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National Institute of Mental Health & Neuro Sciences

PSYCHOSOCIAL CARE
FOR WOMEN IN SHELTER HOMES

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FOREWORD

Trafficking of women and children is an organized crime that violates basic human rights.

A core element of UNODC's mandate under the U.N. Trafficking Protocol is to increase the level of protection and assistance provided to victims of human trafficking crimes. This includes supporting countries in the provision of physical, psychological and social assistance to the victims, including cooperation with NGOs and civil society. In India, women in distress or difficult circumstances including victims of human trafficking are placed in shelter homes. Women often experience physical, psychological and social problems during their stay in shelter homes. The social impact includes stigma, rejection by family members, low self esteem, and lack of opportunities in the society after their release from these homes. Due to such dismal physical and social conditions, the psychological status of women is seriously affected.

The psycho-social rehabilitation of women who are brought to shelter homes is very essential to help them to return to a meaningful life in future. Often the staff of instiutions run by the government, who are solely responsible to take care of women, are not able to provide such care because of the large number of women in most of the institutions and the lack of adequate staff in providing care for the women. Moreover, they do not have the capacity or necessary inputs to understand the psycho-social needs and concerns of women. This adds to the woes of women in vulnerable situations and affects their overall development.

In response to this important concern, UNODC in collaboration with the Ministry of Women and Child Development, Government of India implemented a victim support project to address the psycho-social needs of women in shelter care homes in selected states of India. In this context, UNODC in collaboration with the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore has developed this manual for care givers of shelter homes.

I believe that this manual will be a very useful resource book for all organizations that provide institutional care for women in difficult circumstances especially those rescued from trafficking and/or other crimes. Several aspects addressing the specific needs of women in institutions are dealt with in detail and with clarity. I hope this manual will go a long way in helping care givers to understand the issues and intricacies of women's experiences and needs and undertake pro-active steps for initiating programmes that would help the victims to reintegrate better into the society.

Cristina Albertin
Representative
UNODC, South Asia

AUTHOR'S NOTE

We are immensely happy to present to you this manual on "Psychosocial Care for Women in Shelter Homes". This comprehensive manual highlights the issues of a neglected segment of vulnerable among the vulnerable - 'women in shelter homes'. Very little efforts have been made earlier to understand the problems and concerns of these women. It's crucial to note that the issues of the staff who work in shelter homes were never addressed too. It has been observed that the understanding of psychosocial care has been very limited in these shelter homes. These lacunae led to the inadequate care and support and at times injustice to the residents who have been victims of difficult circumstances. This manual aims to address these lacunae, enables the care givers of the shelter homes to understand the needs of the women and gives them an insight into the spectrum of psychosocial interventions.

This manual has evolved as a result of extensive research carried out by the team. The team used different methodologies such as focus group discussions, key informant interviews with the staff, care givers and interaction with the residents of shelter homes. These interactions have enabled us to understand the significant psychosocial issues of the women. The manual has highlighted complex issues of women through their developmental life cycles, the various difficult circumstances that they experience and the path way of institutionalization. The manual also enables the care givers to focus on women with mental illness, victims of trafficking and violence, and women involved in commercial sex work. The psychosocial care techniques and services provided in this manual are simple and holistic in nature. The remedial psychosocial care measure that has to be taken up by the care givers has been provided.

The manual enables the care givers to have an understanding of the various laws and policies which are available for safeguarding rights of women in India. Last but not the least this manual focuses on a key component of caring of the caregivers. The module focuses on stress and burnout, balancing family and professional life and resource management.

On the whole, we have made our efforts in providing holistic, comprehensive and scientific information on the crucial need of integration of psychosocial care for women in shelter homes.

We express our gratitude to UNODC, New Delhi, for providing us with this opportunity of preparing this manual on 'Psychosocial Care for Women in Shelter Home's. This has proved as a unique and fulfilling experience for us.

Dr. K. Sekar
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ABBREVIATIONS

AIDS	:	Acquired Human Immuno Deficiency Syndrome
CEDAW	:	Convention on Elimination of All Forms of Discrimination against Women
HIV	:	Human Immuno Deficiency Virus
IPC	:	Indian Penal Code
NFHS	:	National Family Health Survey
NGOs	:	Non Governmental Organizations
NIMHANS	:	National Institute of Mental Health and Neuro Sciences
OCD	:	Obsessive Compulsive Disorder
ITPA	:	Immoral Traffic Prevention Act
PTSD	:	Post Traumatic Stress Disorder
PWDVA	:	The Protection of Women from Domestic Violence Act, 2005
UN	:	United Nations
UNFPA	:	United Nations Population Fund
UNODC	:	United Nations Office on Drugs and Crime
UNODC ROSA	:	United Nations Office on Drugs and Crime, Regional Office for South Asia
WHO	:	World Health Organization

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CHAPTER I

WOMEN AND SOCIETY

- Women play an integral role in the functioning of society
- Socio-cultural practices leading to vulnerability of women
- Understanding gender, vulnerability and the magnitude of problems experienced by women
- The pathways of institutionalization of women

Women play an integral role in the overall functioning of society. They are the backbone of every process that is evolving in it. Women carry out multiple roles such as care givers, bread winners, managers, administrators etc. It is crucial to note that they are the foundation on which the family is built. Family as a primary agency of socialization has undergone change as an outcome of the evolving dynamics that have occurred in society. The joint family has been one of the strongest primary social supports for the family members, especially; the vulnerable groups such as children, single women, widows, the deserted, aged and the ill. The breakdown of the traditional joint family system has paved the way for nuclear families bringing about a change in the traditional social support network. In spite of the crucial role that women hold, they are vulnerable and experience various challenging life events. The vulnerable position of women in society stems from the fact that there are various pre-existing social epicenters contributing to it.

Crucial Statistical Indicators of Women in India, Census of India 2011

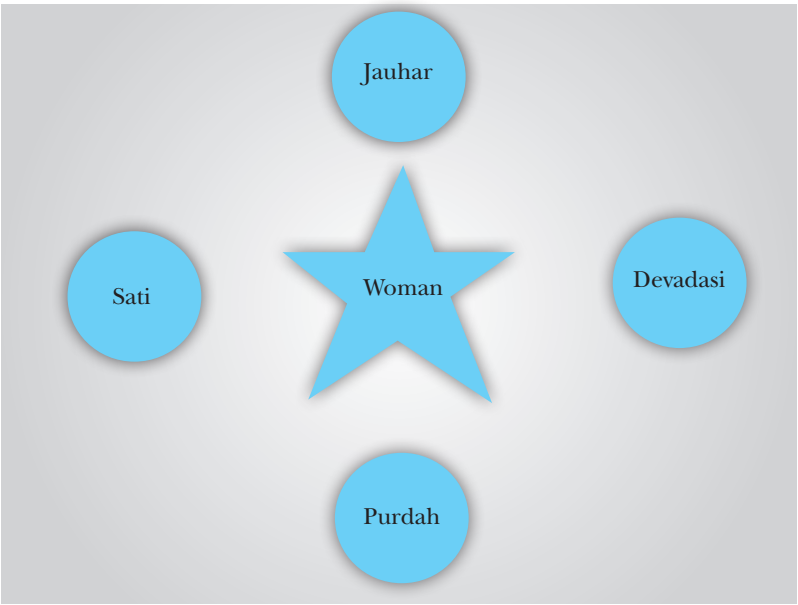
- **India's Poulation: 1.21 billion**
- Female population: 586.5 million
- Male population: 623.7 million
- **Sex Ratio: 940 females per 1,000 males**
- **Maternal Mortality (2007-2009): 254 per 100,000 live births**
- **Female literacy (age 7 and above): 65.46 %**
- **Male literacy (age 7 and above): 82.14%**
- **Newly literate females: 110,069,001**
- **Newly literate male: 107,631,940**

(Census of India, 2011)

- The percentage of ever married women aged 15-49 years who are aneamic increased to 56.2 % in 2005-06 from 51.8 % in 1998-99.
- The percentage of pregnant women aged 15-49 years who are aneamic increased to 57.9 % in 2005-06 from 49.7 % in 1998-99.
- In 2005-06, 51.7 % deliveries were not conducted safely.

National Family Health Survey (NFHS) III, 2007

Socio- Cultural Practices and the Creation of Social Epicenters



Indian society is interspersed and embedded with traditions within the patriarchal system. There were various changes that occurred in women's lives that started to revolve around customs and traditions passed on from time immemorial across generations. Most of these practices are discriminatory towards women.

History has the existence of certain practices prevalent in society, which were the outcome of social, cultural and religious influences on the dynamics of the society. Socio cultural practices such as Sati, Jauhar, and the Devadasi system led to the oppression of women and increased their vulnerability. Though these practices have been punishable under law, some cases are still found in remote parts of India. The purdah system is still practiced by many Indian women. Child marriage is still prevalent despite the passing of the Prohibition of Child Marriage Act 2006, the Commissions for Protection of Child Rights Act, 2006 and the recent amendment to the Juvenile Justice Act in the year 2006[1].

1. http://lawcommissionofindia.nic

Women in Society

Prevailing Attitudes in Society towards Women

Female infanticide and Foeticide

Preference for male children

Gender biased behaviour in childhood and adolescence

Death of parents/disruptions in the family/ loss of relationships in family/abandonment/separation making them vulnerable

Undermining the abilities of women especially those who are extremely vulnerable

Misconceptions and stereotypes with regard to women especially with vulnerable women like widows, single women or women who have been sexually exploited, abused, victims of rape and intimate partner violence

Depiction of women in mass media as objects of desire that promote violence and atrocities against women

Stress on education is more important for the male child

Lack of legal measures for effective implementation of the Rights of Women, care and protection of women

Socio-Cultural Impact	Political Issues	Psychological Impact
Running away from home	State and political laxity in addressing crimes against women	Lack of appropriate mental health care and support
Destitution of women	Lack of appropriate legal help for women	Lack of sensitivity in addressing the psychological issues of the women
Desertion by the family	Lack of empathy from caregivers	Tend to focus more on their physical problems rather than emotional or mental trauma
Women forced into sex work	Lack of awareness or knowledge of various welfare measures for women	Anxiety
Trafficked women	Forced to keep silence about various issues relating to rape/ abuse/assault/ crime/ forced re-marriages/ child marriages	Helplessness and despair
Single, deserted divorced women	Several loop holes in legal system	Hyper vigilance
Sexual, physical and violent assault on women		Loss of interest in life
Women with mental illness and mental retardation		Inability to sleep
Increased responsibility		Worry about their children and the future
Increased vulnerability		Guilt
Increased use of addictive substances		Intrusive memories
Increase in marital discord and domestic violence		Low self esteem
Women becoming widows		Poor self confidence
Lack of privacy in shelter homes		Facing the trauma of the stigma
Deprivation of basic needs		Labeling and negative attitudes by the service provider
Further exploitation of vulnerable women		

INCREASED DISTRESS AND VULNERABILITY

TRANSITION AND INSTITUTIONALIZATION OF WOMEN IN SHELTER HOMES

The Magnitude of Problems Experienced by Women in Various Difficult Circumstances:

Women face a number of chronic burdens in everyday life as a result of their social status and roles relative to men. Evidence based studies have reported that these strains could contribute to their higher rates of depression (Nolen-Hoeksema, 1990). Information on women living in various difficult circumstances is reflected in the table below.

A Brief Snap Shot of Women Living in Difficult Circumstances	
1. Crime against Women	
• Dowry Cases	3204
• Dowry Deaths	6787
• Cruelty by Husbands and Relatives	58,319
• Kidnapping and Abduction	15,750
• Rape Victims(Total)	
■ Up to 10 years	557
■ 10-14 years	1174
■ 14-18 years	2344
■ 18-30 years	10,839
■ 30-50 years	3381
■ Above 50 years	111
• Estimated Number of Sex Workers	500,000 -900,000
• Women Arrested under Immoral Trafficking Prevention Act	5908
(Crime in India, 2005)	
2. Women Prisoners	
• Women in Prisons	13,986
• Central Jails	4323
• District Jails	4649
• Sub-Jails	1745
• Women Jails	2961
• Borstal Schools	136
• Open Jails	14
• Special Jails	128
• Other Jails	30
• Women Prisoners with Children	1251
(Prison Statistics of India, 2005)	
3. Violence against Women	
• 1 in 3 women aged 15-49 years has experienced physical violence;and one in 10 has experienced sexual violence	
Nearly 2 in 5 married women have experienced physical or sexual violence by their husband	
• 16% of never married women have experienced physical violence since they were 15 years of age by a parent, sibling or teacher	
• Among women who are sexually abused, the perpetuator was a relative in 27% of cases	
• 1 in 4 abused women has never sought the help to end the violence	
• 2 out of 3 abused women have not only never sought help, but have also never told anyone about the violence	
• Abused women most often seek help from their families. Very few abused women sought help from institutional sources.	

(National Family Health Survey (NFHS) III, 2007)

Understanding Vulnerability

Women earn less than men, and are much more likely to live in poverty. Women often face harassment in their work place. Women multi-task balancing time between their full-time jobs, child care and domestic work. In addition, women are increasingly "sandwiched" between caring for young children as well as sick and elderly family members. This role overload is said to contribute to a sense of "burn out" role strain and role burden. This increases their vulnerability in later life to various difficult circumstances that have been depicted in the table above.

Gender and Vulnerability

Understanding gender and the existing vulnerability would enable care givers in shelter homes to provide the right psychosocial interventions. Women's vulnerability is also increased by the socially determined differences in roles and responsibilities of women and men. The women are also affected by the inequalities that exist in terms of access to resources and the lack of power in decision-making.

The Predisposing Factors of Women and Vulnerability in India

Women go through experiences right from birth where preference is given to male child. These gender biased practices continue throughout childhood and adolescence that hinders their overall functioning. Women have also been subjected to domestic violence within marriages. Projecting women as objects of sexual desire and depicting violence against women in all forms of media acts as a stimulant. This leads to further distress in women who are already victimized. The lower status is due to subjugation, marginalization and disempowerment of women. There are seven predisposing factors that are primarily responsible for the vulnerability of women in India that are explained below:

Maltreatment

Women receive less attention towards their own health care than the male. Many women die at child birth which can be prevented. Women's working conditions, stress and environmental pollution also affect their health.

> *"Ms. A aged 18 was referred to the shelter home when she was 7 months pregnant. She was severely aneamic and nderweight. She went into labour and gave birth to a premature and a low birth weight baby girl".*

Poor Health

India has exceptionally high rates of malnutrition among children. The traditional practice among many families in India requires that women folk in the household eat only after the male members of the household have their meals. Even pregnant and lactating mothers have to wait causing larger implications on their health. This is a vicious cycle wherein malnourished mothers give birth to malnourished children.

> *"Ms. B aged 32 years was referred to the shelter home when she was 3 months pregnant. She was abandoned by her husband as he felt that she would give birth to a girl. Her in laws deprived her of food. Due to lack of nutrition she had serious health problems".*

Lack of Access to Basic Education

Educating the girl child is not on the priority list in India. The dropout rates at schools among girl children are very high. They are burdened with the task of caring for their younger siblings. Child marriages and early marriages of girl children in many parts of the country also contribute to this factor.

Ms. C is a 17 year old girl hailing from a rural low socio-economic status nuclear background. Since she had lost her parents when she was very young, she lived with her three elder sisters. She did not undergo formal education as she had to help them in the household chores. After a while she was sent to work as a domestic helper in order to support the family.

