Professional self-positioning of Indian social workers in response to domestic violence

This article explores the self-positioning of Indian social workers who work with female survivors of domestic violence (DV). We know from previous research about the experiences of persons who have encountered DV, but more studies on the point of view of the professionals is needed. Relying on positioning theory and discursive analysis as a framework, we analyzed interviews (N = 18) concerning the practices, emotions, and attitudes of social workers. Positioning theory enables scholars to approach the situation of encountering a survivor as a social event, which consists of the meaning-making activities of social workers. Professionals self-position themselves as one or a combination of the following: (1) a challenger of gendered oppression, (2) an advocator of women's rights, (3) a facilitator of women's empowerment, and/or (4) a self-reflector of personal emotions and attitudes. The findings suggest that the event of DV intervention is a discursive and contextually situated moral practice in which the distribution of rights and duties to say and do things is of particular interest. The act of self-positioning is constructed in relation to socio-cultural settings. Social workers may take several positions during the meetings with survivors. Positions build our understanding of how social workers in violence-specific units make sense of DV, illustrating how the act of self-positioning may also define to the position of the survivor. Social workers experienced boundaries, and possibilities in responding to DV were explored. The study reveals that barriers should be addressed at a wider level by funders and policy makers to enhance the continuity of work and the implementation of women rights legislation in India.

Keywords

25 domestic violence, domestic violence interventions, battered women, India, positioning

26 theory, social workers

Introduction

28 This paper addresses the insights that are gleaned from Indian social workers who work with

29 female survivors of domestic violence (DV), emphasizing workers' views on how they

30 position themselves as professionals when responding to cases of DV. By analyzing

31 discourses focused on work-related practices, emotions, and attitudes, the paper examines the

32 perceived rights and duties of social workers to intervene DV. In this article, we approach

33 violence in Indian family structure, where several generations live together as a joint family.

34 Thus, we use the concept of DV, which refers to the violence occurring among household

35 members. India is an example of a powerful nation with relatively fast economic growth.

36 However, concerns about human rights have become more visible globally in the 21st

37 century. As an example, India has been criticized for its low level of commitment to

38 international human rights treaties and for failing to protect women from domestic violence

39 (Human Right Watch, 2016; Kim, 2018).

40 As authors, we are aware of the legacy of colonialism and resistance, which can be awakened

41 by the over-simplified idea of "transplanting" Western principles and ideology to "empower"

42 women in the Global South (Rajan, 2018). Also, we recognize the importance of avoiding

43 talking about Indian women as a homogeneous, oppressed group (Mohanty, 1995). At the

44 same time, we conclude that at the state level, there exists no treaty-driven human rights

45 system to protect women in India and to enhance women's position to exercise their rights

46 (Tatiya & Vidyasagar, 2010, 32; Kim, 2018).

47 Social change, empowerment, and the liberation of people in the name of social justice and

48 human rights are cited as central aspects of social work (International Federation of Social

49 Work [IFSW], 2014). Considering DV as a social problem and a human rights violation

50 (Garcia-Moreno et al., 2005), the professional responsibility of social workers to intervene

51 becomes evident. However, DV—and intervening in DV—may cause moral dilemmas for

52 professionals in relation to their rights and duties (e.g., Kethineni et al., 2016; Pecnik &

53 Bezensek-Lalik, 2011; Virkki & Jäppinen, 2017). Previous research has shown that the

54 demands of dealing with survivors in sensitive and self-reflexive ways (Kulkarni et al., 2012;

55 Lapierre & Côté, 2011) conflict strongly with findings that report survivors' experiences of

56 dissatisfaction with the service system in the Global South and North alike. The responsibility

57 of the perpetrators for their violent behavior may be ignored, and the survivors themselves

58 held responsible for the violence (e.g., Kim, 2018; Keeling & Van Wormer, 2012;

59 Nikupeteri, 2017).

60 In addition to its physical form, DV may exist as emotional, sexual, financial, psychological,

61 and social control, and, more generally, as any form of controlling behavior (Garcia-Moreno

62 et al., 2005). Although DV has been observed globally, it is also expressed differently in

63 specific cultural contexts. In India, women can be exposed to dowry-related violence and

64 honor-based violence, which are usually perpetrated by her husband or in-laws (Menon &

65 Allen, 2018). Gender inequality in India is complex and intersectional in nature, and it should

66 be understood in the context of traditional norms of gender, poverty and religion (e.g., Rao,

67 2013). Together with a lack of education and awareness, these are approached as major

68 obstacles in popularizing and internalizing women's rights (Nadkarni & Sinha, 2016, p. 11).

69 The Gender Inequality Index ranks India 125th with regard to reproductive health,

70 empowerment, and labor market participation (Human Development Report, 2016).

71 According to the National Health and Welfare Study, thirty-one percent of Indian women

72 aged 15–49 have experienced spousal violence (International Institute for Population

73 Sciences [IIPS] and the ICF, 2017). The literature suggests that this is under-reported due to a

74 neglect of women's rights: only a minority of abused women seek help, due to the high

75 societal tolerance of DV, including a victim-blaming mindset and the social stigma associated

76 with divorce or separation (Barik, 2011; Kim, 2018; Nadda et al., 2018).

