Transnational Feminist Analysis of Intimate Partner Violence in South Asia: A Scoping Review

by

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Abstract

Intimate Partner Violence (IPV) has been recognized as a global public health concern affecting millions of people across the world. Women in South Asian countries of India, Pakistan, Sri Lanka and Bangladesh are increasingly vulnerable to physical, sexual, and emotional abuse. The purpose of this study is to conduct a scoping review of the literature on the available interventions and support systems provided to survivors of IPV through a Transnational Feminist lens. This thesis offers a critical and grounded engagement with literature from South Asia that challenges a Western centered understanding of women from 'Third World' cultures and underscores the importance of feminist engagement with larger structures that keep women disempowered. This thesis details the search methods, inclusion criteria and the summary of results.12 articles were included for final analysis. Due to the growing epidemic of IPV and the limited literature available on this issue, specifically examining the impact of interventions and support systems on survivors of IPV, the findings of this review support the need for an examination of systemic injustices impacting women and increased collaboration across sectors for a unified response to IPV.

Keywords: intimate partner violence; scoping review; South Asia; domestic abuse; community interventions; support systems

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Chapter 1. Introduction

Violence Against Women (VAW) is recognized as a global health concern (Arroyo et al., 2017; VanderEnde et al., 2012) and Intimate Partner Violence (IPV) is one of the most common forms of violence against women that includes physical, sexual, and emotional abuse and controlling behaviors by an intimate partner (García-Moreno et al., 2013). Despite the prevalence of IPV, certain regions are impacted more by this health concern. According to the World Health Organization (WHO), one of the largest prevalence of IPV was seen in South Asian regions, where approximately 37% of ever partnered women reported having experienced physical and/or sexual violence at some point in their lives (García-Moreno et al., 2013).

A preliminary review of literature on IPV from South Asian countries of India, Pakistan, Sri-Lanka and Bangladesh reveals an overview of the issue: women reported as high as 56% of some form of violence against them in Eastern parts of India (Babu & Kar, 2009), the prevalence of physical IPV was reported in 20 out of 23 studies in a systematic review of IPV in Pakistan (Ali et al., 2015) and data collected from qualitative interviews with 62 women from 6 villages in Bangladesh revealed that only 13 women had never been beaten or slapped (Schuler et al., 2013). Men and women can both be impacted by IPV, but in the context of the South Asian community, more women commonly experience IPV (Kurien, 2001; Niaz, 2003). It impacts mental health, physical health and child-related outcomes (Niaz, 2003). Survivors of IPV suffer from depression, post-traumatic stress disorder and anxiety disorders, physical health problems include chronic fatigue, reproductive health problems and spread of infections like HIV (Kalokhe et al., 2017). The growing statistics and health concerns state a need to conduct a scoping review to identify the evidence base on IPV and mental health in South Asian women.

IPV in South Asia is a complex and multifaceted phenomenon as women face violence by other perpetrators such as family members in both joint families and nuclear families (Raj et al., 2011). The literature base highlights the normalization and occurrence of IPV, psychological abuse and control, isolation and neglect faced by women. Women's experiences in seeking help and the need for the health sector to

improve their responses is widely acknowledged (Jejeebhoy et al., 2014). This paper presents a scoping review of studies published in the last fifteen years on India, Pakistan, Sri Lanka and Bangladesh to assess the established support systems for women facing IPV.

As I began to scan literature on IPV, the frameworks established to support women from South Asian communities lacked engagement with critical issues of power and control within these cultures The literature invokes dominant cultural narratives and limited the analyses to the familiar manifestations of patriarchy or sexism represented in Western scholarly critiques. Generic applications of a Western feminist lens seriously limits the help-seeking and support networks for women of colour from South Asia, because generic feminism does not foreground concepts of caste, ethnic and religious differences unique to South Asian cultures.

In the next section, I explain the drawbacks of applying a Western centered model that provides a distorted representation of women of color and the impact of colonialism that raise concerns about 'Culture' and 'Tradition'. I contest some of the conceptual descriptions of these terms, and highlight the problems women are faced with in a variety of contexts. The multiple layers of South Asian women's identities adds to the complexity of knowledge we have about IPV. As I emphasize the importance of incorporating South Asian women's voices into scholarly frameworks intended to facilitate help seeking and support for women who have experienced IPV, I consider my relational position in producing and informing knowledge on feminist issues, identify key research questions and clarify my research focus so as to organize the structure of this manuscript.

1.1. Colonial Impacts and 'Third world women'

While describing the problem of IPV, it is important to locate South Asian women's experiences within the discourse of IPV literature. The invisibilization of South Asian women's voices in the research literature is connected to the marginalization of South Asian women in feminist theory and antiracist politics. The literature that serves

our current understanding of IPV is derived from a White, Western dominated paradigm that examines patriarchy, sexuality and gender and excludes race, caste, class and cultural differences in South Asian contexts (Sokoloff & Dupont, 2005). Questions of exploitation and oppression lose meaning if the experiences of women from collectivist cultures are not incorporated into the public domain. According to Mohanty, author of 'Third World Women and the Politics of Feminism'(1991), the experience of being a woman is attached to the gender, race, caste, class and age at various historical moments. This is significant to understanding the experience of IPV faced by women from various backgrounds. An understanding of feminism from a cultural perspective affords awareness of the wide variation in women's experiences and establish support systems that are culturally relevant. Therefore, interpreting literature on IPV in South Asia cannot be understood through North American approaches of addressing IPV as the social and political institutions of South Asia are vastly different. Furthermore, these cultural differences are often used to erroneously characterize South Asian women as disempowered and lacking in autonomy rather than addressing the complex socio-political issues of IPV that disallow South Asian women from seeking support. Therefore, the purpose of this research is to gain an understanding of the literature documenting women's experiences of IPV and the existing support systems that have been established to help survivors in four South Asian countries: India, Pakistan, Bangladesh and Sri Lanka.

An understanding of discriminatory and harmful practices in South Asia can be understood by looking at the common histories of India, Pakistan, Bangladesh and Sri Lanka that demonstrates the impact of colonialism and the intersection of class, caste, religion on gender politics. By considering the commonalities and differences in the histories of India, Pakistan, Sri Lanka and Bangladesh, the effects of colonization on institutions that have created a detrimental impact on the health and well-being of women can be examined. For instance, the history of colonialism in India is different from the impacts of colonialism felt by Indigenous communities and African American communities in the West (Mohanty, 2013). The British colonialism in India led to resistance and eventual independence of India and the birth of a nation called Pakistan. The following year, Sri Lanka gained independence and Bangladesh gained

independence from Pakistan in the '70's. These countries share a closeness not just in their geographical locations, but also the historical and political impacts of the same colonial power. The impacts of the imperial rule and policies formed at that time established the gender norms and power struggles between men and women seen even today. For instance, during the British rule certain economic laws were established to gain control over the land; these laws prevented women from becoming landowners, particularly widowed or unmarried women (Mohanty, 2003). These economic policies laid the foundation for future policies that tipped the scales in men's favor and made women dependent on men. 'Tradition' and 'Culture' was produced and defined by colonial and nationalist discourses. Colonized cultures are now regarded as entities paralyzed by tradition that are often characterized as backward and in a state of decline (Mohanty, 2013). This is an important example as it highlights the importance of analyzing cultural values and traditions to prevent falling into the trap of colonial representations of women in 'Third World' cultures. By revealing the historical and political structures established over time, the inception of unequal gender laws that led to a social acceptance of power imbalance between men and women can be seen.

1.2. Notions of culture: Intersectionality and considerations of my own identity

Deconstructing and separating third world feminist consciousness from a global feminist perspective is particularly challenging. There is a delicate balance to hold and preserve South Asian cultural values that deepens understanding of cultural issues, but also develop a critical awareness to the political conflicts between colonialism and nationalist movements The tension in the research emerges when South Asian cultural values and political conflicts are in opposition with one another and this places women in vulnerable positions. Narayan (1997) brings attention to this and explains issues pertaining to women's role and sexuality became an important point of conflict and negotiation between Western cultures and 'Third World' cultures. In these conflicts, Western values uphold women as modern and liberal, whereas post-colonial Nationalist movements problematically equate women's roles in South Asian cultures that uphold 'traditional' values that are often repressive and backward. These conflicts between male

dominated colonial governments and male dominated South Asian nationalist movements maintains the status quo by keeping women in an oppressed and disempowered position in all of these contexts (Narayan, 1997). The term 'Third World' women refers to women who live in regions previously called 'Third World' countries, who are considered part of the Majority World or developing countries. Some authors use directional labels (e.g., global North, South, East, West) instead of the terms developed and undeveloped countries (H. Collins, 2019). Third World Feminism also referred to as Postcolonial Feminism or Global Feminism emerged as a response to White Western Feminism that emphasized gender oppression as the main issue impacting women in all contexts. This research is focused on literature from South Asia examining multiple oppressions in the context of various social locations and therefore the term 'Third World' will be used in this thesis to identify and question Western power and domination.

Crenshaw's (1989) scholarship on intersectional feminism provides a particularly helpful feminist theory that creates a framework for considering the various intersections of class, color, religion, age and geography to convey the multidimensional experiences of women that were previously ignored. An important aspect of Crenshaw's (1991) paper were her remarks on 'Intersectional subordination'; defined as the consequence of the imposition of one burden that interacts with pre-existing vulnerabilities to create yet another dimension of disempowerment (Crenshaw, 1991). For instance, a woman's experience of IPV in the context of a lower socio-economic position in rural India is very different from a woman belonging to an upper caste and higher socio-economic position. Her choices, access to resources and identity is created by the position within her culture that affords her privilege in some ways and excludes her in other ways. Ignoring intra-group differences leads to conflict within groups. Efforts to politicize women's issues takes a back seat in the current responses which utilize frameworks that privilege individual aspects of identity. This seriously limits the scope of practices aimed at addressing IPV in South Asian women which I argue to be a collective, historical, and politically driven health issue.

Second-wave feminists question the unity of 'women' as a foundation to distinguish between 'sex' and 'gender' (D'Enbeau et al., 2015). Sex is a biological

construct and gender is a cultural construct so the meanings attached to gender is a fluid construction that changes and evolves according to cultural norms and practices. To break down these identities and redistribute power, 'masculinity' and 'femininity' can be examined as a set of social expectations created and maintained by a patriarchal society. Transnational Feminism offers a lens that can best illuminate how discourses of sex and gender intersect and take on new meanings in globalized contexts. Particularly for women from South Asia navigating religious and cultural expectations is both restrictive and autonomous (Grewal & Kaplan, 1994).

It is important to acknowledge my relational position impacting knowledge production for this research project. I am a South Asian woman getting trained in North America; my consumption of information is impacted by my own experiences as a woman and my political and personal identity. During the course of this project, I was caught in a struggle to write about South Asian women's issues from a cultural framework while avoiding the pitfall of reproducing a Westernized feminist ideas about IPV. My interest in questions of culture and activism in an international context has led me to examine violence against women in South Asian cultures. I carry the burden and privilege of writing about women from various social and cultural backgrounds that deserve to be better served by research. Reflecting on the intersections of my own identity and the evolution of my feminist identity through my upbringing in India and continuing education in Canada shows up in the issues and questions I am attracted to. I believe that these challenges suggest new questions for feminist analysis and critique. This research project represents my perspective that is one amongst many interpretations of the issue under study. By emphasizing the struggles for institutional change and strategies for challenging norms and structures of domination, I believe, we can create more equitable and just public spheres that invite critical dialogue and discussions.

1.3. Research questions

By viewing these issues through Transnational Feminist Theory, I endeavor to explore and analyze a literature base from India, Pakistan, Bangladesh, and Sri Lanka that privileges women's experiences using an anti-colonialist, anti-racist feminist lens

that recognizes gender dynamics. I address the following research questions by reviewing the literature across these countries:-

1) How does the literature represent South Asian women's experiences of Intimate Partner Violence?
2) What are the types of services provided to IPV survivors?
3) What types of outcomes have been reported in the literature in the effectiveness of these services?
4) How does Transnational Feminist Theory critique the services available?

To understand these concepts better, C T Mohanty's (2003, 2013) careful analysis of knowledge production and cross-cultural applicability illuminates key areas for consideration. For instance, oppression can mean different things to women based on her social class, location and economic status. So, instead of imposing Western ideas of what oppression of women means, literature that privileges the voices of women from different South Asian socio-cultural locations will be incorporated. Guided by the Transnational Feminist theory, this framework helps account for multiple grounds of identity in considering how the social world of women in these countries are constructed (Mohanty, 2003).

Working on this project has alerted me to the struggles I faced as a writer; on one hand I offer factual data and information on IPV collected through literature reviews; a format provided by the scoping methodology utilized for this thesis. On the other hand, I write to bring certain cultural narratives to the forefront to illuminate different issues connected to the problem of IPV. These transitions were challenging but important as it highlights the complexity of situating oneself in multiple contexts. This thesis represents my attempts to understand feminist concerns and questions from a South Asian cultural perspective. It consists of five chapters that are organized as follows.

In the next chapter, 'Literature Review', a deeper analysis of IPV is conducted. I explain the cultural factors that are prominent in preventing women from seeking support. Looking at the cultural factors will help describe the predictors and associated

complexities of IPV. An overview of the barriers in systemic structures are discussed, from the experience of health care workers to lack of recognition from legal and police departments. Finally, a critical look at the patriarchy and its influence on gender roles, social customs and its impact on value systems are discussed. The final section of this chapter focuses on other insidious forms of IPV.

In the third chapter, 'Methodology', I will discuss the scoping review process. By utilizing Arksey and O'Malley's (2005) framework of a scoping methodology, my strategies of study selection and challenges in extracting relevant data are provided. I chart the data according to their capacity to answer my research questions. The search strategy, selection of sources of evidence and data extraction process is described. Finally, syntheses of final articles are provided based on key issues and themes. This section highlights the evolution of my search process that led to my final results.

The fourth chapter, 'Results and Discussion', provides the final results of my search criteria and details the articles extracted for analysis. I respond to my research questions and provide an analysis of these findings and provide some key areas for ongoing consideration.

