since previous studies have shown that residential care samples report higher prevalence of lifetime and past-year victimization experiences than children from community samples, using a similar methodology (Canada, see Cyr et al., 2012, and Cyr et al., 2013; Spain, see Pereda, Guilera, & Abad, 2014, and Segura et al., 2015). As regards poly-victimization, we expect to find a high number of poly-victims for both time frames, following previous research findings.
- This study will also examine the influence of sex and age on victimization profiles, since previous research has found these to be important variables to take into account when studying victimization in this group of children (e.g., Collin-Vézina et al., 2011; Cyr et al., 2012; Euser et al., 2013; Gavrilovici & Groza, 2007).

(2) To identify the concerns and needs raised by the professionals working at the residential care centers.

- The team will interview different professionals from each center, and will ask them about their needs in relation to children's development, about their knowledge on child victimization, and about the challenges they find in their daily tasks.

(3) To design and develop a training program addressed to professionals working in residential care centers from the Southwestern region of India.

- We will design and develop a training based on previous programs that have already been applied on similar populations. To meet the specific needs of the Indian professionals, the members of the team will integrate the knowledge acquired through the collection of information about children and workers during the first stage of the project (the first stay in India).

(4) To implement and assess the training program aimed to meet the needs of the local professionals and empower them to develop skills in children protection. We hypothesize that some of the program contents can be related to:

- Offer social support to victimized children;
- Promote resilience processes and strategies to prevent future victimization experiences;
- Give guidance to professionals on how to act positively to assist children they have contact with (such as being a tutor of resilience for them) and how to protect them from new experiences of victimization;
- Give advice on the adequate steps to follow if they have the suspicion that one child might have been victimized.

3. Theoretical framework

Victimization is a huge problem that affects children from all around the world. In fact, the rates of children victimization are higher than adult victimization (Finkelhor & Dzuiba-Leatherman, 1994).

It is essential to highlight the importance of using the term *victimization* when studying violence against children. *Victimization* is more accurate than other terms, such as maltreatment, since it encompasses many types of violence against children that sometimes go unnoticed because of lack of social awareness or the social acceptation of violence as a discipline method.

Therefore, the team will work from the *developmental victimology* perspective, proposed by David Finkelhor (2007), which offers a comprehensive look at the children victimization phenomenon.

Developmental victimology differentiates and, at the same time, considers, the different types of violence that children are exposed to. Children and adolescents face common crimes (theft, robbery, threats), violence by their peers, sexual victimization (sexual abuse and aggression), electronic victimization (electronic harassment, online peer victimization) and victimization by caregivers (physical violence, emotional violence and negligence). Whereas some types of victimizations can be experienced both by adults and children, like the conventional crimes, some others, such as neglect, are specific to children or adolescents due to their unique stage of development (Finkelhor, 2007).

In addition, children victimization is not usually an isolated event. For many children, victimization is not an experience but a life condition, since they are victimized in multiple contexts. This is because the experience of victimization increases the risk of experiencing new forms of violence (known as *poly-victimization;* Finkelhor, Ormrod, Turner & Hamby, 2005a; Hamby & Grych, 2013).

At the same time, suffering victimization during childhood can have psychological, neurobiological and social long-term consequences for the victim, such as depression, cardiovascular diseases (Norman et al., 2012) and low rates of employment (Gilbert et al., 2009).

Because of this, in order to keep widening the knowledge on children victimization, it is vital to study the phenomenon in its different contexts. So far, studies have shown that there is, as well, a high prevalence of victimization and poly-victimization in Asian countries.

In a research done in Pakistan with 178 children from 14 to 17 years old, Aziz (2015) found that boys were more prone to be victims of common crimes, while girls were more exposed to sexual victimization (Aziz, 2015). In Vietnam, a recent research, done using the JVQ-R2 questionnaire with 1.606 students, showed that 94% of the participants had suffered at least one type of victimization, while 31% had experienced poly-victimization (more than 10 forms of victimization; Le, Holton, Nguyen, Wolfe, & Fisher, 2016). In China, the investigation done by Chan (2013) using de JVQ with 18.341 teenagers from 15 to 17 years old reported that 71% of the participants had experienced at least one type of victimization, while 24% had experienced poly-victimization (four types of victimization or more; Chan, 2013).

However, most of these studies have targeted community samples, which cannot be compared with samples of children living in residential care centers, since studies have shown that there is a much higher prevalence of victimization and poly-victimization in this specific population (Segura, Pereda, Abad, & Guilera, 2015). In addition, the phenomenon of children victimization and poly-victimization has not yet been studied in India with scientific valid methods (such as de JVQ-R2 questionnaire).

The current research project is also important because previous studies have shown that children who live in residential care centers are more prone to being re-victimized (Collin-Vézina et al., 2011; Cyr et al., 2012; Gavrilovic & Groza, 2007; Salazar et al., 2013, Segura et al., 2015). Therefore, professionals who work in these settings have to face challenges that, sometimes, can be overwhelming. However, there are programs that can help to develop useful skills. After reviewing several programs, such as the workshop program sessions developed by professionals from EXIL Barcelona working together with the International Catholic Child Bureau (BICE) and implemented in Nepal, and analyzing the collected data from this study, the team will develop a training program addressed to professionals. We strongly believe that the implementation of this program will result in a long-term positive impact for the children living in residential care centers.

Because of this, the team believes that studying victimization and poly-victimization in children living in residential care centers can be crucial for the development of social consciousness and, at the same time, can help to fuel the investment on public policies in order to fight children victimization in India.

4. Research design

4.1 Selection of the sample for each study

Pre-study: Adjusting the questionnaire

Before the beginning of the interviews and the focus groups (*Studies 1 and 2*) the researchers conducted a previous study in order to validate the questionnaire and make sure that the translation was adequate and adapted to the social and cultural context of the geographical area. In order to do so, four students from the University of Loyola who collaborated in the translation and administration of the questionnaire also participated in a focus group.

This focus group was aimed to:

- Translate the questionnaire from English to Malayalam
- Clear out any doubts about the possible different translations of each question
- Help the translators to get familiar with the questionnaire they later were going to apply
- Adequate the questions to the social and cultural context of the geographical area where the study was to be conducted

Study 1: Prevalence of the experiences of victimization among children and youth in residential care

The sample of this study is the children and adolescents living in Trivandrum's Residential Children's and Youth Centers, in the state of Kerala, India.

The inclusion criteria were as follow:

- Children aged between 12 and 17 years old, in consonance with the characteristics of the instruments used to collect information and previous studies in this field.

The exclusion criteria were as follow:

- The child or adolescent presents mental disability or indications of incapacity that do not allow them to understand the questions or explanations of the interviewer.
- The child or adolescent presents a clinical symptomatology that significantly interferes with the evaluation.
- Participants who did not answer 5 or more questions.

Non-probabilistic sampling of consecutive cases has been used in those centers that have agreed to participate in the study.

Study 2: The role of professionals working at the residential care centers in the Southwestern of India

Individual interviews have also been conducted with the directors of the participants' residential care centers, as well as focus groups with the professionals from each center, if possible.

Participants of all studies are summed up in table 1.

Table 1. Centers, number of participants and the method of collecting information.

Center	Type of institution	Individual interview	Focus Group	Application of the questionnaire (JVQ-R2)
1	Residential center for boys and girls	Center's director		8 boys and girls between 13 and 17 years old
2	Residential center for boys	Center's director	3 professionals	15 boys between 12 and 16 years old
3	Residential center for boys	Center's director		14 boys between 13 and 15 years old
4	Residential center for girls		4 professionals	5 girls between 14 and 15 years old
5	Residential center for girls	Center's director		

To get a broad understanding of the child protection topic in India, and in particular in the communities where our studies have taken place (i.e., Kerala and Trivandrum), the Rector of the University of Loyola and chief of the Children's Rights Observatory of Kerala has been interviewed individually.

4.2 Methodology

4.2.1 Sample

The final sample is configured as follows:

a) 41 children and adolescents residing in Kerala children's residency centers (One case was removed due to it did not meet the inclusion criteria);

b) 4 directors of the centers where minors reside;

c) 2 focus groups with the professionals (n = 10) from the residential care centers;

d) 3 social science students from the University of Loyola; and

e) 1 professional from the field of children protection.

The main features of the sample are described below.

Age and gender

As shown in Figure 1, interviewees are between 12 and 17 years old (M = 14.00, SD = 1.05), responding to the selection criteria of the sample, with 87.9% of young people between the ages of 13 and 15.

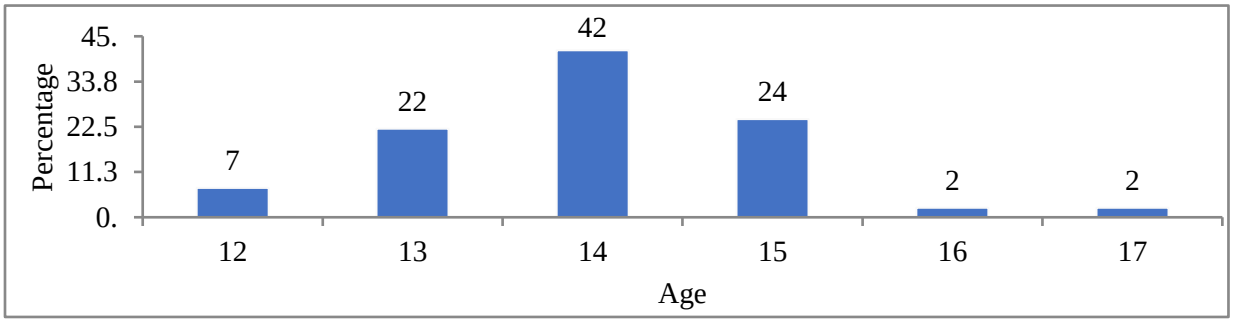


Figure 1. Distribution according to age of respondents

As for sex, 75.6% of the participants in the study are boys while the remaining 24.4% are girls.

Socio-cultural context

To explore the socio-cultural context of the participants, information has been obtained from their place of birth, from the educational level of their parents and from the situation their work. This data is relevant since it gives us more information about the variables that might have an effect in the results, such as the influence of gender in victimization rates.

All the participants were born in India, in different cities, provinces and states. Most of them are in contact with their parents (95.1%) probably due to the characteristics of the centers (see Table 17). The number of brothers ranged between 0 and 4 (M = 1.85, SD = 0.9), with 90.2% of young people between the ages of 1 and 3. Most parents finished secondary school (58.5% for fathers and 56.1% for mothers), while 7.2% and 7.3%, for fathers and mothers respectively finished their bachelor or master degree. The remaining percentage (34.1% for fathers and 36.6% for mothers) are for those who did not know the educational background of their parents. Participants reported their fathers' job as fisherman (43.9%), manual work (12.2%), migrated to the Persian Gulf (7.3%), driver (7.3%), kitchen work (4.9%), and employee in a company (4.9%), among others. They also informed about their mother job as housewife (30.0%), kitchen work (12.5%), did not know (7.5%), rubber tapping (5.0%), fishing (5.0%), housemaid (5.0%), and nurse (5.0%), among others. Besides, 36.4 % of their parents live together, while the remaining percentage showed those who have been divorced or separated or other casualties as one caregiver died, moved out to work, or has run away.

4.2.2 Instruments

The different instruments used to collect information during the investigation vary depending on the participants studied. There are four main objects of study mentioned above: the children, the directors of the center; the professionals that work in the residential care centers; the children; and other staff.

Study 1: We used the JVQ-R2 (Finkelhor et al., 2011) to measure the type and extent of violent experiences that each participant has been through. The JVQ-R2 is a self-report instrument used to assess different types of victimization against children and youth aged 8-17 years. The JVQ original questionnaire consists of series of questions regarding lifetime victimization experiences of children, such as conventional crime; caregiver victimization; peer and sibling victimization; sexual victimization; witnessing and indirect victimization; electronic victimization. The JVQ R2 version provides a comprehensive assessment about children and youth victimization experiences by adding several questions. For each item presence or absence of this victimization, experience was scored as 1 or 0. Since there was no validated and available version of the instrument in the local version, the current JVQ interview version was translated to Malayalam with the permission of its authors. The scale was administered in the context of a personal interview by one of the research team and a translator. The original version of the JVQ has shown good psychometric properties (Finkehlor, Ormrod et al., 2005).

Study 2:

- Centers' directors: We interviewed four directors of the centers (75% males) in order to understand their point of view of the lives of the children who are under their care and to share with the investigation group their expectations and challenges. The methodology used has been a semi-structured interview designed by the research team, based on the available literature and following previous experiences protocols.
- Professionals: We conducted two focus groups with the professionals and the staff working in contact with the children (n = 10, 30% males). The focus group served to collect qualitative data and will include questions about the challenges they face in their every-day task, the potential fears or insecurities, the measures, skills and strategies that they already use and what they would expect from training in order to overcome all these difficulties.

4.2.3 Procedure

Initial assessment

Literature review: The members of the team will perform a search of the most relevant literature on the topic. In this sense, the members of the team will consider studies published in scientific journals regarding victimization and poly-victimization prevalence in children cared by the child welfare services (e.g., Segura, Pereda, and Guilera, 2015) and in community samples (e.g., Pereda, Guilera, and Abad, 2014). The members of the team will also look for evidence-based training programs or implementation measures that have positive outcomes with this population (e.g., Reavley et al., 2015). This information will be summed up and taken into account for the design the training program.

Field study: As explained above (see 4.2.2. Instruments section), the members of the team will gather empirical data about children living in residential care facilities and workers from these institutions in the Southwestern region of India in August 2018.

The members of the team will overcome the barrier of language by means of native speakers (three students from the University of Loyola) who will translate *in situ* the content of the questions and the participants answer, and who will have been previously trained by the members of the team on children's victimization research and procedures.

The initial assessment will take place from June 2018 to August 2018.

Program development

Data analysis and training design: During this phase, the members of the team will design the training program. This will guarantee that training content and structure will respond to workers' expectations and to the children and professionals' reality. Between October 2018 and August 2020, the members of the team will analyze the gathered information during the first phase. The team will then present the conclusions to SOI in order for them to guide the team during the implementation phase.

Literature Review: During the design of the training, the team will do a second literature review focusing on those materials that are specifically related to the development of social and educational training programs and that match with the results the team has found during the field study.

The design of the training will be done between October 2018 and August 2020.

Implementation of the program

The training program will be intended for those men and women who work or will work in the future in contact with children of residential care centers in the south of India. The training will promote the debate and the discussion between the professionals and the future professionals, and their participation will be crucial for the acquirement of knowledge and the success of the project. The trainings will not seek to lecture professionals on how to do their tasks but, on the contrary, will be focused on the improvement of the professional skills through the dissemination of knowledge and the development of critical views that will allow the participants to keep improving the centers' functioning throughout the years.

During August 2020, the members of the team will go to India to implement the training.

Training assessment

In order to see the impact of the program, its assessment will be done before and after its implementation, in three different stages: just before the implementation of the training (August 2020), one month after the implementation (October 2021) and one year after the implementation of the program (August 2022).

The team will contact the professionals or future professionals and will ask them to complete a survey regarding their knowledge, their professional competences and their self-perception when working or studying. This survey aims to measure the differences between the two periods and observe the changes that the project might have brought to the centers' lives.

The team will organize this information in a final document that will handle in copy to SOI. In this final report, we will also include instruction on how to apply the training, so people in India can keep spreading the word about the content and skills acquired, measuring its effects.

Dissemination of the project

After the assessment of the project, the team will disseminate the results of the project in order to create social consciousness about the risk situation of street children living in care centers in India.

The local professionals of the residential care centers will also participate in different activities in which they will be able to share the changes they have seen inside the care centers and in the children who live there, as well as to propose new measures to improve their work and the situation of the children.

The dissemination of the results can serve as an example for other organizations that are seeking to improve their performance through the study of empirical data and the application of evidence-based programs for their specific needs.

We also aim to publish the results in academic journals and share it in conferences so that the scientific community can replicate the study in other populations or improve the project with their feedback.

Final report

Once the investigation is completed and the assessment of the training programs are done, the team will write a final report and will share it with the interested partners. In this final report, there will be a brief theoretical review introduction, a description of the different stages of the project, the different views of the local professionals, the process of developing the training and the final results of the project.

4.2.4 Chronogram

YEAR	2018			2019	2020		2021	2022			
MONTH	Jun	Jul	Aug			Aug	Oct	Aug	Sep	Oct	Nov
Initial assessment											
Program development											
Implementation of the program											
Training assessment											
Dissemination of the project											
Final report											

4.2.5 Ethical Principles

The members of the team are aware that studying victimization can raise some ethical concerns because of the sensitivity of the topic and the vulnerability of children with adverse life experiences. With this in mind, the members of the team are compromised to work and respect the ethical standards recommended by the Ethical Research Involving Children (ERIC). Thus, children will be individually interviewed by researchers specifically trained to collect data on violence against children (United Nations Children Fund, UNICEF, 2012) and will be treated with the highest standards of respect and consideration.

4.3 Research team

GReVIA is a research group mainly focused on violence against children, in all its aspects, from a scientific perspective. We work based on the theoretical model of Dr. David Finkelhor on the *developmental victimology*. Through Finkelhor's perspective many of studies have found that the majority of children who have experienced one kind of victimization are more likely to experience other forms, in this sense, that victims tend to suffer multiple events of violence which is called poly-victimization, which in turn is a strong predictor for psychopathology.