Overworked, Underpaid and Exploited

Women work longer, more arduous hours than their male counterparts. They work under harsh conditions and are paid less. In most cases, they are also exploited.

Ms. D, 19 years of age, was orphaned when she was a baby. Her father, an alcoholic, killed her mother and abandoned D. As a child she was employed as a care giver for an elderly couple. They did not pay her anything, but took care of her basic needs. D grew up in the same family for many years. She was overworked and beaten. One day she ran away from their house and ended up living on the streets. The police found her and got suspicious of her movements on the street. The police took her into custody and brought her to the shelter home.

Unskilled

Women's employment sectors including agriculture extension services overlook the needs of the women. The exploitation of domestic helpers is one more vulnerable category of women workers. Most often they are at risk for sexual exploitation.

Ms. E is aged 19. Her parents were landless laborers and worked as daily wage earners. She lost contact with her family members after she left home. She came to Bangalore along with her sister and her friends with hope of getting a job. They were promised jobs as domestic helpers; little was she aware that her sister and her friends were involved in commercial sex work. Initially she resisted but the drought and the poverty back home forced her to take up the same work as her sister. They would periodically go home and give the money they earned to their parents who were unaware of what work they were engaged in.

Maltreatment

Over the past few years there has been an alarming rise in violence against women in India. The violence has been in the form of rape, assaults, and dowry related crimes. In many instances, women have been coerced to keep quiet about violence. The act of suppression affects the self esteem of women leading to more distress and disability.

Ms. F, 19 years old, was married when she was fifteen years. Soon after marriage, her in-laws began harassing her for no evident reason. Her husband was also extremely abusive and controlling. On various occasions she was raped and subjected to severe cruelty by her husband. She was asked to leave the house many times to bring dowry and property from parents. Finally, she logged a complaint against her husband and in-laws in the police station. On enquiry her husband and in-laws pleaded guilty and agreed to take care of her. The police then counseled the husband and reprimanded him on his violent behavior and appeased F by asking her to give the marriage "another chance".

Powerlessness:

The Constitution of India has granted equality rights for women. The existing legal protection has little effect in the face of prevailing patriarchal traditions. Women are not given an opportunity to exercise their skills in decision making. It begins from the basic power to decide who and when they will marry but they are often forced into child marriage. The loopholes in the legal system tend to go against women and contribute to the denial of their inheritance rights.

Ms. G is 20-years old. Her father died due to cancer and her mother unable to look after the family had tried to poison the family. G survived the attempt, however her mother died. Following this incident, her uncle got her married to a 45-year-old widower by force. Later she got to know that she was sold to him for Rs.10,000. She ran away from his place and boarded a train and reached Bangalore. While traveling she became friendly with a middle- aged man. He promised her a job as a domestic helper in Mumbai. When she reached Bangalore, she was taken to his house and was raped over several days. She was finally sold to a brothel owner in the red light area in Mumbai.

Summing it up, it is crucial to note that "the predisposing factors are interconnected with the other social factors like domestic responsibilities, familial pressures, dowry, domestic violence, partner abuse, infertility, sexual abuse, harassment, poverty, lack of social support and social tensions altogether have a strong impact on the mental health of women. Scientific studies that have been conducted have revealed that women suffer more from anxiety disorders and depression than men." (Sekar et al, 2005)

Remember You Learnt About...

- Women in society
- Socio-cultural practices leading to creation of social epicenters
- Understanding gender and vulnerability
- Magnitude of the psychosocial problems of women living in various difficult circumstances

CHAPTER 2

UNDERSTANDING THE NEEDS OF WOMEN IN SHELTER HOMES

- Women in shelter homes have psychosocial needs that have to be addressed.
- Understanding their needs is crucial in the provision of psychosocial care.
- Women experience challenging life events as they pass through their developmental life cycle.
- Understanding the needs of women in the context of developmental life cycle is crucial.

Women seeking care and protection in the shelter homes come from various challenging situations. The first and the foremost need of such women are food, shelter and clothing. The role of the care giver does not stop by providing only the basic needs. There are various other needs both tangible and intangible that the women in shelter homes require as depicted in the diagrammatic picture (Figure-1). Understanding the psychological needs of the women in shelter homes is crucial to address and plan a comprehensive psychosocial care intervention for the women in shelter homes.

Figure: 1

Food

Education

Vocational Rehabilitation

Entertainment

Relaxation

Sports/Music/Dance/Drama/Singing

Clothing

Picnics/Chance to See the World Outside

Counseling

Medical Help

Legal Aid/Advice

Celebration of Festivals

Shelter

Need For Love/Protection/Kindness/Reunited With Family

Abraham Maslow, a psychologist, said that 'human beings' motivations to face and achieve goals in life's challenges are based on the fulfillment of needs. The attainments of these needs are based on a hierarchy. The first and the foremost need as a human being are the basic needs that comprise physiological needs such as food, clothing, and shelter. Maslow says that unless these needs are met human beings will not be motivated to work towards attaining of the other needs such as safety needs. This safety needs fulfill the need for security, comfort, for peace and freedom from fear.

Once the basic survival needs are met human beings move on and work towards fullfilling the other needs such as need to love and to be loved by family and friends. Once the fulfillment of these needs are met, an individual attempts to

work towards the fulfillment of the next set of needs known as the attachment needs. This need is the innate desire of any individual, the need to be loved and to love, to have friends and to be friends with others. Once these are achieved, striving to be competent and to be recognized in the society satisfies the individual's need for self esteem. When we are able to provide for ourselves the basic needs of food, shelter, and clothing and surround ourselves with the love and support from family, friends and the community then we are motivated to achieve the other needs in the hierarchy and move towards achieving our full potential.

Understanding the needs of women in shelter homes in the light of Maslow's theory of hierarchal attainment of needs is crucial for the care givers in the process of providing psychosocial intervention to them. The women in shelter homes are deprived of these needs leading to the tumultuous pathway that ends up in institutionalization.

Understanding the Psychosocial Needs of Women in Shelter Homes

The reason for institutionalization can be viewed as a result of contextual factors that interact with individual and family vulnerabilities. Suman (2005) studied antecedent factors of homelessness and psychological problems of women residing in shelter homes in Bangalore. The age of the residents ranged between 15-35 years. On an average, the residents were about 13 years of age when they were rendered homeless. The pathways to institutionalization were influenced by multiple factors rather than single factors. The primary reasons for staying in shelter home for majority of the women were death of either any one of the parents combined with reluctance of the relatives to look after them. The desertion or neglect by the father following the mother's death played a critical role in institutionalization. In addition, financial problems of the surviving parent and relatives led to placement in shelter homes. Another reason was girls running away from home after their fathers remarried as they were ill treated by their stepmothers. Most of the other reasons for institutionalization involved fathers. These were desertion of the family by the father, leaving home to avoid incest by father, separation from father by the mother to prevent daughter from being sold to brothel, physical illness of the father leading to unemployment and destitution. Other reasons include death of guardian, desertion by husband and being ostracized by the family following rape.

With regard to the psychological distress of women in shelter homes, majority of the women reported significant emotional problems, sad mood, ideas of hopelessness, worthlessness, crying spells, anxiety about the future, social anxiety, death wishes and suicidal ideas. Apart from this, they reported difficulty in relating to others because of lack of trust, interpersonal problems, and demanding undivided attention and approval from others. 25% of the women viewed themselves as inferior to others, lacked social skills, and were submissive with little faith in their own abilities. Few women described themselves as distrustful, suspicious of others motives, cold and distant (Suman, 2005).

The NIMHANS, Bangalore Experience

The needs of the women in shelter homes are to be understood in a holistic framework. Apart from the provision of the basic needs such as food, shelter and clothing, there are many psychosocial needs of the women in shelter homes that care givers need to address. In order to identify these crucial psychosocial needs the NIMHANS team interviewed 30 residents of government shelter homes in Bangalore to understand the psychosocial profile, quality of life in shelter homes, disability and psychological distress among the women in shelter homes.

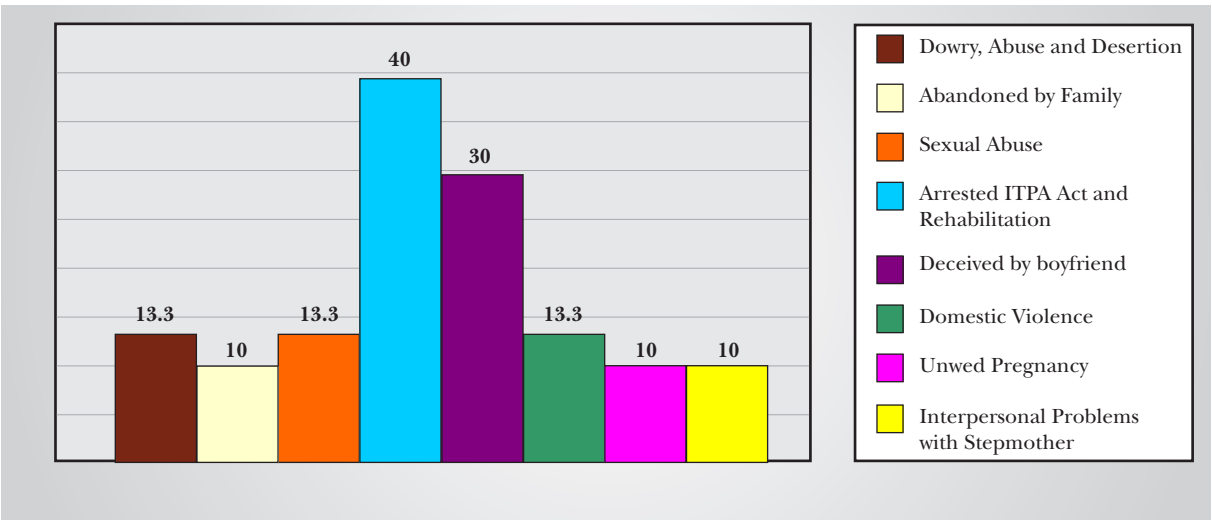
The age of the women in shelter homes ranged from 18 to 45 years with mean age of 24.66 (SD=6.44). The majority of the women were in the reproductive age between the 18 to 25 years. 50% of the married women belonged to Hindu religion. With regard to the family status, majority (53.3%) of the women lived alone. The educational status revealed 53.3% were illiterate and 56.7% were working.

As per the data on the family 30% of the residents reported that their parents were alive, 23.3% of women have lost contact with the family, and 13.4% of the residents were abandoned by their family members. The study further revealed that 50% of the residents were staying in the shelter home for one month, 33% between two months to one year, and the rest 16.7% were staying here more than a year. 46.7% earned a monthly income of less than Rs.5000 and the rest of the women had no income.

The pathways to institutionalization were influenced by multiple factors rather than one single factor. The figure (Fig-2) shows that institutionalization was preceded by more than one reason that led to institutionalization. The reasons as to why women had been admitted into the shelter homes revealed that 40% of the women were arrested under the ITPA and have been brought for rehabilitation, 30% of the residents went against the family and eloped with their boyfriend who deceived them eventually. The analysis further revealed that 13.3 % were admitted due to dowry abuse, desertion and domestic violence and the rest of them were admitted due to abandonment by the family, unwed pregnancies and inter personal problems, especially ill-treatment by step-mother.

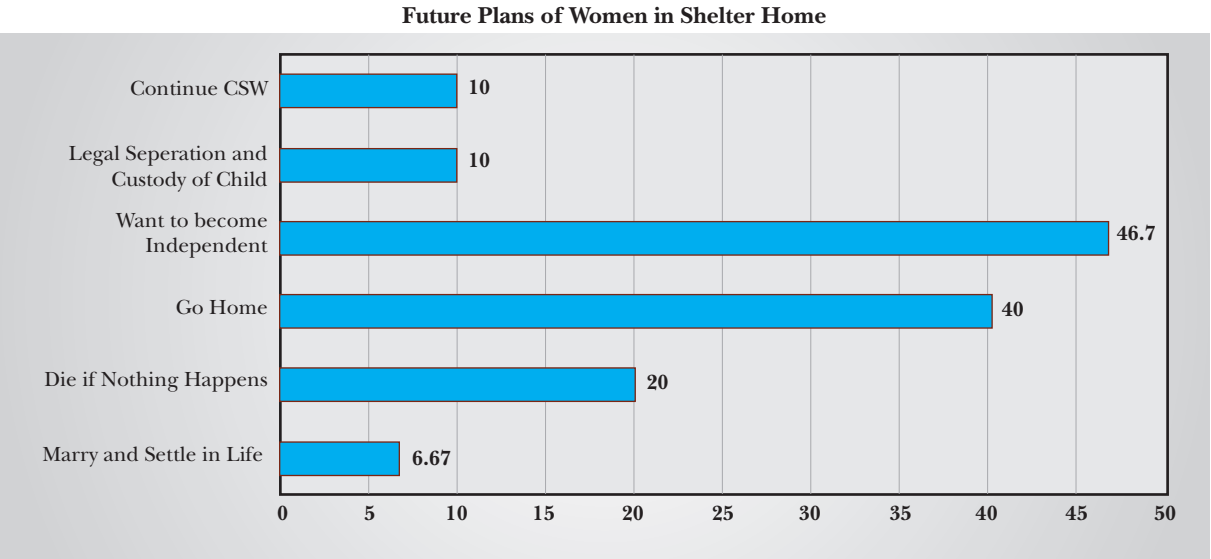
Figure: 2

Reasons for Staying in Shelter Homes



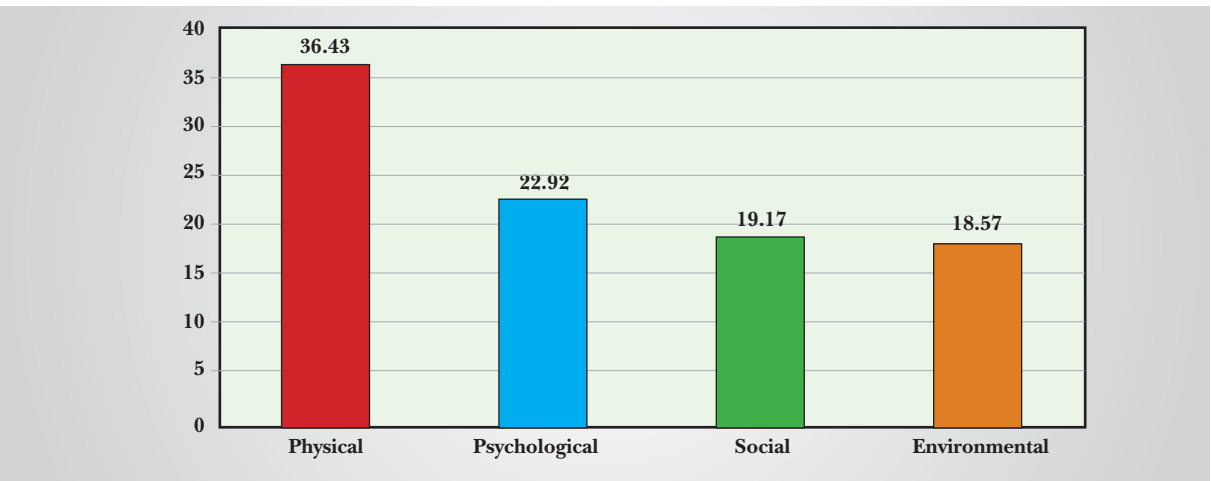
The future plans of the residents in the shelter homes revealed (Fig-3) that 46.7% of them wanted to equip themselves with necessary skills to live independently. The rest 40% wanted to reintegrate to the family. Twenty percent of the residents wanted to resign themselves to death if nothing productive happens in their lives. The remaining 10% wanted their legal case to be solved and get custody of their children and others wanted to get back to commercial sex work since they were earning a living from commercial sex.