In the fifth and final chapter, based on my results, the limitations of my work are presented and implications from the review are discussed. Key areas of research focus and a particular emphasis to integrate traditional practices for healing and developing a Transnational Feminist consciousness across disciplines are emphasized.

Chapter 2. Literature Review

In this chapter, a strategic review of IPV is conducted. I deliberately explore the cultural factors that are prominent in preventing women from seeking support. The intersection of culture with larger structures in society that influence economic and financial independence for women is of central importance to the conceptualization of the research problem using Transnational Feminist theory. An overview of the barriers in systemic structures are discussed, from the application of global feminist ideas to the lack of recognition from legal and police departments leading to the dichotomy of IPV as a private versus public phenomenon. Finally, a critical look at healthcare and judiciary practices for a consolidated response to IPV are deliberated. The status of patriarchy, cultural representations of women, religious extremism and its influence on gender roles, social customs and its impact on value systems are discussed.

2.1. Understanding the role of Culture in IPV

South Asian communities have strong cultural influences that justify women's experiences of violence and prevents the acknowledgement of IPV as a problem (De & Murshid, 2018). A WHO multi-country study on women's health and domestic violence against women revealed a wide-spread prevalence of violence by a male intimate partner (García-Moreno & World Health Organization, 2005). A standardized population survey was conducted between 2000-2003 in 10 countries including Bangladesh. Data from Bangladesh, Ethiopia and Thailand revealed a large portion of women experienced sexual violence only; it was a new finding as previous evidence suggested that women experienced a combination of physical and sexual violence or physical violence only. The study's approach to measuring violence relied on behaviourally specific questions to encourage disclosure that revealed a wide variation in women's acceptance of violence. The value systems in South Asian cultures on women's roles within the family place huge responsibility on women as nurturers and caretakers, not only for their immediate family but for extended family members as well. These value systems are not critically

analyzed and have large scale acceptance making it harder for women to leave their abusive households or reach out for support.

These cultural values highlight the lack of options women have when the face violence in their homes. According to the National Family Health Survey- 4 (NFHS-4) (*National Family Health Survey*, n.d., p. 563), in India, among women who have ever experienced any type of physical or sexual violence, only 14 percent have sought help to stop the violence and 77 percent have never sought help nor told anyone about the violence they experienced. In fact, the percentage of women who sought help declined since the last survey. Among the women who have experienced physical or sexual violence and sought help, the most common source of help was the woman's own family and the least utilized resource was a doctor or medical personnel, a lawyer, or a social service organization. Recognizing these cultural practices is important as IPV recognition and intervention strategies need to move beyond public interventions for IPV and look at entry points within a woman's social circle that honors a woman's privacy and needs.

2.2. Tensions between Cultural and Systemic forces

The crucial task of giving voice to marginalized and oppressed women is to understand the structural impacts and the institutions that create them that have bigger impacts than the individual. A look at the cultural narratives help in discerning women's choices to accept violence compared with the lack of choices provided by the larger society. South Asian value systems are influenced by the system of patriarchy, inequitable gender relations and restrictive roles for women as a wife and mother aimed to maintain family honor and reputation (Guruge et al., 2015; Yount et al., 2013). Restrictive practices and expectations increase women's acceptance of violence, while decreasing their ability to respond to IPV in a way that is most effective for them. A study by Yount, Halim, Schuler and Head (2013) explored women's attitudes through surveys and cognitive interviews about IPV in Bangladesh. 79% of women justified wife-beating for transgressions committed against their husbands, disrespecting adults in the family or leaving children unattended. Women held diverse views about physical violence but also complied as they believed they did not have any other choice. The

intersectionality of class, caste and gender have real life consequences for many women seeking safety. Women hold internalized ideologies that is opposing to the disclosure of violence. IPV is thus framed as a personal problem, compounded by the fact that the family unit is a sacred social institution that is private and protective, highlighting why IPV is given little attention and women's experiences with IPV is normalized (Kimuna et al., 2013; Vogel, 2013).

Ingrained cultural narratives make it challenging to create empowering strategies aimed at reducing violence as changing one aspect of women's lives is not enough to bring about long-lasting change. For instance, opportunities to empower women through income-generating activities and education illustrates mixed results regarding the status of women from South Asian countries. A survey of low and middle income countries revealed that education was a protective factor in India and Bangladesh (Vyas & Watts, 2009). However, if the woman was more educated than the man, it brought about a power imbalance and increased violence against women. Women in charge of household expenditure faced the possibility of more violence in India and greater economic autonomy for women in Bangladesh was associated with higher levels of violence (Vyas & Watts, 2009).

Systemic inequalities such as socio-economic status adds another dimension of disempowerment. For instance, women from rural societies have a higher prevalence of IPV. Some of the strongest associations were seen with indicators of household economic status: Owning one's home, having more than one room in the house, and having a bathroom in the house shared with outsiders (in communities where most people cannot afford to have bathrooms in their homes) all conferred strong protection against both physical abuse and forced sex (Solomon et al., 2009). When systems and violence intersect in communities of color, culture is used as a particular force or influence that is not subjected to a critical analysis. Therefore, an appropriate IPV response is to integrate awareness on gender equality and create opportunities for women while mediating through structural forms of oppression such as colonialism and economic exploitation.

2.3. Operating from Global Feminist Ideas and lack of Institutional Accountability

Feminist discourses are critical for the widespread distribution of ideas and strategic decision making that impact women across the globe. Examining the current state of support structures and IPV interventions is important towards understanding the existing gaps that prevent women in coming forward for help. Programs created to support women report facing many barriers in screening for IPV and providing culturally appropriate services. Vogel (2013) reviewed gender-based violence screening tools for use in primary health care settings in Pakistan and Afghanistan. Health care providers cited a number of barriers to routine screening for domestic violence, including lack of knowledge about violence against women, concern over the lack of effective referral options, lack of time and fear of offending patients. These instruments, although critical and essential, lack the depth in encapsulating the experiences of women across cultures. Questions on physical and sexual violence capture only a part of a woman's experience; the complex relationship between IPV and its representation should be considered thoroughly before totalizing women's experiences of IPV as one and the same.

Women who sought services at healthcare institutions also reported stigmatizing attitudes toward women among health care providers who discouraged women from seeking services again (Guruge et al., 2015). The number of women who disclosed their experience to the police, the local council or a health care professional was negligible (Ali et al., 2015). Reporting to the police also instigated further violence and the lack of immediate action to remove women from violent situations was an additional factor that caused harm. Furthermore, research indicated that police stations tend to act as mediators between couples instead of offering women protection (Mahapatro et al., 2014). When women face these insensitive attitudes and lack of interventions from formal institutions, it re-instates the belief that IPV is a private matter not requiring recognition as a public health concern.

Another prominent issue highlighted in the literature is the lack of legislative action and legal aid provided to women facing IPV. Guruge, Illesinghe, Gunawardena &

Perera (2015) conducted a scoping review of IPV In Sri Lanka. Their study reported that 13% of women experiencing IPV made a complaint to the police and only a minority of complaints resulted in legal action against the abuser. Mahapatro et al. (2014) support these findings through their research. They reported that lack of coordination between law enforcement agencies, and a lack of conducive administrative and judiciary policies coupled with low literacy, poverty and economic dependency placed women in a very vulnerable position (Mahapatro et al., 2014). A consolidated effort by formal institutions to implement reforms aimed at reducing violence would go a long way in protecting women from abuse and violence.

Another example of lack of effective responses within legal systems is seen through the practice of specific cultural norms like dowry that instigate violence against women. Dowry is the transfer of money or gifts from the wife's to the husband's family at the time of marriage and this becomes a source of conflict in the marriage when the husband or his family perceives this sum as inadequate (Solomon et al., 2009). The government of India established 'The Dowry Prohibition Act' in 1961 and sections 498A and 304B of the Indian Penal code refer to the crimes committed against women by her husband and relatives. These amendments for the first time gave public and legal recognition to the violence women faced within the confines of their home (Alston, 2014). However, the loopholes in the act prevented the securing of safety for women and failed to curb the violence faced by women (Pramila, 2015). These examples of an ineffective governmental response to IPV showcases the lack of referral options for women and the continuing prevalence of IPV in South Asia.

2.4. Power of the Institution: Patriarchy and Cultural Shame

Patriarchal structures exist from micro-contexts like the home to macro levels such as governmental institutions and policies. Roles assigned to men and women in South-Asian countries determine autonomy and status of women in these countries. The system of patriarchy has also defined gender roles for generations. These roles create an inherent power imbalance between men and women as they force women to remain in the household and assume domestic duties while men hold jobs that give them economic

independence and superiority (Bannerji, 2016). In South Asian countries, hierarchical structures like patriarchy keep women disempowered, in particular poor and socially marginalized women. Patriarchal norms create unequal opportunities for men and women; for example, women in India are 76% as likely as men to enroll in colleges but only 36% may participate in the labor force and 15% as likely to become a manager, senior officer or legislator (*World Bank Open Data | Data*, n.d.). This large gap illustrates the strength of patriarchal structures that permeate other domains and create layers of disempowerment for women.

An understanding of South Asian women's narratives reveals the shift in cultural acceptance of violence and provides an understanding into the worldview of women. A qualitative study on women's experience of domestic violence in Pakistan (A. Khan & Hussain, 2008) explored the concept of gender and power imbalance between couples as well as the role of other family members in perpetuating the imbalance and violence. The study is based on extensive interviews with 42 middle and lower middle class women who have personally experienced some form of domestic violence. The interviews were undertaken in 2002–03 in two areas of Karachi, Pakistan's biggest city with an estimated population of over 14 million. These sites were chosen because of their multi-ethnic and multi-religious composition, which allowed for greater cross-cultural comparisons. The researchers utilized a staged approach to data collection, starting with key informant interviews followed by focus group discussions and in-depth interviews. Women reflected on their upbringing and narrated that they were indoctrinated into accepting male superiority from a very early age. It was also highlighted how women reinforce these ideals and pass on the same message to the next generation. Since these structures have been established over time, they were hopeful that change would occur sooner rather than later (A. Khan & Hussain, 2008). Deconstructing the cycle of intergenerational violence is to confront the contradictory messages a woman faces in society. Encouragement in the form of education and employment is offered alongside questions of independence and assertiveness that threaten established convention and norms. Discussing these issues is no easy feat, but, an approach that honors women's commitment to their families and shines light on the resilience of women to change gender norms and roles should be highlighted in IPV intervention programs.

Within South Asian communities, efforts to reduce domestic violence are often grounded in attempts to maintain the integrity of the community. For instance, Hyndman and De Alwis (2003) conducted a feminist analysis on humanitarianism and development in Sri Lanka to identify and understand the displacement, insecurity and trauma that shape peoples' lives. They identified that gender identity cannot be separated from national identity and understanding the marginalization of women's experiences requires a deeper look at the construction of their identities (Hyndman & de Alwis, 2003). Furthermore, Hyndman et al. (2003) conceptualized how Sri Lankan women continue to be constructed as the reproducers, nurturers and disseminators of tradition, culture and community. Such perceptions have not only legitimized the surveillance and disciplining of women's bodies in the name of national morality and honor but re-inscribe the expectations and power relations between men and women. This perception is a further indication of how difficult it is for South Asian women to break free from these cultural and gender identities. It places emphasis on understanding women's experience of violence from an appropriate cultural lens that in turn will help in establishing support systems that reflect women's opinions and choices.

2.5. Control and Exploitation through Economic, Religious and Legal systems

The impact of IPV is insidious as it infiltrates other structures leading to a blind acceptance of ideologies that are harmful to women. Stark (2007) defines economic abuse as an attempt to establish power and control over one's partner in a methodical and deceptive manner using a variety of tactics to maintain such control. These tactics may include the use of physical or sexual violence through threats, use of force, or other physically or sexually violent acts. In addition, an abuser often uses emotional or psychological abuse to belittle, demean, isolate, and humiliate his partner with the goal of forcing her to become dependent on him and him alone (Stark, 2007). Economic concerns are one of the top reasons survivors cite for not leaving their partners, and this is especially relevant in South Asian communities as men are usually in control of the family's finances (Schuler & Nazneen, 2018). Supporting women financially is a step towards independence and empowerment that increases a woman's ability to respond to

violence as well as brings equality in gender relations that uplifts women's role in society. However, it should be one among multiple factors for improvement as providing financial resources in isolation may increase risk of violence.

As stated above, the research on risk of IPV and economic independence among women has mixed reports (Dalal, 2011; Sabarwal et al., 2014; Vyas & Watts, 2009). A study conducted in rural Bangladesh showed that women recognized that due to their income, men were more reliant on them, it helped them feel more secure and empowered (Schuler & Nazneen, 2018). Similarly, a systematic review of IPV in low and middle income countries indicated that higher levels of education, ownership of land and joint responsibility in household expenses were considered protective factors, however, in India, if women were more educated than men there was a higher risk of IPV. Similar results were seen in Bangladesh, if women surpassed men in economic autonomy, higher levels of violence were documented (Vyas & Watts, 2009). This evidence provides an explanation to the perceived threat a man faces if women gain economic independence. Financial security provides women options to seek support and gain freedom from their perpetrators.

Along with financial abuse, religious ideologies can have a strong impact on the social acceptance of violence against women. Pakistan and Bangladesh have a higher proportion of Muslim communities, their religious oriented beliefs and norms around women's status and family determine gender roles and expectations.(Fulu & Miedema, 2016). Fulu and Miedema (2016) critically reviewed Muslim communities in Asia through a feminist lens to identify the impact of globalization on family violence. Interpretations of marriage practices such as child marriage and polygamy are divisive social issues that reflect the friction between globalization and religious ideology. These institutions continue to legitimize patriarchy and detract women's agency and autonomy in relationships (Fulu & Miedema, 2016). Although legal reforms to address concerns regarding early marriage of girls in Pakistan was addressed by the 'Child marriage Restraint Bill' of 1929, the reality is that many girls in Pakistan get married at an early age (Nasrullah, Muazzam, Bhutta & Raj 2014). Nasrullah, Muazzam, Bhutta and Raj (2014) conducted a cross-sectional observational survey to identify differences in poor

fertility outcomes by early versus adult age at marriage. Nationally representative data from 2006-2008 revealed that over 50% of women were married before the age of 18. These alarming numbers prove the struggle faced by advocates for women's rights and the challenges they meet due to the political instability faced in Pakistan as they continue to fight religious extremists to advocate for women's rights. Furthermore, these religious ideologies alert us to the lack of directives provided to men regarding their responsibilities and accountability towards religious customs and practices.