GReVIA was created and linked to the University of Barcelona (UB). Since it was found in the year 1450, the UB has been a leading center of education, science and critical thinking. The quality of its teaching and research, which have won recognition both in Spain and abroad, complements the UB's commitment to serve the interests of local society and the country as a whole, and combines with a demonstrably dynamic, constructive and humanist character that permeates the daily activities of the institution. As far as international research is concerned, the University has so far secured funding totaling more than 20 million euros for 61 research projects from the European Commission's Horizon 2020 program. GReVIA is a research group at the Department of Clinical Psychology and Psychobiology, UB. Members of the current team (i.e., Marina Bartolomé, Ana Martina Greco, Jessica Oyarzún, Anna Segura and Elizabeth Claudia Suárez) are university professors and research specialists in child and adolescent victimology, the study of protective factors and resilience, and epidemiology and methodology of behavioral sciences. The team has worked together productively over the years, finding a common line of work based on the social role of research.

5. Results

5.1. Quantitative analysis

Lifetime victimization prevalence

All interviewed youths had experienced at least one type of victimization (JVQ-R2) in their lifetime (n = 41), ranging from 4 to 35 experiences of victimization (see the sample victimization distribution in Figure 2). Using the JVQ-R2 version the mean number of lifetime victimization types was 14.66 (SD = 7.94, Mdn = 12.00, IQR = 31).

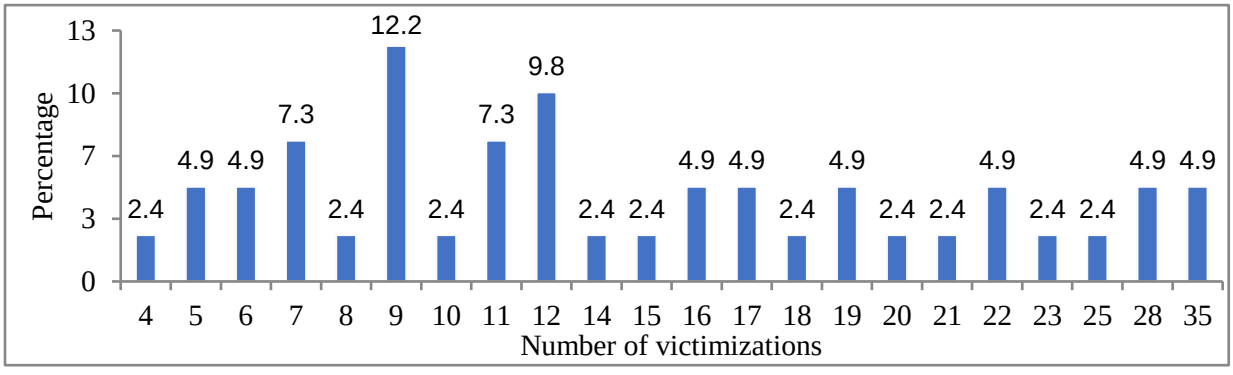


Figure 2. Lifetime victimization distribution (JVQ-R2 version).

Considering those items used by the JVQ version (37 items, including S7 as statutory rape), all participants had also experienced at least one type of victimization during their lifetime (n = 41), ranging from 2 to 21 experiences of victimization (see the sample victimization distribution in Figure 3). Using this JVQ version the mean number of lifetime victimization types was 8.76 (SD = 4.93, Mdn = 8.00, IQR = 19, range from 2 to 21).

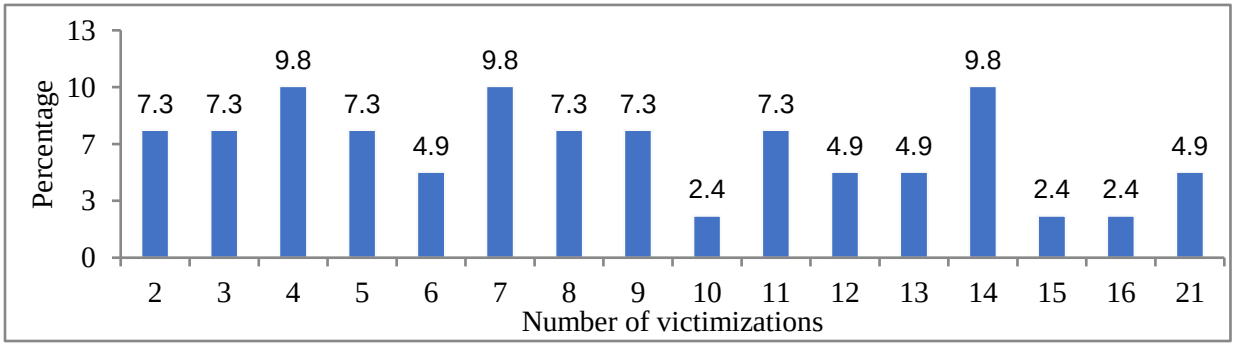


Figure 3. Lifetime victimization distribution (JVQ version).

Victimization modules

Conventional crimes

The majority of the participants (87.8%) had been victims of some conventional crime during their lives, and using the JVQ items (see Figure 4).

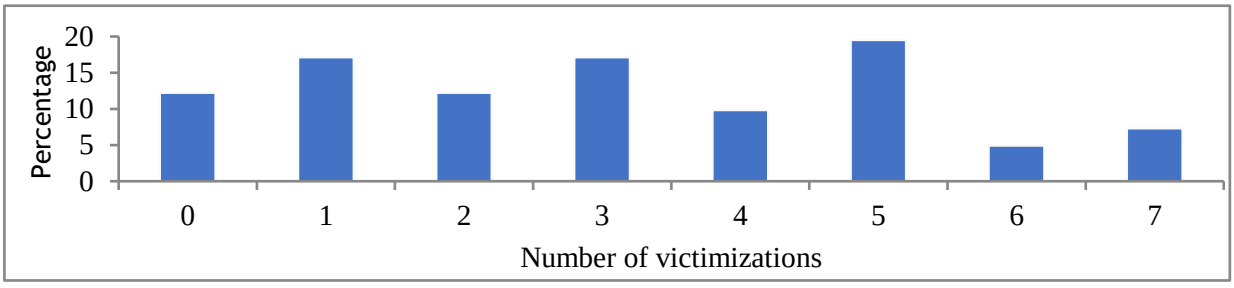


Figure 4. Conventional crimes victimization distribution

For this time frame, crimes against persons (75.6%) were more prevalent (68.3%) than property crimes (see Table 2).

Table 2. Conventional crime victimization experiences during lifetime (JVQ).

	Victimized		*Gender (%)*	
Victimization	*n*	*%*	*M*	*F*
Property victimization	*28*	*75.6*		
C1. Robbery	*11*	*26.8*	*32.3*	*10.0*
C2. Personal theft	*18*	*43.9*	*48.4*	*30.0*
C3. Vandalism	*12*	*29.3*	*22.6*	*50.0*
Crimes against persons	*31*	*68.3*		
C4. Assault with weapon	*23*	***56.1***	*48.4*	*80.0*
C5. Assault without weapon	*20*	*48.8*	*41.9*	*70.0*
C6. Attempted assault	*12*	*29.3*	*35.5*	*10.0*
C7. Threatened assault	*11*	*26.8*	*32.3*	*10.0*

Victimization	Victimized		Gender (%)	
	n	*%*	*M*	*F*
C8. Kidnapping	*3*	*7.3*	*9.7*	*-*
C9. Bias attack	*17*	*41.5*	*35.5*	*60.0*

The most frequent form of conventional crime victimization experiences was being assaulted with a weapon (56.1%). Some participants expressed that the perpetrator was “a friend”, “classmates”, “mother and father”, “brother”, “teacher”, “director/principal” or/and a “nun”. Also, they reported that they had been assaulted at “school”, “at home” or/and “at the center”.

Caregiver victimization

Over three-quarters of participants (78%) had been victims of some caregiver victimization during their lives, and using the JVQ items (see Figure 5).

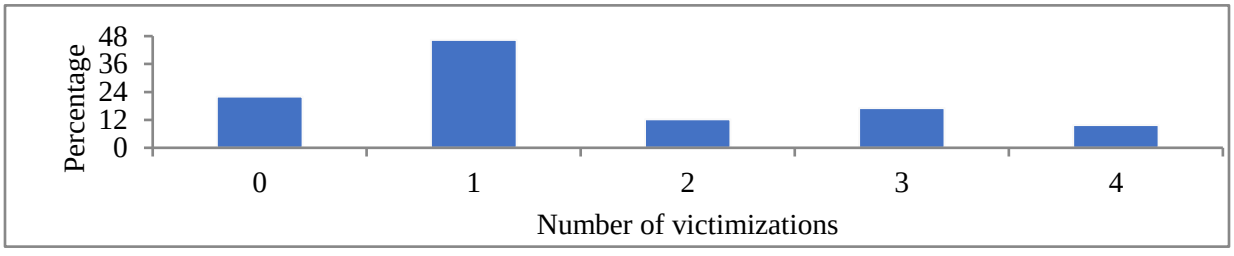


Figure 5. Caregiver victimization distribution

Physical and psychological/emotional abuse are the most frequent forms of caregiver victimization experiences (see Table 3).

Table 3. Caregiver victimization experiences during lifetime (JVQ).

	Victimized		*Gender (%)*	
Victimization	*n*	*%*	*M*	*F*
M1. Physical abuse	*17*	***41.5***	*41.9*	*40.0*
M2. Psychological/emotional abuse	*17*	***41.5***	*51.6*	*10.0*
M3. Neglect	*9*	*22.0*	*12.9*	*50.0*
M4. Custodial interference/ family abduction	*6*	*14.6*	*12.9*	*20.0*

Using the JVQ-R2 supplemental items regarding neglect were assessed, witnessing a parent being verbally threatened by another parent was the most frequent form of this kind of victimization (70.7%) (see Table 4).

Table 4. Supplemental items for neglect (JVQ-R2).

	Victimized		*Gender (%)*	
Victimization	*n*	*%*	*M*	*F*
M5. Neglect from parental incapacitation	*14*	*34.1*	*35.5*	*30.0*
M6. Neglect from parental absence	*7*	*17.1*	*16.1*	*20.0*
M7. Neglect from inappropriate adults in home	*5*	*12.2*	*12.9*	*10.0*
M8. Neglect from unsafe environment	*13*	***37.1***	*38.7*	*10.0*
M9. Neglect from lack of hygiene supervision	*13*	***37.1***	*32.3*	*30.0*

Peer and sibling victimization

Three-quarters of participants (75.6%) had been victims of some peer and sibling victimization during their lives, and using the JVQ items.

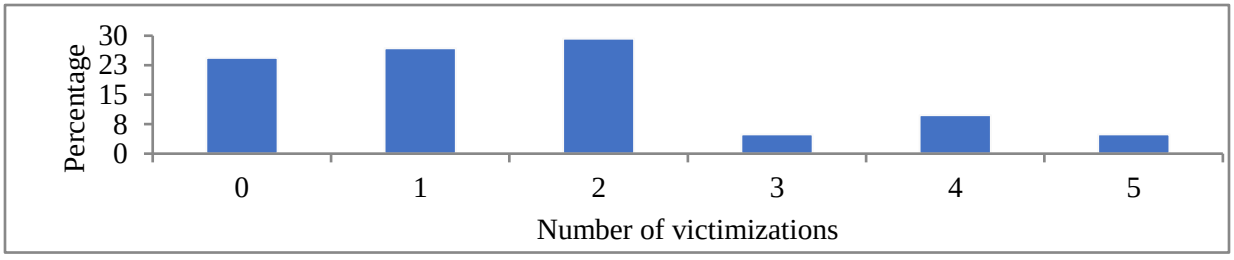


Figure 6. Peer and sibling victimization distribution

Peer or sibling assault was the most common experience of peer and sibling victimization (see Table 5).

Table 5. Peer and sibling victimization experiences during lifetime (JVQ).

	Victimized		*Gender (%)*	
Victimization	*n*	*%*	*M*	*F*
P1. Gang or group assault	*13*	*31.7*	*35.5*	*20.0*
P2. Peer or sibling assault	*20*	***48.8***	*51.6*	*40.0*
P3. Nonsexual genital assault	*2*	*4.9*	*3.2*	*10.0*
P4. Physical intimidation	*8*	*19.5*	*22.6*	*10.0*
P5. Verbal/relational aggression	*19*	*46.3*	*48.4*	*40.0*
P6. Dating violence	*5*	*12.2*	*9.7*	*20.0*

The JVQ-R2 version provides two supplemental items about peer relational aggression, witnessing a parent being verbally threatened by another parent was the most frequent form of this kind of victimization (70.7%) (see Table 6).

Table 6. Supplemental items for peer relational aggression during lifetime (JVQ-R2).

	Victimized		*Gender (%)*	
Victimization	*n*	*%*	*M*	*F*
P7. Social discrediting by peers	*17*	***41,5***	*35.5*	*60.0*
P8. Social exclusion by peers	*13*	*31,7*	*29.0*	*40.0*

Sexual victimization

Around 1 in 7 participants (14.6%) of the sample had been victims of some form of sexual victimization during their lives, and using the JVQ items.

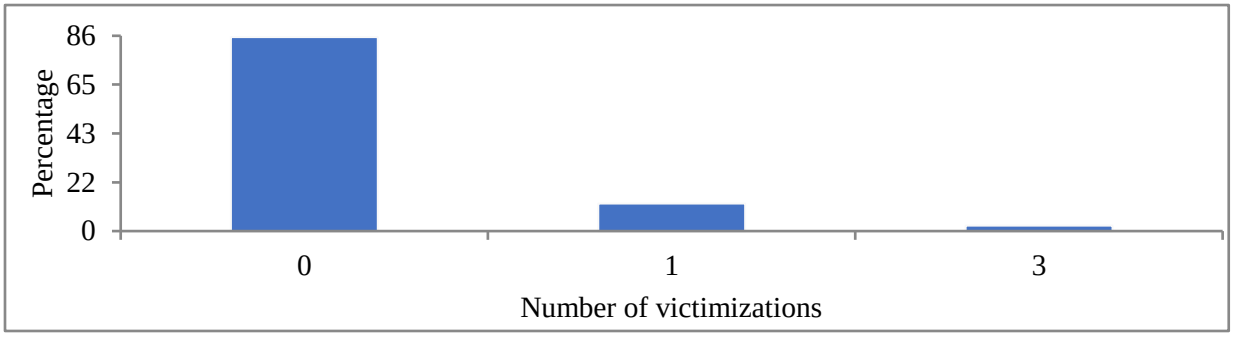


Figure 7. Sexual victimization distribution

Sexual victimization without physical contact was more prevalent (12.2%) those with sexual contact, being verbal sexual harassment the most frequent experience (see Table 7).

Table 7. Sexual victimization experiences during lifetime (JVQ).

	Victimized		*Gender (%)*	
Victimization	*n*	*%*	*M*	*F*
With physical contact				
S1. Sexual abuse/assault by known adult	*-*	*0.0*	*0.0*	*0.0*

Victimization	Victimized		Gender (%)	
	n	*%*	*M*	*F*
S2. Sexual abuse/assault by unknown adult	*1*	*2,4*	*3.2*	*0.0*
S3. Sexual abuse/assault by peer/sibling	*1*	*2,4*	*3.2*	*0.0*
S4. Forced sex (including attempts)	*1*	*2,4*	*3.2*	*0.0*
Without physical contact				
S5. Flashing/Sexual exposure	*-*	*0.0*	*0.0*	*0.0*
S6. Verbal sexual harassment	*5*	***12.2***	*12.9*	*10.0*
S7. Statutory Rape and Sexual Misconduct	*-*	*0.0*	*0.0*	*0.0*

Witnessing and indirect victimization

All the participants (100.0%) had witnessed some kind of victimization or had experienced it indirectly during their lives, and using the JVQ items.

Figure 8. Witnessing and indirect victimization distribution

For this timeframe, crimes against persons (75.6%) were more prevalent (68.3%) than property crimes (see Table 8).

Table 8. Witnessing and indirect victimization experiences during lifetime (JVQ).

Victimization	*Victimized*		*Gender (%)*	
	n	*%*	*M*	*F*
Family violence				
W1. Witness to domestic violence	*29*	***70.7***	*64.5*	*90.0*
W2. Witness to parent assault to sibling	*17*	*41.5*	*41.9*	*40.0*
Community violence				
W3. Witness to assault with weapon	*13*	*31.7*	*32.3*	*30.0*
W4. Witness to assault without a weapon	*29*	***70.7***	*74.2*	*60.0*
W5. Burglary of family household	*10*	*24.4*	*25.8*	*20.0*
W6. Murder of family member or friend	*3*	*7.3*	*6.5*	*10.0*
W7. Witness to murder	*2*	*4.9*	*6.5*	*0.0*
W8. Exposure to random shootings, terrorism or riots	*4*	*9.8*	*12.9*	*0.0*
W9. Exposure to war or ethnic conflict	*-*	*0.0*	*0.0*	*0.0*

Using the JVQ-R2 supplemental items regarding the exposure to family violence, witnessing a parent being verbally threatened by another parent was the most frequent form of this kind of victimization (70.7%) (see Table 9).

Table 9. Supplemental items for exposure family violence (Witnessing and indirect victimization) experiences during lifetime (JVQ-R2).