77 In 2005, the Protection of Women from Domestic Violence Act was passed, demonstrating a

78 step toward committing to change. However, addressing DV remains challenging (Kim,

79 2018). As Ahmed-Ghosh (2004) states, a patriarchy highlighting traditional family values is

80 well explicated in government statements and legal systems. In India, the social hierarchy in a

81 joint family can make a woman vulnerable to violence perpetrated not only by her husband

82 but also by her in-laws and relatives. Despite nationally reported difficulties with

83 implementing the law (Nadda et al., 2018; Kim, 2018), initiatives enhancing women's rights

84 have been developed (Kulkarni et al., 2012; Pandya, 2014). Kethineni et al. (2016) noted that

85 the lack of a formal system for protecting women has triggered women's organizations to

86 take a leading role in DV services. Women's rights activists have had an active role in

87 highlighting violence against women in the national debate (Pandya, 2014).

Social work and the cultural context of DV in India

89 The self-positioning of Indian social workers in response to DV cannot be understood

90 without reference to the political, social, and occupational contexts of exercising practice.

91 Social work involving charity and community work with a spiritual and ethical ideology

92 started long before formal social work was institutionalized in the 1930s (Nadkarni & Sinha,

93 2016, Ranta-Tyrkkö, 2010). The development of professional social work has been described

94 as complex and has been criticized for being colonized by Western theory and dismissing

95 indigenous features (e.g., Dash, 2017; Ranta-Tyrkkö, 2010). As Rao (2013) stated, Indian

96 social work, as well as work with survivors, cannot be viewed via the concept of Western

97 individualism. During the past few decades, there have been significant efforts to develop

98   Indian-based curricula and integrate country-related phenomena into social work education

99   (Dash, 2017). Indigenous thinking and doing has actively refined and even challenged

100   Western theories and approaches. However, violence against women has not become

101   established content in social work curricula (Barik, 2011). Adopting a women's rights

102   approach may require social workers to take an opposite position to governmental policies,

103   which may be considered challenging if organizations are dependent on government funding

104   (Nadkarni & Sinha, 2016).

105   Social work practice in India in the field of DV differs from the roles and functions of

106   practitioners in European countries for several reasons. Unlike in many Western countries,

107   social work is not a registered profession in India. The state is often criticized for failing to

108   regulate schools of social work in terms of curricular development (Nadkarni & Sinha, 2016).

109   Also, much work is required to legitimize social work as a sanctioned service, as non-

110   governmental organizations (NGOs) employ most social workers (Chakraborty et al., 2017;

111   Dash, 2017; Rao, 2013). Social work, with its low professional status, lacks social

112   recognition. For example, a social work degree is required only in a few places, and wages

113   are low (Dash, 2017; Rao, 2013). In NGOs, work is tied to external funding, and social

114   workers may be expected to participate in fund-raising activities. Therefore, social work

115   requires dedication, commitment, and, to some extent, a social and political calling.

116   Volunteers who undertake social work roles have traditionally made a significant

117   contribution to DV work, especially in rural settings. A person with a social work education

118   can also work as a volunteer, organizing DV services such as self-help groups (e.g.,

119   Chakraborty et al., 2017).

120   The topics of the experiences, emotions, and attitudes of Indian social workers and their

121   relation to DV is relatively unexplored. Husso et al. (2012) suggested that from the

122   professional's standpoint, the dilemma of how and when to intervene in DV cases appears to

123   be a question of meaning and sense-making regarding the professional's role and

124   responsibilities. Problems related to DV rarely present themselves as a given. Instead, they

125   are socially constructed and need to be formalized by sense-making (Husso et al., 2012). By

126   utilizing positioning theory (Harré & Van Langenhove, 1999), our study approaches this

127   sense-making process by focusing on the following question: How do Indian social workers

128   position themselves as they make sense of their role and their rights and duties when working

129   with survivors of DV? Only a few studies in social work research have applied positioning

130   theory when researching sensitive topics (see Jarnkvist & Brännström, 2016; Nikupeteri,

131   2017), and none have explored the self-positioning of Indian social workers in the context of

132   DV.

Positioning theory as a framework

134   Stemming from social constructionism, positioning theory regards positioning as a discursive

135   and contextually situated moral practice in which the distribution of rights and duties to say

136   and do things is of particular interest (Davies & Harré, 1990; Harré, 2012; Harré & Van

137   Langenhove, 1999). Negotiations and meanings related to those rights and duties may

138   become relevant—whether intentionally or unintentionally—in everyday interactions

139   (*interactive positioning*) or self-reports, when someone positions themselves (*reflexive*

140   *positioning*) (Davies & Harré, 1990). By identifying the reflexive self-positioning of social

141   workers through interview transcripts, this paper explores the rights and duties of social

142   workers when they encounter survivors. Through its focus on moral order—the basis of

143   context-specific appropriate behaviors (Harré & Van Langenhove, 1999; Van Langenhove,

144   2017)—positioning theory offers an applicable framework for investigating sensitive topics

145   with several ethical tensions.