Finally, legal and judiciary practices also suffer from established orthodox religious practices. Legislation to reform family law in the direction of greater equity often incur popular and political resistance that may set back these legislative efforts. A study by Hudson, Bowen & Nielson (2011) tested a hypothesis that states greater inequity in family law is associated with higher levels of violence against women. They included 141 countries in their analysis and their findings indicated that only 11% of the countries in the study were classified as having equitable family laws. They adopted a feminist evolutionary analytic approach to understand the legacy of male domination and control over women's bodies. Their research highlights the controversial struggles in South Asian countries regarding legal reforms and their separation from religious law (Hudson et al., 2011). Inequitable laws and regulations established over time were built on traditional family units that afforded greater responsibility to women as caregivers and failed to include men in the same bracket of parental responsibility. Systemic structures reflecting patriarchal views, gender bias and lack of accountability to women collaboratively create unjust power structures in society due to which IPV is given little to no attention.

Based on this analysis so far, my aim has been to highlight the cultural issues women face in their public and private lives impacting their responses to IPV. Shifting the lens in understanding representation of women from South Asian countries is to change the existing definitions of 'Third World' women. A strength based approach that honors the resiliency of women and examines their understanding of violence is imperative in establishing support systems that are responsive to their needs. Furthermore, an analysis of the existing gaps and barriers in systemic structures places

the responsibility on institutions and larger societal structures to question concepts of privilege, gender bias, exclusionary practices and inequitable laws and policies that prevent social transformation and continue to place women in vulnerable positions.

In the following chapter, based on the results and available literature, my research questions are pursued. The method chapter articulates the line of sight throughout the research actions generated in response to the research questions: How does the literature represent South Asian women's experiences of Intimate Partner Violence? What are the types of services provided to IPV survivors? What type of outcomes have been reported in the literature in the effectiveness of these services? How does Transnational Feminist Theory critique the services available? In chapter 4, a discussion of the various factors impacting women's ability to seek services is highlighted. Questions on funding, research output and collaborative efforts is illuminated to bring attention to the implications on women's lives impacted by IPV.

Chapter 3. Methodology

Before I describe the scoping methodology (Arksey & O'Malley, 2005) used for this study, I revisit the theoretical lens and explain the need for a Transnational Feminist analysis. Next, the resultant data is charted thematically based on geographical location, interventions and other relevant themes that emerged during the search. The analysis will continue in Chapter 4 and 5 as I deepen my understanding of the literature and results as interpreted through Transnational Feminist Theory (TFT).

In the following section, I argue for an inclusive, contextualized understanding of IPV as well as focus the need to include the wider systems; the social, political or legal systemic forces that contribute to IPV.

3.1. Relevance and Applicability of Transnational Feminist Theory

The failure of feminism to interrogate social and political factors in specific cultural contexts can lead to a biased representation of women of color. For instance, family honor is a shared cultural value seen across many South Asian communities. Although, this may add to the challenges women face in seeking help when they face violence, most often this representation is exaggerated to fit the image of women from these countries into oppressed and docile women (Narayan, 1997). These representations are counterproductive in understanding feminist struggles within these societies as the frameworks utilized to understand these structures are inherently faulty. The more promising approach is to challenge the legitimacy of this framework and its applicability to different cultural populations. For instance, a Westernized framework for understanding IPV is based on an individualistic approach that focuses on certain behaviors as causal factors for treatment focus. It does not take into account other forms of violence that are prevalent in collectivist cultures, such as, spiritual or religious violence, honor based practices, social and cultural practices that can lead to coercion or isolation (Donta et al., 2016; Naeem et al., 2008; Wagman et al., 2018).

Resolving the tension of writing from a global North and global South space, the transnational feminist ethic lies not in the global North and global South paradigm but in the fluidity of migration between and among cultures rather than geographical boundaries and military borders. Authors Swarr and Nagar (2010) highlight the challenges of working to bridge the gap between theory and practice to understand the translation of TFT tenets into research projects and practices. Similarly, Grewal and Kaplan (2001) laid out the process of understanding 'transnational flows', a concept that ignores aspects of modernity that seems fixed or immobile. They address the problem of writing history, a problem that exists due to recognition of issues from different lenses but places responsibility on authors, researchers and practitioners to constantly engage critically to examine sources of power and privilege.

Feminist ideas in South Asian communities are met with unease and trepidation due to the perception of the imposition of Westernized agendas on the culture and value systems of people from Asian or Third World countries (Narayan, 1997). Continuing to operate from a Westernized framework will only further alienate women of color and do little to account for differences in social and cultural positions. To expand knowledge on IPV, a Transnational Feminist analysis moves beyond individual or discrete forms of behavior to examining the social position, economic, legal and political factors that facilitate detrimental impacts on women. Transnational feminist analysis utilizes a grounded approach to understanding communities around the world, welcoming Indigenous voices and creating egalitarian partnerships. This paradigm is utilized in my thesis to (1) attend to racialized and masculinized practices of patriarchal cultures and the multiple ways in which they control women's lives and diminish women's voices (2) understand the complex and contradictory ways in which it informs individual and collective agency (3) combine critiques and actions identified by health-care, legal, judiciary institutions and other related sectors for collaborative efforts aimed at systemic change (Grewal & Kaplan, 1994; Mohanty, 2013; Narayan, 1997; Swarr & Nagar, 2010).

An understanding of women's conception of 'agency' and 'empowerment' is to identify how women have attempted to resist and re-shape power in relationships. This may be gained through an examination of support structures established for women in

South Asia that addresses the need for locally informed understandings of IPV. As my research is focused on understanding IPV against women in India, Pakistan, Sri Lanka and Bangladesh, my intention is to uncover and locate practices of oppression that have defined the status of women in these societies. I engage these histories as an act of anticolonial representation of IPV.

In conclusion, the need to understand women's concept of IPV in South Asian countries highlights two key issues. Firstly, the differences between women's lives in South Asian countries compared to Western countries stresses the need for a feminist analysis that caters to understanding the strength and resiliency of women and design support structures that serve this need. Secondly, an analysis of barriers for women seeking services in the context of their experiences of IPV should be focused on the structures and wider systems that disable women's ability to access services. Transnational Feminist Theory is commensurate with an analysis that incorporates these wider systems and structures.

I now turn to my methodology in conducting a scoping review. Informed by Arksey & O'Malley's framework (2005), starting with the rationale and objective, I lay out the approach I utilized to identify relevant databases and my process in sorting through the vast amount of literature and publications to arrive at a study selection criterion. Based on the eligibility criteria, a search was conducted and reviewed. The final section of this chapter is focused on charting the data and distribution of studies according to relevant themes.

3.2. Scoping Methodology Framework

My study aims to understand how women's experiences of IPV is represented in research from South Asia, namely India, Pakistan, Bangladesh and Sri Lanka. Due to the broad nature of this research topic, I utilized Arksey & O'Malley's (2005) framework for a scoping methodology to respond to the research aim. This framework includes, in broad terms, the following stages: (1) identification of research questions, (2) a search of the relevant databases, (3) selection of articles, (4) creating a chart of findings from reading

the articles and extracting relevant information, and (5) collection, summary, and report of the results (Arksey & O'Malley, 2005). I used Zotero as a citation software manager to organize and track these research articles.

3.3. Research Questions and Study Purpose

I began this study by articulating the research questions, designing the scope of inquiry and devising the initial search strategies. The purpose of this research was to identify and gain an understanding of the literature documenting women's experiences of IPV and the existing support systems that have been established to help survivors in India, Pakistan, Bangladesh and Sri Lanka. The following research questions guided my scoping review:

1) How does the literature represent South Asian women's experiences of Intimate Partner Violence?
2) What are the types of services provided to IPV survivors?
3) What types of outcomes have been reported in the literature in the effectiveness of these services?
4) How does Transnational Feminist Theory critique the services available?

3.4. Article Search

In line with a scoping methodology (Arksey & O'Malley, 2005), the review seeks to map the extent and range of existing research, but does not address the issue of quality of studies. With the help of my supervisor and librarian, I was able to identify databases to extract articles for my review. My search included the following databases: Academic Search Premier, Bibliography of Asian studies, Global Health, Medline, PsycInfo, Sociological Abstracts, Social Sciences (full text), Cumulative Index of Nursing and Allied Health Literature (CINAHL), Criminal Justice Abstracts, Humanities Source and Women's Studies International. These databases were chosen for their cross-disciplinary scope and inclusion of peer-reviewed journals, international literature and reliable sources on mental health.

With the help of a librarian from the Criminology, Philosophy and Psychology department at SFU, my search strings were modified to cover a comprehensive range of articles. The key term "Intimate Partner Violence" was searched with Boolean codes "OR" with other terms associated with IPV such as "domestic violence", "spousal abuse", "battering", "partner abuse" and "marital abuse" and "AND" cross-disciplinary terms relating to support services such as "Screening Programs", "Community Intervention", "Health Sector Response", "Health Facilities" and "Medical Centers", to name a few. As my review aims to identify support systems for IPV survivors in South Asia, further limiters were included to identify the countries my study reports on (India, Pakistan, Sri Lanka, Bangladesh). A complete list of keywords for databases is provided in a table below so the study can be replicated by others.

The search strategy is limited to publication years 2005-2020 as laws to protect women from domestic violence were established in India and Pakistan after 2005 giving the issue legal recognition, thus, it would be important to see the impact of these laws on IPV in succeeding years.

Figure 1. Keywords used

"Intimate Partner Violence" OR "domestic violence" OR "spousal abuse" OR "battering" OR "partner abuse" OR "marital abuse"
AND
"South Asia" OR "South Asian" OR India OR Pakistan OR Bangladesh OR Sri Lanka
AND
"Screening Programs" OR "Community Intervention" OR "Health Sector Response" OR "Health Facilities" OR "Medical Centers" OR "Outpatient Clinics" OR "Hospital" OR "Health facilities" OR "Community services" OR "Health services" OR "Community health care"

3.5. Data extraction

Initial database searches began on May 25th 2020 to get an understanding of the amount of literature available on the topic. Based on the literature results, search terms were modified to extract literature that fit the research criteria and locations included in the study. This iterative process was conducted four times. The database 'Bibliography of Asian Studies' was excluded from the study as there were zero hits for articles based on search criteria. The search strategy for Global Health Database can be found in Appendix C.

3.6. Study selection criteria

1) Location of study: India, Pakistan, Sri Lanka and Bangladesh
2) Population: Women residing in these countries (can include immigrants and refugees)
3) Issue under study: Intimate Partner Violence. Studies that do not focus exclusively on IPV can be included as long as a substantial amount of focus has been given to IPV (50% of the article)
4) Some form of service provided to IPV survivors (legal aid, counselling, medical)
5) If there was an outcome of service reported in the study (did women receive help? Was there a follow-up?)
6) Years of research: January 2005- December 2020
7) Language: English

Total number of articles extracted were 931, after duplicates were removed 647 articles remained. The 647 articles were reviewed by title and abstract to identify if they fit the inclusion criteria of the study. Book reviews, review articles (literature reviews, systematic reviews), non-English articles, non-empirical research and research not directly on service provision or outcome with IPV survivors (e.g. no treatment, legal, or psychotherapeutic aid) were not included in the study. Non-empirical research includes commentaries, chapters from books or journal articles. No data was collected for these reports. Studies that reported on IPV from secondary sources of information such as

National surveys were included in the review and eligibility was determined based on whether implementation of support services was reported on. Case studies refer to analysis on one person's experiences with IPV. As these articles did not fit my inclusion criteria, they were excluded from the review.