	Victimized		*Gender (%)*	
Victimization	*n*	*%*	*M*	*F*
EF1. Parent verbally threatened	*29*	***70.7***	*67.7*	*80.0*
EF2. Parental displaced aggression	*20*	*48.8*	*45.2*	*60.0*
EF3. Parent pushed	*18*	*43.9*	*45.2*	*40.0*
EF4. Parent hit or slapped	*27*	*65.9*	*71.0*	*50.0*
EF5. Parent severely physically assaulted	*1*	*2.4*	*35.5*	*11.1*
EF6. Other family violence exposure	*9*	*22.0*	*19.4*	*30.0*

Otherwise, supplemental items from the JVQ-R2 version report information about school violence and threat, witnessing a parent being verbally threatened by another parent was the most frequent form of this kind of victimization (70.7%) (see Table 10).

Table 10. Supplemental items for school violence and threat (Witnessing and indirect victimization) experiences during lifetime (JVQ-R2).

	Victimized		*Gender (%)*	
Victimization	*n*	*%*	*M*	*F*
SC1. School threat of bomb or attack	*1*	*2.4*	*3.2*	*0.0*
SC2. School Vandalism	*12*	***29.3***	*35.5*	*10.0*

Finally, the JVQ-R2 version adds supplemental items in order to better assess the exposure to community violence, witnessing a parent being verbally threatened by another parent was the most frequent form of this kind of victimization (70.7%) (see Table 11).

Table 11. Supplemental items for exposure community violence (Witnessing and indirect victimization) experiences during lifetime (JVQ-R2).

	Victimized		*Gender (%)*	
Victimization	*n*	*%*	*M*	*F*
ECV1. Exposure to sexual assault	*3*	*7.3*	*0.0*	*30.0*
ECV2. Exposure to robbery	*11*	***26.8***	*25.8*	*30.0*
ECV3. Exposure to threatened assault with weapon	*6*	*14.6*	*16.1*	*10.0*

Electronic victimization

Only one participant (2.4%) of the sample had been victim of electronic victimization, in particular he/she was harassed via internet (see Table 12, and for electronic victimization supplemental items see Table 13).

Table 12. Electronic victimization experiences during lifetime (JVQ).

	Victimized		*Gender (%)*	
Victimization	*n*	*%*	*M*	*F*
INT1. Internet harassment	*1*	***2.4***	*3.2*	*0.0*
INT2. Unwanted internet sexual messages	*-*	*0.0*	*0.0*	*0.0*

Table 13. Supplemental items for electronic victimization experiences during lifetime (JVQ-R2).

	Victimized		*Gender (%)*	
Victimization	*n*	*%*	*M*	*F*
INT1B. Cell phone harassment	*1*	*2.4*	*3.2*	*0.0*

5.2. Qualitative analysis

Interviews with directors

We perform four interviews with the directors of four different centers. Two of them were women and two of them were men.

General structure

Each center seems to be specialized in a particular type of profile. Table 17 showed the characteristics of each center.

Table 17. General structure of each center.

Center	Kids' profiles	Number of kids	Staff	Ratio (adult/child)	Religious
3	Boys from poor families	94	5 = A director, a cooker and 2 or 3 counselors	1/11	Yes
5	Girls in risk for abuse	52	9 = Four religious women, three graduated or professors, two male cookers	1/11	Yes
1	Children victims of sexual traffic, with VIH, offenders or from broken families	12	4 = Director, one caregiver, one teacher, one cooker	1/2	No
2	Teenage boys from poor families	60	5 = Three religious men, two female cookers	1/12	Yes

Note: Centers match with those described in Table 1.

Routines

All centers had similar routines, although religious centers would begin earlier (around 5 or 6am) to pray. At 8am all children have breakfast and go to school. They come back around 4pm, when they have an hour of free time and a tea break. Then, they study until around 8pm when they dinner. They go to sleep around 10pm. In the center number 3 they perform sharing sessions before going to bed, around 9pm, so children can share what was their day like.

External resources

Centers relied on different external resources in terms of providing counseling to children under their care. Center number 1 said that NGOs and a program called "Inspiring" would provide for this service. In center number 2 there was one of the sisters who also had some counseling knowledge and therefore, she also filled in this role. Center number 3 was very much in touch with the government since they were involved in LGBT laws improvements. They also relied on the services provided by the national Child Line and Child Welfare Community. Center number 4 reported to communicate with an external psychologist or counselor and a doctor. The director also said they were in touch with school professionals and the association of parents from school.

Violence

When asked about their views on violence, how would they define this concept, most directors mentioned violence among kids or committed by them:

Sometimes kids get into fights and we try to consider both sides. People outside our center do commit violence; they fight and they torture.

Juvenile that are involved in delinquency or violent acts.

Only the director from center 3 seemed to acknowledge that kids not only perform but also suffer violence:

There are different types of violence: psychological, physical… (…). It can be hit, scream or not allowing them to play with other kids, isolate them, not giving them food, free time to have fun… All of these are forms of power, ways to exercise control over kids. Also, not letting them going to bed on time, not giving them enough attention or care when they need it. In normal children homes there is also violence… .

In sum, most directors have no specific idea of violence or they associate it more with the violence committed by children rather than the one suffered by them. When asked specifically about children's violent experiences, answers were quite similar

*Girls tend to fight against each othe*r.

There is no violence in the center, only fights, discussions… Sometimes they steal things from each other. Parents become violent and get mad [with the residential center's staff], and they might be aggressive with the workers of the centers.

Nothing happen here (...) [Violent experiences] outside the center is normal, violence is low in Kerala, they do not have any cases. They do not make children starve. I have heard about people hitting children, disciplinary. When they get angry they can get physically aggressive, they call nicknames or tease.

Once more, only the director from center number 3 seem to be more aware of children's experiences

Most children have been through some type of violence. In school, teacher beat the children, in every school. Most of the school teachers do that.

When asked about how they deal with violence inside the centers (i.e., whether if they have any protocols or steps to follow), answers also reflected this concept in the same three participants:

We can take them to the child welfare community. If sometimes I see a sad boy, I ask him what is wrong or I go talk to him. But there is nothing serious, I do not want to go to higher levels for regular everyday problems. If there is a very bad boy, we kick him out.

When we see girls fighting we separate them, we isolate them and we make them think. We refer them to counseling when we suspect something [more serious] or with any problems.

Nothing has happened. [In our seminars] we give proper guidance, formation, personal development [to our staff].

The question was then asked in conditional (i.e., what would they do if they would find out that one of the kids under their care was being a victim of some type of violence?). The answers we got also denied the possibility of being victim of an adult:

[When they are violent] against themselves, we talk to them, explain what is wrong, explain to them, [make them] realize these things should not happen. Then they talk to parents or relatives, and make them realize that "everybody is caring for me and loving I should not do this" [Interviewer]:- And when the perpetrator is an adult? – [Answer]:- No possibility for the child to face this kind of violence here. But, in case of a suspicion he will refer to the superior bishop.

Call them and try to solve this problem. [We tell the kids to] Inform us. Try to realize the wrong part, what make them feel angry to attack or assault the others. To know better about the reactions of children would improve and decrease violence.

Only the director of center number 3 had a different perspective and reported how the system fail to response correctly to this type of cases.

In India every person who has a sexual contact with a girl is a crime also for the marriages. The state will take the child away, and the government will set the child to a government center. But there are problems in trials with children because they do not really tell about the abuse, and the procedure is really slow. When they are taken away, they lose their families, friends, schools, neighbors, and they feel like being in a jail (even the cell phones ae not allowed). They take them from the school to the center. These centers tend to be collapsed; they have too many children, more than what they can handle and facilities are not enough.

"With peanuts you will get only monkeys" the payments is very less, for that reason who work with these kids, who with what school education, and maybe very moral, what these children will get from them, maybe these children can be abused. The girls try to escape from these homes, and when the police catch them, they took them back to the center. So, the system is not good. The situation is really complex, and the resources are very limited.

We also asked about the challenges they found when dealing with violence. All participants agreed that the lack of financial resources was the main problem, as reflected in these answers.

Financial resourcers, workers here are not satisfied with their salary and it is just a job for them. They do not really get involved. We cannot keep people working on voluntary basis, everything is expensive in Kerapa and we get less funds tan other centers because they say we convert.

Lack of resource to provide kids with psychological therapy. When there is a good pay, the good people will come. We have problems. We have not enough funds, not good infrastructure. We are training the volunteers and they work with the kids, and then after a period of time, they leave.

During the stage in India, news broke about a center that abused children under their care. Participants were asked about these news and how did they feel about it. Interestingly, centers that included girls among the children under their care thought this was pretty common:

In India, this is very frequent. Nobody looks at caretakers' criminal records, nor his/her education and orphan kids are the most unprotected.

This news were not a surprise. Charity is based in the idea that someone gives something to some other ones, but this interferes with this latter person's freedom and we expect this person to obey. We establish power-based relationships when the caregiver has a charity relationship with the kid. We think there is exploitation because this is a way of thinking, even though they might be good people. [In our case] we do not think like that, we think we are the chosen person (by the government or by ourselves) to give them but in equality terms, because the kid is entitled to receive. It is not charity. When you see it from this point of view, exploitation options are reduced… .

On the other hand, the directors of centers dedicated to boys said these were isolated cases:

This cases are not common; we cannot generalize.

I only read it on the newspaper. In Kerala there are more than 300 centers for children, maybe it happen in one or two.

Risk factors

Participants were asked about the risk factors they recall at individual, family and cultural level. In Figure 9, answers are organized by each level. As it can be seen, most participants identified risk factors related with the family or cultural background, rather than on the individual.

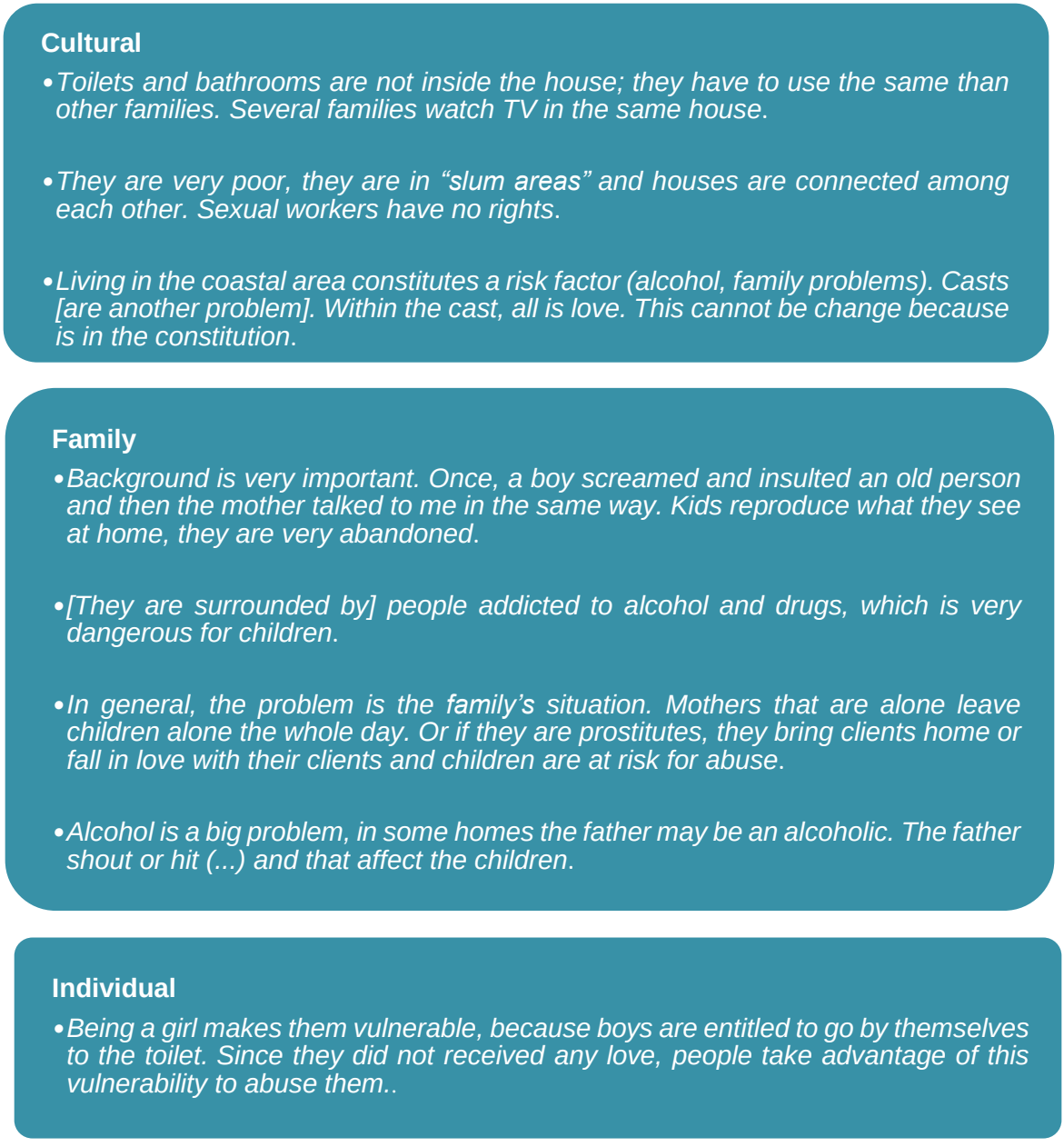


Figure 9. Risk factors identified by participants according to their level

Rapport

When asked about their views on daily work with the kids, how would they describe the relation their have with the children of the center, most directors mentioned that they had a positive relationship with the children:

We are like a family, we don't want to be an institution.

Good relationship between professionals and children, as family members. Those who are working here, they know why are here, they know the background of the children. The man in orange was here before and now he has a family and is working here helping the boys.

Rules/Limits/Manners

Participants were asked about the disciplinary methods that they regularly use with children. As it can be seen, most participants identified corporal punishment as the most used disciplinary method in behavioral management.

I have a stick to give them fear, misbehaving is not allowed. Call the child, the educator warns the children the first time they make mistakes, and they explain why he has done it wrong. When the child returns to do 4 or 5 times, they hit him. Because the child has to learn, time of learning, learn properly. When they do a mistake (for example if his reading is not properly, or when a bad smell comes, or for a misbehavior) the other remember this, they make fun of afterward.

If there is a very serious case, the girls are beaten with a stick. And in front of the group.

Only the director of center number 3 had a different perspective, pointing out other methods of discipline:

Basically when children have bad behavior, we remind them of some of their privileges or give them jobs they do not like (for example, they have to go to buy milk or we can punish children by leaving them without playing football).

Challenges

We also asked about the challenges, insecurities and difficulties do they have in order to establish rapport or to relate to children.

All participants agreed that the main issue is, as children come from different realities, there are problems of adaptation to the rules of the center, as reflected in these answers.

Girls have a hard time adapting to life in the center coming from backgrounds so different, because here they are under their responsibility and if something happens to them it will be their fault, they must be careful).

I feel overwhelmed, I work 24 hours, the boys and the staff discuss among themselves, all come from very low strata. Parents always want more things, even if they give them everything.

Improvements

When asked about their views on improvements in the rapport with those kids (training, resources, better networks), most directors mentioned training and economic resources:

We believe that to the girls a training program, it would help them to classify the personal development on how to act, to develop more their dreams, their ambitions).

All the students also, have meetings. Find out, observations with them, just generally talk about thing they observe. And talk if they feel some problems and ask them suggestions, they also feel that they are cared.

Resilience and support

We also asked about what would help they to improve the support you bring to the children when they face problems (training, resources, better networks, system).

Participants mentioned to provide methodology and strategies for support for coping with current and future crisis situations:

Resources

The two brothers got formation during 10 years, they are public figures also, they know how to handle these students/them. The parents (mostly their mothers) or relatives come to visit them, they want to take them out (they can), Sundays and all holidays they can come.

They do a cultural program with the students. The meeting helps (staff). Family gather - feeling or being as a family. Seminars with the other associations affiliated with the government.

Call him and talk with a boy that needs help, make him feel that I am there. I will send him to the counselor.

I am part of a university committee where they evaluate the violence that occurs in these institutions (they decide what to do, Interventions). In this committee, there are people from the university and external, like me and another from the police. And in return they have students who come to the center to work as volunteers.

On the other hand, some directors of the centers mentioned some isolated actions and strategies used to strengthen the children:

Only one sister who gives counseling and some workshops have had.

I take care of them, I listen to them, they can always tell me what happens inside them. There is a help line in which children can complain about the center.

Challenges

We also asked about the challenges, insecurities and difficulties do they have regarding children health (detection) and social problems or how to support these children. Some answers were:

Children have a lot of stress. Sometimes it is because they are not given enough attention and they are not up to date at school, they need additional help. They may have been abused or have suffered violence and this trauma will be present in their lives. These people have not been taught to choose someone at the time of falling in love. The mother does not have enough skills when choosing a couple and this person who chooses can later be their aggressor. He has problems to relate, to understand who is good or bad. Children with HIV positive no longer accept them. We realized that it is not good for them to have them in a group because they spread diseases among themselves and were vulnerable to all diseases.

One child that they background is so poor, their parents are separated, and this is the only boy that they have, that affects the child very badly. Thinking also, he has some kind of fear, if he sees me, he would not speak to me, the way he stand the way he look at me, he feels kind of inferiority. Little problems about the studies, they always prefer playing out unless studying, they can sit for an hour or half an hour. They are selected here by 10, before coming here they have to learn how to read and write and when they come here they realize that some of them they don't know how to do it.