146   Regarding positioning, three mutually determining elements of social and professional

147   behavior are considered in this study. First are the *positioning acts* of the professional in any

148 given social episode of interaction. Second are the actual *positions* that professionals occupy

149 in relation to assigned rights and duties and adopted in these positioning acts. Third are the

150 *storylines* that unfold as a consequence of professional interaction (e.g., Harré, 2008; Harré,

151 2012). Each storyline unfolds in relation to the local moral order originating from different

152 discursive practices. Van Langenhove (2017) outlined the varieties of moral orders as legal,

153 cultural, institutional, conversational, and intrapersonal. For example, the storyline of a

154 professional social worker might be constructed in relation to institutional (governmental and

155 non-governmental) and legal (authorized position) moral orders.

156 Articulating that the individual should be explored in relation to one's social and cultural

157 context, positioning theory is applicable to international research on social work. Problems

158 and solutions are no longer country-specific, although their outlooks and consequences vary

159 from place to place (Ranta-Tyrkkö, 2010). Consequently, we assume that by analyzing the

160 practices, emotions, and attitudes toward DV work as discussed by Indian social workers, it

161 will be possible not only to provide valuable country-specific information on their rights and

162 duties but also to highlight the global nature of their work with survivors.

163 Method

164 *Participants*

165 The first author collected data from two focus-group interviews and four personal interviews

166 (N = 18) during a three-month exchange period in 2018 at an Indian university. With the help

167 of local scholars, she recruited participants from local NGOs who specialized in working with

168 DV survivors.

169 Table 1. Social Workers' Interviews (N = 18)

Background information	Focus Group 1 February 2018	Focus Group 2 March 2018	Individual interviews March–April 2018

Professional self-positioning of Indian social workers

Participants	6 (5 female, 1 male)	8 (all female)	4 (all female)
Duration of interview	1h 22 min	1h 52 min	59 min (average)
Educational background	6 MSW	5 MSW, 3 BA and BE	4 MSW
Working experience with survivors (Average)	2.2 years	11.7 years	7.3 years

170

171 First, two focus-group interviews were conducted (Table 1). As a method, a focus-group

172 interview gathers a homogeneous group of persons together who are assumed to have the best

173 information on a specific area. It also offers the possibility of exploring different opinions

174 and attitudes arising from discussions (Fern, 2001; Silverman, 2014). The first group had six

175 participants, and the second eight. Interviews, facilitated by the interviewer, were conducted

176 in participants' workplaces. Discussions were vivid and the ideal of guaranteeing equal

177 participation (Brinkmann & Kvale, 2015) was valued and supported. Language produced

178 some challenges; some participants spoke Marathi, and members of the group translated their

179 speech into English. An external interpreter would have enhanced equality of participants.

180 Individual interviews with four social workers were conducted to deepen the data. One

181 participant represented an NGO from an earlier focus group, but three social workers worked

182 in other NGOs.

183 All interviews were semi-structured and thematized (Silverman, 2014), as follows:

184 *encountering violence, multi-professional work, education,* and *future visions.* For example,

185 forms of DV, work with survivors, work with perpetrators, and the feelings that the work

186 aroused were all discussed. In recruiting participants, researchers believed that a congruent

187 educational background would promote data homogeneity. Fifteen interviewees had Master

188   of Social Work degrees. Three participants had Bachelor of Arts or Bachelor of Education

189   degrees and had completed authorized courses in counseling. Considering their similar job

190   descriptions as social workers, researchers included all participants in the analysis. In the

191   quoted text that follows, G means groups, P the participant of a group, and I to an individual

192   interviewee. All data excerpts are from female participants.

193   *Analysis*

194   The transcripts were read and reread in ATLAS.ti software to find extracts in which social

195   workers described their work. First, we utilized thematic analysis (Silverman, 2014). Special

196   attention was paid to sentences in which practices, emotions, and attitudes were described.

197   Themes were categorized and inductively combined into groups. However, we recognized

198   features of overlapping occurrences and the controversial content of some essential themes.

199   That led us to consider the possibility of applying positioning theory to track the wider

200   dimensions of the phenomenon and to approach tensions emerging from cultural factors that

201   shaped an understanding of DV, as outlined earlier.

202   Secondly, four main themes to be used as an analytical tool (Nikupeteri, 2017, p. 799) were

203   constructed: power, rights, agency, and self-understanding (Table 2). We continued by

204   exploring how positioning acts were expressed in relation to these themes, whether

205   intentionally or unintentionally, through participants' speech as elements of social episodes

206   (Harré, 2012). We utilized analytical concepts such as self–other, but through positioning

207   theory, we could focus on the intrapersonal factors of self-positioning and reflexive

208   positioning (Davies & Harré, 1990) and not on face-to-face interactions between

209   interviewees.