Figure: 3



The analysis of quality of life, psychological distress and disability of the women showed that majority of the women in shelter homes reported poor quality of life in the domain of physical and psychological quality of life (Fig-4), severe psychological problems (Fig-4) and higher disability.

Figure: 4



Family Life Cycles of Women in Normal Circumstances

- Families are unique social systems
- Membership is based on biological/social/legal/geographic and historical ties
- Entry is also through other social systems like birth, marriage, adoption and exit is through loss of a relationship and death
- Family members fulfill certain roles and responsibilities
- Relationships within the families are primary and irreplaceable
- Family is a network in the individual's immediate psychosocial field

Individuals in normal circumstances go through various lifecycles during their life time. Each lifecycle is not complete without its share of life events both pleasant and unpleasant that induces stress and strain. Under normal circumstances it has been found that every individual goes through these seven life cycle stages and fifty two life events. The flow chart depicts the various life cycle stages.

Family of Origin Experiences

Figure: 5

(Adapted from Carter and McGoldrick, 1999)

Disturbances in Family Life Cycles of Women in Institutions

The flow chart that is depicted above talks about the various family life cycles an individual passes through right from birth until death. This is under normal circumstances where an individual goes through these stages. The life cycle of a woman in shelter home is disrupted by many unexpected life events. Understanding these life cycles reflected through a case vignette mentioned below highlights the psychosocial problems that women in various difficult circumstances experience. It also enables the care givers of the shelter homes in tracing the path way of institutionalization.

Family of origin experiences talks about maintaining relationship with families, siblings, peers and completing school. For women in shelter homes when there is disturbance in one of the life cycles, leading to disruption in all the stages of her life cycle.

"Ms. H an 18 year old bright and timid young girl hails from a rural lower socio economic status nuclear background. Her parents passed away when she was a young child, leaving her and her three younger siblings orphaned. They were sent to their uncle's home. The uncle was unhappy being the primary care giver of them".

Leaving Home stresses on the next life cycle where the women move on to build individual relationships apart from the family of origin. Peer group relationship gets stronger and in the Indian context a lot of focus is on the beginning of choosing a career etc. In the case of "Ms. H, her uncle admitted her in an orphanage and her other siblings were taken care by the other maternal uncles and grandmother. Ms H continued to grow up in the institution and she went for vacations to her uncle's house in the village. But as days went by her visits to her uncle's place got reduced as they did not want the extra burden of going and bringing her home. Her other siblings never went to school but were made to work in the uncle's farm. So even before she and her siblings could come to terms with the loss of their parents the siblings were separated".

Hence the sudden death of her parents deprived her and her siblings the stability of living in a family. So from the first phase of the life cycle she has already come into the next phase of having to leave the secure confines of her home and be institutionalized.

Pre-Marriage Stage is when the individual /family is involved in selecting a partner/developing a relationship/deciding to marry. Under normal circumstance this life cycle sees an advent of a lot of involvement of the individual and the family members in selecting the right partner. In the life cycle of Ms. H, there had been so many challenges she had to face that she did not pass through this life cycle. Instead, in this life cycle she underwent traumatic experiences where she ended up in the orphanage.

"In the orphanage, life was not all smooth. They were provided with all their basic needs but as all teenagers go through an emotional period, these youngsters wanted a break from the mundane life with in the confines of the orphanage. She was close to two girls and did come under their influence. They wanted to escape from the protective confines of the orphanage and go out into the world. One of the girls said she knew an aunty who lived in the coffee estates and they could work there and earn their livelihood.

The very thought of freedom excited her and her friends. She thought after earning some money so she could reunite with her siblings and they could live together eventually. The more she thought about it, the more excited she got and wanted to escape to freedom as soon as possible. Her dream came true when they were sent outside to do an errand for the orphanage and the three of them fled to freedom. The same night they took a bus to the estates were their friend's aunt lived.

All was well for the first two days where all three of them were enjoying their newfound freedom. On the third day, Ms. H was eager to go with that "kind aunty" to work in the coffee

estate. How ever they could not as they were informed that there were enough girls to do the work. The aunt later informed them of the prospects of another job that was better paying. The unsuspecting youngsters readly agreed to this proposition. The aunt took them to a near-by town and introduced them to their new employer. The girl's to their utter disbelief discoverd that they were sold into commercial sex work. Ms. H was in for another shock when she discovered that her friend had tricked them into this. This young girl unwittingly was influenced by the charm and falls promises of her friend. She had woven so many beautiful dreams of a better and a bright future but returned after a month bruised, broken and shattered back to the same orphanage. The last blow came to her when she discovered that she was pregnant. The organization head was angry with her as she was an unwed mother and would be a bad example to the other children. Hence she was sent out and she was back on the streets with nowhere to go. She could not back home due to the stigma attached to the unwed pregnancy. Then she went to local doctor to abort the foetus. The doctor counseled her and got her admitted into the shelter home. The turmoil of her life events had led her to take an impulsive decision to run away from the orphanage ended up in this situation".

This case vignette enables us to understand that women in shelter homes face a lot of difficult circumstances in the course of their life cycle. The women in shelter homes don't pass through these normal life cycles, as shown in figure-5. The life events that women in shelter homes experience are full of challenges. There are various disturbances during the transition period of their family life cycle. The case illustration mentioned above enables the care givers to understand, how these life cycles are disrupted leading to their institutionalization.

Remember You Learnt About...

- Understanding the needs of women in shelter homes
- Family is an important agency of socialization
- Women face challenging life events during various stages in their developmental life cycles
- Disruptions in the life cycle and failure in support systems leads to institutionalization of women in Shelter Homes

CHAPTER 3

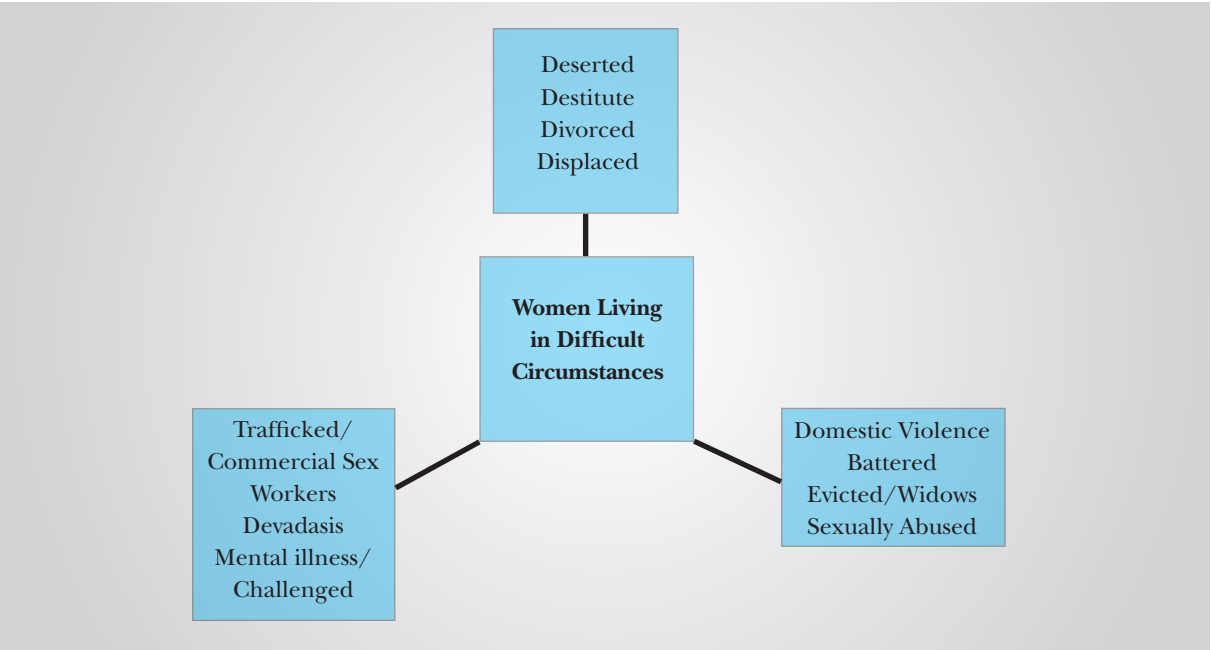
WOMEN IN SHELTER HOMES

- Women experience difficult situations.
- Care and protection for women in vulnerability is crucial.
- Understanding the various difficult circumstances is important for the caregivers during the process of service delivery.
- Imperative for the care givers to understand the psychosocial needs of women living in various difficult circumstances.

Women Living in Different Difficult Circumstances

Family as an agency of socialization plays a crucial role in the over all well being of the family. The family having undergone change over the years is now facing the reality of the breaking down of the traditional family support. The vulnerable women in various difficult circumstances are forced to fend for themselves in the occurrence of any life event. Women in shelter homes are survivors of various difficult circumstances as depicted in the chart below.

Women in Difficult Circumstances



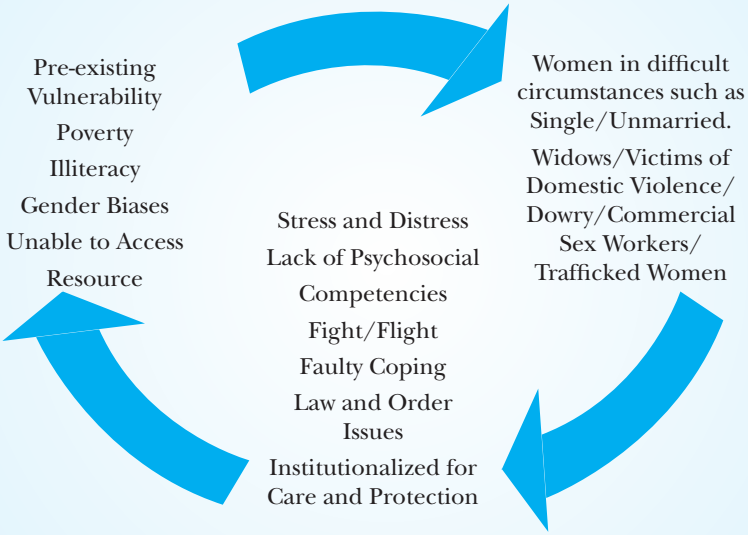
Understanding Pathways Leading to Institutionalization of Women

The women who have been institutionalized in the shelter homes are admitted for care and protection. They reach the shelter homes after they tread the paths of various traumatic and challenging circumstances. The pathway from the cradle to the shelter home is a pathway that any normal individual would fear to take (See Fig-1). The appropriate psychosocial intervention would require an in depth understanding of the vicious cycle of institutionalization. A case illustration mentioned below would give a better understanding of these pathways.

"Ms. I, 19 years of age, has not undergone formal education. Her father committed suicide after her mother deserted the family and remarried. Her maternal grandmother was the primary care giver for her and her siblings. Her elder sister who was working in Bangalore and supported the family died of an unknown illness. After the death of the sister, the respondent's other sister came down to the city looking for a job along with a girl from the same village. The respondent followed her sister to the city seeking an opportunity for livelihood along with her friend. Only when she came to Bangalore she realized that her sister was involved in commercial sex work. She was forced and initiated into sex work by her sister.

Both the sisters live on the streets, the only time that they get to sleep in the confines of a room are when their clients hire a room in the hotels or lodges. The money that Ms. I earns is forcefully taken away by her sister. She earns 500 Rupees per night and gets Rs 100. This money she uses to buy herself clothes, food and other basic needs. She shares her concerns of how day by day her sister is consuming more alcohol. Life on the streets is painful as they live under the mercy of the pimps, drunken men, and the police. Most times they are hiding from some known men who exploit them. She was arrested under the ITPA and brought to the reception center from a lodge in the city market area".

The Path Ways of Institutionalization of Women in Shelter Homes



Her mother and step father came to know about her sister and her. They don't want to take them back. She fears for her future as the whole village knows about the lives that they are living. At the same time she does not want to live in the shelter homes. Here she faces a lot of difficulties too and waits for the day when she would be reunited with her family.

Remember You Learnt About…

- Women who seek care and protection in shelter homes are those women who have been survivors of various difficult circumstances.
- Women in the presence of these pre-existing vulnerabilities are faced with the challenges leading to disruptions in their family life cycle.

CHAPTER 4

REPRODUCTIVE HEALTH OF WOMEN

- Reproductive health is an important and integral part of women's life.
- Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and to its functions and processes.
- It influences all the aspects of women's life including her education, career, marriage, conception and her functioning.
- The components of reproductive health of women are physical, psychological, social and personal well being.
- There is relationship between the Reproductive and Mental health of women
- Disturbances in the Reproductive health does have an Impact on the Mental Health.

Women are pivotal contributors to society in their roles as mothers, individuals, family members, and as citizens. When a woman's health is poor, her contribution to society is decreased. Women are prone to various difficult circumstances. There are situations which compound the challenges that woman face regarding their sexual and reproductive health.

- **Unwanted or Ill-timed Pregnancies** Women and girls are often unable to access family planning services. There are approximately 18 million women and adolescents who resort to unsafe abortion every year, resulting in 68,000 maternal deaths due to complications.
- **HIV and AIDS and Sexually Transmitted Infections** affect women disproportionately. Young women now represent 62% of youth aged 15 to 24 living with HIV and AIDS.
- **Violence and Exploitation** which includes domestic violence, sexual violence, human trafficking, harmful traditional practices such as female genital mutilation (FGM), and reproductive services which are unsafe or forced upon women who are not given the information or opportunity to choose (or reject) the services on their own terms.
- **Lack of Appropriate Reproductive Health** services and Education for adolescents – who often are more vulnerable than the general population – compounds these problems by keeping vital information out of the hands of young people who need it most.

Reproductive Health of Women Comprises of the Following:

- Appropriate development of secondary sexual characteristics
- Attaining menarche
- Being sexually active
- Problems related to menstruation
- Able to satisfy the sexual needs of herself and the partner
- Having no issues regarding fertility
- Able to conceive and progress through pregnancy
- Able to satisfy gender roles towards family and society
- Attaining menopause
- Able to take decision on sexual relationship, gender role performance, pregnancy, child birth, or treatment related to reproductive health related problems

What is the meaning of Reproductive Health?

Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and to its functions and processes.

Reproductive health therefore implies that people are able to have a satisfying and safe sex life. It also implies that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

It is crucial to note that it is the rights of men and women to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law. The men and women have the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. It is imperative that this valuable and important information should be made available to both the genders (UNFPA, 1994).

Women in Shelter Homes and Reproductive Health

The transition of women into the shelter homes for care and protection is full of challenges. They are the survivors of various traumatic experiences that affect their reproductive health. A disturbance in the reproductive health of women has a direct impact on their mental health. Hence it is important to understand that reproductive health is an important and integral part of women's life which is not restricted to her physical wellbeing but also determines her social, emotional and psychological well being. It influences all the aspects of women's life including her education, career, marriage, conception and her functioning. The components of reproductive health of women are depicted in the fig 6.