Prevention

We interviewed them about what they would do to prevent violence against children.

Measures

We use mediation methods for what has happened from all perspectives when there is a fight. Sometimes I use the stick because it is a way of showing what will happen if they misbehave.

They are conscious that violence is not allowed. Make them do realize the bad side of violence, personal development, what kind of persons what will become, making them think. Ask them since you have do wrong, which kind of punishment do they think they deserve, they (the Father) ask them to suggest a punishment.

Effectiveness

Some directors mentioned examples of disciplinary methods that they considered were effective:

When we punished a boy for example, without letting him do anything, it worked much better. It is also effective to throw them out, because we do not have the obligation to keep having it.

If they commit a mistake, we are going to understand why he should not do that and he has done a mistake. To make them more responsible. It is necessary for our lives to become good persons. If they want to be a good player and they make a mistake against to any value, if they not respect the values they cannot be a good player. And they think and become responsible.

Improvements

Another question was what else would help them to improve the protection and care of these children. Some participants agreed that the lack of financial resources and government support were the main problem, as reflected in these answers.

I wish they would close this center because it is very frustrating. The government does not support us and the parents are violent and very demanding.

The main problem is the lack money, accommodation, facilities and develop the infrastructures, extra-curricular activities, extra tuition or classes (rather than the school education), more professionals who give classes to the children.

6. Conclusions and implications

The current pilot research study has shown that children placed in residential care centers experience high rates of victimization experiences according to previous research with this population (e.g., Collin-Vézina, Coleman, Milne, Sell, & Daigeault, 2011; Ellonen & Pösö, 2011; Segura, Pereda, Abad & Guilera, 2015). In this regard, all interviewed youths had experienced at least one type of victimization in their lifetime, ranging from 4 to 35 experiences of victimization, which is similar to previous studies, e.g., in Spain (Segura et al., 2015), even though the sample characteristics were slightly different.

The most common victimization experience reported by the participants was witnessing or indirect victimization. All girls and boys of the current sample have experienced this kind of victimization, which referred not only to community violence but also to domestic violence. Risk factors from micro and macro-systems, for example alcohol abuse or overcrowding in housing, should be taken into account, and their contribution to this type of victimization should be analyzed.

Almost 9 out of 10 (87.8%) participants also reported conventional crime experiences, related to property victimization such as personal theft or vandalism, but also to crimes against persons, e.g., assaults or bias attack. Besides, three quarters of the sample (75.6%) experienced peer and/or sibling victimization, mostly peer or sibling assault, verbal or relational aggression and some of them reported dating violence. Children can experience all these adversities at home, at streets, at school but also, while they live at residential care centers. In consequence, each center should promote a safety and respectful environment to make children comfortable where they live (e.g., to have their own belongings without having to worry about them, having their own spaces), and allow them to trust adults we in case they need to report an adversity.

Caregiver victimization experiences were reported for 78% of the current participants, meaning that at some point almost 8 out of 10 children have experienced physical or emotional abuse, neglect or family abduction. Results are consistent with previous studies with child welfare system samples (e.g., Segura et al., 2015). However, children of the current sample were not always placed at residential care centers for maltreatment reasons but for poverty. Differences between child welfare systems should be acknowledged and analyzed when researchers aim to understand this data. Another relevant aspect is that even though corporal punishment was not asked, children reported these kind of experiences at the hands of those working at residential care centers. In this regard, future studies should assess and explore children's corporal punishment experiences.

Sexual victimization was reported for 14.6% of participants, showing lower rates than on previous research with child welfare system samples (e.g., Cyr et al., 2012, Segura et al., 2015). Researchers should analyzed whether cultural differences or the translation have had an impact on this outcomes.

Otherwise, only 2.4% of the participants reported electronic victimization. Most of them informed they did not have access to electronic devices. Again having a deep knowledge of the population would allow researchers to understand the difference between this rate and the ones obtained in other similar studies.

Based on the qualitative data, researchers have identified several misunderstoods between children and caregiver or professionals working at the residential care centers. For example, most of the times when professionals are asked about violence against children, they tend to think that it mostly happens between them, meaning that one kid verbal or physically assault another. However they do not recognize that violence from adults toward children can occur. This phenomena could prevent them to identify risk factors or extremely dangerous situations for children. In this regard, training programs should be designed and developed in order to sensitize those professionals working with children at residential care centers, to allow them to better understand children's victimological trajectories, their distress and behavior, and how to protect them or the resources or strategies to use.

In line with quantitative results, risk factors coming from the macro system seem to have an enormous influence in the violence children experience in this context. Shared toilets, living in the coast area, belonging to a specific cast can increase the risk of experience victimization. The children themselves cannot change these variables, so ways of developing resilience for kids with higher risks are needed. The lack of financial resources and the legal frame have also been brought up in the interviews. Policy makers and other stakeholders may want to consider these findings as they can be key in changing this children's realities.

Finally, all the current results showed that interpersonal violence is a relevant problem for boys and girls living in residential care centers at the southwestern region of India, Trivandrum. The current research team would like to continue with the purpose to create a training for Child Welfare System workers. Working together and learning from each other would let us protect children.

7. Acknowledgements

This research was totally funded by the research team itself. We thank our colleagues from Universitat de Barcelona (Prof. Noemí Pereda, and Prof. Georgina Guilera), University de Vic - Universitat Central de Catalunya, and Prof. David Finkelhor and Prof. Sherry Hamby who provided insight and expertise that greatly assisted the research. We would also like to show our gratitude to the NGO Street Heroes of India (SOI) for hosting our project. We thank the University of Loyola and Prof. Sonny Jose for the support during our stay in India and for putting us in contact with the residential centers. We are also immensely grateful to Krishnendu, Babita and Anitha for sharing their valuable thoughts and helping us with the translation task during the course of this research. Finally, we would like to thank to all the research participants, to the directors but in particular, to all the girls and boys who have shared their life stories with us.

8. References

Aziz, A. (2015). The Epidemiology of Poly-Victimization in Pakistan. *Journal of Behavioural Sciences*, 25(1), 108.

Chan, K. L. (2013). Victimization and poly-victimization among school-aged Chinese adolescents: prevalence and associations with health. *Preventive medicine*, *56*(3-4), 207-210.

Cyr, K., Chamberland, C., Clément, M. E., Lessard, G., Wemmers, J. A., Collin-Vézina, D., ... Damant, D. (2012). Polyvictimization in a child welfare sample of children and youths. Psychology of Violence, 2(4), 385-400. doi: 10.1037/a0028040

Cyr, K., Chamberland, C., Clément, M. E., Lessard, G., Wemmers, J. A., Collin-Vézina, D., ... Damant, D. (2013). Polyvictimization and victimization of children and youth: Results from a populational survey. Child Abuse & Neglect, 37, 814-820. doi: 10.1016/j.chiabu.2013.03.009

Finkelhor, D., & Dzuiba-Leatherman, J. (1994). Victimization of children. *American Psychologist*, *49*(3), 173.

Finkelhor, D. (2007). Developmental victimology: The comprehensive study of childhood victimization. En R.C. Davis, A.J. Luirigio y S. Herman (Eds). *Victims of crime*. Thousand Oaks, CA: SAGE Publications.

Finkelhor, D., Hamby, S., Turner, H., & Ormrod, R. (2011). *The Juvenile Victimization Questionnaire: 2nd Revision (JVQ-R2).* Durham, NH: Crimes Against Children Research Center.

Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet*, *373*, 68-81.

Le, M. T., Holton, S., Nguyen, H. T., Wolfe, R., & Fisher, J. (2016). Poly-victimisation and health risk behaviours, symptoms of mental health problems and suicidal thoughts and plans among adolescents in Vietnam. *International journal of mental health systems*, *10*(1), 66.

Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PLOS Medicine*, *9*(11), 1-31.

Pereda, N., Guilera, G., & Abad, J. (2014). Victimization and polyvictimization of Spanish children and youth: Results from a community sample. Child Abuse & Neglect, 38(4), 640-649. doi: 10.1016/j.chiabu.2014.01.019

Segura, A., Pereda, N., Abad, J., & Guilera, G. (2015). Victimization and polyvictimization among Spanish youth protected by the child welfare system. Children and Youth Services Review, 59, 105-112. doi:10.1016/j.childyouth.2015.10.011

Reavley, N., Bassilios, B., Ryan, S., Schlichthorst, M., & Nicholas, A. (2015). Interventions to build resilience among young people.

TITLE:

AN EVALUATION STUDY AGASTHYAPOOMBATTAKAL (SCHOOL DROPOUT CONTROL) PROJECT BY DCPU-THIRUVANANTHAPURAM

Authors:

Ms. AnithamolBabu (MSWS sem-3)
Dr. Sonny Jose

Introduction

The tribal population of the country, as per 2011 census, is 10.43 crore, constituting 8.6% of the total population, 89.97% of the tribes inhabit rural areas, while around 10.03% inhabit urban areas. The decadal population growth of this group from Census 2001 to 2011 has been 23.66% against the 17.69% of the entire population. The population of scheduled tribes in Kerala,constitute roughly 1.45 percent of the State's population, approximately 4,84,839 people.They are broadly classified under 43 different communities (Census of India, 2011). But Keralites are considering different indigenous communities as one single category called tribes. Unlike from others, each tribal community has their own language, culture and rituals.

One of the primitive tribes of Kerala are the Kanis. They are living in the South-West part of India. In the past decades Kani tribes had no contact with the outer world. In Kerala they are seen in Thruvananthapuram and Kollam. There are 27 huts in theKottur forest of Kuttichal Gram Panchayathu, Thiruvananthapuram district, which are not developed in the basis of shelter, toilets, services, technologies, education, electricity, hospitals etc.

The project 'AgasthyantePoombattakal' is an initiative of District Child Protection Unit, Trivandrum, intended for the children, especially for 13 interior Kani huts in Kottur forest.Currently the project is in second Phase. The phase one of the project is launched in January 30. In the phase one of the project AgasthyantePoombattakal, the team members conducted a study in 27 huts of Kuttichal Gram Panchayath, visited 10 interior huts, anganvadies and schools whichthe kani children studied, conducted two summer camps for the children under the age of 18 and formed a youth club called Agasthya arts and sports club. The main aim of the phase one was to understand the issues and challenges faced by the kanichildren in education related issues.

From the successful completion of phase one in the first week of June, the project team members understood that whole development of the community will leads to the improvement of quality of life and education of children. So they submitted a report to the Social Justice department and

started the Phase two of the same project, by planning to start the interventions for the promotion of education from the grass root level.

The second phase of the project Agasthyantepoombattakallaunched in August. Preparation of individual care plan for each child and its follow- up was the main aim of the phase two. The implementation of second phase is managing by social work students of two colleges and youth club members. The district collector showed her interest in this project, by visiting the huts on November and pleased by the work of the team members. The collector called the consultation meeting with various departments of Government, formed a developmental plan and she committed that, she will find time for the follow-up of this meeting after 45 days.In phase two, the team members organized 2 medical camps in association with community medicine department of the Medical college, Trivandum and two day tour for the children.The present study is to evaluate the project AgasthyantePoombattakal which the researcher(s) are currently engaging with as volunteers.

General Objective:

To evaluate the project 'AgasthyantePoombattakal in terms of its objectives in Phase one and two, and to suggest possible interventions to Phase three.

Specific Objective:

1. To understand and document the history of the project Agasthyante-poombattakal
2. To review the Agasthyante-poombattakal with respect to objectives during Phase One and Two
3. To assess the changes brought through the Agasthyantepoombattakak project as perceived by the participants of this study
4. To recommend interventions to phase three of the project, Agasthyantepoombattakal.

Need and significance of the study:

In the past decades the low literacy rate of Scheduled Tribes was a serious threat to Indian education. It was significant even to Kerala, the state with the highest literacy rate. But now the literacy rate of tribes are on the increase. The present study is the evaluation of the phase one and phase two(until December 31) of the project Agasthyantepommbattakal, which the researcher(s) are directly involved. So the result of this study will help to understand the perspectives of residents, volunteers and project team about this project, their understanding about the project and the changes brings through the project. This study will help the researchers to understand the results of their works and recommend interventions to phase three of the project.

Methodology:

For the purpose of the study, 3 cases are selected from 13 settlements which the volunteers work with. The study adopted purposive sampling to select the participants representative of various

settlements. The data was collected through in depth interviews, observation and focus group discussion.For the study purpose the researcher(s) conducted a focus group discussion. The participants were the four MSW trainees and one youth club member. They are the volunteers of the project Agastyantepoombattakal of second phase.

CASE VIGNETTES

Case 1- Y

Y is one ofthe project coordinator of the government project of Kerala called Kaval. He is a MSW graduate from Kerala University. He was the coordinator of Agasthyante poombattakal phase one.

He claimed that he has prior experience in Kottur huts. As part of the curriculum of MSW, tribal camp was mandatory in their syllabus. Since he was the coordinator of the camp, finding the camp location was his duty. While moving through a magazine he saw an article related to Agasthyarkoordam trekking and Kani tribes. So he discussed with teachers and got permission from forest department. That camp was only for 3 huts called Podiyam, Kombidy, Kamalakam. In that camp, he understood that the reason for the participation of residents in their classes is only because of they are educated.

After the tribal camp some of the students including him keep in touch with the residents and occasionally they visited the huts and they took an initiative to help them to know there is a world outside. He said that he invited them to take part in college festivals, religious festivals, outings etc and then the residents consider them as family members and they always used to ask suggestions from him and his friends.

After the graduation he placed under the Social Justice Department as one of the project coordinator of Kaval. At that time he got a mentor DCPU. One day he heard that DCPU wants to do a study about drop-out students of Kottur as by the order of the District collector. Then he talked with the District child protection officer about his rapport about the residents. Then he took leave and started working in study with DCPU staff for 27 huts in order to understand the issues faced by the children. They visited more than interior huts, schools, anganvadi etc. And they prepared a report and submitted to the Government by requesting to start a project called agasthyante poombattakal. Since the most of the children in the interior part of the forest are drop-outs and their socio- economic status was vey low too.

Then the government representatives visited the huts and approved the proposal for the project called Agasthyante poombattakal. Later they organized two camps on May. The first camp was for children with age above 14 and the second camp was for children up to the

age of 15. The children in the first camp were worked as the volunteers in second camp.He claimed that they used the strategy called participative approach to organize the camp. So that prior to camp the team members of the project organized three orientation class for the youth and adults. Then the oriented residents started visiting different huts and tried to ensure the participation of children by giving awareness to parents about the camp and security of children. In the first day of the camp only 8 children were present. Later days the strength increased up to 107. All the activities in the camp were for the promotion of education. Each and every activity in the camp was concluded by the importance of education. During the camp the team members recorded the details of the children and their school. On the last day of the camp Y and other project team members supplied bag and related things as a gift for each child with the help of a company.

Y said that in between camp he organized youths and formed Agasthya arts and sports club and gave orientation about education. The primary task of the club was to identifying drop-outs and taking immediate action to getting them back to school. Then they understood that more than 20 children are drop-outs, more than 30 students are irregular In going to school and 4 children are not enrolled in school aged above 6yrs have not been enrolled in school .

After the school reopening, the team members compiled a ist of the children who had not gone o school and were resistant to schooling. They informed Y about this issue and next day itself Y and youth club members visited each child's house to obtain the consent of children, his/her parents and grandparents for taking admission in the hostel for study purpose being reengaged in the school. They were able to produce 4 such dropouts aged 6years and above, before the WC who are not enrolled in school after the age of 6.

The researcher(s) Enquired with Y why he/she was not able to raise this issue with the authorities earlier?. He said that prior to the study he was not aware about real issue. Since he maintained some contacts among the whole residents, he tried to address their problems. Moreover, his perceived the main reason for dropping out was the lack of awareness regarding the importance of education. InAnnakaala particular settlement,however, the *ooru-moopan*(leader of the settelement) banned the students from studying; studying was regarded as against the traditions and culture. Moreover, in all settlements children were regarded as independent, and if a child declared that she/he will not go to school, no one would intervene. The parents too did not find it unnatural.

In his perception, there are visible changes after the phase one of the projectAgasthyantepoombattakal. He point out the major changes as follows:

1. Dressing style changed: for example, before the formation of Agasthya sports club, most of the youth are not conscious about their dress about the need to appear presentable and to wearing matching gear etc. After the contact with project team

members and MSW students, they are wearing Mundu and shirt-formal dress of man in Kerala

2. Unity: In the first meeting with the district collector, the president of the Agasthya sports club started the speech as “These are the needs noted by Agasthya arts and sports club……”. Before the formation of the cub there was a separation between each huts. Now there is a unified identity.
3. Formulated different world view
4. Increasing social relationship: They started to mingle with outer world and leadership skills increased among them.
5. Awareness of education increased: Through the project, the residents of 13 huts are aware about the importance of education in their life. Now more than 50% of children are ambitious about their future. They are saying that they wants to become policeman, teacher, army man etc.

CASE 2- X

X is the member of the Agasthya youth club. He completed his graduation from Kerala University. Currently, he is going for PSC coaching and writhing PSC exams according to his qualifications.