210

211

212 Table 2: Social Workers' Positions

Position	Theme	Storyline	Nature of practice
Challenger of gendered oppression	Power	Storyline of reflexivity	Political
Advocator of women's rights	Women's rights	Storyline of education	Juridical
Facilitator of personal empowerment	Women's agency	Storyline of counseling	Psychosocial
Self-reflector of personal emotions and attitudes	Self-understanding	Storyline of reflectivity	Intrapersonal

213

214 Thirdly, after identifying four positions, the analysis progressed with the storylines by

215 identifying the rights and duties of social workers and the nature of social work practice. The

216 development of social episodes follows storylines—pre-established patterns—that are also

217 cited as loose clusters of narrative conventions (Table 2). A conversational history of what

218 has already been said about an issue in the form of previous research was utilized to deepen

219 the analysis (Harré, 2012).

220 *Ethical considerations*

221 Ethical guidelines of the University of Eastern Finland and Finnish Advisory Board of on

222 Research Integrity (2012) were complied with. The interviewer discussed the research with

223 the managers of NGOs, who recruited volunteer participants. In addition to receiving

224 collective consent from the managers, the researchers received informed, oral consent from

225 the participants after they had been told the aims of the research, how the information would

226 be used, and how the data would be stored (Brinkmann & Kvale, 2015). Voluntary

227   participation was emphasized. Participants were aware that they could withdraw their consent

228   at any stage without consequences. Full anonymity was guaranteed.

229   The authors were aware of cultural tensions that can be caused when Western scholars

230   conduct research in the Global South. To relieve such tensions (Thompson, 2011), special

231   attention was paid to respecting participants and building confidence (Silverman, 2014), for

232   example, by explaining the duration of the interviewer's stay (three months) and her efforts to

233   learn the Hindi language as well as by contacting participants after the interviews and asking

234   participating social workers to comment on the draft. For disseminating purposes, the first

235   author presented preliminary findings in a symposium and in a conference in India in autumn

236   2018.

237   ## The self-positioning of social workers in response to DV

238

239   The results of the study are summarized, using four differing positions that participant social

240   workers occupied. They are illustrated with quotes and described with reference to the

241   storyline and response focus.

242   *Challenger of gendered oppression*

243   While discussing gendered power with reference to the storyline of reflexivity, the position of

244   challenger of gendered oppression was adopted. Reflexive consciousness about social

245   divisions and the power dynamics within broader social structures (Thompson, 2011) were

246   illustrated, and DV was approached as a matter of social injustice needing to be tackled on

247   the political level in discussions concerning the oppressive power structure as a cause of DV,

248   especially within the family. In the first extract, the challenger position is of a tacit nature, as

249   the social worker describes the dominant patriarchal power relations.

250

251   In India, it's a patriarchy. We have a very strong patriarchy, which gives men a

252   lot of power. (I4)

253   We listen to another woman, we feel that sometimes it's very difficult. . . And

254   we see them suffering, but we cannot do anything. They think that this is our

255   life, we have to tolerate this. . . And we realize that the main cause of all this

256   violence is gender discrimination. (I1)

257

258 The challenger position is constructed in a dynamic fashion between the self-positioning of

259 the social worker and the other-positioning of the survivor, who was assumed to be in a

260 powerless position. Explicit self-positioning (Harré & Van Langenhove, 1999) takes place in

261 the second extract, because one of the participants positioned social workers collectively

262 ("We listen", "we feel") as being obligated to take action but powerless to help when deeply-

263 rooted societal and cultural causes of DV were discussed.

264 Social workers reflected oppressive power relations in the family structure when discussing

265 cases in which giving birth to a girl child led to abuse. Female abortions and female child

266 murders were also discussed as being external examples of gender discrimination and male

267 control over women's lives and bodies. The social worker's challenger position was

268 constructed tacitly by describing and reflecting on the matrimonial institution and questioning

269 the dowry tradition, taking this tradition as an example of how patriarchal norms reproduce

270 an economic motivator for violence.

271

272   Even that kind of . . . arrangement is very exploitative. Because she goes to her

273   husband. She doesn't have a house in her name. . . It's a very institutionalized

274   mindset, very structured, the more money the victim brings in . . . and of course

275   they want somebody to do domestic work in the house. Somebody who doesn't

276   talk, somebody who doesn't question, somebody who follows the rules,

277   somebody who listens to everything they say. (I2)

278   I remember one case, between [a] husband and wife there was no problem at all.

279   It was the in-laws that tried to create problems between them so that they would

280   be separated. And why? The girl did not bring enough of a dowry. It took us

281   almost six months to understand the root causes. . . So, we could save the

282   marriage but definitely we had to separate the in-laws from the husband and

283   wife. (I3)

284

285   A bride is expected to move into the matrimonial house, where several generations of the

286   groom's relatives live together. As part of the marriage arrangements, the bride's family is

287   typically expected to give some property (cash, household items) to the groom's family,

288   despite the existence of the Dowry Prohibition Act since 1961. Demands for dowries for

289   several daughters may cause economically disadvantaged parents unreasonable distress,

290   leading them to undertake desperate action. Ultimately, a girl-child is brought up for another

291   household and lineage; she will not be there to secure her parents' welfare in their old age

292   (Ahmed-Ghosh, 2004). In addition, as expressed in the latter extract about the social worker's

293   reflexive self-positioning, dowries estimated as inadequate by in-laws may lead to demands

294   for extra property and to a bride's harassment, torture, and even murder if these demands are

295   not met. Particularly with regard to collective positioning, the duty of social workers to

296   challenge the oppressive family relations ("*we had* to separate") behind DV became evident.