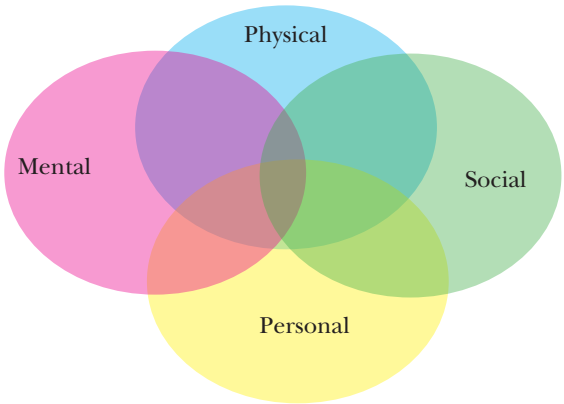


Figure: 6

Important Aspects of Reproductive Health

Care givers in shelter homes provide care and protection for women. A brief mention of the crucial milestones that women go through during developmental reproductive life cycle is mentioned below. Understanding these milestones would enable the care givers in shelter homes to provide the women with the appropriate intervention.

Menarche

Menarche is the first menstruation that occurs at puberty. The majority of girls (95%) reach menarche between 11 and 15 years of age, the average being about 13 years. The onset of menarche is considered as a girl attaining maturity. It is understood that with attaining of menarche, girls psychological, social and cultural maturity takes place, thus preparing them for the roles and responsibilities of women hood.

Each woman has her own individual cycle, usually lasting between 21 and 40 days. The beginning of each cycle is marked by the menstrual period that lasts between 3 and 7 days. The menstrual blood will change color slightly throughout the duration of each period. Generally periods will probably start off light and then get heavier, eventually tapering off. It will probably take about 2 years for the period to become regular. Few women might miss a period here and there in the beginning, but this is a normal occurrence.

Symptoms of menarche are mood swings, irritability, feeling tense and sad, feeling bloated due to water retention in the body, slight headache, backache and lower abdomen pain. Common problems associated with menarche:

Premenstrual Syndrome (PMS)

PMS includes both physical and emotional symptoms that many women get right before their period which includes acne, bloating, fatigue, backaches, sore breasts, headaches, constipation, diarrhea, food cravings, depression, irritability, difficulty concentrating and difficulty handling stress.

Different girls may have some or all of these symptoms in varying combinations. PMS is usually at its worst during the 7 days before the period starts and disappears soon after it begins. But girls usually don't develop symptoms associated with PMS until several years after menstruation starts — if ever.

Amenorrhea (Absence of Periods)

Girls who haven't started their periods by the time they are 16 years old or 3 years after they have shown the first signs of puberty have primary amenorrhea. This is usually caused by a genetic abnormality, a hormone imbalance, or a structural problem. Hormones are also often responsible for secondary amenorrhea, which is when a girl who had normal periods suddenly stops menstruating for more than 6 months or three of her usual cycles.

Since pregnancy is the most common cause of secondary amenorrhea, it should always be ruled out when a girl skips periods. In addition to hormone imbalances, other things that can cause both primary and secondary amenorrhea include:

- Stress
- Significant weight loss or gain
- Anorexia (amenorrhea can be a sign that a girl is losing too much weight and may have anorexia)

- Stopping birth control pills
- Thyroid conditions
- Ovarian cysts
- Other conditions that can affect hormone levels

Menorrhagia (Extremely Heavy, Prolonged Periods)

It's normal for a girl's period to be heavier on some days than others. But signs of Menorrhagia (excessively heavy or long periods) can include soaking through at least one sanitary napkin (pad) an hour for several hours in a row or periods that last longer than 7 days. Girls with Menorrhagia sometimes stay home from school or social functions because they're worried they won't be able to control the bleeding in public.

Dysmenorrhea (Painful Periods)

There are two types of Dysmenorrhea, which is severely painful menstruation that can interfere with a girl's ability to attend school, study, or sleep:

The common symptoms of dysmenorrhea which lasts for a day or two are-

- Nausea & vomiting
- Headache, Backache or severe lower abdomen pain
- Diarrhoea and severe cramps
- Giddiness
- Feeling sad or irritable

Pregnancy

Pregnancy is one of the significant events in women's life which can be pleasurable or stressful. Pregnancy brings about many challenges for women. During pregnancy, women have to prepare themselves for motherhood, which involves new roles and responsibilities. In normal circumstances, a woman who is married looks forward to pregnancy which gives her a status in the family but in other circumstances such as pregnancy out of wedlock the same pregnancy becomes a stigma and a stressful life event for her. Some of the issues related to pregnancy are:

- Women who are married but infertile
- Unwed pregnant women
- Pregnant women who are deserted or separated from husband
- Mental health during and post pregnancy
- Pregnancy due to sexual abuse
- Pregnancy for working women
- Pregnancy for women in the institutional set up
- Pregnant women with mental and physical disability

The above circumstances indicates that pregnancy is not just a physical phenomena but it has social, cultural, psychological as well as economical manifestations.

Vignette I:

Ms. J is 22 years old, deserted by husband. Since her marriage she has been facing violence from her husband. Ms J already has two children. Now once again she is pregnant. Since her husband has deserted her, without any social support, Ms J has come to Government institution along with her two children. She is very depressed and finding her pregnancy very stressful.

Vignette II:

Ms. K 20 years old was sexually abused by her cousin. He abandoned when he came to know she was pregnant. When the family members came to know that she was pregnant she was sent out of the house. She approached the women's helpline seeking intervention. They referred her to shelter home for care and protection. Currently her cousin is absconding and family members are not willing to take her back due to fear of stigma

Vignette III:

Ms. L is 18 years old, residing in a Non-Governmental organization. She was sexually abused by the caregiver in the organization. The sexual abuse continued for a very long time. One day, she was rescued from the organization when she complained against the caregiver. She was transferred to another institution where she discovered she was pregnent. L became very depressed and attempted suicide, as she was forced to continue the pregnancy. When she gave birth to the baby, she refused to see or nurse the baby.

Vignette IV:

Ms. M, a middle aged woman was brought to the institution by the police as she was begging on the street. M has severe mental retardation and speech delay. When she was brought to the institution, the staff found out that M was pregnant. Under such circumstances, it was difficult to get any information from M about her pregnancy or to make her understand that she is pregnant.

Vignette V:

Ms. N, 19 years old, was brought to the institution by her mother. She was sexually abused by her neighbour and was pregnant. N was having partial blindness and mild mental retardation. Her mother was distraught to find out that her daughter was raped by someone. All she could convey to the caregivers of the shelter home was that someone raped me. The mother was totally devastated that her child with so much of disability was subjected to this abuse. She was going through a lot of guilt that she was unable to protect her child. The person had abused her daughter when the mother was away at work. N's pregnancy was a stigma for her mother and it was difficult for the mother to keep her at home. N was unable to understand issues related to her pregnancy and did not know how to handle the baby.

Teenage Pregnancy

The number of teenage pregnancies has been increasing strikingly. The care givers in shelter homes often face situations when young women are thrown out of their homes. Their families are unable to accept a young unwed teenager. The causes are varied such as child marriage, sexual abuse, and early sexual initiation of the adolescents. But the teenage pregnancy brings about subsequent stressful life events and challenges.

- Stigma in the society
- Desertion by the family
- Running away
- Unsupervised abortions
- Malnutrition
- Psychological problems such as depression and anxiety
- Suicide attempts

Post Partum Psychological Problems

Transition from childless family to parenthood poses many great challenges for women on her psychological resources and existing relationships. Most women experience post partum blues immediately following child birth. The severity of these psychological problems can range from mild sadness of mood, anxiety to severe psychiatric morbidity which needs hospitalization and immediate treatment (See Chapter 7 Women and Mental Health).

Abortion & Miscarriage

Pregnancy can be wanted or unwanted. In shelter homes women come from difficult circumstances and with unwanted pregnancies. Many attempt to abort the pregnancies on their own or with medical assistance. There are many psychosocial reasons for abortions:

- Pregnancy out of wedlock
- Pregnancy due to sexual abuse
- Multiple pregnancies
- Women's health related problems which require abortion
- Women with mental retardation who cannot comprehend the circumstances
- Teenage pregnancy

The consequences associated with abortion are-

Physical Consequences: Hemorrhage, sepsis, genital and intra-abdominal injury, pelvic inflammatory disease, toxic reaction, pain, infertility and death

Social Consequences: Stigma, desertion, separation from husband

Legal Consequences: Imprisonment

Psychological Consequences: Depression, anxiety, suicide attempts, guilt feelings, low self esteem

Menopause

Menopause is the gradual end of menstruation. The average age of menopause is around 50 years. The main characteristics of menopause are both physical and psychological:

- Irregular menstruation
- Vaginal dryness
- Hot flushes
- Sleep disturbances
- Frequent mood changes, commonly seen irritability and sadness
- Body aches and pains
- Tiredness
- Sleep disturbances
- Loss of appetite
- Frequent physical problems

Reproductive Health Rights of Women

As shown above, reproductive health of women is not a physical aspect, but also has social, psychological, cultural and economic dimensions. The right perspective in women's reproductive health issues has given many advantages for women facing any circumstances. These include the right to easy accessibility, availability, and affordability to treatment related to reproductive health.

Reproductive Rights include:

- The right to life
- Rights to bodily integrity and security of the person (against sexual violence, assault, compelled sterilization or abortion, denial of family planning services)
- The right to privacy (in relation to sexuality)
- The right to the benefits of scientific progress (e.g. control of reproduction)
- The right to seek, receive and impart information (informed choices)
- The right to education (to allow full development of sexuality and the self)
- The right to health (occupational, environmental)
- The right to equality in marriage and divorce
- The right to non-discrimination (recognition of gender biases).

(Sundari Ravindran, 2001)

These reproductive and sexual rights of women are defined in every circumstance for women. This is applicable for women in general and for women in Shelter Homes. It is important that caregivers of Shelter Homes are aware of these rights that women are entitled to.

Caring for Women with STI/HIV and AIDS in Shelter Home

Social Vulnerability of Women to STIs/HIV and AIDS Risk

There is a strong but complex relationship between HIV and AIDS, sexual and reproductive health and rights, and gender. It is crucial to note that on a global scale, approximately 75% of all HIV cases are transmitted sexually and an additional 10% during pregnancy or through breastfeeding. This demonstrates that sexuality and gender are key issues to consider in order to understand the linkages.

Women are more vulnerable to STI/HIV infection due to the following reasons:

Biologically

- The soft tissue of the female reproductive tract easily produces a transmission route for the virus
- Vaginal tissue absorbs fluids more easily, including sperm, which has higher concentration of the HIV virus than female vaginal secretions
- Subordinate social status – a women is more likely to have contact as she does not have power to refuse her partner's demand (forced sex)
- Risk of transmission – women's risk of exposure is up to 2 to 5 times higher than men

- Women are more likely than men to have other untreated STIs. The shame or fear of visiting a doctor prevents women availing treatment
- More virus in sperm than vaginal secretions
- Coerced (forced) sex increases risk of micro-lesions
- STIs in women is often asymptomatic

Economically

- Financial dependence on men – Negotiation to use condom is risky for women
- Women tolerate a husband with multiple sexual partners or they themselves have multiple partners to guarantee financial stability for themselves and their children
- Exchange sex for material favours, for daily survival in economically desperate conditions
- Economic disempowerment
- Lack of education - poor knowledge and poor access to medical treatment

Socially and Culturally

- Women are not expected to discuss or make decision about sexuality
- Cultural taboos - prevent discussion of sex issues which endangers women's health
- Ignorance and stigma - the expectation that women should be virgins and stigma attached to female sexuality prevents sexually active women from accessing health services and information
- Violence – a woman who experiences sexual violence is at a physically greater risk of contracting HIV infection
- Social sanction - multiple partners (including sex workers) are culturally accepted for married and unmarried men
- Misconception – myth that having sex with a virgin girl can cure AID'S increases risk of the young girls becoming infected
- High risk behaviors of men – demanding sex under the influence of alcohol by men, create major obstacles for female partner to initiate or negotiate condom use
- Trafficked women are vulnerable to infection being unable to access health services
- Migrant husbands - women are at risk of infection from their partner
- Child marriage – In many parts, young girls get married before they reach 18 years to older men who are either sexually active or already been infected with STIs/HIV and AIDS. Lack of information and little power in relationships to negotiate condoms increases the risk of infection

Sexually Transmitted Infections (STIs)

Sexually transmitted infections are a major cause for deaths, disability and psychological suffering among large number of population, specifically among women in shelter homes. STIs also make women more vulnerable for HIV and AIDS infections. The common STIs found among women in shelter homes are syphilis and gonorrhea. STIs are often viewed as women's illnesses which, leads to victimization and stigmatization by both the male partners and family members. As a result of gender discrimination in sexual health services, women may remain untreated and vulnerable to infection.

The causes for STIs among women are:

- Women in commercial sex work
- Trafficked women
- Women who get infected by their male partners (husband)
- Lack of decision making regarding sexual relationships

Consequences of STIs

Physical Health Consequences: HIV and AIDS, Infertility, malnutrition, weakness, vulnerability to other diseases, disability and reduced functioning

Social Consequences: stigma, desertion by family or male partner, violence by male partner, unemployment, institutionalization

Psychological Consequences: depression, sleep disturbances, self harm, feelings of shame and guilt, bodily complaints, mood changes, low self esteem, negative self concept

Vignette I:

Ms. S, 20 years old, was gang raped in a train. She was brought to the shelter home for care and protection since she did not have any family support. After doing medical examination, it was found out that S had developed sexually transmitted infection and she was distressed. Somehow every other resident in the shelter home came to know that S was having STI. Since then, S was stigmatized in the shelter home. Other residents started making fun of her and isolated her. They would not allow her to have food with them, or sleep in the same room. She became irritable and had frequent fights with other residents.

Vignette II:

Ms. M, 40 years old, was rescued from the brothel and brought to the shelter home. She was in commercial sex work for almost past ten years. Medical examination showed that M had STI and HIV infection. M was aware of this information as she had got the physical examination done. She failed to go for regular follow up due to the fear of stigma. She was insecure at the thought of losing out on her only source of income. M became weak and became prone to various opportunistic infections. She developed dermatological problems and was isolated from other residents in the shelter home. This isolation from others led her into depression.

HIV and AIDS

HIV

Everyone is vulnerable to HIV infection (Human Immuno-Deficiency Virus). The Main Routes of Transmission of HIV are

- Unprotected sexual intercourse (vaginal, anal or oral) with a person infected with HIV
- Transfusion of infection blood (using contaminated blood products)
- Infected mother to her child
- Sharing of needles and syringes with a person infected with HIV

How is HIV and AIDS not transmitted?

- Shaking hands
- Kissing and hugging
- Sharing cups, plates and other eating utensils
- Sharing toilet and bathroom facilities
- Through coughing or sneezing or through the air we breathe
- Sitting in the same classroom or canteen
- Sharing work instruments or machinery
- Swimming together or playing together
- Donating blood to the Blood Bank (with sterilized needles)
- Bites by insects, e.g. mosquitoes, bed bugs, etc
- Everyday social contact

AIDS

AIDS means Acquired Human Immuno-Deficiency Syndrome. The causes for AIDS are :

- A virus known as Human Immunodeficiency Virus (HIV) causes AIDS
- HIV attacks the body's immune system and weakens it over time. It causes AIDS by destroying the body's ability to fight various diseases
- A person with HIV gradually loses protection of his/her immune system and begins to have health problems.
- People can live with HIV infection for many years without developing AIDS

Signs and Symptoms of HIV and AIDS

Most people who are affected with HIV show no symptoms of the disease for many years. These people may remain completely healthy and free from symptoms of the disease but the virus remains dormant in their blood and are at the risk of developing AIDS at any time in future. Once a person is infected with HIV, he/she can transmit the virus to other people even though he/she may appear perfectly healthy and may not know that he/she has been infected with HIV. There is no way of knowing whether a person is infected with HIV except by having a blood test. Some people with HIV infection develop one or more of the signs and symptoms which make up AIDS. These can be easily mistaken for those of many other illnesses. They include persistent fatigue, severe weight loss, night sweats or fevers lasting several weeks, persistent diarrhea lasting over one month. The length of time taken for people with HIV to develop AIDS varies widely from person to person.