He claimed that before the emergence of the project Agasthyante poombattakal phase one, they were not aware of the serious issues of drop-outs in their huts. X said that Y is a friend of his since 2014 who motivated him to join the college for graduation in January 2017. X requested Y and his friends to conduct a study on the issues faced by thirteen interior huts. At first, he thought that it was like a research, which will only take 2 or three weeks. But after the study, he realized the real situation of the huts.

On the first day, 8 children came to attend the camp. Then the youths and adults went to the houses of children and spoke to them. They promised the children that it will be a good exposure for them and they will be taken care off. After the first camp, the children above the age of 14 went home and returned back with their younger ones to the second camp and also brought in testimonies about the camp experience. According to X, it was the success of the first camp. Later the project team members organized a meeting for youth and formed a youth club called Agastya youth club. The primary duty of the club was to identify drop-outs and to take appropriate measurements to send the children back to the school. Since most of the youths are drivers, they have the duty to take the children who are staying in huts to school as part of the Gothrasaradi project of the ITDC, they started to check the condition of a student if he/ she is absent from school. Most of the parents secretly come to the youth and report that ‘my child refuses to go school and he is at home, could you please tell him the importance of education? As we never got the opportunity to study, we wish to see him study and have a better future’. The three huts Podium, Kombi, and Kamalakam are developed comparing to other huts. The parents, at least the mother has studied up to 7th or 8th standard. Hence, they know the importance of education and send their children to school. In these huts, till now there are 3 drop-outs. A boy studying in 9th standard did not go back to school after Onam holidays. In

June, the youths took him to the hostel as part of their primary work. At that time he was interested, because of the camp. The youth club members and project team rescued 4 children from the Annakaal settlement and presented them in front of CWC because the oorumoopan was against education and development.

In X's perception, there are visible changes after the project Agasthyante poombattakal. He points out certain major changes. They are as follows:

1. The number of drop-outs decreased
2. The awareness about education increased
3. District collector visited more than 7 settlements, hence the acceptance and support from the part of residents increased: The district collector stopped the tribal department by measuring the land of indigenous people and making boundaries inside their land by labeling it as forest land.
4. Huts are developing: mobile towers, KSRTC bus service, ration shops etc will establish at Podium within one year by the order of collector

CASE 3- Z

Z is the ASHA worker of Kuttichal gram panchayath. She belongs to Kani tribe. She has more than 10 years experience as an ASHA worker in the tribal area Kottur. Her family has the good relationship with X from last 3 years.

According to her, in January X came here and said he needs help for doing a study to find drop-outs. Then she said that she will help them. Since she is the ASHA worker of the whole Kani settlements of Kuttichalpanjayath she knows everyone. Through the study, they understood that there are lots of drop-outs in interior huts in the forest. After the study X asked the mothers that he wants to conduct a camp for children, which will motivate them to go school. X and project team members said that they have limits since they are outside people for the indigenous people. Then the mothers and youth said that they will come with the project team members and visited all the houses of 13 huts, guaranteed the safety of the girl children and said the camp will help to develop the skills of children.

In her perception, there are changes after the camp. When she started working as an ASHA the residents of the interior hut will not come in front of her when she visits a home, even though she is a Kani tribe. It takes many months to establish a good rapport with them. Before the camp, the children ran away when they saw an outside person. That situation is changed, now if a person comes they will ask the name, purpose, and help if needed. The children are aware of the importance of education. Since MSW students are coming here the social relationship of residents increased.

She said that most of the mothers in Podium, Kombidi, and Kamalakam are educated up to the degree. But they are not continuing practices like reading and writing. So they are not able to teach their children who used to stay in huts, got the education from the Eekamadyapaka schools. So their elementary education is in a pathetic stage. So there is a need for continuing education like revision when the children are back in a home. This is not happening. So when these children enter into upper primary they do not know how to read and write spellings. The teachers

will not give much care and attention to tribal children since there is stratification. In the case of children in the deeper forest, the residents believe that the Agasthyamuni will become angry when they start education and child will get sick. And in the Annakaal settlement, the oorumoopan is against education. After the introduction of the project, the youth club is formed and now there is a unity especially among youths. They are working together with the project team members as volunteers. Before the implementation of the project, there was not such a unity outside their own hut.

In her perception, there are visible changes after the phase one of the project Agasthyante poombattakal. She points out the major changes as follows:

1. Improvement in social relationship
2. Promotion of education
3. Unity in work
4. Introduction of developmental plans like road transportation, mobile tower etc

FOCUS GROUP DISCUSSION:

For the study purpose the researcher(s) conducted a focus group discussion on 24th December 2017. The participants were the four MSW trainees and one youth club member(E). They are the volunteers of the project Agastyante poombattakal of second phase. But these four trainees had prior experience in Kottur, since there rural camp was the in Podium, Kombidi and Kamalakam.

According to the perception of participants the project Agasthyante poombattakal has some kind immediate outcomes. They said that the reason is the tribal camp at phase one of this project. At the time of tribal camp, there was no electricity in the forest. But at the time of Camps, electricity reached in every hut, by the project of the government complete electrification. At the time of rural camp they made a strong rapport with the residents of three huts. In the beginning of the project, the residents of the interior huts are not cooperative, but after the tribal camp for children the change in their attitude towards the members of project is different. When the MSW volunteers visits the interior huts the residents will make food for them. It is their way of showing acceptance. As a volunteer these changes are satisfactory. But the work load is still high. The government is giving Rs.200 for a whole journey and work of two days. The volunteers should find money for food materials needed to prepare food after the visit of first day. If the numbers of volunteers are less, then Rs.200 is not enough for the transportation. Because of the commitment and team coordination the things are going well now. The volunteers are claimed that 4 day work in a month is not enough for the proper implementation of the project. But as a student, this is the limit of the volunteers.

The participants said that in the phase one of the project Agasthyantepoombattakal the team members recorded the main issues that children facing in the 13 interior kani huts. After the first phase of the project, the team members understood that the development of these huts

will automatically bring the quality of education, health, nutrition and material comfort of the children. The transfer of knowledge and skills will possible if and only if children are staying with family members. According to the residents of the 13 huts, education was not a felt need for them before the phase one of the project Agasthyantepoombattakal. Because, the literates and illiterates among indigenous people are doing the same jobs like farming, driving etc.

In the phase two of the project the team members started work from the grass root level. At first they visited the houses made a strong rapport with each child. The district collector visited the 13 interior huts and understood the problems faced by the children and residents. The volunteers are in the process of preparing detailed individual care plan for each child. The project team members understood that some of the children are suffering from underweight, so they organized medical camp two times. The children said that they want to explore city, so the team members organized 2 day tour for the children. The team members organized a meeting with collector and all important department representatives and planned a proper developmental plan for the 13 interior huts and the residents like implementing KSRTC bus service, mobile tower, bridge constriction, birth certificate, death certificate etc

After the visit(interior huts) and meeting(at Collectrate) with the district Collector, the residents have a belief that the Government is considering them and there will a change in coming years. In some way the youths of the huts are technologically developed like what's app and face book account.

The participants strongly suggested that, the indigenous people need their own way of teaching, so that they need schools in their own places. Education in the Kani-way replete with their stories, songs and dances, so that they appreciate what and who they are, and can take pride in it ,and lead a life wherein their basic amenities are also fulfilled.

The major suggestions for the future interventions are:

1. Focus on each child by allotting 5 children to each volunteer.
2. Include the volunteers in summer camps that will lead to establish a better rapport with the children from the beginning itself.
3. Ensure the use of government services and the works of ST promoters in the community
4. Plan interventions for children by visiting their school, teachers and parents.
5. Organize review meeting in every month.
6. Start report writing-reports per visit per group
7. Conduct training classes for children for example craft making, dance, drawing etc

DISCUSSION:

The outcome of the project Agasthyante-poombattakal Phase One and Two is visible in the settlements and especially in 13 of the huts in Kottoor forest where intervention happened. The

social work trainees felt that the number of drop-out in the 13 huts in the settlements had decreased and almost all of them appreciated the value of education. The social work trainees in project team took remarkable efforts to change the attitude of residents towards education.

The participatory approach-which includes the residents to take part- was used in the summer camps helped the organizers to make the residents aware about the aims and objectives of the project. It would orient them to understand what is happening in the camp; the camp is originally designed to be a platform to recognize the talents of their children through the cultural programs at the evening. Basically, the tribal children were veryspontaneous and gifted in various forms of performing arts - singing, dancing and drawing, since it is hereditary in their blood. The camps helped each participant to understand the world outside the forest. It provided opportunity for them to acquire minimum competencies to fight with the changing traditions and trends.

The major objective of the project Agasthyante poombattakal was the awareness and promotion education. The project team members did it very well. They also collected the basic details of more than 100 children. The major change during and after the summer camps was the increase in the level of awareness about the importance of education among the children and residents. One participant felt like the dressing style of the residents changed by the interaction with the urban people. Before the camp, they were not conscious about the neatness and cleanliness of their body and dress.

Before the formation of youth club, there was no collaboration among the residents even in youths. They set their own boundary as each huts. By the formation of the club this situation is changed. The youths started to sit together, play together and worked together for helping the project team members. It was observed that the 10 residents residing in very interior forest were leading a life without much relationship with the outer world. They believed that Agasthyamuni will get angry if they mingle with the outer world. Since they are living in the forest, they are having fresh foods, drinking pristine water from the hills and they are breathing unpolluted air. Hence, when they stepped outside the forest they will suffer from health problems for some days. They are relating this to the myths and false religious believes.

The live-in camps helped them resume social relationship with the urban people. Since the tribal people are very loving and outgoing, the camps helped the residents to establish healthy relationship with the urban people. They also interacted for preparing foods and during cultural programs. The camp helped in creating awareness about the importance of education. After the camp, the tribal children were able to point-out some professions they aspired to engage in.

The second phase of the project Agathyante poombattakalaimed at the grass root level, specifically aimed towards the development of the settlements by providing better environment and services to children. The main objective of the Phase Two was to prepare individual care plan (ICP) for each child and to start interventions for the development of the whole community.

The project team believed, the development of the community will provide better living conditions to each child..

Prior to Phase Two, there was no clear information regarding the number of children in 13 huts; they had no idea about number of school going, number of drop-outs, number of house with children of school-going age, etc. Phase Two helped to compile this data. The visit of district collector was the major reason for the remarkable change in the community. In between the visit the collector stopped the forest department from making 'jandas' – boundary to tribal land and forest land-. This incident helped the residents to understand that the project is for them. During the visit, the Collector understood the real situations of the settlements. The consultation meeting called by the Collector and the decisions taken during that meeting was the main highlights of the second phase. The major decisions in the consultation meeting were the road and bridge construction, implementation of birth certificates, mobile pools, supplyco stalls at Podium, new roots to Gothrasaradi project of ITDP, indigenous syllabus for tribes etc.

The two medical camps organized by the help of the community medicine department of the medical college helped the project team members to understand the health conditions of the children. The major problems detected through medical camps were under weight in children, eye sight problem, learning disability etc. The tour organized during he Christmas holidays was a great exposure to children. It provides an opportunity to attach with children and to understand their positives and negatives, talents and skills, etc

The researcher(s) felt that the quality of education is very low among *kani* tribes. Even the children studying in high school, do not know how to read and write properly. Most of the children were enrolling at the 'Ekadyapakavidyalayam' for the first time.By the time they reach fourth standard they movingKottur school or Utharamkodu school or some other schools, at that time their educational standards are lesser than all other students. Most of the school teachers are not giving proper care and guidance to theses minority students. The schools are focusing only on the admission of the ST students.

Findings:

The project 'Agasthyantepoombattakal' phase one and two (half), making lots of developmental changes in the 13 huts. After the implementation of phase one the project team member understood that the environment of the children will modify only through the development of the whole community. Therefore grass root levels works are need in the community with the help of the residents. The team members need to inject the need for education among them. Since they are advanced in some way like mobile phones, social media etc.

The summer camp in the phase one help to plant seeds on importance of education in their mind, by focusing activities which ended by giving a message about promotion of education. The preparation of individual care plan for the children in phase two can use as a reference record for the future purpose, since it contains important details of the children in 13 huts. The

interventional decision made in the consultation meeting called by the district collector is the reason for the developmental plans and works started for the 13 huts. The medical camps helped to understand the health status of the children. The tour helped to establish personal rapport with children.

Kerala Association of Professional Social Workers

KAPS

www.kaps.org.in

affiliated to INPSWA India Network of Professional Social Workers' Associations

Certificate of Appreciation

Awarded to

Dept. of Social Work, Loyola College, Thiruvananthapuram.

In recognition of the contribution of your department by actively involving in the 'Break the Chain Campaign' against COVID 19. The IEC materials prepared by your department in the print and video forms have helped in spreading messages on COVID 19 among people and also in creating a positive impression about the role of Social Work Profession. Your voluntary involvement in the programmes against COVID 19 and initiatives are highly appreciated

Dr.Lida Jacob IAS (Retd.)
President

KERALA ASSOCIATION OF PROFESSIONAL SOCIAL WORKERS
KAPS
Reg. No: KTM/TC/909/2013

Dr.Ipe Varughese
General Secretary

KERALA ASSOCIATION OF PROFESSIONAL SOCIAL WORKERS

KAPS

Reg. No. KTM/TC/909/2013

KAPS

Affiliated to IFSW (International Federation of Social Workers)
through INPSWA (India Network of Professional Social Work Associations)

Certificate of Appreciation

It has been the pleasure for the Kerala Association of Professional Social Workers (KAPS) to associate with the Department of Social Work, Loyola College of Social Sciences to collaborate for research, training and community-based intervention and engage in allied activities in the context of Kerala Floods 2018.

The beginning of the cooperation was when KAPS was directed by the Child Rights Commission and UNICEF to undertake a study on the plight of children in the flashflood affected areas. The KAPS in association worked up the preliminary aspects of the study titled Voices of Children. The study required very careful, sensitive administration given that the clientele being children, their tender age and silent trauma of floods.

The engagement was marked well with the successful design of a tool sensitive to the needs and aspirations of children by Dr. Sonny Jose and Dr. Jasmine S.A. This was followed by training of the social work trainees and teachers by Dr. Kiran T at various locations under the leadership of KAPS Secretariat.

The team from Loyola Trivandrum was instrumental in engaging with Mr. Bab yPrabhakar of Blue Point and eventually the Directorate of Social Justice (Women and Child Development) in recruiting 100 volunteers from each district and referring them for training at the various District HQs under the guidance of NIMHANS. The group of students of Semester-1 under the leadership of Dr.Sonny worked in the flood ravaged areas of Pathanamthitta (Chengannur, Budhanoor, Pandanad, etc.), Alappuzha (AC Road, Kayamkulam, Kanichakulangara and Kainakary) and Ernakulam (Kuttampuzha) from 16 August to 5 September 2018.

Reg. office: KAPS, Dept. of Social Work, BCM College, Kottayam - 686 001, Kerala, India
E-mail :socialwork.kaps@gmail.com. Ph: 91-481-2582171, 9446448215, web. www.kaps.org.in

They stayed their grounds in various camps all over the above mentioned regions in spite of the hostile and unpredictable emerging scenarios, undertaking site visits, collecting data for WCD, reaching relief supplies and essential medicines, besides engaging the camp residents and especially children by way of social group work in recreational groups and supporting the community kitchens.

The group eventually associated with the Department of Social Work, Assumption College headed by Sr. Shalini CMC and their senior students, to undertake an intervention based evaluation study (action research) in Kainakary, the most-affected area during the Kerala Floods 2018. The extensive and in-depth interactions was done utilizing various PRA Tools as projective techniques to help them overcome their trauma. We had visited the site and personally witnessed their action and dedication on ground zero.

I place on record my appreciation for Dr. Sonny, Sr. Shalini CMC and Ms. Francina P.X. for leading and engaging their student social work trainees in the novel disaster management activity under challenging conditions. KAPS holds special appreciation for their fearless engagement, dedication and cooperation; expert contribution and assistance in undertaking the intervention-based action research; and finally for their commitment in completing the data collection.

IpeVarughese Ph.D.
General Secretary
KAPS

KAPS
Reg. No: KLM/TC/909/2013

Date:

BRITISH COUNCIL

Grant by the British Council (short form)

The British Council: **THE BRITISH COUNCIL**, incorporated by Royal Charter and registered as a charity (under number 209131 in England & Wales and number SC037733 in Scotland), with its principal office at 10 Spring Gardens, London, SW1A 2BN

The Recipient: **THE UNIVERSITY OF NEWCASTLE UPON TYNE**, Newcastle upon Tyne, Tyne and Wear, NE1 7RU

Date: 10.02.2020

This Agreement is made on the date set out above subject to the terms set out in the schedules listed below which both the British Council and the Recipient undertake to observe in the performance of this Agreement.

The British Council shall award the Grant to the Recipient for the purposes of funding the Project described in Schedule 1 on the terms and conditions of this Agreement.

The Recipient acknowledges that, where it will carry out the Project in partnership and/or collaboration with, and will pass some or all of the Grant to, any other organisation(s) (such organisation(s) not being a party to this Agreement ("**Sub-Contractors**")), it will ensure that it enters into formal, legally binding agreements with each Sub-Contractor on terms which reflect and are no less onerous than the terms of this Agreement and that it shall remain wholly liable and responsible for all acts and omissions (howsoever arising) of each Sub-Contractor.

Schedules

Schedule 1	Special Terms
Schedule 2	Project Proposal
Schedule 3	Standard Terms
Annex 1	Self-Declaration Form
Annex 2	British Council Research and Evaluation Ethics Policy

This Agreement shall only become binding on the British Council upon its signature by an authorised signatory of the British Council subsequent to signature by or on behalf of the Recipient.