297   Their right to intervene was not explicated as being recognized before the intervention.

298   Instead, by using third-order positioning when reflecting on the case afterwards (Harré & Van

299   Langenhove, 1999), the worker implied the justification for the intervention in the positioning

300   act: "W*e could* save the marriage."

301

302   *Advocator of women's rights*

303   The position of social workers as advocators in relation to women's rights follows the

304   storyline of education unfolding into the juridical nature of the work. The positioning acts not

305   only referred to survivors but also to men and network institutions, illustrating the psycho-

306   educational aspect of work with survivors.

307

308   Because these women don't know what the abuser did. That's why it's the role

309   of social workers to understand . . . the abuse. (G1P1)

310   We try to make her understand her own rights, financial or mental. We try to

311   make her understand and make her stronger to make her own decisions. To

312   make her fight against abuse. (G1P4)

313

314   The social worker's position as an advocator is constructed through explicit collective

315   positioning by emphasizing the duty of social workers to promote survivors' self-awareness.

316   Women's acceptance of violence evolves from both cultural and legal norms. For example,

317   marital rape is not an offense, and some religious laws prescribe having sex with one's

318   husband as a wife's duty (Barik, 2011; Kim, 2018). Thus, work in the field of sexual violence

319   requires time and special sensitivity. Due to male dominance in society, participants

320   emphasized their position in relation to men as they advocated for women's rights. The

321   participants agreed that preventive work with boys and young men is significant for nurturing

322   attitudinal change in future generations. However, tensions exist when encountering

323   perpetrators.

324

325   We work with men because women are dependent on men. So, in entitling her

326   to her rights, we have to work with men. (G1P3)

327   They always deny. It was her fault, she provokes me. She doesn't treat the

328   children properly, she talks with men, she came home late from work, she

329   doesn't do her housework, she complains about my mother. These same stories

330   you hear from every abuser. . . They said that she burned herself, I didn't do it,

331   she's lying. So actually, we call the abuser only to tell them "Hello, we are here

332   now." That's the only purpose. To tell him that we are watching. It's like a

333   warning, a preventive strategy for further violence. . . We know, I know, that

334   there's no role I can play with abusers. (I2)

335

336 An advocator position is constructed through explicit collective positioning ("*We* work.").

337 Highlighting the complex nature of the work, the position concerns not only the social

338 worker's right to advocate but also their duty to hear both parties. This obligation was

339 implemented in different ways, emphasizing the survivor's safety and her willingness to

340 cooperate as priorities. Some participants emphasized the importance of having regular

341 meetings and a non-judgmental mentality with perpetrators. However, the purpose of

342 contacting the perpetrators can be simply to make them aware of the social worker's

343 presence. This also illustrates challenges when undertaking their duties: To encounter abusers

344 brought up in a world of male dominance who express an unwillingness to admit to violent

345 behavior. Interestingly, at the end of the latter extract, when the social worker ultimately

346 dissociated herself from encountering the abusers, a shift in collective positioning from "we"

347 to "I" occurs, illustrating an awareness of divergent views.

348 Discourses concerning interprofessional co-operation illustrate structural advocacy for

349 women's rights. That highlights the expert position and the social worker's experienced right

350 to educate and instruct.

351   G1P2: We go to shelter homes, we go to other NGOs, we go to protection

352   offices, we go to police stations, we go to the court to help the woman. Helping

353   entitlement of their rights.

354 In hospitals, social workers had an active role in preventive work when training nurses and

355 doctors to launch routine DV screenings. Social workers from an NGO discussed how they

356 gave a presentation to a parliamentary committee in the planning stage of the Domestic

357 Violence Act, 2005. They also described how various training programs were organized by

358 NGOs to tackle network partners' negative attitudes, such as views of DV work as "extra

359 work" and a lack of knowledge regarding DV legislation. Raising the awareness of women's

360 rights among the police was essential, because registration of DV cases is a prerequisite for

361 survivors to receive further services such as free legal aid.

362

363   But the police don't respond properly. They don't write the reports needed.

364   They don't write. They send them back. They say "Ok, this is your family

365   matter, [unclear] you manage yourself, don't come to us." (I1)

366

367 However, intervening in a private matter such as DV was critically defined as a task "beneath

368 their [police] dignity" (I4). The previous extract demonstrates how social workers not only

369 depend on infrastructure to support rights, but also a justification of the duty of social

370 workers to advocate for women's rights with the police.

371

372 *Facilitator of personal empowerment*

373 Social workers' position as facilitators was constructed in relation to a woman's agency.

374 Following the storyline of counseling, social work practice appears as psychosocial.

375 Descriptions regarding client independence are illustrated in the next extract, whereas the two

376 subsequent extracts discuss themes relating to individual decision making.

377 In discussions among social workers, women were often described as being dependent upon

378 men in Indian patriarchal society. The duty of social workers was defined as supporting

379 survivors in their move toward independence.