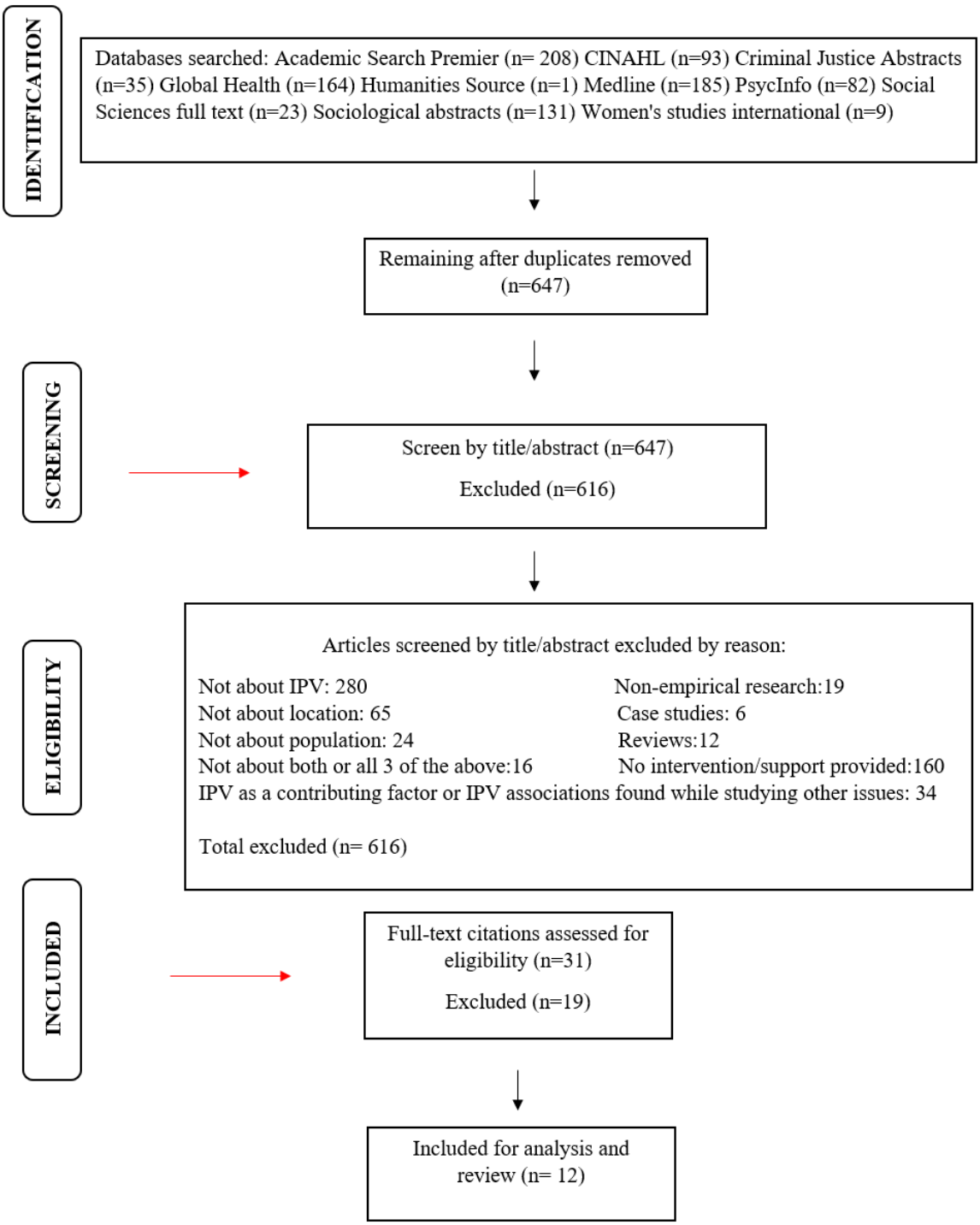
As I began to review research articles, my search revealed a huge portion of the literature that reported on maternal health, pregnancy outcomes and services to meet physical health care needs of women. IPV outcomes and associations were reported, however, studies did not report on interventions that addressed IPV or support services that catered to women impacted by violence. Each research article was recorded by title, date of publication, author, location of study, a summary of the research and the reason for exclusion/inclusion. Excluded articles focused on maternal health services, dowry deaths, burn injuries, sexual violence (other than by an intimate partner) and were categorized under the title 'Not about IPV'(see Figure 1). Location of study proved to be another challenge for article extraction. Despite limiters applied to extract articles from countries this study focuses on, research conducted in other Asian countries such as Cambodia, Malaysia or Nepal were displayed in the results. IPV focused research studies in countries other than the included countries for this review were excluded. Multi-country studies that included any of the countries I was doing my review on were included in the analysis.

Studies that did not focus exclusively on IPV were given a deeper analysis only if a substantial part of the research was focused on IPV (50% of the article). If the study reported on services provided to survivors along with the outcome of these services, these articles were included in the review. The majority of the research articles that focused on IPV were on the prevalence, implications and extent of the issue. If the research did not focus on IPV intervention they were excluded from the review.

Although all aspects of the search were independently reviewed by me, the search terms were maintained across all databases to strengthen the rigor, trustworthiness, and accountability of my research. If a conflict regarding the selection of a study came up, I discussed the dilemma with my supervisor to arrive at a decision. For instance, some

studies recruited women from clinics or health centers for their research and, thus, brought up questions regarding the type of services they were accessing at these facilities and if they pertained to IPV interventions. In these situations, I went back to my research questions and inclusion criteria to ensure consistency and accuracy of the extracted data.

Figure 2. Scoping review search strategy flow diagram



3.7. Charting the data

31 articles were retrieved in full length and examined for inclusion based on study selection criteria.12 articles were included for final analysis. The characteristics of every article is provided in a table in Appendix B and the summary of each article is provided in the Appendix section. This sections maps the techniques employed to synthesize data according to key issues and themes. Information has been recorded as follows:

- Geographic location
- Intervention/service type
- Care recipient group
- Types of research methods employed
- Outcomes
- Evaluation of service/effectiveness of services

3.8. Geographical distribution of studies

The majority of the studies were published in India (n=8). Two studies were published in Pakistan (n=2), one study came from Sri Lanka (n=1) and one study from Bangladesh (n=1). The studies from India focused on community intervention, strategies employed to provide support at shelters for women and trials designed to test associations between IPV reduction and other social factors. The study from Sri Lanka aimed at building capacity for IPV intervention and prevention of substance abuse through pre-schools to identify high risk families and focus on early intervention. In Bangladesh, a study was designed to address violence against women at garment factories aimed at reducing violence at the workplace and within intimate relationships. One study from Pakistan offered women economic skills-building training and tested the associations between depression and IPV. The other study tested the feasibility of applying a culturally adapted self-help manual of trauma focused CBT techniques to women impacted by domestic violence. A detailed analysis of the types of interventions and services provided will be outlined in the section below.

3.9. Intervention/service type

As mentioned previously, a range of interventions and services were provided to support survivors of IPV. Majority of the research studies focused on community interventions targeted at educating people on understanding gender based violence and responding to violence. Harnessing the strength of communities by focusing on collective action to respond to violence involved providing information through workshops, street plays and group discussions. Women were provided resources on finding shelters, access to health and legal facilities, knowledge on financial aid and provisions made by the government to support women. Some interventions were aimed at the individual level. For instance, responding to individual cases of violence by providing crisis counselling to women that included providing emotional support, building coping strategies and addressing associated mental health conditions such as depression, anxiety and trauma, while others were delivered in a group format (support groups or group discussions).

Other interventions were aimed at women and another family member (husband or mother-in law) with both the care recipient and family member supported together. For instance, couples counselling, educational/training programs or interventions aimed to mitigate violence by strengthening relationships among family members, while others were targeted at all family members (family therapy).

3.10. Care recipient group

A diverse range of women were included in the research studies. The educational level of women in the studies reported ranged from completing high school to having four years of formal education. Studies conducted in rural areas recruited women from tribal or indigenous communities, whereas studies conducted in urban areas recruited women from low-income households. Employment levels varied based on study site and location. For instance, the study conducted in Bangladesh was at a garment factory targeting employees at the factory to reduce violence faced by women at the workplace and within intimate relationships. Women from rural communities were employed in seasonal labor and contributed economically to their households. Similarly, the marital

status of women also depended on where women were recruited from for the study. A study conducted in India focused on intervention strategies based on mother-in law and daughter-in law relationships, therefore, the women chosen were married and were seeking services at antenatal clinics. Similarly, another study in India was examining coping strategies of women who stayed with their abusive husbands and their eligibility for participation depended on their marital status. A study on the special cells in India reported 89.1% of women who approached them were married, and therefore, very few unmarried/divorced women approached formal institutions for support.

3.11. Types of research methods employed

The majority of the studies used quantitative methods (n=10). Of these, randomized controlled trials (RCTs) were the most popular (n=5), followed by quasi-experimental designs (n=2), mixed methods design collected both quantitative and qualitative data (n=1) utilizing questionnaires and interviews conducted with participants. A prospective study design was employed with post intervention measures and baseline assessments (n=1) and another study carried out interventions in 4 phases and utilized baseline and endline surveys to analyze the data. The remaining 2 studies utilized qualitative methods of conducting in-depth interviews with women.

3.12. Outcomes

Outcomes investigated in the research included baseline and endline surveys to measure differences before and after an intervention. Women's experiences of IPV were measured through World Health Organization (WHO) violence against women instruments and impact of IPV on mental health were evaluated through measures examining depression, anxiety, PTSD and antenatal anxiety symptoms. Studies evaluated different aspects of IPV, physical and sexual IPV was evaluated along with the prevalence of emotional or economic domestic violence or gender-based household maltreatment of women. Some studies examined the most culturally appropriate ways to offer IPV treatment, maternal and child care programs were identified and the benefits of self-help strategies that were adapted to the cultural setting. Studies also focused on

mediation of community and family members with IPV reduction and increasing the links between formal and informal support systems to increase utilization of IPV intervention services.

3.13. Evaluation of service/effectiveness of services

Four studies are yet to publish final results. The study examining the effectiveness of an intervention between mothers-in-law and daughters-in-law published results for the first phase that deemed the feasibility of the study as eligible. The outcomes of mother-in-law and daughter-in-law empowerment along with maternal health and infant health are yet to be published. The community intervention study from India is testing a public health intervention for which the recruitment for the post intervention survey will be completed in early March 2022. Similarly, the study from Sri Lanka is targeting 34 pre-schools for interventions on IPV and substance abuse. A progress report filed in February 2019 by the principle investigator reported that the data is being cleaned for final analysis. Finally, the study examining workplace violence against female garment workers in Bangladesh is yet to publish endline survey details. The principal investigator was contacted for an update. She reported that the paper was under review for a journal publication due to which she was unable to share the results with me. These studies were large scale studies collecting data over years with a large sample of participants recruited for the study.

The remaining studies focused on evaluating the increase in help-seeking strategies for survivors of IPV and the increase in subjective well-being due to the interventions and services offered. There was an increase in help-seeking behaviors, however, very few women sought help from formal institutions due to mistrust with authorities and disappointing results from past experiences. Furthermore, the emphasis seems to have shifted from formal health services to community action. Provision of economic-skills building activities and interventions to reduce mental health distress reported positive outcomes.

In conclusion, the literature on IPV in South Asia focused on support systems and interventions is limited. My study revealed only twelve articles that fit the inclusion criteria that provides an understanding of the response, strategies and approaches to women's experiences of IPV. The lack of infrastructure, funding and collaborative response to this growing epidemic is concerning.

Guided by Transnational Feminist Theory, I further explain the findings of my search and attempt to answer my research questions. I examine the impact of systemic forces on women and describe IPV through a cultural framework that is helpful in situating the experiences of women within their environments. In the context of these struggles, an examination of the term 'Third World' women as repressed and silent victims is questioned.

Chapter 4. Results & Discussion

At the beginning of my thesis, I formulated research questions as a means to identify the nature and scope of the problem of IPV. In particular, my intention has been to highlight voices of women from India, Pakistan, Sri Lanka and Bangladesh and create space for their narratives in feminist discourse. As I concluded my scoping review, I was left with twelve articles to examine that are included for the final review. In the following section, I present the summary of every article in a table below highlighting the characteristics and outcomes published by the authors. I will utilize these articles to answer my research questions, discuss the gaps and further questions coming up through the results of this research study. These articles will also be presented in the Appendix section with further details.

Characteristics of Individual Sources of Evidence

Title	Geographic Location	Intervention/Service type	Care recipient group	Types of research methods employed	Outcomes	Evaluation of services	Reference
Community mobilization to prevent violence against women and girls in eastern India through participatory learning and action with women's groups facilitated by accredited social health activists: a before-and-after pilot study	India	The intervention used a participatory learning and action approach through women's groups and village council meetings and responded to individual cases of violence	Women	Survey questionnaires, interviews	Three forms of violence were prioritized against women and girls. Twenty-four (61%) of the 39 women's groups prioritized domestic violence as a problem, 21 (53%) prioritized gender-based discrimination in workload, and 20 (51%) prioritized adolescent marriage and pregnancy	Conducted baseline and endline cross-sectional surveys	Nair, N., Daruwalla, N., Osrin, D., Rath, S., Gagrai, S., Sahu, R., Pradhan, H., De, M., Ambavkar, G., Das, N., Dungdung, G. P., Mohan, D., Munda, B., Singh, V., Tripathy, P., & Prost, A. (2020). Community mobilisation to prevent violence against women and girls in eastern India through participatory learning and action with women's groups facilitated by accredited social health activists: a before-and-after pilot study. *BMC international health and human rights*, *20*(1), 6. https://doi-org.proxy.lib.sfu.ca/10.1186/s12914-020-00224-0
Protocol for a cluster-randomized controlled trial evaluating the impact of a preschool-based capacity building intervention on intimate partner violence and substance misuse in Sri Lanka	Sri Lanka	Workshops and training on IPV services, community based referrals for substance abuse issues	Mothers, fathers and teachers	Survey questionnaires, interviews	Final results to be published	WHO multi-country survey of violence against women and Alcohol Use Disorders Identification Test (AUDIT) and the Drug and Alcohol Screening Test (DAST)	Lokuge, K., Wallace, P., Subasinghe, K., Thurber, K., De Silva, T., Clarke, N., Waas, D., Liyanage, N., Attygalle, U., Carron-Arthur, B., Rodrigo, K., Banks, E., D'Este, C., & Rajapakse, T. (2018). Protocol for a cluster-randomised controlled trial evaluating the impact of a preschool-based capacity building intervention on intimate partner violence and substance misuse in Sri Lanka. BMC public health, 18(1), 572. https://doi-org.proxy.lib.sfu.ca/10.1186/s12889-018-5423-8
Strategic alliance, a way forward for violence against women: A case for the Special Cells, India	India	Police/legal support and crisis intervention/counselling	Women	Women were interviewed and data was collected over 25 years	Families and communities played a big part in the violence faced by women	Social workers conducted in-depth interviews	Dave A. (2013). Strategic alliance, a way forward for violence against women: a case for the Special Cells, India. Violence against women, 19(10), 1203–1223. https://doi-org.proxy.lib.sfu.ca/10.1177/1077801213506284
The HERrespect intervention to address violence against female garment workers in Bangladesh: study protocol for a quasi-experimental trial	Bangladesh	The intervention is called HERrespect which aims to address IPV and WPV against female garment workers in and around Dhaka.	Factory workers (men and women)	Quasi-experimental design	Endline survey results to be published	WHO violence against women instruments. Followed up over 24 months. Conducted baseline and endline surveys	Al Mamun, M., Parvin, K., Yu, M., Wan, J., Willan, S., Gibbs, A., Jewkes, R., & Naved, R. T. (2018). The HERrespect intervention to address violence against female garment workers in Bangladesh: study protocol for a quasi-experimental trial. BMC public health, 18(1), 512. https://doi-org.proxy.lib.sfu.ca/10.1186/s12889-018-5442-5