Test for HIV

If the result of the test shows the person is HIV positive, it means that the person has been exposed to the virus, has the virus within their bodies, has the potential to transmit the virus to another person, and will almost certainly eventually develop AIDS. Those with a negative HIV test result have either not been exposed to the HIV virus and are not infected or were exposed to the virus but have not yet developed symptoms (a possibility if the exposure occurred less then a year before the testing).

AIDS is a deadly disease and so far there are no medicines that can cure AIDS. Treatment mainly focuses on slowing down the effect of the disease and on prevention of transmission.

AIDS cannot be diagnosed on the existence of one sign or symptom. All the symptoms of AIDS can be symptoms of other diseases too. Therefore, a person cannot tell whether she/he has AIDS or not unless she/he has been examined at a hospital or health center and diagnosed as such.

Progress of HIV in the Body

HIV Infection	Entry of Virus through any of 4 routes
↓	
Window Period	6 weeks to 6 months (appearance of antibodies)
↓	
Silent Infection	No symptoms possibly for 5 to 10 years
↓	
AIDS	Uncontrolled diarrhea and fever, unexplained weight loss, general weakness, enlarged lymph nodes, skin infection and opportunistic infections.

How can one protect oneself from HIV and AIDS?

- Use of condoms during sexual intercourse
- Use of sterilized needles and NOT "USED or SHARED" needles
- Consult a doctor before planning a baby in case of a HIV positive mother
- Make sure that blood/blood product is tested before transfusion

Difference between HIV and AIDS

HIV Infection Stage	The AIDS Stage
• During the initial infection, the person has the virus but looks and feels healthy • The person can spread HIV to other people • During this period, the only way of knowing if a person is infected is by doing ELISA and Western-Blot Test • The HIV positive person is a carrier and may not realize he/she is infected • This stage can last for 6-12 years or more	• During this stage, the immune system of the body loses its war against HIV gradually and is destroyed in the process • The person develops fever, headache, loss of weight, acute diarrhea and is prone to opportunistic infection like TB, pneumonia, fungal infection of the mouth, herpes, cancer and skin infections • When the defense system is weakened, these diseases attack the person • Once the person develops AIDS, there is a rapid downhill progression resulting in death in a duration between 6 months to 2 years

Women in Shelter Home Living with STI/HIV and AIDS

Most of the women in shelter homes have a history of sexual exploitation either in the form of abuse, rape, being trafficked to sex trade or some may have been practicing commercial sex work before institutionalization. Involvement in the sex industry is associated with an increased risk of being infected with HIV and AIDS. Identifying such vulnerable women, counseling and preparing them for HIV testing is crucial. As a caregiver dealing with women with HIV and AIDS it is crucial to understand psychosocial aspects of the illness. It is important to explain what it means to have HIV and AIDS, and how to prevent getting infected or transmission of the disease.

Vignette:

Ms. O was sold to a brothel in Mumbai by her Uncle. Initially she resisted sleeping with strangers but after a while she started helplessly entertaining customers and accepted her job. She became used to the life in the brothel home soon. She never used any condoms while entertaining customers.

She was brought to the shelter home about 3 months back after a rescue operation by the police. She was produced before the magistrate and refereed for long term rehabilitation. O has not adjusted to the routine at the home. She resents having been rescued as she has to do all her work in the home by herself. She picks up fights with other residents and often breaks the rules at the home. She has made several attempts to run away from the home but has been prevented by the staff. From the routine medical investigation it was found that she is HIV positive. She is upset about the same and wants to take revenge on her uncle who spoiled her life. When she thinks of HIV she feels sad and worried about her health and future.

Counseling for Women with HIV and AIDS

The Counseling for women with HIV and AIDS will focus on-

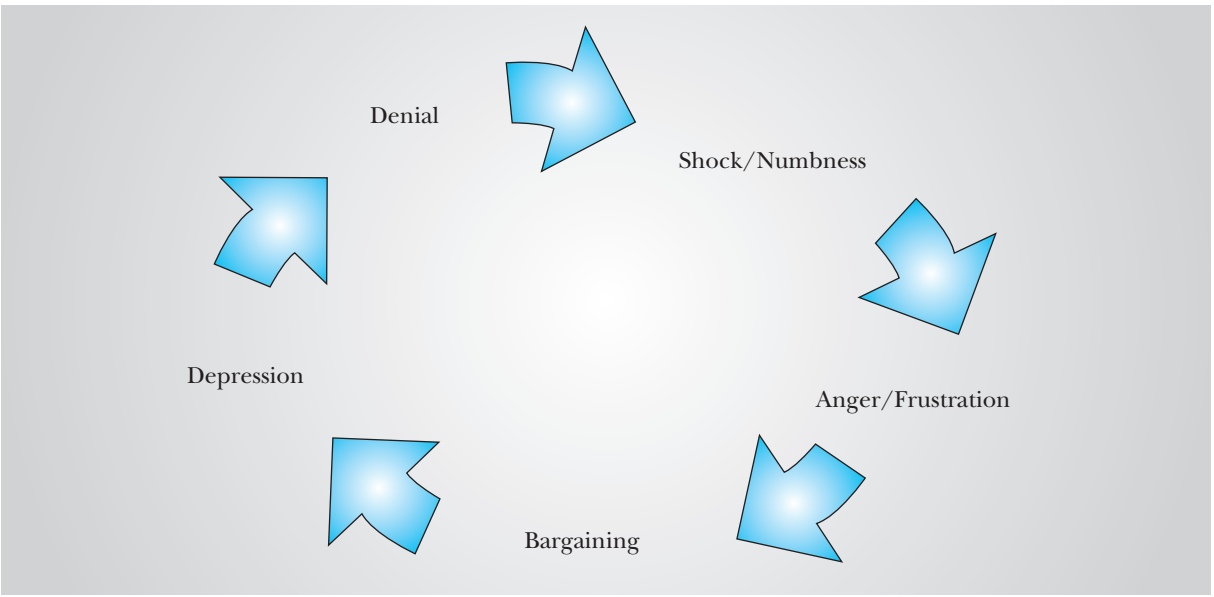
- Providing information about HIV and AIDS
- Providing emotional support
- Enhancing coping skills
- Plan for future

Providing Information about HIV and AIDS

Prior to testing for HIV, it is important to provide adequate information to the residents which will consist of information on what is HIV and AIDS, its transmission, demystifying myths about HIV and AIDS, prevention and treatment of HIV and AIDS. Healthy practices for self care, information on resources available for people living with HIV and AIDS etc.

Providing Emotional Support

Women, who are diagnosed with HIV and AIDS, might go through varied reactions which can be categorized into the following:



Reactions	Identification
Denial	I don't have HIV I can't have HIV and AIDS I have been misdiagnosed
Shock	Feeling shocked/numb on hearing of the diagnosis, unable to speak or express feelings
Anger	Feelings frustrated Accusing or blaming others or oneself for HIV Abusing others, anger outbursts
Bargaining	I will be alright if I take good care of myself Negotiations with God
Depression	Depression sets in when women accept that they have HIV Feelings of sadness, suicidal ideas and expression of death wishes, crying continuously

The Guidelines for Dealing with these Emotional Reactions are:

- Accepting the emotional reactions of women
- Helping women to ventilate emotions
- Listening to the women carefully, paying attention to her verbal and non-verbal communication
- Empathizing with the women
- Non-judgmental attitude
- Emphasizing confidentiality

Enhancing Coping Skills

- Helping to identify and express their feelings
- Identifying negative coping skills
- Providing information on positive and healthy coping skills
- Enhancing social and interpersonal support
- Providing information on resources available for people living with HIV and AIDS
- Providing self care activities

Plan for Future

- Discuss possibilities for constructive change.
- Focus on risk reduction behavior if she is practicing commercial sexual work
- Discuss plan for alternate livelihood prior to reintegration into community
- Identify resources for on-going support, such as individual therapy, support groups, social network and spiritual network
- Address the financial, occupational and medical needs.

Remember You Learnt About...

- Women in shelter homes have a history of sexual exploitation either in the form of abuse, rape, being trafficked to sex trade or some may have been practicing commercial sex work before the institutionalization
- Involvement in the sex industry is associated with an increased risk of getting infected with STI/HIV and AIDS
- Identifying such vulnerable women and taking care of their reproductive health needs is a must

CHAPTER 5

GENDER AND SEXUALITY

- Gender refers to the widely shared expectations and norms within a society about appropriate male and female behaviours and their roles
- In most places, there is a distinct and unequal difference between women's and men's roles, access to resources and decision making authority
- Men are seen as being responsible for the productive activities outside the home while women are expected to be responsible for activities within the home and family life
- Gender is shaped through the process of socialization
- Crucial to recognize Women's Reproductive Health rights
- Understand what is homosexuality as some women in shelter homes go through such experiences
- Care givers role in understanding homosexuality

What is gender?

Gender is a socially constructed role rather than a genetic make-up of an idividual. Genes don't determine the way men and women think.

Gender Socialization!!

Gender is shaped through the process of socialization.

Roles in Gender are !!!

Our birth determines whether we are a boy or a girl but the society ascribes the roles that have to be played by a man and a woman.

For ages, society has divided labour for both man and woman by looking through a traditional lens. This is because of the stereotypes that have transmitted from one generation to the other by typecasting the roles of men and women. From an early age people are trained to conform to what is socially expected of them and how a man or a woman should behave in a socially accepted manner.

As a girl I should be

I am a boy I should

These socially transmitted messages are further reinforced by the other agencies of socialization such as teachers, media and peer groups.

Sex: is biological – that is, we are born with male or female reproductive organs and hormones. It refers to the natural physical differences in men and women's bodies. These differences are necessary for reproduction but these should not give rise to differential treatment of men and women in society.

Gender: Gender is how we are socialized – that is, how attitudes, behavior and expectations are formed based on what society associates with being a woman or being a man.

Why Learn Gender?

The social division of men and women has given rise to many malpractices in society, and created inequality among men and women.

Female foeticide & infanticide

Poor nutrition for women

Lack of opportunity in education for women

Lack of opportunity in career for women

Inadequate facilities and resources for women

Lack of opportunity in decision making in partner selection

Ignorance of basic fundamental rights of women

Discrimination in every sphere of life

Powerlessness

What is to be like a man?	What is to be like a woman?
Brave	Shy
Breadwinner	Home maker
Strong	Weak
Sportsman	Kind
Fighter	Loving & caring
Protector	Simple
Extrovert	Introvert
Dominant	Submissive

Some of these traits are seen to be 'masculine' and 'feminine' on the basis of which men and women are judged by society. These characteristics can be learned from family members, friends, cultural and religious institutions, and at the workplace.

Gender is created by

Gender is created in society through rules, customs, norms and practices. There are separate rules, customs and practices for men and women. Some of the examples are:

Rules	Customs	Practices
Girls should not go out of the house after six in the evening.	Purdah system for women	Following rituals after attaining menarche
Girls should not laugh in public	Devadasi system in India where girls are married to a deity or a temple.	Tonsuring of women's hair after the death of her husband.
Girls should be trained in household work		Sati practices
Women should look after the house		A widow should not attend auspicious functions

Body awareness

The physical anatomy of a woman was always looked at with a social connotation attributed by the individuals in society. From time immemorial there have been various social myths and stereotypes based on the women's physical image. These messages have been transmitted from generation to generation through 'sayings and proverbs' as reflected below.

Common Stereotypical Statements Passed Down from Generations
• "Don't trust laughing women" • "Don't trust women with grey eyes" • "Never marry a woman with big feet" • "A women's intellect lies below the knees" • "Stone keeps a knife in good form and beating keeps a woman in good form" • "There is no difference between the mouth of a girl/woman and the mouth of a gutter"

Since ages women are taught that it's their body structure which is a reason for their poor status in the society. From childhood women are taught that they should maintain themselves well in order to get a good husband.

What is Sexuality?

Sexuality is different from gender yet closely associated with it. It is the social construction of biological drive. An individual's sexuality is defined by whom he or she has sex with, in what ways, why, under what circumstances and with what outcomes. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Ultimately, social rules, as defined by one's sex, age, socio-economic status, ethnicity and other factors, influence an individual's sexuality.

Recognizing the Rights of Women's Reproductive Health

Women's Reproductive Health as we know it today is based on the principle that every woman has a right to reproductive health, that is, not only the right to regulate her fertility. It not only implies to remain free of disease and bear healthy children, but also to understand her sexuality. It further recognizes that rights to sexual as well as reproductive health as vital elements of physical and emotional well-being.

A woman's ability to negotiate safety and security during sexual intercourse affects her reproductive health in many ways. The negotiating power depends on a lot of factors including her self- esteem, social construct of sexuality and level of empowerment of the woman. Women in India are often unable to negotiate sexual safety and security, making them highly vulnerable to unwanted pregnancy, STDs, HIV and AIDS and sexual violence. Women are brought up to feel ashamed of their own bodies, which results in low self-esteem. The social constructs that determine the scope of female sexuality, force women to repress their sexuality until they are married. After marriage the woman is expected to surrender completely to her husband who is a stranger, and has the power to control her sexuality. In this situation, she is unable to negotiate during sexual relations, thus leaving her vulnerable to unwanted pregnancy, infections and forced sex.

Vignette

Ms. P is 45 years old, working as a commercial sex worker in Mumbai. P has STI and vulnerable for HIV infection. When the health workers insisted on using condoms with her customers, she refused. The reason being the customers do not want to use condoms as it does not give them satisfaction during the sexual activity. Therefore whenever she insists on using of condoms, the customers do not want to have sex with her and as a result she loses out on her income.

Case Vignette

Women in Shelter Homes Experience

Abuse in Custody: There have been instances where women in correctional custody have been physically and sexually abused by the guards and the correctional officers. Such violence generally does not come under the public eye and women in custody continue to suffer in silence.

Lack of Basic Facilities in Shelter Home: Some of the important and basic necessities of women such as under garments, sanitary napkins, adequate clothing and personal hygiene products, etc are neglected in some institutions such as mental hospitals, prisons and shelter homes.

Right to Information: In most times, women in shelter homes are not informed about the proceedings or the plans that have been made by the officials regarding them. Women remain clueless about what exactly is being done about their cases.

Pregnancy and child birth in shelter homes: When a pregnant woman is admitted in the institution, she is not provided proper prenatal and antenatal care which often leads to malnutrition and infection for the woman. Pregnant women in shelter homes are often blamed and stigmatized among the other women.

Sexual exploitation in institutions: There have been reports that the women residents are being trafficked even from shelter home to the outside agencies for sexual exploitation.

Violating rights of women with mental illness or mental retardation: In many cases, the caregivers of women with mental retardation and mental illness, want them to undergo hysterectomy to prevent pregnancies and other issues related to reproductive health. However, conducting hysterectomy without their consent is considered as violation of rights, as everyone has right to reproductive health.