380

381   We try to provide information. We do that, so that women would be able to

382   make decisions for themselves. Sometimes we also provide financial help, but it

383   is very limited, because we want to make them independent. (G2P7)

384

385 Above, the social worker constructs her position by describing the circumstances pertaining

386 to women's limitations in striving for independence. The core of personal empowerment was

387 around processes during which a woman started to take control over her own life and achieve

388 independence from her husband. Leaving home was not a prerequisite for independence.

389 Instead, participants highlighted independence in terms of earning money, getting an

390 education, getting peer support from self-help groups, or accessing health care for a better

391 quality of life. The social worker's duties are described through moral positioning, as the

392 social worker describes the duty to avoid creating a situation in which the survivor becomes

393 too dependent on the social worker. This suggests that, occasionally, it might be appropriate

394 for social workers to distance themselves from survivors in order to facilitate personal

395 responsibility and empowerment, even if this distance might contradict the moral position

396 and the duties of social workers to always be available to their clients. This demonstrates the

397 social worker's views on the duty to help survivors as well as the right to step back.

398 In contrast, workers also explained their duty to take a more active expert position. Helping a

399 person make as informed decisions as possible introduces the possibility for participating in

400 the decision-making process. The duty was not in giving solutions, but in clarifying the

401 possible consequences and providing support.

402

403   They are not decision-makers. Since childhood, somebody else makes

404   decisions. Very rarely do women make their own decisions. So, when you have

405   to decide by yourself, it's a big challenge for these women. But when she makes

406   a decision and moves in that direction, the confidence that she gains is

407   something that sustains her for life. (G2P8)

408

409 However, as stated above, the subservient role with which women have been brought up

410 posed challenges when workers shifted their position from expert to facilitator, aiming to give

411 women the space to make their own decisions. Traditionally, Indian women are not treated as

412 independent subjects in their communities. Thus, a situation in which women should

413 suddenly start acting as if they have power over their own lives can be confusing.

414 Accordingly, as described below, empowering a survivor was a process by its very nature.

415

416   A client came to us on day one. Crying, crying, and crying. And then we can

417   slowly, slowly see improvement, there is improvement in her self-esteem,

418   confidence, that's what we are talking about. That is something that then drives

419   conclusions that [decisions] are made by them. Not by me. What I did was I

420   facilitated the entire process. I let the client's emotions flow—I didn't stop her.

421   (I3)

422   So there are cases of counseling, counseling skills, definitely we use that.

423   Catharsis to emotional ventilation the client. Definitely we provide…that it is

424   our first goal. To get catharsis. (G1P4)

425

426   In the first excerpt, the participant is referring to a previous episode, in which the social

427   worker explicitly positions herself as someone who has succeeded in promoting personal

428   empowerment by reflecting on her position in the process. Instead of merely describing the

429   events and the position of the survivor, the position of the social worker in both extracts is

430   reflected upon in relation to the moral order to support survivors and their personal

431   empowerment. In this, enabling expressions of emotions aroused from the experiences of

432   being exposed to violence is essential. This implies the social worker's duty to help with the

433   process, while having the right to step back and let the survivor take charge of her own life.

434

435   *Self-reflector of personal emotions and attitudes*

436   In accordance with the storyline of reflectivity, the theme of a social worker's self-

437   understanding helped to unfold participants' attitudes and emotions regarding DV. In the

438   participants' explicit reflections, non-judgmental attitudes were discussed. As can be seen

439   below, this was highly valued, especially in situations in which a survivor was not yet able to

440   leave her violent spouse.

441

442   When I sit there as a social worker, I have to believe her. Once I believe her, I

443   trust her, that's the most important thing. (I4)

444   I don't think any one of our counselors asks why didn't you step out earlier . .

445   . or what did you do to aggravate him. They will simply never ask. (G2P2)

446

447 As a part of respecting the survivor's autonomy, workers explicated the importance of

448 avoiding requesting a survivor to leave a violent relationship against her own will and

449 without in-depth consideration. A divorced woman living alone may be very vulnerable. By

450 leaving home and living without her legal husband, a survivor may be at risk of being

451 harassed. The high tolerance of survivors to violence was usually explained by the needs of

452 their children. Staying in a violent relationship is seen as a better option than letting children

453 grow up without a father. Besides, economic resources do not necessarily allow for new

454 housing arrangements, which also affects the woman's chances of getting custody. For

455 example, only 61% of women in urban areas and 38.5% of women in rural areas had a bank

456 account or savings of their own (IIPS & ICF, 2017).

457 Still, some participants expressed feelings of anger and frustration when a woman chose to go

458 back to her violent partner. Nonetheless, these feelings did not necessarily indicate a victim-

459 blaming mindset.

460

461   She said she had to go back because her children were there. So initially I was

462   angry with her, but after that . . . power, that strength, that resilience . . . I

463   realized, when working, that the entire belief that she's a victim was totally

464   shattered, because they are not victims, they are very strong people. I was very .

465   . . inspired and shocked and surprised, because I used to think that they were

466   weak. . .   So, they don't give up. Not even if the whole world is against them

467   and everybody is blaming them, she is blaming herself but . . . she won't give

468   up. (I2)

469

470 Here, self-reflection on one's own emotions also took place in the context of identifying

471 professional development. A participant reflected on a process during which her capability to

472 see beyond feelings of anger and frustration evolved. Instead of labeling a survivor as a

473 helpless victim, the participant focused on the survivor's strength and ability to cope with a

474 very difficult situation. This involved ways of adjusting emotional responses according to

475 expectations relating to professional practice and conduct as can be seen from discourse

476 below.