Title	Geographic Location	Intervention/Service type	Care recipient group	Types of research methods employed	Outcomes	Evaluation of services	Reference
Community interventions to prevent violence against women and girls in informal settlements in Mumbai: the SNEHA-TARA pragmatic cluster randomized controlled trial	India	Test the effects of community mobilization through groups and volunteers	Women, men, and adolescents	Survey questionnaires, interviews	Final results to be published	quantitative data from the baseline and post-intervention surveys, quantitative monitoring data, and qualitative data (interviews and observation)	Daruwalla, N., Machchhar, U., Pantvaidya, S. et al. Community interventions to prevent violence against women and girls in informal settlements in Mumbai: the SNEHA-TARA pragmatic cluster randomised controlled trial. Trials 20, 743 (2019). https://doi.org/10.1186/s13063-019-3817-2
Conflict, crisis, and abuse in Dharavi, Mumbai: experiences from six years at a Centre for Vulnerable Women and Children	India	Psychotherapy and social work	Women	Interviews	Shift in emphasis from institutional support to community action	Informal interviews and discussions	Nayreen Daruwalla, Armida Fernandez, Jenny Salam, Nikhat Shaikh, David Osrin PLoS Med. 2009 Jul; 6(7): e1000088. Published online 2009 Jul 7. doi: 10.1371/journal.pmed.1000088 PMCID: PMC2699030
Testing a community derived intervention to promote women's health: preliminary results of a 3-arm randomized controlled trial in Karachi, Pakistan	Pakistan	counseling intervention, economic skill-building intervention and group counselling	Women	Three-arm randomized controlled trial with cluster randomization sampling	Economic skills building improved depression and IPVconcerns	Depression, partner violence and self-efficacy was measured through questionnaires	Hirani, S., Karmaliani, R., McFarlane, J., Asad, N., Madhani, F., Shehzad, S. (2010). Testing a community derived intervention to promote women's health: preliminary results of a 3-arm randomized controlled trial in Karachi, Pakistan. Southern Online Journal of Nursing Research, 10(3), 1-10.
Coping strategies of women survivors of domestic violence residing with an abusive partner after registered complaint with the family counseling center at Alwar, India.	India	Information sharing and awareness generation, Counseling (individual, couple, and family counseling) and Case-specific advice (safety plan, choice-making, and problem-solving)	Married women	A prospective study design was employed with a 4-month intervention and follow-up from the baseline assessment	The participants in the study had substantially more psychological distress than the general and clinical women populations in India.	SRQ, SSIS, and qualitative interviews were carried out pre- and post-intervention	Mahapatro, Meerambika & Singh, Sudhir. (2019). Coping strategies of women survivors of domestic violence residing with an abusive partner after registered complaint with the family counseling center at Alwar, India. Journal of Community Psychology. 48. 10.1002/jcop.22297.
An Intergenerational Women's Empowerment Intervention to Mitigate Domestic Violence: Results of a Pilot Study in Bengaluru, India	India	13 focused group discussions at 2 primary health centers	Daughter-in-law's and mother-in-law's	Quantitative and Qualitative. This study consisted of two phases: a development phase and a pilot study phase	No adverse events were recorded during the 6-week intervention period, and no reports of study participation–related violence were recorded at the health centers up to 3 months after the pilot study	Interviews. Transcripts were recorded	Krishnan, S., Subbiah, K., Khanum, S., Chandra, PS., & Padian, NS. (2012). An intergenerational women's empowerment intervention to mitigate domestic violence: Results of a pilot study in Bengaluru, India. Violence Against Women: an international and interdisciplinary journal, 18(3), 346-370. https://doi.org/10.1177/1077801212442628

Title	Geographic Location	Intervention/Service type	Care recipient group	Types of research methods employed	Outcomes	Evaluation of services	Reference
Minimizing risks and monitoring safety of an antenatal care intervention to mitigate domestic violence among young Indian women: The Dil Mil trial	India	Education, skills building and social support	Young pregnant women and their mother-in-law's	Randomized controlled trial using a parallel comparison of the Dil Mil intervention versus standard care	Final results to be published	Quantitative and Qualitative analysis of data	Krishnan, S., Subbiah, K., Chandra, P. et al. Minimizing risks and monitoring safety of an antenatal care intervention to mitigate domestic violence among young Indian women: The Dil Mil trial. BMC Public Health 12, 943 (2012). https://doi-org.proxy.lib.sfu.ca/10.1186/1471-2458-12-943
Culturally adapted trauma-focused CBT-based guided self-help (CatCBT GSH) for female victims of domestic violence in Pakistan: feasibility randomized controlled trial	Pakistan	self-help manual for depression to improve access to CBT	Women	Randomized Control Trial using a pre–post measure and parallel design	Reduced symptoms of PTSD, depression, anxiety and disability	Questionnaires and assessments	Latif, M., Husain, M. I., Gul, M., Naz, S., Irfan, M., Aslam, M., Awan, F., Sharif, A., Rathod, S., Farooq, S., Ayub, M., & Naeem, F. (2021). Culturally adapted trauma-focused CBT-based guided self-help (CatCBT GSH) for female victims of domestic violence in Pakistan: feasibility randomized controlled trial. Behavioural and cognitive psychotherapy, 49(1), 50–61. https://doi-org.proxy.lib.sfu.ca/10.1017/S1352465820000685
The association between social support through contacts with Accredited Social Health Activists (ASHAs) and antenatal anxiety among women in Mysore, India: a cross-sectional study	India	ASHA as a proxy for social support to pregnant women for antenatal anxiety and IPV concerns	Pregnant women	Survey questionnaires, interviews	ASHA home visits were protective for the most vulnerable women	Edinburgh Postnatal Depression Scale (EPDS)	Bhushan, N. L., Krupp, K., Jaykrishna, P., Ravi, K., Khan, A., Shidhaye, R., Kiplagat, S., Srinivas, V., & Madhivanan, P. (2020). The association between social support through contacts with Accredited Social Health Activists (ASHAs) and antenatal anxiety among women in Mysore, India: a cross-sectional study. Social psychiatry and psychiatric epidemiology, 55(10), 1323–1333. https://doi-org.proxy.lib.sfu.ca/10.1007/s00127-020-01854-4

4.1. Answering Research Questions

Women's experiences of IPV are represented as an extensive problem requiring the attention of entire communities and families. The literature states a need to engage with women's experiences of IPV to understand the helplessness, fear and stigma that prevents women from seeking help. Nair et al. (2020) in their study to assess community mobilization interventions to prevent IPV speak of the high rates of 'witch-hunting' deaths in Jharkhand, India, as a punishment for women who challenge patriarchal norms. These examples highlight the deeply rooted misogynist views held against women who threaten established norms.

The final results of my scoping review highlight the complexity of IPV as a compounding factor that adds to the issues women are already facing in society. Other layers of a woman's identity, as a mother, wife, daughter-in-law, wage earner played a part in shaping experiences of IPV. If girls were married at an early age, it increased the probability of facing violence at the hands of her husband or his family (Dave, 2013). According to Dave (2013), more than 70% of women did not have any assets of their own and had to rely on their natal families for support. This is a key issue as it not only takes away the independence of women to take the necessary steps in responding to IPV but also adds to the perception of a woman's failure to live up to expected family roles and responsibilities as an offensive act that requires punishment.

While speaking of the intersections of a woman's identities, it is important to note that although research has been conducted with women from less visible spaces and underprivileged sections of society, the class and caste divide has not been highlighted enough as a reason for less utilization of support services. Findings in all four countries suggested that deep-rooted patriarchal norms around femininity and masculinity and expectations of a wife behaving according to established conventions are critical drivers of IPV. These factors are further exacerbated based on the class and caste system. For instance, women from slums and low income households experience IPV in combination with poverty and health concerns. Compartmentalization of violence and poverty as separate issues sustains the existing notion of class and caste as structures of deprivation

and privilege creating further disparity between women. It increases the challenges of support systems to respond appropriately as various other factors will need to be addressed before IPV interventions. Reports on social status, education, financial resources and religious affiliation are stated, but the differences in women's relationship with health-care institutions and help-seeking strategies are unclear (Daruwalla et al., 2019; Dave, 2013; Hirani et al., 2010; Nair et al., 2020). Health facilities should be trained to overcome prejudices and stigma on women facing violence as well as reorient training programs to focus on gender sensitivity and providing appropriate cultural safety. Women's relationship with formal institutions will be dictated by their interactions and the way these institutions cater to different populations. Aside from awareness of gender norms, creation of alliances between women across generations is needed. Cultural practices have resulted in divisions between women as the role of women in families and communities are constantly evolving leading to slower acceptance of social change between generations.

Another factor prevalent in the literature describing women's experiences of IPV in South Asia is the victim centered attitude and language used to describe women. For instance, Mahapatro et al. (2020) described women as incapable of making decisions as they chose to be in denial or were inept at dealing with the problem of IPV. This language reflects the view of women as victims and reinscribes their position in society as second class citizens. Furthermore, the reasons for IPV are also described in ways that places responsibility and blame on women and maintains the stereotype of women who experience IPV in South Asia as disempowered or submissive. The underlying and agonizing truth about South Asian culture is that women face many forms of IPV and the first questions asked are what the woman did that lead to violence instead of examining the roots of violence against women.

The acceptance of IPV as an expected part of a woman's experience is a common theme found in the narratives of women. The discrimination, stigma and lack of options for a woman if she chose to leave her husband is a stark reality and this trauma gets passed on from one generation to another entrenching this convention. The seeds of this oppression come from all levels of society. Family values, education, media, job markets,

politics, legal systems, government policies and family law collectively cultivate a value system that privileges men over women. Once again, based on the limited attention paid by researchers as found by this scoping review, a plausible conclusion can be made that enough women are not being catered to and many voices remain to be heard. The literature reveals the neglect and avoidance of IPV as it is researched and treated in South Asia.

To answer the second research question, the types of services provided to women ranged from individual focused services such as counselling services, social workers that connect women with resources, legal or police services to community and family focused services aimed at mobilizing a collective consciousness to combat IPV. The approach to support survivors of IPV itself is a difficult task as it requires sensitivity and a consideration of a woman's needs and environment before anything else. Studies report pre-schools or antenatal clinics are sites to approach women for IPV support. The literature documents the challenges of raising the visibility of IPV, and also discusses an embedded value system that normalizes IPV, failing to make these concerns a priority for policy change. For example, Lokuge et al.'s (2018) paper aimed at building capacity for IPV intervention and prevention of substance abuse through pre-schools in Sri Lanka and chose this site to raise the importance of IPV response by demonstrating how educational outcomes for children are impacted. The review of their literature in this paper reports the adverse impacts on maternal health and pregnancy outcomes in the context of IPV experiences so as to raise the importance of its intergenerational impacts. The authors discussed their hopes that IPV could be taken more seriously if they indicates how a woman's ability to take care of her children is compromised by IPV.

Among service providers, there is a growing recognition to provide support to women by engaging entire communities, families, police force, lawyers and social activists as intersectoral collaboration is essential to support a woman who needs to move away from her perpetrators and support herself. Analyzing hierarchies and systems of domination is crucial to understand the support women need and socially transform the position of women in society. In particular, making power visible is a key social justice

initiative as those in privileged positions are blind to their power and exclude those who don't have the same power.

My third question was framed to identify the outcomes of the services provided and if women got the support they needed. The outcomes reported in the research regarding women utilizing services is inconclusive as many research studies are yet to publish final results (Al Mamun et al., 2018; Daruwalla et al., 2019; Krishnan, Subbiah, Prabha Chandra, et al., 2012; Lokuge et al., 2018). The dropout rates increased if the follow up time period was long and endline survey results also indicated more women participated at baseline survey at the beginning of the research project. Increase in utilization of services was reported (Bhushan et al., 2020; Daruwalla et al., 2009); the role of ASHA's (Accredited Social Health Activists), particularly with home visits was reported to be very helpful to women (Bhushan et al., 2020). There are gaps in the literature in response to this question as uncertainties remain regarding the short and long term uptake in support services.

A Transnational Feminist analysis of the growing problem of IPV situates the urgent need to pay attention to the understanding of South Asian women's experiences from an anti-colonial and anti-racist perspective. A critical analysis of the scant literature documenting South Asian women's experiences of IPV draws attention to the ladder of privilege existing within every institution that contributes to the problem of violence. The following section will discuss the gaps, the possible solutions and further questions raised through the results of this scoping review. The 12 final articles will be analyzed through a Transnational Feminist lens in order to understand the ways South Asian women are represented in the literature and the deficiencies with current IPV responses. Additionally, alternate solutions, possible entry points for IPV recognition and understanding how to reduce barriers will be highlighted.

4.2. Discussion

4.2.1. Gender oppression and understanding domestic intersectionality

My investigation of support systems and interventions aimed at addressing Intimate Partner Violence revealed the complex and critical issues of the intersection between violence and socio-cultural factors. Despite the evidence of IPV as a prominent issue, the final results of the scoping review revealed only twelve articles that addressed IPV and its impact on women in India, Pakistan, Bangladesh, and Sri Lanka. These findings expose the academic discourse and cultural narratives within which IPV is described. The day to day lives of women are marked by the systemic inequalities that continue to place women in a vulnerable role- poverty, lack of access to health care facilities, inaccessibility to legal and judiciary systems and lack of governmental policies that protect women. These factors create multiple barriers for social service organizations and NGO's to support and empower women. The conflict lies in identifying the oppression women face within their communities while maintaining the agency and autonomy of women by engaging sincerely with the interconnected systems (political, social, community) that empower the identities of women and have direct bearing on the presence of violence in their lives.