IN WITNESS whereof the parties or their duly authorised representatives have entered into this Agreement on the date set out above.

Signed by the duly authorised representative of THE BRITISH COUNCIL

Name:	Mais Montazar	Signature:	.....
Position:	Head of Programmes		

Signed by the duly authorised representative of The University of Newcastle upon Tyne

Name:	Amanda Gregory	Signature:	.....
Position:	Grants and Contracts Manager		07 February 2020

Schedule 1

Special Terms

Terms defined in this Schedule 1 shall have the same meanings when used throughout this Agreement.

In the event of any conflict between the terms set out in the various Schedules, the Schedules shall prevail in the order in which they appear in the Agreement.

For the purposes of the Project and the Grant, the terms of this Agreement shall prevail over any other terms and conditions issued by the British Council (whether on a purchase order or otherwise).

1 The Project

1.1 The British Council awards the Grant for the purposes of the **Small-Scale Research Project Scheme** as more fully described in the Project Proposal (Schedule 2) (the "**Project**").

2 Commencement and Duration

2.1 This Agreement shall come into force on **14 February 2020**, the Project shall commence on 14 February 2020 (the "**Project Start Date**") and this Agreement shall continue in full force and effect until **14 February 2021** or such other date as may be agreed between the parties in writing from time to time (the "**Term**").

2.2 Notwithstanding anything to the contrary elsewhere in this Agreement, the British Council shall be entitled to terminate this Agreement by serving not less than **30** days' written notice on the Recipient.

3 The Grant

3.1 The amount of the grant awarded to the Recipient is **£4974.03** (four thousand nine hundred and seventy-four pounds and three pence) (the "**Grant**").

3.2 In consideration of the Recipient's delivery of the Project, the Grant shall be paid by the British Council to the Recipient by BACS transfer in accordance with the payment schedule below, subject to the Recipient's satisfactory compliance with the terms of this Agreement:

Payment	Maximum payable	Requirements/Milestones/Key Dates etc
1	£4974.03	Within 30 days of the contract being signed

4 Funder

4.1 Not applicable

5 Service of notices

5.1 For the purposes of clause 21 of Schedule 3, notices are to be sent to the following addresses:

To the British Council	To the Recipient
The British Council **10 Spring Gardens** **London** **SW1A 2BN** **Attention: Mais Montazar, Head of Programmes**	**The University of Newcastle upon Tyne,** **Newcastle upon Tyne,** **Tyne and Wear,** **NE1 7RU** **Attention: Mrs Andrea Wright-Watkinson, Head of Intellectual Property, Intellectual Property & Legal Services**

6 Locations

6.1 The Project will be carried out in the UK, Nepal and India ("**Location**") or such other locations as may be agreed between the parties in writing from time to time.

7 Safeguarding and Protecting Children and Vulnerable Adults

7.1 The Recipient warrants that, in relation to all activities in connection with the Project, where the Location is England or Wales, it will comply with all legislation and statutory guidance relevant at any time in the Location to the safeguarding and protection of children and vulnerable adults (including the UN Convention on the Rights of the Child and the Children Act 1989), and with the British Council's Child Protection Policy, as may be amended from time to time.

7.2 Where the Location is outside of England or Wales, the Recipient warrants that, in relation to all activities in connection with the Project, it will comply with all legislation and statutory guidance relevant at any time in the Location to the safeguarding and protection of children and vulnerable adults, and with the detail and principles of the Children Act 1989 and the UN Convention on the Rights of the Child (to the extent that such legislation is not directly applicable in the Location), and with the British Council's Child Protection Policy, as may be amended from time to time.

7.3 The Recipient acknowledges that, for the purposes of the Safeguarding Vulnerable Groups Act 2006, and any regulations made thereunder, as amended from time to time (the "**SVGA**"), and where the Location is England or Wales, it is the "**Regulated Activity Provider**" in respect of any "**Regulated Activity**" (both as defined in the SVGA) carried out in connection with the Project and that it will comply in all respects with the SVGA and any regulations or orders made thereunder. Equivalent provisions in equivalent legislation applicable in Locations other than England and Wales shall apply in those Locations.

7.4 The Recipient shall ensure that it is (and that any individual engaged by it to carry out Regulated Activity in connection with the Project is):

7.4.1 subject to a valid enhanced disclosure check undertaken through the UK Disclosure & Barring Service, or the equivalent local service, including a check against the adults' barred list or the children's barred list, as appropriate;

7.4.2 where applicable, the Recipient shall monitor the level and validity of the checks under this clause 7.4 for each member of staff or other individual engaged by it to carry out Regulated Activity in connection with the Project; and

7.4.3 to complete a Self-Declaration Form, at Annex 1 and return the signed copies to the British Council.

7.5 The Recipient warrants that at all times during the Term, it is not, and has no reason to believe that any person who is or will be employed or engaged by the Recipient in connection with the Project is, barred from carrying out such employment or engagement.

7.6 The Recipient shall immediately notify the British Council of any information that the British Council reasonably requests to enable the British Council to be satisfied that the obligations of this clause 7 have been met.

7.7 The Recipient shall refer information about any person employed or engaged by it to carry out Regulated Activity in connection with the Project to the UK Disclosure & Barring Service, or the equivalent local service, where it removes permission for such person to carry out the Regulated Activity (or would or might have, if such person had not otherwise ceased to engage in the Regulated Activity) because, in its opinion, such person has harmed or poses a risk of harm to children and/or vulnerable adults.

7.8 The Recipient shall not employ or use the services of any person who is barred from, or whose previous conduct or records indicate that he or she would not be suitable to carry out Regulated Activity or who may otherwise present a risk to children or vulnerable adults.

7.9 The Recipient shall, if required by the British Council, provide evidence of its compliance with this clause 7, at any time during the Term of this Agreement (including for the avoidance of doubt, copies of relevant certificates or valid enhanced disclosure checks and details obliged to have under this clause 7, for itself or any individual engaged to carry out any Regulated Activities in connection with the Project).

8 Risk Assessment

8.1 The Recipient shall carry out a research and evaluation risk assessment (the "**Risk Assessment**"), before the activities under this Agreement commence. The completed Risk Assessment shall be submitted to the British Council for review. The Risk Assessment should take into consideration the following areas as a minimum:

8.1.1 the likelihood of any event related to any activities undertaken for the Project which, if it occurs, will have an effect on the achievement of the Project objectives and/or safety of those involved in carrying out the Project or participants;

8.1.2 safer recruitment of the research team to carry out any Regulated Activities;

8.1.3 the data collection, storage, considerations of privacy, quality, etc; together with how these risks will be managed and mitigated; and

8.1.4 any likely ethical issues, including, but not limited to, the management and transparency of information, consent from participants in the research, dignity, rights, safety and wellbeing of participants, data protection and management and how these will be mitigated and addresses.

8.2 Should the British Council decide that the Risk Assessment is not to their satisfaction, the British Council will work with the Recipient to remedy any issues identified before any activities take place. The British Council may also require the Recipient to take any steps it reasonably considers necessary to manage the risks or ethical issues which have been identified in the Risk Assessment.

8.3 If the Recipient fails to carry out a Risk Assessment or does not remedy any areas identified by the British Council in the Risk Assessment to the British Council's satisfaction; the British Council reserves the right to terminate this Agreement and request full repayment of the Grant, in accordance with clause 3 of Schedule 3.

Schedule 2

Project Proposal

Small-Scale Research Project Scheme

The British Council Small-Scale Research Project Scheme provides funding for early career researchers in the UK and countries in South Asia to work collaboratively on a joint research project.
The scheme aims to provide early career researchers with the opportunity to gain skills and experience in conducting research internationally.
A partnership must be formed between a UK university/research institute and a university/research institute in one of the following South Asian countries: Afghanistan, Bangladesh, India, Nepal, Pakistan, Sri Lanka. The UK university/research institute, also known as the Lead Institution, will receive and manage the funding for the research project.
An early career researcher from each university/research institute must be appointed to carry out the research project.
A senior researcher from each university/research institute must be appointed to be responsible for the oversight and progress of the research project.

Project Title

Capacity building for older people's mental health in South Asia: a collaboration between the UK, India and Nepal

Lead Institution (University/Research Institute in the UK)	Newcastle University Department of Academic Psychiatry
Partner Institution (University/ Research Institute in South Asia)	NIMHANS (India) and Dharan, Nepal
Early Career Researcher (UK)	Dr Stella-Maria Paddick
Senior Researcher (UK)	Professor Richard Walker
Early Career Researcher (South Asia)	Dr Ammu Lukose
Senior Researcher (South Asia)	Professor Mathew Varghese

Rationale

Worldwide, people are living longer. Those aged 60 will increase to 2 billion (22% of the total) by 2050. The greatest gains have been seen in low and middle income countries (LMICs), where 70% of older people worldwide now live (80% by 2050). This increase in life expectancy presents both opportunities and challenges. As in other LMICs, health services in South Asia are not designed for this newly ageing population.
Mental health is key to ageing well. In older people, depression is highly prevalent, more likely to become chronic, and associated with increased mortality, worsening of comorbid diseases and increased rates of dementia, frailty and dependence. Mental health needs of older people are also complicated by socio- environmental factors including poverty.

There are currently vast human resource shortages in mental health in LMICS including South Asia. Although this 'mental health gap' is well characterised generally, the gap in provision for older people is not.

To date, almost all research on mental disorders in older people has been conducted in high-income settings and is now relevant only to a minority of the world's older population who differ markedly in cultural background, living environment and resource provision. Similarly, most screening tools for identification of these disorders are not designed or validated in South Asia. To inform health and social policy in South Asia, local prevalence estimates for mental disorders are needed and are currently lacking.

Within South Asia, most current data on mental health of older people originate in India and focus on dementia. South Asia is home to 10% of those with dementia worldwide with estimated yearly costs (largely borne by family members) of US$185 billion. In East and South Asia, rates are predicted to double in the next 20 years. Influential studies (10/66 dementia research group, Indo-US study) have led to high-profile reports including the Dementia India Report and joint Alzheimer's Disease International (ADI)/WHO 'Dementia - A Public Health Priority' report and subsequent policy-level changes to benefit the ageing population in India. To date this
has not been the case in other South Asian countries.

This new collaboration between Newcastle University, UK, and the National Institute of Mental Health and Neurosciences (NIMHANS), India, aims to support research capacity-building in older people's mental health in Eastern Nepal with the support of B P Koirala Institute of Health Sciences. Leading research teams (Newcastle/NIMHANS) have extensive experience in conducting epidemiological research aimed to impact ageing policy in India and Tanzania. The partner institute (B P Koirala) is relatively well resourced with the only geriatric psychiatrist and one of the few MSc-qualified psychiatric nurses in Nepal.

Planned activities

Appropriately experienced early career researchers (Dr Paddick (old age psychiatry, UK) and Dr Lukose, (clinical psychology, India) will co-lead the study to develop research leadership skills, supervised by Profs Walker (UK) and Varghese (India).

Preparatory Phase

To establish this collaboration, we will investigate the current evidence-base on challenges common to South Asian countries in improving older people's mental health including:

1. A review of screening tools for identification of common mental disorders, dementia and frailty in South Asia, and
2. A survey of current health and social provision for older people in South Asia by country. We will aim to publish these as peer reviewed publications, involving junior researchers from each collaborating institution.

Pilot study

We will collaboratively design a two-stage community-based prevalence survey of common mental disorders (depression/anxiety), dementia, and frailty in a representative ward (no.18), Dharan, Eastern Nepal (pop. 5872, aged ?60 480). Door-to-door screening of this population will be completed by Ms Thapa (MSc qualified psychiatric nurse) using tools identified from the preceding evidence review. Confirmatory diagnosis of screen-positive and 10% of screen-negative cases by psychiatric trainees will be supervised by Prof. Sapkota (geriatric psychiatrist).

Early career researchers will train the team and co-mentor Ms Thapa in data analysis, and scientific paper publication.

Views of local stakeholders on future research priorities for mental health in older people will be sought through community meetings with a Patient Public Involvement (PPI) approach.

Benefit to partner institution (Nepal)

There are no previous community-based prevalence studies of mental disorders in older people in Nepal. This pilot study will provide 1. Community prevalence estimates for mental health disorders in older adults to inform policy makers, 2.Pilot of screening tools for use in old age psychiatry locally and 3. Strengthening of local research capacity through mentorship.

Objectives

Our overall aim is to develop a research capacity-building collaboration between UK, India and Nepal as the basis for a future larger projects to improve older people's mental health in South Asia

Primary objectives are:

To develop skills of two early career researchers from the UK and India in leading a research team through:

1. Co-supervision of a systematic review of screening tools for older people's mental health needs applicable to South Asia, and a survey of health and social care resources for elders in South Asia by country (Sept- Nov 2019)
2. Co-design and supervision of a two-stage community-based door-to-door prevalence study of common mental disorders (depression and anxiety), dementia and frailty in people aged ?60 residing in ward 18, Dharan, Eastern Nepal to be conducted by junior researchers supervised by local specialist Prof Sapkota Jan-April 2020.

Budget form

1. RESEARCH RELATED COSTS		
Items	**Description of Cost**	**Cost of Item**
Equipment	Data entry tablets x 2	to be lent from other Newcastle University projects
Consumables	Items required- proforma, files, pen, pencils, eraser, stapler, pin, hilighter, sticky pad and miscellaneous Approx. GBP- 1.00/case enrolled in the study	£500.00
Access to facilities/ library services	We have access to Hinari services through institute and don't need to pay for the library service	No cost required
Fieldwork	Transportation cost for data collection	£400.00
Remunerations for researcher(nurse + assistant)	Daily Allowance for field visit, Data entry(8 hours work day) 50 days	£2,000.00
Ethical Approval fees from Nepal Health Research Council	NRS 10,000(GBP 73.17) for Nepali Researcher	£73.13
Other: ethical approval fees (international researchers)	USD200 (GBP 160.9) International Research grant between GBP 1463.5-7317.5	£160.90

2. TRAVEL COSTS		
Items	**Description of Cost**	**Cost of Item**
Accommodation	2 x Early career researchers two weeks food and simple accommodation Dharan)	£400.00
Flights (economy)	Newcastle-Kathmandu flights Dr Paddick	£700.00
Visa fees	Not required for Nepalese to travel to India(NIMHANS) and vice versa	£0.00
Travel insurance	Dr Paddick covered by newcastle university. Dr Lukose approx £50	£50.00
Meetings & events	NIMHANS travel (Round trip Airfare- GBP 150-200)	£200.00

Meetings & events	Travel from Dharan <-> Bagdogra via road(130km)- GBP 110(taxi fare is about NPR 6,000 one way from Dharan to Bagdogra).	£110.00
Meetings and Events	Local Travel Approx. GBP 30 for early career researchers	£30.00

3. COMMUNICATION COSTS		
Items	**Description of Cost**	**Cost of Item**
Public Engagement events	Stakeholder meetings in Dharan Submetropolitan City ~£50/meeting (room hire + refreshments)	£200.00
Interpreters & Translation	Translation of materials into Nepali Language (Approx)	£150.00

	Grand Total:	£4,974.03

Total amount requested from the British Council :	£4,974.03

Any additional funding from other sources (please state amount and source) :

Dr Paddick salary covered by Newcastle University clinical lecturer programme (also to take leave from clinical work)	£2,500
Access to specialist library services support for systematic review can be provided free of charge by Newcastle University	£0
Dr Lukose salary covered by her existing NGO employment	£500
Dr Paddick travel insurance to be covered by Newcastle University	£70

Data entry tablets to be lent from existing previous projects	£200
Dr Paddick will apply for travel grant from other sources (margaret slack travelling fellowship) and if successful will reallocate funds for Ms Thapa (junior researcher, nepal to attend the 2019 NEESAMA meeting in Bangladesh and another international conference)	£1,000

Research Project Reporting

- Evaluation questionnaire to be completed at the start and end of the research project.
- Financial report to be submitted after 6 months and when the project finishes.
- Project report to be completed when the project finishes.

Before the research commences, the British Council should be made aware of any risks involved in the project.

The British Council should be credited in all publications or presentations disseminated as the supporter and funder.