Women and Homosexuality

The sexual attraction or activity between two or more people of the same sex is known as homosexuality. Homosexuality is generally considered a taboo by the society and the Indian government. Public discussion of homosexuality in India has been inhibited by the fact that sexuality in any form is rarely discussed openly. In recent years, attitudes towards homosexuality has become more liberal. On 2 July 2009, the Delhi High Court decriminalized homosexual intercourse between consenting adults and ruled that Section 377 of the Indian Penal Code violates the fundamental right to life and liberty and the right to equality as guaranteed by the Constitution of India. Male homosexuals are also called gay and female homosexuals are known as lesbians.

Some Facts about Homosexuality

- Homosexuality is not a disease or mental illness. There is no 'cure' for homosexuality - it is not an illness. Neither is it something that one will 'grow out of'. Dragging someone off to a doctor or therapist, scolding or shunning them because of their sexuality is discriminatory and also demeans the person.
- Homosexuality is not a 'western concept'.
- It is not gay men who spread HIV infection; it is risky sexual acts that individuals engage in that spread the infection.
- Social prejudice and discrimination lead many lesbians, gays and bisexuals to feel lonely and misunderstood, and bind them in conventions like marriage out of fear of ostracism.
- All people, whether they are hetero, homo or bi, have a right to live with dignity and in accordance with their preferences.
- Lesbian, gay and bisexual people cannot be identified on the basis of mannerisms or physical characteristics. They come in as many different shapes, colors and sizes as those who are heterosexual.
- Most lesbian, gay and bisexual people are comfortable with their own biological sex; they don't wish to belong to the opposite sex and are not transgender (unhappy with and feeling trapped in one's biological sex, wanting to change it)
- There are many organizations that work to relieve the stress and work for the rights of gay men and lesbians.

CHAPTER 6

WOMEN AND VIOLENCE

- Violence against women is a gross violation of human rights.
- It is the violation of a woman's fundamental right to live in dignity.
- Violence against women takes multiple forms.
- Violence against women impairs the physical and the mental health of women globally.
- Understanding the psychosocial impact of women in the context of violence in Shelter Homes is crucial.
- Psychosocial interventions for women survivors of violence would enable the process of healing, recovery, rehabilitation and reintegration.

Violence against women exists globally and has far reaching impact on the physical, mental health and the overall wellbeing of women. The violent, torturous and traumatic experiences that women undergo impair their functioning in all the domains. Women who come to shelter homes for care and protection are survivors of various forms of violence. It exists in all countries cutting across all boundaries, cultures, class, caste, race, age, ethnicity, socio-economic status, education, etc.

Family as an agency of socialization is also one of the most common grounds where violence against women takes place. Often women are forced to suffer in silence as it is a stigma and culturally incorrect to talk to others about the violence that they are undergoing. Though violence of any form is not accepted in society, in reality the fact is, there are many violent practices against women that have social, cultural and religious sanction of the community.

The United Nations Declaration on the Elimination of Violence against Women (1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life".

Health Consequences of Violence against Women

Non-Fatal Outcomes	Mental Health Outcomes	Fatal Outcomes
Injury (from lacerations to fractures and internal organs injury)	Depression	Suicide
Unwanted pregnancy	Fear	Homicide
Gynaecological problems	Anxiety	Maternal mortality
STDs including HIV and AIDS	Low self-esteem	HIV and AIDS
Miscarriage	Sexual dysfunction	
Pelvic inflammatory disease	Eating problems	
Chronic pelvic pain	Obsessive-compulsive disorder	
Headaches	Post traumatic stress disorder	
Permanent disabilities		
Asthma		
Irritable bowel syndrome		
Self-injurious behaviour (smoking, unprotected sex)		

(Source: Violence against Women - WHO Consultation, 1996)

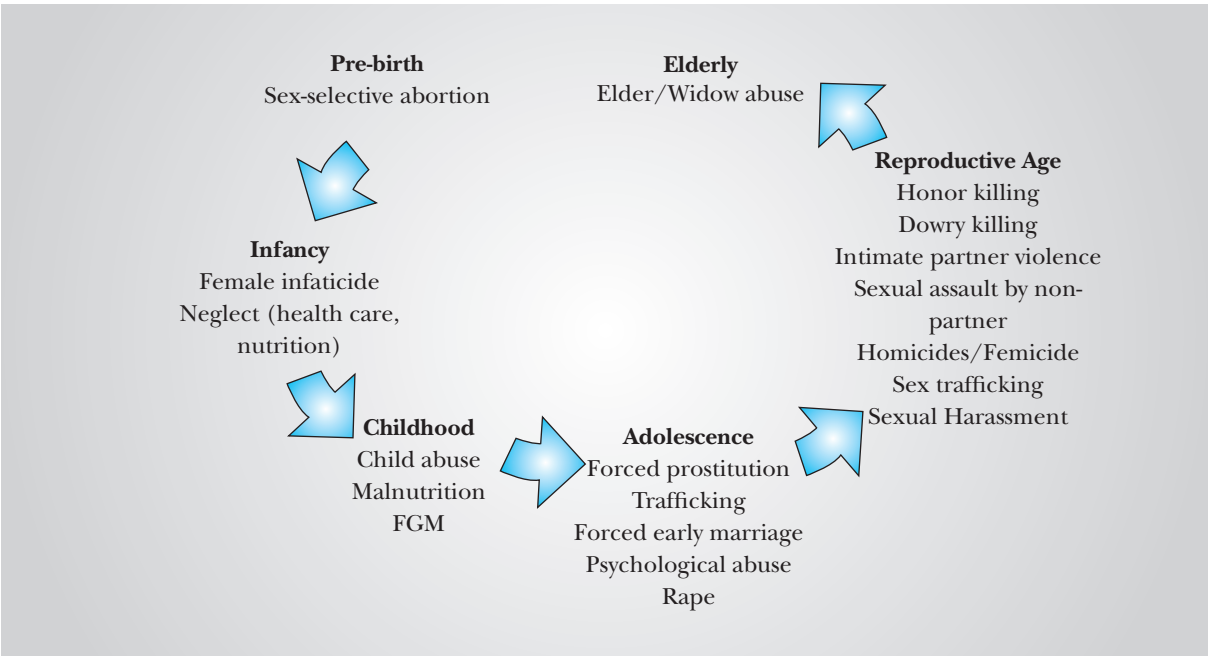
Women are vulnerable to various forms of violence at different moments in their lives (Fig-1). There is still no universally agreed-upon terminology for referring to violence against women. Cases of violence against women coming to shelter homes for help pertain to domestic violence committed by their husbands, father-in-law, mother-in-law and brother-in-law. These women also go through other forms of abuse such as sexual abuse by family members, marital rape and abuse under the influence of alcohol by their spouse. Women often seek care and protection in Shelter Homes due to domestic violence.

Domestic violence prevails due to the following reasons mentioned below:

- Lack of alternatives for the woman.
- Women are economically dependent on abusers.
- Sense of powerlessness to escape.
- Cultural barriers, societal attitude and stigma isolate women seeking external help. Women/victims generally feel, it is better to suffer in silence than to be separated.
- Hope for improvement.
- Women fail to understand that without help, violence gets worse.
- Women/victims also feel helpless, guilty or worthless.
- Unaware of their legal provisions that are available to help them.

Figure: 1

The Life Cycle of Violence Against Women



(Adapted from Watts and Zimmerman, 2002 and Share and Ellsberg, 2002)

The Various Forms of Violence Experienced by Women:

Physical Violence

The intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence also includes coercing other people to commit any of the above acts.

"Ms. Q, 19-year old was married at the age of 16. Her 2 year old daughter is currently in the custody of her husband. Q's husband is a photographer and owns a photo studio in a nearby town. Ever since she was married she was subjected to severe physical cruelty from her spouse. She was beaten and her body burnt by cigarette butts. There were times when he used to bang her head against the wall causing severe wounds and bleeding. Her spouse would force her to watch pornography, whipping her with his leather belt. He derived immense pleasure by inflicting injuries all over her body. Most of the time she was locked up in seclusion and deprived of food"

Verbal and Emotional Violence

This form of violence includes threats of any kind such as verbal abuse, harassment of any kind including: dowry, threats to pour kerosene, and such humiliating actions as trying to prove she is insane or threats by spouse to remarry. Deprivation including denying her the right to visit her family, tying her up and not allowing her out of the house, and denying her food.

Ms. R, 26-years old: Spouse used to beat her under intoxication of alcohol every day. He was suspicious and accused her of having illicit relationships with other men. She was deprived of food and subjected to sexual abuse in the presence of their daughter. R sought help from the women's help line and has been staying at a shelter home for care and protection. She says "I don't want to go back home. My husband will kill me any time.

I got to know from the superintendent that he has vacated the house and taken my daughter along with him. I want my daughter back. My parents are unable to take up the responsibility of me as they are old. They are also financially dependent on my elder brother. I prefer to die than to go back and live with that animal".

Financial/Economic Violence

This includes not providing access to financial resources, not involving the other person in any financial decisions, not providing food, clothing and expecting a woman to manage by providing an impractical amount of money.

Ms. S, 35 years old, faced violent situations at home. Her husband was irregular at work and would spend whatever money he earned on alcohol. He borrowed money from others for which S would have to work overtime to repay the loans. He used to go to S's work place, beat her and forcibly take the money for drinking.

Sexual Violence

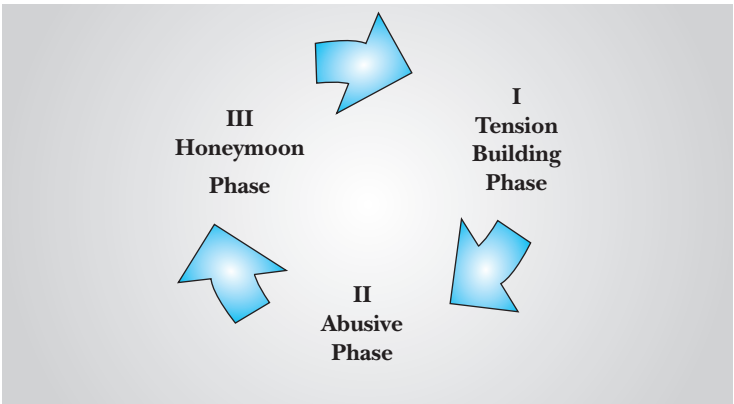
Sexual violence includes use of physical force to compel a person to engage in a sexual act against her will, or abusive sexual act, forcing her to look at pornography or any other obscene pictures or materials, and any sexual act that degrades, humiliates or violates the dignity of the person.

Ms.T shared her traumatic experience of how her spouse under the influence of alcohol would come home drunk and force her to have sexual intercourse. He would hit her and threaten to marry another woman if she did not comply with his sexual needs. The fear of being abandoned by him forced her to obey him. She recollected her traumatic experience as she shared "I am so scared of him and allow him to do whatever he wants. When the darkness falls I get scared and fearful of what that night would hold for me."

The Reasons for Women to Stay in an Abusive Relationship

There are many reasons as to why a woman continues to stay in an abusive relationship despite continued and often severe abuse. The primary reason for staying with their abusive husband is fear of violence and lack of real options to be safe with their children. This fear of violence is realistic. Apart from this domestic violence typically follows a Cycle of Violence (Fig-2). Understanding the reasons for staying in a violent relationship would help in planning out for proper intervention at varied levels.

Cycle of Violence



(Adopted from Lenore Walker, 1979 - Cycle of Violence)

Figure: 2

Cause for Maintenance of the Cycle of Violence

- Fear of the perpetrator and further violence
- Fear of being separated from the children
- Financial dependence
- Denial/shame/loneliness
- Increased dependency on the abuser
- Lack of social support
- Lack of care and protection
- Lack of alternatives for employment and financial assistance, especially for victims with children
- Inability to afford to avail legal assistance necessary to obtain a divorce, custody order, or a restraining order or protection order
- Social cultural tolerance of abuse and believing in cultural/family/religious values that encourage the maintenance of the family unit despite continued abuse
- The belief that it will get better and continuing to hope
- Stigma attached to separation or divorce

The 3 Stages of Violence are…

1. Tension building phase: a time when the abuser is becoming more irritable, moody, and impatient this phase is the "acute battering" or "abusive phase".
2. Increase in the severity of abuse that may or may not include physical or sexual violence.
3. The "honeymoon" phase where the abuser asks for forgiveness and promises that he will not do it again.

The Calm after the Storm

- It is characterized by relative calm, apologies and promises by the abuser to change.
- The woman may feel both relief and confusion.
- Often trusts him, not recognizing that the "honeymoon" phase is also intended to control her and keep her in the relationship.

As a caregiver, enable the women to…

- Understand the cycle
- Breaking this cycle to prevent further abuse
- Management is crucial for the caregiver
- Understanding the reasons for staying in a violent relationship would enable in planning out for proper intervention
- The reasons vary for each woman

Psychosocial Management of Domestic Violence

- Provide and assure safe and secure care and protection for the women.
- Re-assure with the words – 'You are safe now".
- Address the immediate medical needs if injured.
- Women who have experienced severe violence over a long period of time may often have a distrust of the systems that are meant to protect them.
- Allow a woman to ventilate her feelings and trauma attached to the abuse.
- Respond non-judgmentally.
- Address the immediate concerns of the woman which could be immediate threat to the children/loved ones/to herself.
- Understand that without adequate protection many women consider it futile even to discuss making changes in their lives.
- Make proper psychosocial assessment and developing the right strategy to address the situation. (See Box-1: Case Study from Shelter Home – 1)
- Explain and educate them of the legal options available to them. (See Annexure-2). Help her in the process of availing legal help within the institutional framework. Your intervention should be aimed at creating options in the context of her situation. You need to help her identify and explore all possible options and possible consequences and assist her in developing strategies and plan of action
- Teach her problem solving skills. Domestic violence can destroy the ability to think clearly. Help her to take concrete steps to improve her situation rather than allowing her to feel daunted or defeated by her situation.
- Victims of domestic violence undergo turmoil and fear as a result of violence inflicted upon them. Hence, their feelings and potential for further harm should always be of utmost consideration. If the woman chooses to return to the abuser, discuss a Safety Protection Plan (Box-2). Since they may not be able to protect themselves, you must give extra attention to their safety by discussing alternative arrangements for their living once they are rehabilitated in the community.

Case Vignette of Psychosocial Intervention done by the staff of the Shelter Home

Ms.M had an arranged marriage 3 years ago and she lived in an extended family with her father-in-law, mother-in-law, brother-in-law, and two sisters-in-law. M has passed SSLC and her husband works for a private company as a helper. M's husband's family had taken dowry at the time of the marriage from M's parents. But after marriage they demanded for more and would scold her and heap curses on her for bringing insufficient dowry. Unable to bear abuse she lodged a complaint in the police station. The police advised and warned the family of legal action if the abuse reoccurred.

However, on coming back home the abuse continued. Her husband and in-laws became more vengeful as she had complained to the police against them. One day in a drunken state M's husband threatened to kill her by pouring kerosene. She was in the 6th month of her pregnancy and fearing further abuse she went back to her parents' home. Her parents and brothers unwillingly took care of her and started forcing her to go back to in-laws after she gave birth.

M's husband visited her and agreed to take M back with the child. He laid a condition that she should register her share of property in his name. Her father and brothers opposed and refused to agree to this demand. They sold M's share of property without her knowledge. M and her baby were beaten, dragged and thrown out of the house. She was scared to go back to husband's house. She approached Women's Police Cell for help who referred her to the shelter home. She filed for divorce and lodged a dowry harassment case against to husband and in-laws.