Women's experiences of IPV were collected from women shelters, home visits, health clinics, police stations and women's groups (Bhushan et al., 2020; Dave, 2013; Nair et al., 2020; Daruwalla et al., 2009). Their experiences revealed the lack of support and concern they received from formal institutions such as police and legal services so they relied instead on their own coping strategies (Dave, 2013; Mahapatro & Singh, 2020). The participants in Dave and Mahapatro & Singh's studies (2013, 2020) reported the disturbingly repetitive finding that aside from not receiving protection from police or legal authorities, the attitude from formal authorities promoted the acceptance of abuse causing mistrust and hesitation for women to approach anybody for help. Feminist theories (Crenshaw, 1991; Mohanty, 1991a) have suggested that the public/private dichotomy is a form of social control over women, creating misunderstandings of who the victims and perpetrators of violence actually are. This assumption stands true for

South Asian communities as Dave (2013) and Mahapatro & Singh (2020) concluded that formal structures within these societies fail to acknowledge or investigate any flaws or cracks in marital relationships as they tend to perceive these to be normal parts of the institution of marriage and family which does not require external responses. To counteract this problem, two prominent entry points for recognition of IPV issues can be found in antenatal clinics (ANC) and emergency rooms in hospitals as most women become pregnant once in their lives and attend ANC. Violence can escalate during pregnancy and creates severe impacts on the health of an unborn child. Similarly, emergency rooms can be scanned as women facing sexual assault are admitted for severe physical injuries. Furthermore, a response to IPV should be cognizant of the differences in caste, class and ethnicities so the institutions in power are aware of the differences in dynamics and respond appropriately. For more background on understanding caste, class, and ethnicities in India, Sri Lanka, Pakistan, and Bangladesh, the International Center for Research on Women has provided a report that introduces practitioners and researchers to key implementation challenges and designing culturally responsive programs (Pande et al., 2019).

The results of this scoping review highlighted various health impacts of IPV on the women represented in the 12 studies. Women reported poor health outcomes, psycho-somatic symptoms, mental distress, inability to participate in income generating activities and poor pregnancy outcomes, to name a few (Al Mamun et al., 2018; Daruwalla et al., 2019; Dave, 2013; Hirani et al., 2010; Nair et al., 2020; Daruwalla et al., 2009). The impacts of IPV are widely reported and yet the issue has not received a critical and coordinated response. My research maintains gender as a lens on violence by taking into account the politics surrounding the issue of gender as a prominent factor that causes power imbalances in society. As Mohanty puts it, a focus on sex and sexuality separate from economics and politics makes it difficult for women to identify with the privileged sectors of society and favors those in power. It prevents women's movement from being a powerful force for positive change and a unified approach to women's issues is avoided (Mohanty, 1991, p. 217). Changes in every sector that address inequity in participation, access to resources and representation creates opportunities for collaboration and invites critical dialogue.

4.3. Resistance to Religious extremism and Nationalist agendas

As mentioned, to increase women's access to resources and services, a critical analysis of police, legal and health institutions should be examined. Increased access to child care, maternity policies that protect women in their jobs, marriage and family law practices that aid women with divorce and child support proceedings, independent access to money or similar resources that allows women to make their own decisions, reproductive rights that allows women to control their own bodies, rights to ownership of land and real estate would reduce inequities faced by women. While taking these solutions in consideration, it is also important to acknowledge the wide disparity that exists among women. The establishment of these services should consider the intra-cultural and diverse needs of women within and beyond the confines of national borders. To make these recommendations a reality, women should be seen in high powered roles such as official positions in governance, parliament and public spaces. Many prominent female leaders come from South Asia, however, but they are too few and far in between (Omvedt, 2005). Representation of women in the parliament and reservation of seats to increase participation has not become enough of a priority. The inception of equal laws must reflect attitudinal change across communities that will lead to changes in value systems and cultural norms.

The results of this scoping review and literature analysis raises questions on research output. As mentioned before, the recognition, prevalence and impact of IPV is well known; however, only twelve articles remained for final analysis. The gap in this finding can be addressed by analyzing the political landscapes of these countries that makes it challenging to increase collaborative efforts aimed at reducing violence against women. Since its inception, India and Pakistan have shared a tumultuous relationship resulting in armed confrontations multiple times. The religious divide between these nations has made it increasingly challenging to negotiate strategies for a peaceful resolution (Mitra, 2001). Sadana et al (2004) highlighted the issue of research output in South Asia as they identified that relevant research was getting published, but, research was not getting shared across databases. Efforts to increase access requires policymakers and practitioners to emphasize the need for research evidence to create effective support

systems. The radical transformation of educational sectors and academia to resist and challenge political divides to mobilize knowledge production is required.

The religious-political nexus has created deep impacts for women within their countries as well, allowing complete domination over women and preventing the identification of mistreatment of women as a legal issue (Niaz, 2003). For instance, accounts from women in India and Pakistan showed the difficulty they faced in approaching legal systems to log cases of sexual assault, rape and other forms of sexual violence (S. Khan, 2003; Paul, 2016). Very often, a significant reason these complaints go undocumented is because the religious, socio-economic and class position of the survivor is taken into consideration. The intersections of a woman's identity are a crucial element in examining the stigma and oppression women face in society as these factors create further divide among women as well.

4.4. Conflict and Collaboration: Efforts at the local level and barriers to a coordinated response

Similar factors are evident in the type of women seeking services. A study conducted in an eastern part of India on a community mobilization project reported more literate and socio-economically advantaged women at end line survey compared to baseline interviews conducted at the start of the project (Nair et al., 2020). Similar drop out scores were reported in data from other researchers (Bhushan et al., 2020; Daruwalla et al., 2009). These results indicate a strong need to reach out to women who are slipping through the gaps in the system and promotes a greater need to adapt services to suit their needs that bypasses the barriers created by their social and class divide. Service providers addressing IPV also have a responsibility to examine their attitudes and biases to address unexamined views on race, class and economic differences.

The types of services offered to women ranged from psycho-education on understanding gender-based violence, counselling services, economic-skill building activities, community based workshops, legal aid and medical care. Most of these activities were conducted by the research team as a pilot study, and therefore it is difficult to assess if these initiatives are a part of the health care system that offers services to

survivors of violence (Al Mamun et al., 2018; Daruwalla et al., 2019; Hirani et al., 2010; Krishnan et al., 2012; Lokuge et al., 2018; Nair et al., 2020). Among these services, community based interventions seem to be the most popular as the collective awareness of respect towards women (through accredited social health workers and volunteers) and prevention activities (through community awareness) brought about changes in social and cultural norms (Daruwalla et al., 2019; Hirani et al., 2010; Lokuge et al., 2018; Nair et al., 2020). The community awareness initiative involved meeting with local leaders to discuss IPV and promoting anti-violence messages in the community which resulted in increased community awareness of gender-based violence and identification of local solutions for support in rural areas where such services are scarce.

Only two research studies described counselling strategies used to support women. Latif et al. (2020) developed a trauma infused CBT model in the form of story-telling to teach women to identify abuse and learn behavioral strategies to support themselves. Another study detailed the approach to counselling in individual, couples and family therapy and provided narrative accounts of women's experiences with support systems (Mahapatro & Singh, 2020). Hirani et al. (2010) compared the effectiveness of an economic skills building interventions with counselling services. Results indicated that women experienced higher self-efficacy and employment opportunities due to the skills building intervention and did not find much benefit with counselling services. These results show that counselling services cannot be provided in isolation, and other issues contributing as barriers to accessing services should be addressed simultaneously. Furthermore, counselling services are not yet a priority in South Asian countries for IPV survivors indicating a stronger need for culturally appropriate services integrated into existing health care responses that reduces stigma over mental health issues and increases utilization of services. Furthermore, service provision is also impacted by financial aid and mandates established by the government.

Health care systems across South Asia also have to confront challenges of sustainable funding and limited social accountability. Most of the research studies were funded by international funding agencies that prioritize maternal and child nutrition, prenatal and postnatal development, reduction of communicable diseases and early

childhood development (*Australia-India Council Grants Program*, n.d.; "Donors and Collaborators - Elizabeth Glaser Pediatric AIDS Foundation," n.d.; *Who We Are | U.S. Agency for International Development*, 2019). Although these areas are important for research focus, it places a huge financial responsibility on local governments and the lack of accountability contributes to the fragmentation of policies and services. Additionally, research generated from women centers and shelters relied on local and public donations highlighting the lack of incentives provided to anti-violence programs (Dave, 2013; Mahapatro & Singh, 2020; Daruwalla et al., 2009). Sadana et al (2004) contributed further to the understanding of the complexities involved in collaborative health sector responses. The barriers to coordinated strategies included competing goals between funders and investigators and the bulk of funding invested in training and salaries of health care workers. A need to focus research capacity on institutions to deliver clear cut research proposals and guidelines along with intersectoral collaboration is emphasized (Sadana et al., 2004). A lack of commitment and communication offers mixed messages to the public reinforcing the idea that violence against women is not a public health concern.

4.5. Anti-capitalist struggles: Public and Private sector divide

Another critical issue identified in the literature as a barrier for implementation of services is the lack of universal health insurance coverage (Adams et al., 2018). Once again, the disparity between the rich and the poor shows a great divide in the public health response. Due to rapid growth in urbanization, the private sector has grown exponentially while the public sector has remained behind. Among the most endangered by health risks and least likely to have access to affordable health services are people living in slums and rural areas (Adams et al., 2018). Key factors highlighted in the study by Adams et al. (2018) include unregulated access to medicines, corruption, lack of health literacy among the poor and insufficient allocation of funds towards health reforms. If health insurance coverage included mental health services as a part of its policy, it would normalize the experience of seeking professionals and encourages people to get support. These challenges of the health care system compound to the issue of service provision to survivors of violence as there is lesser emphasis given to mental

health and women are disproportionately impacted by it. Apart from the growth of the private sector, urbanization adds to other systemic challenges.

Urbanization has created ripple effects that is felt mainly by populations not living in urban rich cities. A study by Nambiar et al. (2017) on mental health challenges in South Asia compiled the impacts of urbanization provide data on megacities of Karachi, Dhaka and Delhi. The uneven growth of urban cities has led to inequities in living and working conditions of urban rural populations as better opportunities for jobs, houses and healthcare is found in urban areas and the challenges of obtaining these resources has caused further stress to the vulnerabilities faced by women and children. Furthermore, these reasons indicate why women are unlikely to seek support for IPV as compared to homelessness and job insecurity, IPV becomes the lowest of priorities to deal with.

Compared to other countries of South Asia, Sri Lanka has managed to bridge the gap in quality of health care provided in the public as well as the private sector (Rannan-Eliya et al., 2015). Overall, Sri Lanka's response to violence against women has taken a turn since the government has shown strong commitments towards ending violence against women by adopting a National Plan on Sexual and Gender-Based Violence (2016) and allocating funds for its implementation under the 2017–2019 budgetary framework (Colombini et al., 2018). An effective policy response within the health sector is recommended for violence against women to be seen as a public health concern. Taking a cue from Sri Lanka, other countries need to implement similar programs and allocate funds that identify gender as a main component to understanding violence and crimes against women.

In conclusion, Transnational Feminist understanding is important for understanding power relations, contradictions between global versus traditional ideas, investments of institutions and corporations that are intimately connected to each other and reproduce ideas that have deep impacts for women in our society. The deconstruction of current ideas is a necessary endeavor of Feminist inquiry that challenges knowledge production and brings attention to the geographies and interests of South Asian or Third World women.

In the following chapter, I summarize the significance of this research project, in particular, drawing attention to the limitations of misidentifying and stereotyping 'Third World' cultures due to colonial characterizations that totalize and reinstate ideas of women from South Asian countries. Future recommendations and research focus for IPV in South Asia will be identified.

Chapter 5. Conclusion

This thesis presents a necessary feminist analysis that destabilizes notions of women from 'Third World' cultures and intentionally situates their experiences of IPV in the center. My process of grappling with challenging ideas and questions on anti-colonial and anti-racist ideas has been described. In this final chapter, concluding remarks on the importance of culturally informed practices and possibilities of Transnational Feminist consciousness across disciplines is presented. Limitations and future areas for research focus is considered.

5.1. Looking ahead: The Politics and Possibilities of Traditional knowledge systems

My focus so far has been to highlight different forms of oppression faced by women in a variety of contexts. It is important to start taking these factors into consideration and apply it towards counselling assessments, interventions and consultations. Transnational Psychologists have been attempting to resolve the discrepancy between feminist ideas of liberation that contradict and often take away from the interests of women from other ethnic and racial backgrounds (H. Collins, 2019). An attempt should be made to hear from the women that we generally do not hear from.

To add to our knowledge of feminist thought and practice, disempowered communities' representation of culture, relationality and value systems should be brought to the forefront. For instance, traditional healing and spiritual practices can be a great opportunity to offer therapeutic interventions. Uncovering local and indigenous treatment approaches will allow us to study people's knowledge and agency as well as gain a deeper understanding to analyze and differentiate between oppressive practices and traditional value systems. Furthermore, an important consideration for Feminist critique is the privileged claims of Western cultures that appropriate products and innovations from Eastern and Third World cultures. As capital investments of Western countries is much larger, it reaches the masses and a wider audience as the original contributors remain behind.

Understanding the history of a community's traditions and locating it within the broader cultural framework can provide a context in understanding client's and communities struggles. Retraditionalization is a form of decolonized practices in which cultural traditions are revisited along with their values, practices, and principles applied to develop culturally informed interventions (Peters et al., 2015). An example of culturally appropriate services is provided by Chamsanit et al. (2020) who developed a post-colonial feminist, social justice model to serve survivors of violence. They relied on the knowledge and experiences of participants in developing a Thailand centered crisis counseling model. A combination of workshop activities and psycho-education on systemic structures contributing to gender inequality empowered participants that included survivors of violence, nurses and police officers. To establish a decolonial and collaborative practice, the facilitators remarked on the development of radical reflexivity to examine power and privilege in their relationships to one another that became a fundamental commitment to their work (Chamsanit et al., 2020).

Investment into cultural practices and local knowledge systems fosters appreciation and honors value systems of people from other cultures. It also allows women to examine for themselves different strategies for autonomy and empowerment. Renegotiating colonial hierarchies and patriarchies requires a deeper analysis of local dynamics that contributes to a gendered understanding of various social, political and economic processes. Women's issues of IPV cannot be limited to the violence inflicted upon women, nor can the resources be placed upon women outside the confines of the society they belong to. Long-term sustainable change requires the effort of women, men, children and entire communities to organize and call for change. It positions women and men within their cultures to forge and nurture collective dialogue, to question the absorption and reproduction of ideas that hurts their interests. Armed with this knowledge, an understanding of women's issues is generated within the larger political economy bringing recognition to the power and value of a collective community based struggle.