Schedule 3

Standard Terms

1 Interpretation

1.1 In this Agreement:

"**British Council Entities**" means the subsidiary companies and other organisations Controlled by the British Council from time to time, and any organisation which Controls the British Council (the "**Controlling Entity**") as well as any other organisations Controlled by the Controlling Entity from time to time;

"**British Council Requirements**" means the instructions, requirements, policies, codes of conduct, guidelines, forms and other documents notified to the Recipient in writing or set out on the British Council's website at http://www.britishcouncil.org/new/about-us/jobs/folder_jobs/register-as-a-consultant/policies-for-consultants-and-associates/ or such other web address as may be notified to the Recipient from time to time (as such documents may be amended, updated or supplemented from time to time during the Term);

"**Capital Asset**" means any item of equipment or other asset costing £500 (five hundred pounds) (excluding VAT) or more which, on the date of purchase, has a useful life of more than one year and is purchased wholly or partly out of the Grant;

"**Control**" means the ability to direct the affairs of another party whether by virtue of the ownership of shares, contract or otherwise (and "**Controlled**" shall be construed accordingly);

"**Good Data Management Practices**" means:

(a) research data must be generated using sound scientific techniques and processes;

(b) research data must be accurately recorded in accordance with good scientific practices by the individuals conducting the research;

(c) research data must be analysed appropriately, without bias and in accordance with good scientific practices;

(d) research data and results must be stored securely and be easily retrievable; and

(e) data trails must be kept to allow individuals to demonstrate easily and to reconstruct key decisions made during the conduct of the research, presentations made about the research and conclusions reached in respect of the research;

"**Equality Legislation**" means any and all legislation, applicable guidance and statutory codes of practice relating to diversity, equality, non-discrimination and human rights as may be in force from time to time in England and Wales or in any other territory in which, or in respect of which, the Project relates;

"**Funder Agreement**" means the agreement (if any) between the Funder (if any) and the British Council relating to the provision of the funding out of which the Grant is made;

"**Funder Requirements**" means the specific requirements of the Funder (if any), including the terms of the Funder Agreement, notified to the Recipient in writing (including by means of email or any website or extranet);

"**Intellectual Property Rights**" means any copyright and related rights, patents, rights to inventions, registered designs, database rights, design rights, topography rights, trade marks, service marks, trade names and domain names, trade secrets, rights in unpatented know-how, rights of confidence and any other intellectual or industrial property rights of any nature including all applications (or rights to apply) for, and renewals or extensions of such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world;

"**Recipient's Team**" means the Recipient and, where applicable, any Relevant Person, and all other employees, consultants, agents and sub-contractors which the Recipient engages in any way in relation to the Project; and

"**Relevant Person**" means any individual employed or engaged by the Recipient and involved in the Project, or any agent or contractor or sub-contractor of the Recipient who is involved in the Project.

1.2 In this Agreement:

1.2.1 any headings in this Agreement shall not affect the interpretation of this Agreement;

1.2.2 a reference to a statute or statutory provision is (unless otherwise stated) a reference to the applicable UK statute as it is in force for the time being, taking account of any amendment, extension, or re-enactment and includes any subordinate legislation for the time being in force made under it;

1.2.3 where the words "include(s)" or "including" are used in this Agreement, they are deemed to have the words "without limitation" following them, and are illustrative and shall not limit the sense of the words preceding them;

1.2.4 without prejudice to clause 1.2.5, except where the context requires otherwise, references to:

(i) services being provided to, or other activities being provided for, the British Council;

(ii) any benefits, warranties, indemnities, rights and/or licences granted or provided to the British Council; and

(iii) the business, operations, customers, assets, Intellectual Property Rights, agreements or other property of the British Council,

shall be deemed to be references to such services, activities, benefits, warranties, indemnities, rights and/or licences being provided to, or property belonging to, each of the British Council and the British Council Entities and this Agreement is intended to be enforceable by each of the British Council Entities; and

1.2.5 obligations of the British Council shall not be interpreted as obligations of any of the British Council Entities.

2 Recipient's obligations

2.1 The Recipient warrants that the information given to the British Council in connection with the Project Proposal is true.

2.2 The Recipient shall:

2.2.1 use the Grant solely and exclusively for the purposes of funding the Project;

2.2.2 notify the British Council in writing of any amount of other funding including other public sector funding (if any) and/or guarantees secured by or offered to it for any purpose whatsoever as soon as it is approved;

2.2.3 deliver the Project with (i) reasonable skill and care and to the highest professional standards (ii) in compliance at all times with the terms of this Agreement (and, in particular, the Special Terms (Schedule 1) and the Project Proposal (Schedule 2)), the reasonable instructions of the British Council and all applicable regulations and legislation in force from time to time. The Recipient shall allocate sufficient resources to enable it to comply with its obligations under this Agreement;

2.2.4 comply with the Funder Requirements (if any) and do nothing to put the British Council in breach of the Funder Requirements (if any);

2.2.5 not at any time do or say anything which damages or which could reasonably be expected to damage the interests or reputation of the British Council or the Funder (if any) or their respective officers, employees, agents or contractors;

2.2.6 obtain the prior written consent of the British Council (and, where applicable, the Funder) before purchasing any Capital Asset and shall not dispose of any Capital Asset without the British Council's prior written consent;

2.2.7 treat the terms of this Agreement and any information of a confidential nature relating to the British Council as confidential;

2.2.8 comply in all material respects with the Data Protection Legislation. The British Council and the Recipient agrees to any reasonable amendment to this Agreement in accordance with variation clause 15 in order to comply with any statutory amendments, re-enactment or revocation and replacement of current Data Protection Legislation and agree to execute any further documents required for compliance under the Data Protection Legislation in force at that time;

2.2.9 maintain records relating to this Agreement for seven (7) years following the year in which the Project is complete and allow the British Council and/or the Funder access to those records on reasonable notice and at reasonable times for audit purposes;

2.2.10 obtain the British Council's prior written consent to all promotional activity or publicity relating to the Project and act at all times in accordance with the British Council's reasonable instructions relating to such activity or publicity;

2.2.11 comply with all applicable legislation and codes of practice relating to child protection and the promotion of the welfare of children in force in England and Wales and any other territory in which the Project takes place or to which the Project relates;

2.2.12 take out and maintain during the Term appropriate insurance cover in respect of its activities under this Agreement and, on request, provide the British Council with evidence that such insurance cover is in place;

2.2.13 not, without the British Council's consent, assign or otherwise transfer any of its rights or obligations under this Agreement;

2.2.14 comply with all applicable laws in any jurisdiction in which the Grant is made, received or used and in which the Project takes place or to which the Project relates;

2.2.15 comply with, and complete and return any forms or reports from time to time required by, the British Council Requirements;

2.2.16 use its reasonable endeavours to ensure that it does not become involved in any conflict of interests between the interests of the British Council and/or the Funder and the interests of the Recipient itself or any client of the Recipient, and shall notify the British Council in writing as soon as is practically possible of any potential conflict of interests and shall follow the British Council's reasonable instructions to avoid, or bring to an end, any conflict of interests. In the event that a conflict of interests does arise, the British Council shall be entitled to terminate this Agreement on immediate written notice;

2.2.17 keep complete and accurate records of all research, development and other work carries out in connection with the Project and comply with Good Data Management Practices; and

2.2.18 observe, and ensure that, where applicable, the Recipient's Team observes, the British Council Research and Evaluation Ethics Policy, at Annex 2 and obtain consent for human subject research in accordance with that policy and any applicable law.

3 Withholding, Reduction and Repayment of the Grant

3.1 The British Council may (and may be obliged by the Funder to) reduce, withhold or claim a repayment (in full or in part) of the Grant if:

3.1.1 the Recipient fails to comply with the terms of this Agreement;

3.1.2 the Recipient fails to comply, or ceases to comply, with any stated eligibility criteria for the Grant;

3.1.3 there is any financial irregularity or fraud in the operation of the Project;

3.1.4 there has been any overpayment of the Grant; or

3.1.5 the Funder reduces the amount of funding available, withdraws funding or demands repayment of any part of the Grant.

3.2 If the British Council demands repayment of the Grant or any part of it, the Recipient shall make repayment within 30 days.

3.3 The Grant is fully inclusive of any and all taxes that may be payable in connection with the award, receipt or use of the Grant. The Recipient will deduct any such taxes out of the Grant and in no circumstances shall the British Council be required to pay any additional sums in respect of such taxes. In the event that the British Council is required by the laws or regulations of any applicable jurisdiction to deduct any withholding tax or similar taxes from the Grant, the British Council shall deduct and account for such taxes before paying the remainder of the Grant to the Recipient and shall notify the Recipient in writing of all such sums properly deducted.

4 Change Control

4.1 If the Recipient wishes to change the scope of the Project, it shall submit details of the requested change to the British Council in writing and such change shall only be implemented if agreed in writing by both parties acting reasonably.

5 Intellectual Property Rights

5.1 Where any Intellectual Property Rights owned or licensed by the British Council are required to be used in connection with the delivery of the Project, the Recipient acknowledges that it shall have no right to use the same except to the extent necessary for the delivery of the Project and subject to such consents and restrictions as may be specified by the British Council.

5.2 The Recipient confirms that it will use its best endeavours to ensure that the delivery of the Project does not and will not infringe any third party's Intellectual Property Rights.

5.3 The Recipient hereby grants to the British Council an irrevocable, royalty-free, non-exclusive, worldwide right and licence to use any information, data, reports, documents, or other materials obtained, created or developed in the course of the Project for non-commercial purposes to publicise and report on the activities of the British Council in connection with the award of the Grant and the delivery of the Project.

6 Liability and Indemnity

6.1 Nothing in this Agreement shall exclude or restrict the liability of either party to the other for death or personal injury resulting from negligence or for fraudulent misrepresentation or in any other circumstances where liability may not be limited under any applicable law.

6.2 Subject to clause 6.1, the British Council's total liability to the Recipient in respect of all other losses arising under or in connection with this Agreement, whether in contract, tort, breach of statutory duty, or otherwise, shall not exceed the amount of the Grant.

6.3 Provided that the British Council has paid the Grant to the Recipient in accordance with this Agreement, the Recipient shall be responsible for all claims, costs, expenses, losses and liabilities howsoever arising in connection with the Project and the receipt and use of the Grant and the Recipient shall indemnify and hold the British Council harmless from and against all such claims, costs, expenses, losses and liabilities.

6.4 The provisions of this clause 6 shall survive termination of this Agreement, however arising.

7 Termination

7.1 Without prejudice to any other rights or remedies which the British Council may have, the British Council may terminate this Agreement without liability to the Recipient immediately on giving notice to the Recipient if:

7.1.1 the Recipient uses the Grant or any part of it other than for the Project;

7.1.2 the Funder Agreement is terminated for any reason; or

7.1.3 the funding for the Grant is otherwise withdrawn or ceases.

7.2 The British Council may give notice in writing to the Recipient terminating this Agreement with immediate effect if:

7.2.1 the Recipient commits any material breach of any of the terms of this Agreement and that breach (if capable of remedy) is not remedied within 30 days of notice being given requiring it to be remedied (and where such breach is not capable of remedy, the terminating party shall be entitled to terminate the Agreement with immediate effect);

7.2.2 the Recipient becomes (or in the British Council's reasonable opinion is at serious risk of becoming) insolvent or unable to pay its debts as they fall due; or

7.2.3 there is a change of Control of the Recipient.

7.3 Termination of this Agreement, however it arises, shall not affect or prejudice the accrued rights of the parties as at termination or the continuation of any provision expressly stated to survive, or implicitly surviving, termination.

8 Data Processing

8.1 In this clause:

8.1.1 **"Data Protection Legislation"** shall mean any applicable law relating to the processing, privacy and use of Personal Data, as applicable to either party or the Project under this Agreement, including the DPA and/or the GDPR, and /or any corresponding or equivalent national laws or regulations; and any laws which implement any such laws; and any laws that replace, extend, re-enact, consolidate

or amend any of the foregoing; all guidance, guidelines, codes of practice and codes of conduct issued by any relevant regulator, authority or body responsible for administering Data Protection Legislation (in each case whether or not legally binding);

8.1.2 "**DPA**" means the UK Data Protection Act 2018;

8.1.3 "**GDPR**" means the General Data Protection Regulation (EU) 2016/679; and

8.1.4 "**Personal Data**" means "personal data" (as defined in the Data Protection Legislation) that are processed under this Agreement.

8.2 The Recipient shall not breach the Data Protection Legislation and warrants that in carrying out its obligations under this Agreement it will not breach the Data Protection Legislation or do or omit to do anything that might cause the British Council to be in breach of the Data Protection Legislation.

9 Anti-Corruption, Anti–Collusion and Tax Evasion

9.1 The Recipient undertakes and warrants that it and any Relevant Person has not offered, given or agreed to give (and that it and any Relevant Person will not offer, give or agree to give) to any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do anything in relation to the obtaining of this Agreement or the performance by the Recipient of its obligations under this Agreement.

9.2 The Recipient acknowledges and agrees that British Council may, at any point during the term of this Agreement and on any number of occasions, carry out searches of relevant third party screening databases (each a "**Screening Database**") to ensure that neither the Recipient, any Relevant Person, nor the Recipient's and any Relevant Person's directors or shareholders (where applicable) are listed as being a politically exposed person, disqualified from being a company director, involved with terrorism, financial or other crime, subject to regulatory action or export, trade or procurement controls or otherwise representing a heightened risk of involvement in illegal activity (together, the "**Prohibited Entities**").

9.3 The Recipient warrants:

9.3.1 that it, and any Relevant Person, will not make payment to, transfer property to, or otherwise have dealings with, any Prohibited Entity;

9.3.2 that it, and any Relevant Person, has and will retain in place, and undertakes that it, and any Relevant Person, will comply with, policies and procedures to avoid the risk of bribery (as set out in the Bribery Act 2010), tax evasion (as set out in the Criminal Finances Act 2017) and fraud within its organisation and in connection with its dealings with other parties, whether in the UK or overseas; and

9.3.3 that it, and any Relevant Person, has not engaged and will not at any time engage, in any activity, practice or conduct which would constitute either:

(i) a UK tax evasion facilitation offence under section 45(1) of the Criminal Finances Act 2017; or

(ii) a foreign tax evasion facilitation offence under section 46(1) of the Criminal Finances Act 2017; and

9.3.4 that it, and any Relevant Person, has not colluded, and undertakes that it will not at any time collude, with any third party in any way in connection with this Agreement (including in respect of pricing under this Agreement).

9.3.5 Nothing under this clause 9.3 is intended to prevent the Recipient from discussing the terms of this Agreement with its professional advisors.

9.4 If the Recipient, or any Relevant Person is listed in a Screening Database for any of the reasons set out in clause 9.2 or breaches any of its obligations set out in clause 9.3, it shall promptly notify the British Council of any such listing(s) or breach(es) and the British Council shall be entitled to takes the steps set out at clause 9.5 below.

9.5 In the circumstances described at clause 9.3, and without prejudice to any other rights or remedies which the British Council may have, the British Council may:

9.5.1 terminate this Agreement without liability to the Recipient immediately on giving notice to the Recipient; and/or

9.5.2 require the Recipient to take any steps the British Council reasonably considers necessary to manage the risk to the British Council of contracting with the Recipient (and the Recipient shall take all such steps and shall if required provide evidence of its compliance); and/or

9.5.3 reduce, withhold or claim a repayment (in full or in part) of the charges payable under this Agreement; and/or

9.5.4 share such information with third parties.

9.6 The Recipient shall provide the British Council with all information reasonably requested by the British Council to complete the screening searches described in clause 9.2.

9.7 Without limitation to clauses 9.1, 9.2, 9.3, 9.4, 9.5, and 9.6 above, the Recipient shall ensure that all Relevant Persons involved in the Project or otherwise in connection with this Agreement have been vetted and that due diligence is undertaken on a regular continuing basis to such standard or level of assurance as is reasonably necessary in relation to a person in that position in the relevant circumstances.

9.8 For the purposes of this clause 9, the expression "Relevant Person" shall mean all or any of the following: (a) Relevant Persons; and (b) any Relevant Person employed or engaged by a Relevant Person.

10 Anti-slavery and human trafficking

10.1 The Recipient shall:

10.1.1 ensure that slavery and human trafficking is not taking place in any part of its business or in any part of its supply chain;

10.1.2 implement due diligence procedures for its own suppliers, subcontractors and other participants in its supply chains, to ensure that there is no slavery or human trafficking in its supply chains;

10.1.3 respond promptly to all slavery and human trafficking due diligence questionnaires issued to it by the British Council from time to time and ensure that its responses to all such questionnaires are complete and accurate; and

10.1.4 notify the British Council as soon as it becomes aware of any actual or suspected slavery or human trafficking in any part of its business or in a supply chain which has a connection with this Agreement.

10.2 If the Recipient fails to comply with any of its obligations under clause 10.1, without prejudice to any other rights or remedies which the British Council may have, the British Council shall be entitled to:

10.2.1 terminate this Agreement without liability to the Recipient immediately on giving notice to the Recipient; and/or

10.2.2 reduce, withhold or claim a repayment (in full or in part) of the Grant; and/or

10.2.3 share with third parties information about such non-compliance.

11 Equality, Diversity and Inclusion

11.1 The Recipient shall ensure that it does not, whether as an employer or provider of services and/or goods, discriminate within the meaning of the Equality Legislation.

11.2 The Recipient shall comply with any equality or diversity policies or guidelines included in the British Council Requirements.

12 Assignment

12.1 The Recipient shall not, without the prior written consent of the British Council, assign, transfer, charge, create a trust in, or deal in any other manner with all or any of its rights or obligations under this Agreement.

12.2 The British Council may assign or novate this Agreement to: (i) any separate entity Controlled by the British Council; (ii) any body or department which succeeds to those functions of the British Council to which this Agreement relates; or (iii) any provider of outsourcing or third party services that is employed under a service contract to provide services to the British Council. The Recipient warrants and represents that it will (at the British Council's reasonable expense) execute all such documents and carry out all such acts, as reasonably required to give effect to this clause 12.2.

13 Waiver

13.1 A waiver of any right under this Agreement is only effective if it is in writing and it applies only to the party to whom the waiver is addressed and the circumstances for which it is given.