477   G2P7: We have to control our feelings. When we go home, we forget, leave

478   things behinds us.

479   G2P5: As professionals, we talk with them [emotions] but we don't involve…

480   G2P1: When you realized that you emotionally involved to your case, you kind

481   of have to tell yourself it. It's…It's difficult…I think all the time we have to

482   learn how to do it. See, we come up with the set of emotions, in any day, I mean

483   there are issues that we are facing, in our personal lives also. So one way is that

484   when you come here and start listen to other's problem, you'll forget your own

485   problems, but chances that you'll involve with your emotions and feelings of

486   your clients are very high, especially in very sensitive cases.

487

488 Emotions arising from personal experiences of violence were expressed in discussions, even

489 if they were not explored as separate questions by the interviewer. As can be seen below,

490 earlier life experiences, whether emotions of exceptionally strong safety or ultimate fear,

491 influenced the participants' current practice.

492

493   For me, personally, violence was never a part of it, for generations. So . . . I

494   know how happy my family is, how good a connection we have, that's

495   something I want to see. So, what I wish is that every woman was confident

496   enough to not be dependent on somebody. . . So that's what I hope my work

497   means to somebody else. (G2P2)

498   So, whatever they told me, I had experience of my own. I was also a victim. . . I

499   could feel it [pain] because I was one of them. But I didn't have the privilege of

500   sharing my story, because you have to be a professional. I just tried to do my

501   work, and it has made me who I am today. (I3)

502

503 Feelings of safety and equality in childhood brought up a social worker's personal work aims

504 such as the drive to promote personally experienced independence. In contrast, one

505 participant, as a survivor of long-lasting violence, based her strength as a professional on her

506 process of overcoming the violence. The latter extract also demonstrates the juxtaposition

507 between experience and professionalism. The worker had no right to express her personal

508 experiences in client meetings. The possibility of sharing her experiences was referred to as a

509 "privilege". Instead, her duty to act professionally obliged her to put her own emotions aside.

510 Earlier experiences of violence may have a negative effect on one's professional work

511 (Pecnik & Bezensek-Lalik, 2011). This highlights the reflection on one's own emotions

512 (O'Leary et al. 2013), which is not only a right but also a duty when working with survivors.

513

514 ## The limitations and evaluations of cross-cultural research

515 This was a small-scale study, and participants were recruited from NGOs located in an urban

516 area in the state of Maharashtra. Individuals working in special DV units were presumed to

517 have the best information on the topic, but the implications of the results for social work in

518   the Indian public sector or in rural areas cannot be taken for granted. This research was

519   conducted in a specific cultural context. However, universal themes—gendered power,

520   women's rights, women's agency, and the worker's self-understanding—are also applicable

521   to practitioners in other cultural contexts as they make sense of DV and the rights and duties

522   of social workers to intervene.

523   In terms of the trustworthiness of this study, issues regarding credibility, transferability, and

524   dependability (e.g., Shenton, 2004) should be considered. The use of positioning theory as an

525   established methodology, with the first author familiarizing herself with the culture, the

526   triangulation of data, and the peer scrutiny of the three authors, aimed at achieving credibility

527   for the paper. Using a purposive sample might be considered a limitation in this regard, but it

528   allowed the authors to focus on the specific context presented in the paper from the viewpoint

529   of the participants. Transferability was not aimed at in this paper. Rather, the findings present

530   a sample of cultural practices that adds to the understanding of the Indian context of DV

531   work. Regarding dependability, we have reported the procedural steps of the study in as much

532   detail as possible.

533   In addition, we made analytical generalizations of the data through category zooming and

534   positioning (Halkier, 2011). Category zooming refers to the process of focusing the analysis

535   on a specific theme of the study, in this case, the self-positioning of social workers. This was

536   followed by analytical generalizations through positioning by analyzing the different forms of

537   positioning through which the categories of self-positioning were constructed. This resulted

538   in highlighting "the communicative dynamisms that are coconstitutive of social constructions

539   of categories, relationships and performances" (Halkier, 2011, p. 793).

540

Discussion and implications for practice

This study approached the question of how Indian social workers made sense of DV by investigating their self-positioning, including their emotions, attitudes, and practices in relation to their rights and duties. The findings show that professional self-positioning has potential implications for work with survivors. The self-positioning reflected political, cultural, and social themes, and the psychological dimensions in terms of the psychological impact of trauma were conspicuous by their absence. According to Tseris (2019), the concept of "trauma" ignores the actual violent act and the abuse itself, shifts the focus from gender-based issues to psychiatric ones, and thus limits the ability to refer to patriarchal structures as the basis of the problem. In line with the idea of other-positioning (Harré & Van Langenhaven, 1999), self-positioning also implicates the position of the DV survivor. Thus, we can ask whether employees wanted to avoid labeling speech by not using the term "trauma" because of the stigma associated with mental health-related issues in India (Sayani, 2018).

