“We should not be left alone to support women”

The Role of Community Health Workers in Preventing and Responding to Domestic Violence Against Women in India: A Qualitative Study

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Background

Community health workers (CHWs) can play a key role in a health system response to domestic violence (DV). In India, CHWs, known as Accredited Social Health Activists (ASHAs), are central to rural healthcare delivery. However, ASHAs occupy a precarious position and their vulnerability is rooted in gendered structures of labour, power, and care. This study, conducted as part of a cluster RCT, explores operationalising a health system response to DV through ASHAs.

Gap In India, there is limited systematic evidence on ASHAs' needs, barriers, and facilitators for implementing a quality response to DV, particularly given their precarious position within the health system.

Objectives

1. Identify opportunities to integrate DV into the routine work of ASHAs.
2. Identify support required by ASHAs from the health system and community to prevent and respond to DV.

Setting	Data Collection		Data Analysis
A District in Maharashtra, India	**ASHA Workers** → 6 in-depth interviews → 1 FGD (10 ASHAs)	**Community Stakeholders** → 5 key informant interviews → 1 FGD (11 village health committee members)	Hybrid inductive and deductive thematic coding

Findings

ASHAs' Unique Position

Routine outreach in the community as a natural entry point to respond to DV

> *“When we go to women's homes, we talk to them with love, like sisters. Women can trust us because we visit them often”*
>
> *- 35-year-old ASHA*



Source: The Indian Express | Image stylised using AI

Feasible Role of ASHAs

Close ties to the community facilitate access but expose ASHAs to reputational and safety risks

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Active identification of DV is not feasible

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Raise Awareness + Facilitate Referrals

> *“We can provide information to women. We cannot question the husband directly; we can speak to him only about how her health is impacted”*
>
> *- 30-year-old ASHA*

Supportive Ecosystem

Gap: Community's existing response normalises DV and prioritises marital harmony

> *“I have to listen to both parties. I help them understand the situation and facilitate a settlement”*
>
> *- 35-year-old village head*

To enable ASHAs to respond:

- Health-system & Community Backing
- Skill-based Training
- Safety Mechanisms
- SOPs & Referral Pathways

> *“We should not be left alone to support women. If everyone works together, change is bound to happen”*
>
> *- 39-year-old ASHA*

Conclusion

*ASHAs can be a **critical link** between survivors of DV and support services. Their role must be embedded within a coordinated health system & community response that **prioritises women's safety and autonomy**.*

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ASHAs gathered at a primary health facility for formative interviews