14 Entire agreement

14.1 This Agreement and any documents referred to in it constitute the entire agreement and understanding between the parties with respect to the subject matter of this Agreement and supersede, cancel and replace all prior agreements, licences, negotiations and discussions between the parties relating to it. Each party confirms and acknowledges that it has not been induced to enter into this Agreement by, and shall have no remedy in respect of, any statement, representation, warranty or undertaking (whether negligently or innocently made) not expressly incorporated into it. However, nothing in this Agreement purports to exclude liability for any fraudulent statement or act.

15 Variation

15.1 No variation of this Agreement shall be valid unless it is in writing and signed by or on behalf of each of the parties.

16 Severance

16.1 If any provision of this Agreement (or part of any provision) is found by any court or other authority of competent jurisdiction to be invalid, illegal or unenforceable, that provision or part-provision shall, to the extent required, be deemed not to form part of the Agreement, and the validity and enforceability of the other provisions of the Agreement shall not be affected.

17 Counterparts

17.1 This Agreement may be executed in counterparts, each of which when executed shall constitute a duplicate original, but all counterparts shall together constitute one agreement. Where this Agreement is executed in counterparts, following execution each party must promptly deliver the counterpart it has executed to the other party. Transmission of an executed counterpart of this Agreement by email in PDF, JPEG or other agreed format shall take effect as delivery of an executed counterpart of this Agreement.

18 Third party rights

18.1 Subject to clause 1.2.4, this Agreement does not create any rights or benefits enforceable by any person not a party to it except that a person who under clause 12 is a permitted successor or assignee of the rights or benefits of a party may enforce such rights or benefits.

18.2 The parties agree that no consent from the British Council Entities or the persons referred to in this clause is required for the parties to vary or rescind this Agreement (whether or not in a way that varies or extinguishes rights or benefits in favour of such third parties).

19 No partnership or agency

19.1 Nothing in this Agreement is intended to, or shall operate to, create a partnership between the parties, or to authorise either party to act as agent for the other, and neither party shall have authority to act in the name or on behalf of or otherwise to bind the other in any way (including the making of any representation or warranty, the assumption of any obligation or liability and the exercise of any right or power) and neither party shall incur any expenditure in the name of or for the account of the other.

20 Force Majeure

20.1 Subject to clauses 20.2 and 20.3, neither party shall be in breach of this Agreement if it is prevented from or delayed in carrying on its business by acts, events, omissions or accidents beyond its reasonable control (a "**Force Majeure Event**") including (insofar as beyond such control but without prejudice to the generality of the foregoing expression) strikes, lock-outs or other industrial disputes, failure of a utility service or transport network, act of God, war, riot, civil commotion, malicious damage, volcanic ash, earthquake, explosion, terrorist act, compliance with any law or governmental order, rule, regulation or direction, accident, breakdown of plant or machinery, fire, flood or storm.

20.2 A party that is subject to a Force Majeure Event shall not be in breach of this Agreement provided that:

20.2.1 it promptly notifies the other party in writing of the nature and extent of the Force Majeure Event causing its failure or delay in performance;

20.2.2 it could not have avoided the effect of the Force Majeure Event by taking precautions which, having regard to all the matters known to it before the Force Majeure Event, it ought reasonably to have taken, but did not; and

20.2.3 it has used all reasonable endeavours to mitigate the effect of the Force Majeure Event, to carry out its obligations under this Agreement in any way that is reasonably practicable and to resume the performance of its obligations as soon as reasonably possible.

20.3 Nothing in this clause 20 shall excuse a party for non-performance (or other breach) of this Agreement if such non-performance (or other breach) results from the acts or omissions of any of that party's consultants and/or sub-contractors (except where such acts or omissions are caused by any of the circumstances specifically listed in clause 20.1).

21 Notice

21.1 Notice given under this Agreement shall be in writing, sent for the attention of the person signing this Agreement on behalf of the recipient party and to the address given on the front page of this Agreement (or such other address or person as the relevant party may notify to the other party) and shall be delivered:

21.1.1 personally, in which case the notice will be deemed to have been received at the time of delivery;

21.1.2 by pre-paid, first-class post if the notice is being sent to an address within the country of posting, in which case the notice will be deemed to have been received at 09:00 in the country of receipt on the second (2nd) normal working day in the country specified in the recipient's address for notices after the date of posting; or

21.1.3 by international standard post if being sent to an address outside the country of posting, in which case the notice will be deemed to have been received at 09:00 in the country of receipt on the seventh (7th) normal working day in the country specified in the recipient's address for notices after the date of posting.

21.2 To prove service of notice, it is sufficient to prove that the envelope containing the notice was properly addressed and posted or handed to the courier.

22 Governing Law and Dispute Resolution Procedure

22.1 This Agreement and any dispute or claim (including any non-contractual dispute or claim) arising out of or in connection with it or its subject matter, shall be governed by, and construed in accordance with, the laws of England and Wales.

22.2 Subject to the remainder of this clause 22, the parties irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim (including any non-contractual dispute or claim) that arises out of or in connection with this Agreement or its subject matter.

22.3 In the event that any claim or dispute arises out of or in connection with this Agreement, the parties shall, following service of written notice by one party on the other, attempt to resolve amicably by way of good faith negotiations and discussions any such dispute or claim as soon as reasonably practicable (and in any event within 14 calendar days after such notice or by such later date as the parties may otherwise agree in writing). If the parties are unable to resolve the dispute or claim in accordance with this clause 22.3, either party may commence proceedings in accordance with clause 22.2.

22.4 Nothing in this clause 22 shall prevent either party from applying at any time to the court for injunctive relief on the grounds of infringement, or threatened infringement, of the other party's obligations of confidentiality contained in this Agreement or infringement, or threatened infringement, of the applicant's Intellectual Property Rights.

Annex 1
Self-Declaration Form

Project: **[Insert name of project]**
Country: **[Insert country]**
Dates of assignment: [Insert dates of consultancy]

I declare that I have never been convicted of any offence involving any type of harm to a child or children, nor have I ever been warned or cautioned in relation to such a matter. I also declare that there are no civil or criminal proceedings of any nature pending against me at the date of this declaration relating to any allegation concerning any type of harm to a child or children.

I authorise the British Council to seek references or approach previous employers for information to verify information on disciplinary offences relating to children.

I understand that where any Regulated Activity is carried out in connection with the project that I (and any member of staff or individual engaged by me in connection with the project) will be required to undertake an enhanced Disclosure and Barring Service check through the Disclosure and Barring Service (DBS) or a local equivalent, including a check against the adults' barred list or the children's barred list, as appropriate. Where applicable, I shall monitor the level and validity of the checks for each member of staff or other individual engaged by me to carry out Regulated Activity in connection with the Project.

I give my permission to The British Council to check the above-mentioned criminal records periodically.

I understand that if I withhold any relevant information, or present false or inaccurate information, that the contract for services for the above mentioned project will be terminated with immediate effect.

I will adhere to the British Council's Child Protection Policy, Child Protection Code of Conduct and the British Council Code of Conduct. I confirm that I have received and read these documents at the time of signing this declaration.

Privacy Notice

The British Council will use the information you provide in order to accredit your suitability to work with children. We will process your personal information based on your contract of employment or consultation agreement.

Data Protection

The British Council complies with data protection law in the UK and laws in other countries that meet internationally accepted standards.

You have the right to ask for a copy of the information we hold on you, and the right to ask us to correct any inaccuracies in that information. If you have concerns about how we have used your personal information, you also have the right to complain to a privacy regulator. For detailed information, please refer to the privacy section of our website, www.britishcouncil.org/privacy or contact your local British Council office. We will keep your information for a period of 7 years from the time of collection.

Name	
Signed	
Date	

Annex 2

British Council Research and Evaluation Ethics Policy

About Research and Evaluation at the British Council

The British Council supports, commissions and contracts research both internally and through external strategic or tendered partnerships. Our research strategy covers themes and geographical areas of contemporary importance to ourselves and our UK and global partners and aims to provide evidence and insight to inform our programme activity and policy dialogues, as well as context for our understanding of the global landscapes in which we work.

Research[1] occurs across the British Council in a variety of ways and for a variety of purposes, from market research to thought leadership. Research can inform us about trends and developments across our areas of work as well as about the effectiveness of our programmes through evaluations and impact reports, and our research can be generated either for internal purposes or for sharing with diverse external audiences. Although the formulation, participants, and conduct of the research will be different depending on its purpose, all research and evaluation projects will adhere to the same set of organisational ethics principles and be in line with this Ethics Policy for the global organisation.

The executive summary, below, is to be included in the procurement terms of reference for all funded and gratis research and projects and evaluations offered for tender, and in the contracts with all research partners successful in these bids or in gaining funding for research and evaluation purposes from the British Council.

Executive Summary

a) Remit of this Policy

This Policy has been prepared in line with the Concordat to support Research Integrity[i] and the RCUK Code of Conduct[ii] and has been drafted with consideration to the DfID review of Research and Evaluation ethics. It is held in line with the Human Rights Act and the Universal Declaration of Human Rights[iii], particularly article 53 '*Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms'.*

This policy is to be agreed to by those we contract for research and evaluation purposes. Clarification about what research the British Council does not fund and the parameters in this regard should be sought from the secretary of the Research Board.

---

[1] Frascati Manual definition of Research can be found here: http://www.keepeek.com/Digital-Asset-Management/oecd/science-and-technology/frascati-manual-2002_9789264199040-en#page31

This Policy should be held in alignment to the British Council's Code of Conduct, Global Policy framework[iv] - with particular reference to the Child Protection policy, Information Security and Management policy, the Equality policy, and their respective processes.

The British Council may conduct research in difficult or high risk operating environments as it aligns to the geographies in which we work and the ODA principles of our funding, and where research correlates to the key subjects of our concern (security/stability). These factors may entail a risk to researchers, participants and others (e.g. potentially stigmatised or marginalised groups) as a result of potential participation, knowledge exchange, impact and dissemination activity, and information relating to all these factors should be considered as part of the ethical information submitted in the research proposal by the managing department , country office or strategic business unit.

b) Requirements for all research projects and evaluations:

- In line with this policy, **every research project** must consider as part of the written brief for the researcher(s) the ethical implications of the research and demonstrate such in their ethical paperwork. The detail required will vary according to the subject of the research project, but may include aspects of informed consent and participant anonymity and security, legal obligations, local contextual considerations and reactions to the research.
- **All projects involving participants** – whether connected to British Council programmes or not – must complete
    - a participant information and consent form unless it is deemed unsafe or unethical for them to do so (see *research in high risk contexts).*
    - a fieldwork risk assessment form.
- **All policy requirements, costs and capacity** for assuring ethics must be worked into research or programme plans and into contract terms where the research or evaluation is part of an FCR contract. Please allow for project any costs for the time and expense of colleagues to review the ethics in this way.

c) Do no harm

Do no harm[v] is a term and principle which considers a number of ways in which donors might inadvertently 'do harm' in situations of conflict and fragility. It examines some of the 'do no harm' dilemmas facing donors, and looks at programming approaches that have been used to avoid harm and contribute to peace and stability.[vi]

British Council global research and evaluation principles:

To be observed and adhered to by all those managing commissioned researchers, conducting research or disseminating or publishing research in the British Council.

The British Council Research principles are aligned to and reflect the *Concordat to Support Research Integrity*:[vii]

1) Maintaining the highest standards of rigour and integrity in all aspects of research;

2) The dignity, rights, safety and wellbeing of participants must be a primary consideration in any research study and, as such, are integral to the British Council's research ethics review process. All participants must be warned in advance about any potential risks of harm:

Risk of harm may include: physical or mental harm caused by the research practice or contents of the research methods; risk of retaliation due to exposed identity in a research project; risk of information sharing and data protection; risk of exposure to adult subjects (in the case of youth participants); reputational risk.

Participants must be given the option to not participate in the research following a briefing and to withdraw their participation at any time during the process. Participants must be given the option for their involvement to remain anonymous.

Particular sensitivity to safeguarding and consent should be applied if any or a combination of the following apply in the research project: working with young people and in schools, working with sensitive groups (religious/political), risk involved to participant identity in quoting interviews, use of photographs or visual identification such as film.

3) Ensuring that research is conducted according to appropriate legal and professional frameworks, obligations and standards, and that the potential risks (including physical, psychological, professional, reputational and legal risks) have been considered and how those will be mitigated.

4) Supporting a research environment that is underpinned by a culture of integrity and based on good governance, best practice and support for the development of researchers;

5) Using transparent, robust and fair processes to deal with allegations of research misconduct should they arise;

6) Working together to strengthen the integrity of research and to reviewing progress regularly and openly.

7) If the research is undertaken with an appropriate partner, consultant, or organisation, that appropriate process and principles are followed to form a partnership or procurement process with this organisation.

8) The research practice, the collection and management of participant and partner information, and publication adhere to the Data Protection Act and the following regulations:

a. Any conflict of interest is declared;
b. Research, data collection and management adheres to the legal and regulatory frameworks, including the Data Protection Act;
c. Data is collected through open and transparent means and consent is obtained even when accessing secondary data. This includes data gained through twitter campaigns, social media platforms, from mobile devices and in email communications.
    i. Where media data is collected for research or evaluation purposes, this must be stated in the information about the campaign, programme material or in an information sheet, and participants offered the chance for their data to be excluded;
    ii. Where data already collected or to be captured deliberately or otherwise from media, social media or electronic devices is requested for the purposes of research or evaluation, written consent must be gained from those participants and full disclosure of the purposes of that research project provided.
    iii. Data gathered via social media for purposes greater than analysis of reach or engagement numbers, which may reveal users twitter or full identity or be recognisable sentiments, should be **avoided** at this point. The British Council is

reviewing its digital strategy and position and has sought guidance from the Academy of Social Sciences' Social Media Ethics in Research position[viii] but is not currently in a position as yet to encrypt or protect social media data which could expose participants' identities.

d. All sources of ideas, data, information, text or other intellectual property are comprehensively referenced, including previous British Council reports and digital sources including social media;
e. The input of authors and other contributors to the research is acknowledged to ensure fairness, transparency and accountability;
f. All participants (surveyed or interviewed) are briefed on the purpose of the report, have the right to remain anonymous, and receive the research findings;
g. The research report, the data set, and the methodical notes are appropriately archived.

9) The research purpose and audiences are clearly stated, and the research question is formed in response to a problem, knowledge gap or information need.

In addition that:

a. It is aligned to British Council strategy, demonstrates value to the UK, informs a priority area, and is of use to the country/s of origin
b. The research outputs are actionable and can be learned from
c. Work is not duplicated, new knowledge or evidence is created
d. A distinction is made between research, market insight reports, and monitoring and evaluation.

10) The research is of high quality and is reviewed before publication to consider the risks and implications, and a detailed M&E and communications plan are developed.

The research cycle to entail (where appropriate):

a. As part of the question forming, a literature review is conducted
b. Where relevant, the research should have a clear testable hypothesis/es
c. Finalised reports are properly peer reviewed before publication and made available as models to others
d. Research data should be validated and stored appropriately, and provision to delete records made. This includes research data gathered through mobile and digital devices, and social media methods (see section on digital and social media use in research)[ix]
e. Data is represented in its entirety, any misinterpretation is avoided.

11) The research report is disseminated to relevant stakeholders

a. The communication of the research should be considered in the overall planning at the outset of the project
b. Research reports funded by the FCO grant should be made freely available
c. Research funded through other sources should be made available where possible (acknowledging that this may be on a paid-for basis)
d. Research should be disseminated to appropriate audiences, including internal audiences, to ensure maximum impact and use of the research.

12) The research skills of British Council staff are developed throughout

a. The research skills of British Council staff are developed and supported throughout a research project,
b. All British Council commissioned or conducted research should aim to involve British Council staff at some level in order to build the capacity of staff and underpin our ambition to be an evidence-based organisation.

---

[i] UK Research Integrity Office, *Concordat to Support Research Integrity,* 'Devised by the UK Government, Universities UK, Research Councils UK, the National Institute for Health Research, the Wellcome Trust and other key stakeholders, it sets out five commitments that those engaged in research should make to help ensure that the highest standards of rigour and integrity are maintained. These key commitments apply to researchers, their employers and funding bodies alike'. http://ukrio.org/our-work/the-concordat-to-support-research-integrity/

[ii] Research Councils UK, *RCUK Policy and Code of Conduct on the Governance of Good Research Conduct* http://www.rcuk.ac.uk/publications/researchers/grc/

[iii] United Nations General Assembly, *Universal Declaration of Human Rights,* 1948, http://www.un.org/en/universal-declaration-human-rights/index.html

[iv] British Council Global Policy Framework, http://intranet.britishcouncil.org/policies/Pages/Default.aspx

[v] Anderson, M, B, 1999, *Do no harm: How Aid can support peace – or war*
Also cited in DfID Briefing paper, 2010, *Working effectively in conflict-affected and fragile situations,* *http://www.gsdrc.org/docs/open/con77.pdf*

[vi] Do No Harm Principles http://www.gsdrc.org/docs/open/con77.pdf

[vii] UK Research Integrity Office, *Concordat to Support Research Integrity,* http://ukrio.org/our-work/the-concordat-to-support-research-integrity/
Also hosted at
http://www.universitiesuk.ac.uk/highereducation/Documents/2012/TheConcordatToSupportResearchIntegrity.pdf

[viii] Social media and ethics policy ESRC /ACSS.

[ix] See guidance from Universities UK on storage of sensitive research data and material
http://www.universitiesuk.ac.uk/highereducation/Documents/2012/OversightOfSecuritySensitiveResearchMaterial.pdf