However, as facilitators of personal empowerment, the position concerned the survivors' personal growth and enhanced their agency by building their autonomy through self-determination and independent decision making. Accordingly, elements of trauma-orientated work are apparent (Anyikwa, 2016). The aspect of post-traumatic growth was, however, more visible. As self-reflectors, participants emphasized the resilience of survivors, including their ability to cope with traumatic situations and how to turn personal experiences into resources, even in their own work (see also Pecnik & Bezensek-Lalik, 2011). Special training programs that social workers run for survivors who want to voluntary organize peer groups as grassroots help in communities offer women the opportunity to construct survivor identities as a part of their post-traumatic growth. In these activities, facilitating can be seen as parallel to and overlapping with advocating (e.g., Lapierre & Côté, 2011). Nevertheless, from the

566 perspective of professional boundaries and client participation (O'Leary et al., 2013), social

567 workers, as advocators of women's rights, took an expert position as *representatives* of

568 women. In advocating work with young boys and engaging male perpetrators to

569 emancipation work with women, social workers encourage men to question traditions of

570 masculinity/femininity in order to construct more egalitarian roles and responsibilities (see

571 also Pandya, 2014).

572 As challengers of gendered oppression, social workers see beyond individual factors and

573 recognize those structural issues such as patriarchy that are causes of violence. However, by

574 applying the concept of forced self-positioning (Harré & Van Langenhaven, 1999), we ask

575 whether the patriarchal traditions not only deprive survivors of power, but also force social

576 workers into a position in which they recognize male dominance; at the same time, their

577 resources to act are limited. Accordingly, a survivor may be positioned paradoxically as an

578 oppressed victim. This unintentional reproduction of boundaries, dividing dominant groups

579 from the "other", emphasizes the significance of reflexivity in terms of critically analyzing

580 power relations and social divisions such as gender in direct practice (Mohanty, 1995; Pease,

581 2010). However, as challengers, none of the workers set leaving home as a prerequisite for

582 help (compare with Keeling & Van Wormer, 2012). Participants were sensitive to the

583 survivor's decision to save her marriage. This located the woman's individual experience

584 such as her unwillingness to leave her husband in a wider theoretical context, highlighting

585 male privilege and gendered divisions of power (Pease, 2010; Thompson, 2011). Thus,

586 feelings of frustration and anger, expressed from the position of a self-reflector of personal

587 emotions and attitudes, do not necessarily predict a victim-blaming mindset. Instead, in work

588 with survivors, social workers should recognize that these feelings can be part of the process

589 of respectful acceptance (Kulkarni et al., 2012). A worker can learn to see contextual issues

590 behind the decision not to leave and to consider a survivor as an expert of her own situation

591   by accepting that a woman has the right to make her own choices, even bad ones; bad choices

592   do not justify a professional's decision to withhold help (Lapierre & Côté, 2011).

593   The data generated from such a small-scale, qualitative study does not allow us to undertake

594   investigation of the influence of gender and previous work experience on social workers'

595   rights and duties. However, the study does help to raise questions in relation to both points

596   for further understanding of the social workers' response in DV and the ways to develop

597   existing service system.

598   To sum up, the results of this study reveal that practitioners encountering survivors can be in

599   an important societal position, when it comes to raising awareness of human rights in DV

600   cases. In line with Rajan (2018), the results highlight that dismissive attitudes toward

601   women's rights, underpinned by gendered stereotypes and roles, need to be challenged at

602   their roots. Simultaneously, a study of this nature raises the question whether, in direct

603   practice, we recognize that an uncritical application of Western principles when working with

604   survivors may risk further "colonialization" if the expectations are culturally insensitive and

605   based merely on an ideal of Western understanding (Mohanty, 1995; Rajan, 2018). Noting

606   the socio-cultural background of the survivor's decisions (i.e., factors such as the stigma of

607   divorce) does not exclude, but rather forces, a re-definition of concepts such as independence

608   as a goal of the work. Instead of being related to the dilemma of staying or leaving, thus

609   emphasizing the ideology of individualism from Western scholarship (e.g., Nikupeteri, 2017;

610   Virkki & Jäppinen, 2017), independence as an ultimate goal was approached through the

611   woman's own will, and her discovery of it, by enhancing the woman's social, psychological,

612   and economic resources, and by creating possibilities to establish an independent space in

613   which to live and make decisions (see also Pandya, 2014).

614

615 However, to improve practitioners' opportunities to do their valuable work and exercise their

616 professional positions, as presented in this article, importance of resourcing and supporting

617 the implementation the Domestic Violence Act should is required. A wide range of state

618 measures, such as social protection policies and programs for the vulnerable groups exposed

619 to violence, should be enhanced. As a part of this initiative, the role of NGOs as key services

620 providers should be acknowledged and resourced and collaboration and partnership between

621 government and NGO sectors enhanced. To support United Nations (UN, 2010) aims,

622 regular professional trainings targeting DV authorities and services should be rolled out

623 nationally. In addition, more comprehensive collection of comprehensive statistics and data is

624 required for evaluation, monitoring and planning purposes.

625

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