Psychosocial Care Intervention Provided by the Care Giver of the Shelter Home for M

- Counseling was done to handle psychological distress associated with the abuse.
- M was enabled to express her fears and worries through the process of ventilation.
- Legal advice was given with regard to property rights and prevention of further violence.
- Legal aid was sought with the help of the NGO and this enabled M to file her case in the court for her share of property, divorce and custody of child.
- She got the custody of the child and share of Rs. 5,00,000/- from her property.
- The legal separation case is still in the court.
- The shelter home got her trained in tailoring and the NGO placed her in a garment factory.
- The shelter home is providing her with care and protection for her child too.
- The shelter home has enabled M to rebuild her self confidence and self esteem.
- She hopes to take up her own accommodation once she gets her legal separation and manage her life independently.
- M wants to be a role model and provide strength and support to other women who are survivors of violence.

Box: 2

Safety Protection Plan

- Be on alert for signs and clues that abuser's mood swings.
- Help her to identify safe areas of the house as to where to go if abuser attacks or an argument starts. Avoid small enclosed spaces or places easily access to weapons (such as kitchen).
- When abuse is occurring, curl up into a ball to protect injury to the abdomen and head
- Remove potential weapons from the home if possible or keep in the place where abuser cannot have access to it.
- Put together an emergency bag with keys, money, medicine, and important papers such as birth certificates, education certificates, ration card/election card, passport, bank details, personal identification, health records etc.
- Plan an emergency exit route from home and work, and learn safe places to go for help and support in case of emergency.
- Tell her to shout and scream loudly and continuously while being hit.
- Teach the children how to dial 1091/1098 if they feel unsafe.
- Tell the children about what they should do if a violent incident occurs.

Remember You Learnt About...

- Psychosocial impact of violence on the physical and psychological health of women.
- Psychosocial interventions for women survivors of violence.

CHAPTER 7

WOMEN AND MENTAL HEALTH

- Women in Shelter Homes may have had a serious mental disorder prior to admission or may develop during their stay.
- As a care giver it is crucial to understand and recognize the common major and minor mental illnesses.
- This facilitates early identification, psychosocial management, referral and rehabilitation.

Every woman faces psychosocial problems. Some cope adequately while others end up having severe mental breakdown in the form of psychiatric problems. For women their psychiatric symptoms may be a fairly natural response to some adverse event or situation in their lives such as violence or sexual abuse. The interaction between biological and social vulnerability plays a role in occurrence of mental illness among women. Among the psychosocial factors associated with mental ill health among women is hunger, malnutrition, aneamia, over work, domestic violence, and reproductive violence which impact the life of women.

The problem of mental health of women occurs at three levels. Firstly, a large amount of mental disorders among women remains unrecognized and untreated. Secondly, there are a number of mental disorders which are disproportionately more among women. Thirdly, due to social and gender inequality, women receive less than their proper share of benefits of mental health services in general. Many psychiatric illnesses are specifically related to the female sex and female reproductive system. A mood change is related in part to the menstrual cycle in women. In case of depression subsequent to child birth, combination of psychosocial factors with hormonal factors appears to result in an elevated risk. For example marital discord, inadequate social support, violence, poor financial situation are associated with increased risk of postnatal depression in women.

Emotional disturbances in women are also associated with other events related to the female reproductive system such as abortions, menopause, infertility and hysterectomy. Motherhood, especially the number of children increases the vulnerability of the woman to psychological problems.

Factors that Make Women Vulnerable

The women in shelter homes are exposed to chronic stress in their life. These include sexual abuse in childhood, gender based violence, troubled childhood experience, discrimination, poor socio-economic status, illiteracy, being unemployed, poor knowledge, poor child care support, lack of relationships, and many chronic factors predispose women to both physical and psychiatric problems (WHO, 1993; Reddy and Chandrasekhar, 1998). Some women may have had a serious mental disorder even prior to their admission to a shelter home or may

have developed during their stay in the shelter home. As a caregiver you need to recognize mental disorders in women and refer them to appropriate agency or professionals for treatment.

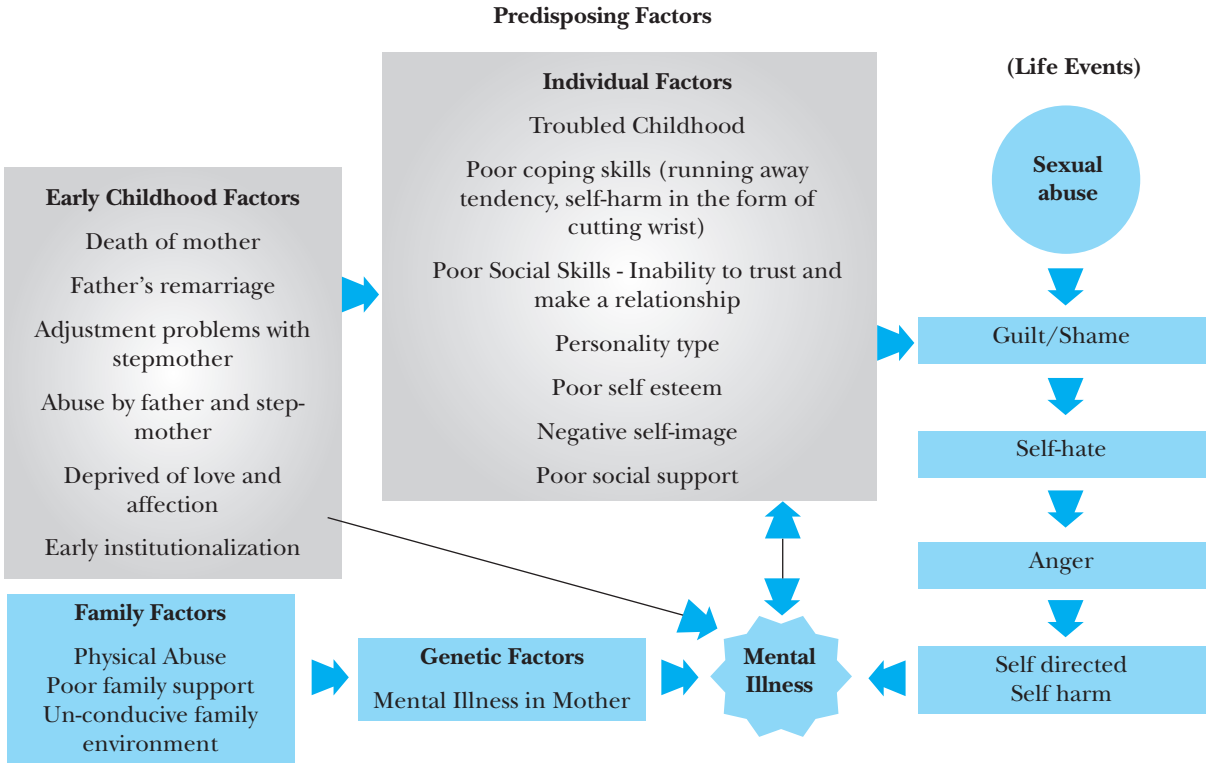
Case Vignette

Ms. S is 19 year old. Her family comprised of her father, stepmother and step-brother. S was 7 years old when her father remarried subsequent to her mother's death. This brought a lot of misery to her as she could not adjust with her stepmother. Apparently, S's biological mother had some form of untreated mental illness and committed suicide. S had a troubled childhood in the form of abuse and ill-treatment by stepmother and father. S developed a tendency of running away to prevent abuse and punishment from her father and step-mother. Her parents found the running away behavior of S unmanageable. They decided to keep her as a helper in her Uncle's house in another City without her consent. While taking her they pretended to visit the uncle and left her there. The uncle used to touch her and make sexual advances. He would force her to undress and stand in front of him in the absence of her aunt. This used to happen more frequently when he was under the influence of alcohol. In the absence of her aunt one day her uncle tried to rape her but she escaped from the situation and reached her home in Bangalore. Her parents blamed her for running away and did not believe her version. Subsequent to this incident S was found to be withdrawn, crying, irritable, she started washing her hands more than required, frequently bathing and often expressed her wish to end her life. Her food intake and sleep also decreased. She lost interest in doing any work.

Her parents placed her in the shelter home permanently to get rid off their responsibilities. S is on medication for the above mentioned problem by the psychiatrist. So far, her parents have not come to see her. S does not want to go home as no one loves her. She feels angry with herself for letting her uncle abuse her. She feels guilty and blames herself. She tried to end her life by cutting her wrist while in the shelter home. She says – "Since my childhood I have not felt and seen love and happiness. I have been yearning for it and my heart cries for love. I don't have any friends. My uncle tried to abuse me. Something is wrong with me. My parents say I am wrong. I feel ashamed when I think about how my uncle tried to abuse me. I feel like dying. My family betrayed me. I can not trust anyone. I am unwanted and a useless person. No one wants me and loves me".

The above case illustration described how the biological and psychosocial predisposing factors make women more vulnerable to mental illness which can be seen in Figure 1 for a better understanding.

Figure: 1



Health and Mental Illness

There is more to good health than just having a physically healthy body. Everyone wants to be healthy. A healthy person should have a healthy mind. A person with a healthy mind should be able to think clearly, should be able to solve the various problems faced in life, should enjoy good relations with family, friends, colleagues at work, should feel spiritually at ease and should be capable of living in harmony with others. It is these aspects of health that can be considered as mental health.

Even though we talk about the mind and body as if they are separate, in reality both are like two sides of the same coin. They share a great deal with each other, but present a different face to the world around us. If one of the two is affected in any way, then the other will almost certainly also be affected. Just because we think about the mind and body separately, it does not mean that they are independent of each other. Just as the physical body can fall ill, the mind too can become ill. This can be called mental illness. Mental illness is "any illness experienced by a person which affects their emotions, thoughts or behavior, which is out of keeping with their cultural beliefs and personality, and is producing a negative effect on their lives or the lives of their families". A mentally ill person's sense of well-being and equilibrium are disturbed. The various functions of the person such as thinking, emotions, thoughts, and behaviors are disturbed. The person's ability to function satisfactorily in the various sphere of life is also impaired.

Genetic Causes

There does seem to be a hereditary factor involved in developing a mental illness. The risk of having mental illness is high if any one of the family members is suffering from a similar illness. However, there is no clear evidence that mental illness is entirely genetic.

Environmental Causes

Many environmental factors can also affect mental health. These include the conditions under which people are raised, poverty, work related stress, unemployment, presence of any violence and trauma, family break-ups, martial conflict, death of a loved one, insecurity can contribute to development of mental illness. It has been found that prolonged stress of any kind can actually create biochemical changes in the brain which could give rise to mental illness.

Difficult/Troubled Childhood Experiences

People who have had an unhappy childhood because of violence or emotional neglect are more likely to suffer mental illnesses in their adult life.

Organic Causes

Any change either in the structure or functions of the brain can cause mental illness. Physical factors resulting from injury through accident (especially brain injury), problems at birth and illness (such as brain tumors) can also cause mental illness.

Common Psychiatric Illness

This section helps you as a caregiver to understand the signs and symptoms of common mental disorders among women. There are different types of mental illness. Some are severe while others are mild in nature. These are grouped into two categories

a. Major Mental Illness – Psychosis

b. Minor Mental Illness – Neurosis

a. Major Mental Illness – Psychosis

Psychosis is a type of severe mental illness. Persons suffering from psychosis lose touch with reality and experience a world of their own. The functions of the body and mind are severely affected resulting in disturbances in individual and social functioning. Their personal appearance and biological functions are severely affected. What they see, hear or feel will be different from what those around them experience. They undergo strange experiences like hearing voices or seeing things (hallucination) which others around them cannot see or hear. They also express certain false strong beliefs (delusion) which are not accepted by others. Often the person acts on their false beliefs. Symptoms make individuals distressed and also cause distress to others in the family and community. The following are the common major mental disorders:

Identified as being possesed with an evil spirit

Feeling sad and worthless

Extremely cheerful and boasts of being rich

Hearing strange sounds and threatening voices

Suspicious and expresses fear of threat to self

Expresses extreme sadness and frequent crying spells

Expresses death wishes and attempts suicide

Schizophrenia: Schizophrenia is a common type of psychosis. The illness is characterized by abnormalities of thinking, perceptions and emotions resulting in abnormal behavior, action, and talk. In this disorder the patient expresses strange thoughts, such as believing that others are trying to harm him or that his mind is being controlled by an outsider (such thoughts are also called 'delusions'). The person perceives things which really do not exist (he hears voices and sees visions which are non-existent i.e., hallucinations). The person may be unusually happy or sad or unconcerned to the external surrounding. The person may be found talking and laughing to oneself. The person may become suddenly abusive and aggressive in response to any unpleasant thought or voice.

Ms. V was found by an auto driver wandering in a bus stand. She was found to be confused, disheveled and disoriented with lots of injury marks on her body. The auto driver took her to the nearby police station for help. Later, she was sent to a shelter home for treatment and long term rehabilitation. At the shelter home she was found to be withdrawn, restless, muttering, laughing to herself and suspicious towards the staff and other residents. She would often spend hours staring at the walls. She complained of hearing voices from unknown people from outside. She refused to have food served saying that staff are planning to kill her by mixing poison in her food. She appeared fearful most of the time.

Bipolar Disorder: People who have bipolar disorder tend to have major changes in mood for no obvious reason. They may be extremely excited and happy when there is no reason to be. At other times they may feel very upset or sad even though lots of good things are happening in their lives. This illness is called Bipolar Disorder and is typically associated with two poles/extremes of mood: 'high' mood (mania) and 'low' mood (depression).

The symptoms of manic disorder are characterized by feeling extremely happy, increased energy and activity, excessive talking, fast flow of ideas, over familiarity and sociability with people, overspending, over religiosity, enhanced sex (libido) often leading to inappropriate sexual activity, decreased need for sleep and impaired concentration and attention.

The symptoms of depression are characterized by extreme feeling of sadness, crying spells, loss of interest in all activities, death wishes, ideas of hopelessness and helplessness, low self-esteem and self-confidence, guilt feelings, loss of energy, loss of motivation and concentration, slow mental functions, poor appetite and sleep disturbances.

Some people experience 'mixed episode' where they experience most of the symptoms of both mania and depression.

Ms. A is 28 years old and has recently started talking excessively, appeared more cheerful than before, and was found to be unduly happy for no obvious reasons. She was talking much more than normal and often said things that were unreal and grand. She claims herself as goddess DURGA and believes to possess special power to solve people's problems. When challenged she gets irritated and becomes abusive and aggressive. She gets easily distracted and becomes irritable.

35 years old R's problem is quite opposite to that of A. Since last two months she has been feeling sad all the time without any apparent cause. She gets easily exhausted, feels weak and tired. She feels miserable most of the time and weeps frequently. She is disinterested in her own appearance, life and looks sad most of the time. Her food intake has also been reduced drastically. She views her future as being bleak and often expressed her wish to end her life.

Acute Psychosis: Acute psychosis is typically caused by a sudden severe stressful event and sometimes a severe medical or brain illness can cause the acute psychosis. The symptoms begin suddenly and last less than a month. The symptoms seen are: severe disturbance in behaviour such as restlessness and aggression, hearing voices or seeing things others cannot, talking irrelevantly, beliefs and frequent change in emotions (from fears to laughter).

Ms.C 35 years old, suddenly started talking irrelevantly which no one can understand. She becomes suddenly violent and accuses others. She hardly sleeps in the night and refuses to have food. She is not concerned about her appearance and refuses to take a bath. It was found that prior to admission into the shelter home she was subjected to severe abuse by her husband who has disappeared with her 10 year old daughter. She does not know the whereabouts of her daughter.