5.2. Bridging the gap: Developing a 'Transnational Consciousness' across disciplines

Mohanty (2013) emphasizes on developing a 'critical consciousness', a plea to those in positions of power who have the authority to make decisions that impacts the lives of these women to regard the impact of their own social position and examine the knowledge production that has informed their thinking and practices. A self-reflective practice allows you to understand how your identity has been shaped by your gender, economic, geopolitical, current and historical contexts. By understanding the nature of power and privilege, people will be in a much suited position to decenter it's influence and attend to the experiences of those with nondominant identities (Mohanty et al., 1991). To contribute to a Transnational Feminist approach to service provision, researchers and practitioners will have to embrace a culturally grounded and inclusive plan of justice for women. An important step towards inclusivity is to collaborate with researchers and practitioners across multiple disciplines and look beyond the narrow confines of their discipline to work towards a unified approach to supporting women.

The challenge of Transnational Feminist practices is building the bridge between theory and practice (Falcón & Nash, 2015). As therapists, educators, researchers and health service providers, our knowledge building process is constantly evolving and our roles are inherently built on a power dynamic that is unbalanced. As the voices that deliver information and study phenomena related to women's lives, avoiding the pitfall of bias and appropriation should be a key consideration integrated into practice. For instance, Swarr & Nagar (2010) explore feminist collaborative practices in their book 'Critical Transnational Feminist Praxis' identifying the complications of examining their research process and negotiating the process of authorship. An example of this process is highlighted in chapter three wherein the researchers examined policy changes in the Canadian immigration system about Filipino migrant workers. As they began their work to understand the required changes in the existing framework, they noticed their problematic stance of failing to understand the reasons for migration and the histories of both countries that intertwined political and economic interests on both sides (Swarr & Nagar, 2010). Developing a transnational consciousness requires a commitment to

understanding the shifting power dynamics that contribute to a skewed representation of minority populations. Furthermore, the process of conducting transnational research allows the spread of a greater consciousness across other networks and solidifies commitments across national boundaries.

5.3. Limitations to my study: Methodological issues and Ethnographic concerns

The issue of academic production and geography is inseparable from concepts of accountability and agency. I began this project by speaking about my position and location and I would like to conclude by commenting on the negotiated process of my authorship. My experience of researching the problem of IPV in South Asia reflected my inner conflict and sensitivity to understand and represent women with authenticity while carefully considering the implications of my work. My cultural lens and worldview influenced the generation of research questions, process and interpretation of final results. This project heightened my awareness to navigate political, social, epistemological and methodological issues of Transnational Feminist work.

The nuanced nature of IPV makes it difficult to extract data and provide conclusive evidence regarding the impacts on women as small sample sizes may lead to over generalization of a particular population of women. Starting with the keywords identified for IPV in this research project, an understanding that every culture defines and explains the problem differently was a concern as it is important to consider that this may lead to a mischaracterization of IPV rates, dynamics and consequences. Furthermore, the complexity of the phenomenon requires the use of methodologies that has its limitations. The format for the scoping review has a specific outline for conducting research that created tension with a Transnational Feminist analysis. Arksey and O'Malley's (2005) layout of conducting the review included the following steps: objective/rationale, methodology/format and synthesis of results. This process constrained my researcher flexibility that is necessary to address and acknowledge multiethnic variables and avoid falling into a ethnocentric bias of conducting research. This tension must be acknowledged and engaged with creatively as conducting research on IPV requires the

importance of exploring diverse and culturally informed IPV related constructs that is needed to develop culturally competent responses in and beyond academia.

The challenge to fit the structure of the scoping methodology is highlighted because synthesizing and interpreting the social and cultural aspects of IPV and its impact on the mental health of women cannot be understood by a restrictive, linear process.10 out of 12 studies from my final analysis utilized quantitative designs, it brings about questions of research output and its disconnect from counselling and mental health practice. Swarr and Nagar (2010) designed culturally appropriate frameworks and spoke of the ways to change practice that is regressive and harmful. Asking questions regarding the benefit of doing research and the population it serves, understanding how and whether the privilege of northern feminist academics create distance for other women and questions for grassroots women's organizations to resist the privileging of their members in relation to the women they work with are important considerations for researchers and practitioners.

This project is my contribution to understanding IPV and its many challenges for women in South Asia. An exploration of the gaps between research and practice and a commitment to decolonization, social justice and social change in the field of counselling psychology. As this thesis did not receive any funding and was worked on primarily by me, my access to literature was limited. The databases searched for literature was accessed through the library and only virtual sources of evidence was utilized. If any literature on IPV from the countries under study was not published, it is not included in this thesis. Working independently had its advantages and disadvantages. Giving voice to the experiences of 'Third World' women was liberating; my evolving paradigm shift to consider Feminist ideas from a Western to a Third World to a Transnational Feminist understanding of women has been an exciting endeavor, but, I can also acknowledge the limitations of not working alongside a team to discuss contradictory or complimentary approaches on formulating my research project. This project is an illustration to consider diverse perspectives to understand the lives of women from South Asian countries and the importance of attending to multiple factors related to culture, oppression, race, ethnicities and location.

5.4. Future Recommendations: Approach to women's issues and decolonization work

The comprehensive search for literature that fulfilled my research criteria resulted in twelve studies that could be included for final analysis. This illustrates the urgent need to call upon policy makers, education and health care institutions, and governments to respond effectively. Firstly, health care responses are critical as women come to hospitals for a number of reasons and at risk women can be identified immediately. Additionally, to enhance the process of identifying women impacted by IPV, culturally appropriate questionnaires should be a part of the intake format for admission as this may reduce stigma and normalize conversations on prevention and reduction of IPV.

Secondly, research focus for future projects can benefit from conceptualizing the experiences of racially and ethnically marginalized women by observing the structures and institutions that create unbalanced roles and expectations for women and contribute to sexism, racism and oppression. Agency is a collective action in South Asian communities removed from individual human capacity as seen in Western societies. Therefore, researchers and practitioners should focus on creating more entry points for women and identify support networks that help women stay connected with relevant organizations and agencies. The success of ASHA's collaborating with women has been highlighted, social workers and cultural liaison officers that take an active role in engaging with women and their families helps create trust and support.

Third, funding towards local and grassroot organizations that support women in navigating financial or legal systems and procuring education or employment opportunities would help uplift entire communities and make them self-sustainable. Research funding is often tied to the production of quantified data. Apart from diverting funding to non-quantitative measures of data collection, funding provided to train researchers and populations on becoming 'data literate' will change the nature of data production and make the process more inclusive. To address the service access issue, an inclusion of more qualitative and action based research is necessary to bridge the gap between theory and research. Funding to increase inter-sectoral collaboration, such as,

increased communication between health practitioners and social workers, educators, public policy officials can also increase the efficiency towards an integrated IPV response.

Finally, addressing IPV across diverse cultures and communities should integrate a deeper understanding of intersectionality that approaches the understanding of a woman's life beyond gender and race. Women have been a part of nationalist and colonial discourses to understand culture and history; it is often difficult to separate and dismantle constructs related to modernity and tradition. However, it becomes necessary when women's issues do not get highlighted or is represented in ways that causes further problems. Not enough research has been dedicated to understanding the multiplicity and complexity of understanding factors connected to social location, geography and politics that leads to denying rights to women and permits exploitation and oppression of women. Concepts of culture and tradition is mentioned to accept the differences that exist across and among women. However, a critical analysis to understand the roots of practices and traditions is needed before accepting or rejecting these ideas.

Overall, the results of the scoping review provides a comprehensive understanding of the IPV literature available on IPV in South Asian countries of India, Pakistan, Sri Lanka and Bangladesh, and the existing frameworks that support survivors of IPV. Promising efforts have been made to involve families, communities and relevant professionals for an integrated response to IPV. The results also highlight the urgent need for policy changes across sectors to address gender based violence and recognize sexist and misogynistic attitudes that prevents accessibility to resources for women. Currently theory drives research but research is not translated into practice as not enough research is published on appropriate IPV interventions. The flow of theory, research and practice should be cyclical and interconnected. Practice based evidence should inform theory and research as there is a high need to establish culturally appropriate frameworks of IPV interventions and create coordination, sharing of knowledge to prevent burden on any particular sector as addressing IPV concerns is an overwhelming need.

In conclusion, this thesis adds to the growing shift in understanding women from non-Western cultures. In particular, the recognition of the fluid, dynamic process of our learning that is rooted in multiple realities. On one hand, it highlights the importance of adding the experience and knowledge of women from less privileged spaces adding to diverse expressions of feminism. Additionally, an understanding of knowledge production from its relational position, intention and context creates a reflexive practice that engages authentically with the issues under investigation. The concepts of intersectionality and interdisciplinary approaches have helped critically analyze systemic forces and structures that oppress women and keep them disempowered. Within the structures of health sector, education, legal and judiciary departments, and politics, an analysis of the hierarchical ladder and key stakeholders can bring these issues to the forefront as the control over funding and research paves the way forward for the types of issues that get public recognition.

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Appendix A. PRISMA-ScR Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	ii
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	iii
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	21, 22
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	23, 24
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	Not registered
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	23, 24
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	26
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	66
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	22-24

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	24-26
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	21-25
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	NA
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	26-31
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	26
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	33-35
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	NA
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	67-83
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	36-39
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	40-47
Limitations	20	Discuss the limitations of the scoping review process.	51, 52
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	48-54

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	NA

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.
* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.
† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).
‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.
§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467–473. doi: 10.7326/M18-0850.

Appendix B. Global Health Database search strategy

Latest Literature Search performed: May 9, 2021

Keywords used

"Intimate Partner Violence" OR “domestic violence” OR “spousal abuse”

OR “battering” OR “partner abuse” OR “marital abuse”

AND

"South Asia " OR “South Asian” OR India OR Pakistan OR Bangladesh OR Sri Lanka

AND

“Screening Programs” OR “Community Intervention” OR “Health Sector

Response” OR “Health Facilities” OR “Medical Centers” OR “Outpatient

Clinics” OR “Hospital” OR “Health facilities” OR “Community services” OR “Health ser

vices” OR “Community health care”

Limiters applied:-

Language: English

Publication years: January 2005-December 2020

Appendix C. (Nair et al., 2020)

Title: Community mobilization to prevent violence against women and girls in eastern India through participatory learning and action with women's groups facilitated by accredited social health activists: a before-and-after pilot study.

Aim: Conducted baseline and endline cross-sectional surveys to assess the preliminary effects of a pilot community mobilisation intervention with participatory learning and action meetings facilitated by ASHAs to prevent violence against women and girls between June 2016 and September 2017. Before-and-after design was used to establish the preliminary effects of the pilot intervention in preparation for a more rigorous, controlled evaluation.

Intervention: The intervention used a participatory learning and action approach endorsed by the National Health Mission. The training emphasizes two strategies. The first is to build solidarity for survivors through mahila mandals (women's groups), Village Health Nutrition and Sanitation Committee meetings, and Gram Panchayat (village council) meetings. The second is to respond to individual cases of violence by being alert to signs, providing emotional support, helping women facing severe violence find shelter, and linking women with health and legal services.

Evaluation of services: Conducted baseline and endline cross-sectional surveys to assess the preliminary effects of a pilot community mobilization intervention with participatory learning and action meetings facilitated by ASHAs to prevent violence against women and girls.

Outcomes: ASHAs successfully conducted monthly participatory learning and action meetings with 39 women's groups in 22 villages. Each group prioritized three forms of violence against women and girls. Twenty-four (61%) of the 39 women's groups prioritized domestic violence as a problem, 21 (53%) prioritized gender-based discrimination in workload, and 20 (51%) prioritized adolescent marriage and pregnancy. Data suggests that the acceptability of violence against women decreased among group

members exposed to the intervention. Members were also more likely to discuss violence and seek help from family or within the village after the intervention.

Funding: USAID through DASRA

Appendix D. (Lokuge et al., 2018)

Title: Protocol for a cluster-randomized controlled trial evaluating the impact of a preschool-based capacity building intervention on intimate partner violence and substance misuse in Sri Lanka.

Aim: To deliver a community-based advocacy intervention delivered by preschool teachers and volunteer parents that will increase awareness, knowledge and uptake of available services for IPV and substance misuse. Explicitly linking IPV and substance misuse to poorer educational outcomes for children will support prevention of these issues.

Intervention: Capacity building, training and support to selected fathers on the provision of safe, confidential and relevant community-based referral and support to men seeking support for substance misuse problems; Capacity building and on-the-job training and support to preschool teachers on provision of IPV and substance misuse prevention educational messages including the links between these issues and poor child development. Training for mothers will focus on what IPV services are available and how to access them.

Evaluation of services: Final results to be published. Survey questionnaires that are used for the study is the WHO multi-country survey of violence against women and a locally adapted Alcohol Use Disorders Identification Test (AUDIT) and the Drug and Alcohol Screening Test (DAST).

Outcomes: The primary analysis will be a regression model of IPV experienced by mothers within the past 10 months in the intervention group. Primary analysis will be a complete case analysis. Similar analysis will be conducted for secondary outcomes including prevalence of substance misuse in fathers and awareness and uptake of services for IPV and substance misuse. Secondary analysis will use multiple imputation.

Funding: The Commonwealth Department of Foreign Affairs and Trade, Australia.

Appendix E. (Dave, 2013)

Title: Strategic alliance, a way forward for violence against women: A case for the Special Cells, India.

Aim: Working at the individual and systemic levels to give visibility to the issue of VAW in society, and legitimating the concerns and needs of violated women with a pro-woman perspective.

Intervention: Developing a strategic alliance with the police system for a more coordinated, coherent and in-depth response to the issue of VAW with the aim of integrating social services for the violated women within the police system for social justice. Engaging the violated woman in problem-solving through process-oriented work to empower her and focus on the sociolegal aspects of the issue of VAW in the criminal justice system.

Evaluation of services: Research on the Special Cell over the last 25 years shows that women have continued to expect, demand and desire change from their spouses. Both marital and natal families have played a significant role in violating the women.

Outcomes: Women's organizations work separately from the police and law, the courts were even more inaccessible to women disappointing violated women after they had worked up the courage to fight back against the violence. In the criminal courts, their struggles increased with decreasing social support, increasing responsibility for themselves and their children's livelihood, housing and education challenges.

Funding: The author(s) received no financial support for the research.

Appendix F. (Al Mamun et al., 2018)

Title: The HERrespect intervention to address violence against female garment workers in Bangladesh: study protocol for a quasi-experimental trial.

Aim: To assess whether the HERrespect intervention reduces female garment workers' experiences of: (i) physical, sexual, and physical and/or sexual intimate partner violence and (ii) workplace violence in Bangladesh.

Intervention: The HERrespect intervention aims to address IPV and WPV against female garment workers in and around Dhaka. It is delivered in four intervention and four control factories. The HERrespect intervention consists of two components- a factory component and a community component. Separate gender transformative training for female and male workers, The session topics include communication skills (e.g. listening, body language, etc.); assertive responses; reflection and discussion of gender roles and norms, and relationships; power; violence in relationships, joint sessions between selected workers and factory wide activities

Evaluation of services: Endline survey results to be published. Intervention focused on gender transformation and may be effective in a shorter period of time. The strategy of approaching the factories through the buyers proved very effective. A multi-disciplinary team consisting of those experienced in working with the buyers, factories and research team strengthened the design and implementation of this study.

Outcomes: These outcomes are being measured using a set of questions based on the WHO violence against women instruments. Three primary outcomes are focused on: physical, sexual, and physical and/or sexual IPV experienced by female garment workers in the past 12 months.

Funding: The study was funded through the "What Works to Prevent Violence? A Global Program to Prevent Violence against Women and Girls" by the UK Government's Department for International Development (DFID), and managed by the South African Medical Research Council (SAMRC).

Appendix G. (Daruwalla et al., 2019)

Title: Community interventions to prevent violence against women and girls in informal settlements in Mumbai: the SNEHA-TARA pragmatic cluster randomized controlled trial.

Aim: To help people understand the gendered nature of violence, support decision making process of survivors and advocate people to stand up against violence, individually and collectively and strengthen community structures that support a conviction that violence is unacceptable.

Intervention: The trial involves two kinds of community outreach: group education and enablement, and individual voluntarism. Group education involves women, men, and adolescents. It aims to develop awareness and understanding of violence, knowledge of rights and recourse, individual and collective local strategies for primary and secondary prevention, and increased confidence and leadership, and to reduce community tolerance and increase bystander action. Individual intervention involves women volunteers, sanginis, who identify survivors of violence, provide support, connect them with crisis intervention and counselling services, and facilitate police and health service consultation.

Evaluation of services: Final results to be published. Recruitment will be complete for the post-intervention survey in early March 2022.Two surveys will be administered before the intervention, two at the midpoint of the intervention, and two after the intervention. Quantitative data collected from baseline and post-intervention surveys, quantitative monitoring data, and qualitative data (interviews and observation).

Outcomes: Prevalence of physical or sexual domestic violence against women 15–49 years in the preceding 12 months, based on WHO Indian National Family Health Survey (NFHS), and International Violence Against Women Survey perpetration modules. Prevalence of emotional or economic domestic violence or gender-based household maltreatment of women 15–49 years in the preceding 12 months, based on Indian NFHS and WHO modules and the new Indian Family Violence and Control Scale

Funding: Wellcome Trust funded the study (UK).

Appendix H. (Nayreen Daruwalla et al., 2009)

Title: Conflict, crisis, and abuse in Dharavi, Mumbai: experiences from six years at a Centre for Vulnerable Women and Children.

Aim: To review records and experiences of women and social workers to plan an expansion of activities. Taking an opportunity to reflect on the challenges of developing and sustaining a crisis intervention center in urban India.

Intervention: Psychotherapy and social work that is immediate and longer-term for the client and her family, and facilitate intervention at a range of levels that includes medical care, crisis counselling, short term shelters and safety assessment.

Evaluation of services: Conducted through informal interviews and discussions.

Outcomes: Three issues particularly influenced the Centre's development: the relative invisibility of the problems with which they are trying to deal with; women's desire to meet normative expectations and to keep the family together; and a spiraling need to connect with other service providers, families, and communities. The most significant development over the last six years has been a gradual shift in emphasis from institutional support to community action. The pattern of referral has changed over time, reflecting a move from health service to community sources.

Funding: Public donations.

Appendix I. (Hirani SS et al., 2010)

Title: Testing a community derived intervention to promote women's health: preliminary results of a 3-arm randomized controlled trial in Karachi, Pakistan.

Aim: The purpose of this research is to provide an evidence based intervention to address the primary health problems confronting women in Pakistan and worldwide: depression and violence. Specifically, we tested the differential effectiveness of a community-derived intervention of Economic Skill Building (ESB), developed through community based participatory methods against an evidence-based empirically tested counseling model.

Intervention: Community Health Worker (CHW) delivered 8-week counseling program compared to women who receive a CHW delivered 8-week economic skill building program, compared to women who do not receive an intervention. Group counseling comprised the second intervention. The empirically tested counseling module was delivered weekly for eight weeks.

Evaluation of services: Women who received economic skill-building reported lower depression scores and less partner violence, although the differences were not statistically significant. Women in the economic skill-building group reported significantly higher self-efficacy and more employment following the intervention as compared to the counseling and the control group women.

Outcomes: Depression was measured with the Beck Depression Inventory. Partner violence was measured with an instrument developed by WHO guidelines and modified based on the Pakistani national gender indicators list for violence again women. Self-efficacy was measured with the General Self-Efficacy Scale (GSE).

Funding: This research is funded through a grant from The Aga Khan University Research Council.

Appendix J. (Mahapatro & Singh, 2020)

Title: Coping strategies of women survivors of domestic violence residing with an abusive partner after registered complaint with the family counseling center at Alwar, India.

Aim: To analyze the coping strategy of mediation between informal and formal justice while residing with the abusive husband and his family. Further, the study explores the coping strategy as an outcome of the contextual factor and the associated psychological distress.

Intervention: Intervention comprised of three components for empowering and improving decision making of the women survivors. Information sharing and awareness generation such as knowledge on the Domestic Violence Act 2005, phone numbers/hotlines for immediate action/help, use of shelter services. Counseling services include individual counseling, couple counseling and family counseling Time to time, the counselor visited the survivor's home for follow-up visits and also contacted them on the phone to understand the situation after every follow-up visits. Case-specific advice (safety plan, choice-making, and problem-solving): Some of the coping strategies explained were approach/avoidance, a positive reappraisal, distancing, and self-control, building a support group, inspiring, and spiritual journey and so forth.

Evaluation of services: After the intervention, endline information was collected. An in-depth life history interview was conducted with 20 women. Two follow-up visits to their home were made; first at Month 1 and second at Month 3 to observe the situation at home. 80% of the total of 299 study subjects were SRQ-positive and were prone to have psychiatric morbidity and showed signs of depression. Perceived stress was considered as a potential mediator in the relationship between violence and depressive symptoms. The reasons were that they had been subjected to violence of various forms which were extraordinary in nature and had become part of their everyday life. They further abused themselves through self-starvation often—a naturalized and normalized aspect of their routine and constituted everyday violence.

Outcomes: The instruments used was self-reporting questionnaire (SRQ-20), Spouse Abuse Questionnaire (SAQ), and a Semi-Structured Interview Schedule (SSIS).

Funding: Funding body not disclosed.

Appendix K. (Krishnan, Subbiah, Khanum, et al., 2012)

Title: An Intergenerational Women's Empowerment Intervention to Mitigate Domestic Violence: Results of a Pilot Study in Bengaluru, India

Aim: to empower daughter-in-law's (DIL's) and their mother-in-law's (MIL's) with knowledge, skills, and social support critical to the mitigation of young women's experiences of domestic violence

Intervention: This study consisted of two phases: a development phase and a pilot study phase. During the development phase, they conducted focus group discussions with young married women to explore their perspectives on domestic violence (triggers, sources of social support, and coping strategies) and context-appropriate interventions to mitigate risk of violence. In the pilot study phase, we examined the feasibility, acceptability, and safety of the intervention with a group of young married women and their MILs recruited from the same two communities where our formative development work was conducted.

Evaluation of services: Phase one trial results indicated that women found the sessions useful and interesting, highlighting the discussion of health issues and family relationships. All MILs found the health information offered in the intervention to be useful, and more than half (13 out of 20) noted changes in diet and adherence to medication as a result of participation in the program. No adverse events were recorded during the 6-week intervention period, and no reports of study participation–related violence were recorded at the health centers up to 3 months after the pilot study.

Outcomes: A multistage recruitment and consent process was implemented. They approached young women (DILs) at the two study-affiliated health centers and through community outreach and administered a short screening questionnaire to assess eligibility (aged 18-30 years, self-report of pregnancy, Tamil speaker) and then invited potentially eligible DILs to the health center (if recruited in the community) for eligibility confirmation.

Funding: This research was supported by a grant from the National Institute of Child Health and Human Development (NICHD).

Appendix L. (Krishnan, Subbiah, Prabha Chandra, et al., 2012)

Title: Minimizing risks and monitoring safety of an antenatal care intervention to mitigate domestic violence among young Indian women: The Dil Mil trial

Aim: Testing the Dil Mil intervention through a phase 2 randomized controlled trial. The specific aims of the trial are to: 1) assess feasibility and safety of the intervention by monitoring and assessing recruitment, adherence to study visits, retention, contamination across arms, and the incidence of adverse events; 2) evaluate the potential effectiveness of the intervention by examining the effect of Dil Mil on empowerment of DILs and MILs (intermediary outcomes) and 3) examine preliminary evidence of the impact of the intervention on DV incidence and related health outcomes (perceived quality of life, psychosocial status, and maternal and infant health) among DILs.

Intervention: A phase 2 randomized controlled trial using a parallel comparison of the Dil Mil intervention versus standard care will be implemented in three public primary health centers in Bengaluru. Intervention sessions include education, skills building and social support delivered to DIL's and MIL's in individual and combined sessions. The curriculum is based on participatory learning and action principles and uses stories, role-play, and discussion to enhance participants' knowledge, skills, and social support

Evaluation of services: Phase two trial results to be published. This study will provide quantitative and qualitative evidence to determine whether a phase 3 effectiveness trial of the Dil Mil intervention is merited.

Outcomes: Quantitative data on feasibility and safety of the intervention will be gathered through study records pertaining to recruitment, adherence, retention and safety. Data on empowerment of DILs and Mils (knowledge about safety and the links between DV and health, gender-equitable attitudes, decision-making skills, communication and social support, and resistance to DV) and incidence of DV and related health outcomes (e.g., quality of life, anxiety and depression, and maternal and infant health) will be gathered

by research interviewers not involved in intervention implementation through face-to-face interviews.

Funding: This research is funded by a grant (R21 HD062821) from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

Appendix M. (Latif et al., 2020)

Title: Culturally adapted trauma-focused CBT-based guided self-help (CatCBT GSH) for female victims of domestic violence in Pakistan: feasibility randomized controlled trial.

Aim: To investigate the feasibility and acceptability of culturally adapted trauma-focused CBT-based guided self-help (CatCBT GSH) for female victims of domestic violence in Pakistan.

Intervention: We developed a self-help manual for depression to improve access to CBT. It focuses on stories of four victims of trauma. The book describes how they help themselves with symptoms of PTSD, depression and anxiety using CBT techniques. The self-help manual focuses on psychoeducation, symptom management, graded exposure, cognitive restructuring, behavioral activation, problem-solving, improving relationships and communication skills.

Evaluation of services: The intervention reduced symptoms of PTSD, depression, anxiety and disability. Moreover, the study was conducted in real-life settings in a shelter home and this pragmatic approach to recruitment is reproducible in routine care.

Outcomes: The following assessments were performed at baseline and at the end of the intervention at 12 weeks: Impact of Events Scale revised for PTSD, the Hospital Anxiety and Depression Scale and the WHO Disability Assessment Schedule 2.0.

Funding: This study was funded by the Pakistan Association of Cognitive Behavior Therapy. The work is also funded in part by a University of Toronto, Department of Psychiatry Academic Scholars Award to M.I.H.

Appendix N. (Bhushan et al., 2020)

Title: The association between social support through contacts with Accredited Social Health Activists (ASHAs) and antenatal anxiety among women in Mysore, India: a cross-sectional study.

Aim: This study explores the supportive role of Accredited Social Health Activists (ASHA) as a proxy for social support to pregnant women for antenatal anxiety. The second aim of this analysis was to assess the extent to which frequency of contact with ASHAs was protective for women most vulnerable to antenatal anxiety by investigating whether IPV, DV, and gravidity were moderators of the association between ASHA contact and antenatal anxiety.

Intervention: ASHA's are a cadre of community health volunteers who receive performance-based incentives for promoting universal immunization, referral and escort services for reproductive and child health and other healthcare programs in their villages. Their home visits to pregnant women were assessed.

Evaluation of services: ASHA home visits were protective for the most vulnerable women (primigravida and those experiencing husband or husband's family perpetrated intimate partner violence) and ASHA accompaniment to antenatal care visits was equally protective for all women. They did not collect data on the characteristics of the ASHAs or the nature of their interactions with participants during home visits or accompaniment to ANC visits.

Outcomes: Antenatal anxiety symptoms were evaluated using a three item sub-scale of the Edinburgh Postnatal Depression Scale (EPDS) known as EPDS-3A

Funding: This study was funded by Positive Action for Children Fund and Elizabeth Glaser Pediatrics AIDS Foundation. Author NLB was supported by the National Institute of Allergy and Infectious Diseases (T32 AI007001-40), authors KK & PM were supported by the Fogarty International Center, National Heart Lung and Blood Institute, and National Institute of Neurological Disorders and Stroke (D43 TW010540). Author

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