Postpartum Depression/Postpartum Psychosis: Child birth is for majority of women a positive experience. The arrival of a new born is greeted with joy and pleasure. However, some mothers get mentally disturbed. After having a baby, many women experience mood changes and restlessness. They may feel happy for a brief while and the next moment they start to cry. They may lose their appetite; fail to sleep well even when the

baby is asleep. These symptoms are called the 'baby blues' which usually start about 3 to 4 days after delivery and go away within few days. However, some women have more severe symptoms that last longer than a few days. This is a condition called as postpartum/postnatal depression. The symptoms characterized by sadness, dullness, excessive tiredness, weeping, loss of interest in pleasurable activities, irritability and anxiety over trivial matters, inability to care for the baby, lack of interest in baby, negative feelings towards the baby, lack of energy and motivation, feelings of worthlessness and guilt, weight loss or gain and recurrent thoughts of death or suicide.

Postpartum psychosis is a serious mental stress disorder which occurs within a few days after childbirth. The symptoms of postpartum psychosis includes hearing strange voices, behaving in a strange way, inability to sleep, irritability, acting abusive and aggressive, and expressing a wish to commit suicide.

Ms. J a 22 year old was rescued from trafficking and brought to the shelter homes. She was pregnant and delivered her baby in the shelter home itself. After child birth, J was seen to be sad and having crying spells. She was distressed and finding it difficult to adjust with her new role as a mother. She refused to feed the baby also.

Ms. U 28 years old , delivered her first child in the shelter home. Within a week of child birth, she was found to be having unusual behaviour such as anger outbursts, attempting to harm the child, crying continuously, and poor self care. She was unmanageable in the shelter homes. She was immediately taken to a psychiatric hospital.

Most of the women experience post partum psychological problems but with good social support, good maternal care and nutrition, they are able to come over the milder symptoms of post partum psychological problems. In severe circumstances, a woman has to be admitted in the hospital so that she does not harm herself or the child. With psychiatric treatment and psychosocial treatment, women generally regain their normal behaviour and maternal tasks.

b. Minor Mental Illness – Neurosis

Neurosis is a type of minor mental disorder. Unlike in psychosis, person suffering from neurosis are in touch with reality and they usually have understanding of their illness. They experience varying degree of distress and suffering without causing problems to others. However, their ability to cope with routine work and social functions is disturbed to some extent. The symptoms usually do not disable the person completely. Often, the symptoms are not evident to other people but they cause great distress to those affected. The common neurotic disorders are:

Anxiety Disorder: Anxiety is feeling fearful and nervous. It is normal in certain situations. For example, a student before an examination will feel anxious and tense which is normal. However, anxiety becomes an illness if it lasts long and interferes with the person's daily functioning. The symptoms of anxiety are characterized by an empty feeling in the stomach, shortness of breath, difficulty in concentration, rapid beating of heart (palpitation), difficulty in breathing, dryness of mouth, inability to speak, tremors in hands and legs, forgetfulness, intolerance to noise, sweating, nausea, giddiness, poor appetite, and difficulty in making decisions. These symptoms sometimes appear in episodes and then it is called as panic attacks.

Ms. R, 20 years old, is a resident of a shelter home since childhood. Four months back she got a job in a Software Company as a Front Desk staff. She started feeling fearful whenever she met people, if someone came to see her and while organizing programs/meetings. For minor issues she would get palpitations and would sweat excessively. During that time she feels nauseated, difficulty in breathing and heavy in her head. She is unable to concentrate on work. Due to this she is unable to perform well in her work and is hence planning to quit the job.

Obsessive–Compulsive Disorder (OCD) is when a person gets repeated involuntary thoughts (obsessions) or does things repeatedly (compulsions) even though the person knows these are unnecessary or stupid. A person who suffers from OCD doesn't want the thoughts and doesn't want to do the behavior such as repeated hand washing, counting, checking etc.

Ms. V 19 year old, was off late found washing her hands repeatedly. Most of her time goes in washing hence she gets distressed when she is unable to stop.

Post-Traumatic Stress Disorder usually occurs after exposure to a traumatic event such as natural disasters, accidents, rape, torture and violence etc. It is characterized by irritability, startled response, nightmare, images, dreams or flashbacks about the trauma event, avoidance of cues which acts as reminders of the traumatic event, outburst of violent behavior, irritable mood, sleeplessness, memory loss and poor concentration.

Ms. U is a survivour of gang rape and presently lives in a shelter home for care and protection. Following this terrible event, U finds it difficult to sleep. She gets repeated flashbacks and memories of the incident. She gets startled easily and becomes anxious. At times she becomes extremely fearful, repeatedly talks about the abuse, and gets irritable towards others in the shelter home.

Psychosomatic Symptoms and Diseases: One group illnesses where actual damage to the body and its organs is present. The cause for these illnesses is psychological in origin or if the disease is already present, it may be worsened by these factors. This kind of disorder is commonly seen in women. Since the relationship between the body and mind is a very close one, people with long standing emotional problems or tensions which they are unable to express and share with others, usually develop these disorders. Some people develop this disorder as a result of long standing emotional problems and stress. The common psychosomatic illness is peptic ulcers (stomach pains), high blood pressure, asthma (breathing trouble), arthritis (joint pains), chronic skin problems (eczema), diabetes etc

Hysteria: Some people are unable to share their problems openly and freely with others. Either they do not know how to do it or are afraid to communicate their problems and associated emotional distress. They desire the help and support of others. These persons therefore adopt an alternate method of communicating their problems and that is through appearance of physical symptoms, some of which may mimic known physical illness. They may develop weakness or paralysis of limbs as in the case of a stroke. They may have total loss of memory, get possessed by Gods or spirits or throw fits similar to true fits (seizures). However, these persons do not manifest these symptoms deliberately or consciously as they are themselves not aware of the fact that their physical complaints are psychological in nature. They do not know the relationship between their symptoms and the conflicts that they face. They are happy because they get attention and sympathy from others as a result of their symptoms.

Ms. Z, 25 years old, is staying in a shelter home from the last 4 months. Prior to her admission here, Z was subjected to severe physical and psychological abuse by her husband and in-laws and thrown out of the house. She was referred by a Women's Help Line for care and protection. While in the shelter home she used to fall suddenly unconscious, with her head and limbs shaking for a few minutes. She used to get these attacks very often, mostly in the presence of people around her. She never sustained any injuries due to sudden loss of consciousness. From the assessment it was found that she had similar attacks when she was with her husband and in-laws.

Box: 1

Guidelines for Identification of Mental Health Problems in Women

Mental disorder should be considered in any person who for more than a week or two:

- Talks irrelevantly and acts in a strange manner considered abnormal
- Has become unusually cheerful, cracks jokes and says that she is very wealthy, superior to others when it is not really so
- Has become very sad lately and cries without reason
- Shows outburst of anger, violence, destructive behavior
- Shows extreme moodiness
- Appears sad, hopeless, fearful and appears unable to enjoy life or have a good time
- Indicates that they have recently undergone a traumatic life event or loss
- Claims to hear voices or see things others cannot hear
- Is very suspicious and claims that some people are trying to harm her
- Has become withdrawn from social interactions and activities
- Talks about suicide or has made an attempt at suicide
- Gets possessed by God or spirit or is said to be a victim of black magic or evil power
- Hearing or seeing things that no one else can see often these are frightening
- Is dull since birth, not mentally grown up like others of her age
- Complains of many bodily symptoms
- Does not eat or sleep adequately
- Is confused and unable to recognize the people around
- Complains of nightmares, flashbacks of traumatic events and shows startled reactions
- Show's excessive fear to normal situations
- Suffers from fits or loses consciousness and falls down
- Claiming to have special power or claiming oneself as God when it is not really so

Some of the Guidelines for Identification of Mental Health Problems in Women in Shelter Homes:

Mental disorder should be considered in any person when:

If one or more of these above behaviors are observed, the chances are that the woman may be more severely disturbed and her problems will require immediate referral to a mental health professional for treatment. Moreover, in case of crisis it is important to know how to handle the situation. (See Chapter – 9 Crisis Interventions in Shelter Homes).

Psychosocial Management and Rehabilitation of Women with Mental Illness

Mental illnesses can interfere with the ability of a person to function at home, at work and in social situations. You as a caregiver can play a significant role in the treatment and rehabilitation of the woman with mental illness. As a caregiver you have to help the person successfully readjust to the family, occupation and community. So, in addition to medical management, certain steps have to be taken to help the person to attain competence in her personal, social and occupational activities. Rehabilitation is the process of helping people find ways of returning to the normal life they led before the illness started. There are a number of things you can do to help a woman to achieve this goal:

- When you deal with a woman with mental health problems, you should give importance to her
- Establish a good relationship with her
- Talk to her sympathetically
- Try to understand what she says. You need not agree with all her statements. Accept her with a neutral or matter of fact attitude
- Do not comment, control, criticize or laugh at her
- Listen to her patiently
- Be non-judgmental
- Enquire in detail about her experiences and beliefs or that you will do your best to help her. You can thereby gain confidence
- Ensure that the illness is being treated properly
- Ensure that she takes medication regularly and take her for regular follow-up
- Plan for rehabilitation while including significant family members
- Always keep in mind her actual abilities before she fell ill while planning rehabilitation
- Never allow her to sit idle. Engage her in activities in which she would be able to find satisfaction. Prepare structured activity schedule after discussing with her. Ensure that she will follow it regularly
- Women with longstanding (chronic) illnesses may not be completely cured and hence they may behave and live differently from others. However, such women also benefit from simple measures such as involving them in recreational activities, teaching them simple, repetitive type of job (eg. basket making, paper cover making, agarbathi making, gardening etc) and include them in the daily routine work of shelter homes
- If possible refer her for vocational training while in the shelter home
- Educate her regarding the need for continued medication
- Keep in contact with family members who can support her in the long run
- Give her a feeling that her problem is being taken seriously and that you are concerned about her well-being
- When you know that a woman is living in a home where she is suffering a great deal of stress, make an effort to ask her, if and how, this is affecting her health. Counsel her and try to work with her on her problems. If you feel that she needs expert help to resolve her problems then refer her to mental health professionals. Ensure that she meets experts regularly
- Before re-integration into the family educate them regarding the need for continuous treatment, follow-up and support

Relapse Prevention

Unfortunately, many people with mental illnesses tend to stop their medicine too early, which often leads to a relapse. You must ensure that she continues her treatment as required. Some of the early warning signs of relapse you need to be aware of:

- Change in the behavior while on regular medication
- Changes in sleep and eating habits
- Withdrawal from usual activities
- Irritability
- Loss of interest
- Decreased energy

Alcohol and Drug Dependence

Some women may have been either consuming or addicted to drugs or alcohol before coming to the shelter home. Sudden withdrawal causes severe withdrawal symptoms which need to be addressed immediately. As a caregiver you have to know the impact of addiction on the physical and mental health and also be in a position to identify the signs of sudden withdrawal symptoms of addiction in woman to make proper referral for treatment and rehabilitation. A person is said to be dependent on alcohol or drugs when their use of drugs or alcohol harms the person's physical, mental or social health. Typically, it becomes difficult for people to stop using these substances because they may develop physical discomfort and an extreme desire to consume the substance which is called as 'withdrawal syndrome'. Different types of drugs may be abused. Other than alcohol, the commonest drugs of misuse are: cannabis, opium and related drugs such as heroin, cocaine and sedative medicines (like cough syrups, sleeping pills) which are often available illegally without a doctor's prescription from chemist shops. The common withdrawal symptoms on sudden stopping of alcohol or drugs are:

- Trembling Hands
- Excessive Sweating
- Yawning
- Irritability
- Restlessness
- Fear
- Confusion
- Fits
- Anxiety
- Loss of Appetite
- Sleeplessness
- Vomiting
- Chills
- Stomach Upset
- Stomach Cramp

Ms M, 30 year old, was rescued from a brothel and later referred to a shelter home for long term rehabilitation. She got introduced to drinking and smoking by her fellow sex workers to forget and escape from the pain. Before coming to the shelter home, M used to consume a minimum of two packets of cigarettes everyday and 3-4 pegs of whisky at a stretch with her fellow sex workers. Recently, she also started drinking alcohol in the morning itself otherwise she found it difficult to entertain her customers. She also started inhaling eraser fluid to get high and feel happy. On the second day of her admission in the shelter home M developed severe stomach pain, sweating and breathing difficulty. She was seen by the resident doctor who prescribed medicine which did not help her in relieving the pain. Subsequently, the staff noticed that M started to behave in an unusual fearful manner. During this period she was totally confused, fearful, and unable to recognize people around her.

The Key Features of Alcohol Dependence

Physical:

- Stomach problems, such as gastritis and jaundice
- Vomiting or sickness in the morning
- Tremors especially in the morning
- Tremors in the hands
- Fits (seizures)
- Confusion
- Excessive Sweating

Feeling and Thinking

- Feeling helpless and out of control
- Feeling guilty about drinking behavior
- A strong desire for alcohol or drugs
- Continuous thoughts about the next drink
- Thoughts of suicide

Behavior:

- Sleep disturbances
- The urge to have a drink in the day time
- The need to have a drink early in the morning to relieve physical discomfort
- Restlessness

Box: 2

Management of Women with Substance Abuse

- During interview it is important to convey that the information provided would be kept confidential and would be used for helping purpose
- Discuss with them reasons for addiction and details of intake of drugs/alcohol
- Educate them regarding the impact of addiction on her health and family
- Enhance Motivation to quit substances
- Women addicted to substances need to be helped to understand that they can lead an alternate life without it
- Allow her to express her feelings, clarify doubts and focus on the problem areas

Some Common Questions about Mental Illness: Myths and Facts

MYTHS	FACTS
Is mental illness hereditary?	Children of mentally ill persons do not necessarily become mentally ill. Children of most patients remain healthy and lead a normal life. However, severe mental disorders can run in the families
Can a mentally ill person hold a job or marry?	Absolutely yes. If treated, one can work and have family responsibilities. Of course as with physical illness the kind of job may need to be adapted to suit the person's need.
Is mental illness contagious?	Mental illness is not contagious and does not spread from one person to another
Is mental illness the result of black magic or curse?	Not all mental illness is the result of changes in the way the brain works and is sometimes due to stress
Do mentally ill people have to take medicines for the rest of their lives	Most of the people with mental illness have to take medicines for shorter period of time. Some people especially with major mental illness may need medicines for longer period of time

Is mental illness treatable?

Mental illness is treatable. Drugs are an important way of treating mental illness

Are mental retardation and mental illness the same?

Both are different. Mental retardation is present at birth or occurs during the period of development. Mentally retarded people have a diminished intellectual capacity associated with limitation in mental functioning as well as difficulties in doing daily activities. Mental illness can occur at any time in a person's life. Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning often result in a diminished capacity for coping with the ordinary demands of life. Mental illness has nothing to do with intelligence

There's no hope for people with mental illnesses

There are more treatments, services, and community support systems for mentally ill people. People with mental illnesses lead active and productive lives.

People who have mental illness are dangerous

People who have mental illness are not dangerous. Unusual experiences make them violent sometimes.

Can marriage cure mental illness?

Mental illness can get worse if he/she gets married when they are ill. A patient who has recovered can get married and live a normal life like any other person. One needs to inform about his/her illness before the marriage. Woman should seek the advice of their doctor when taking drugs before having a child.

- Help them to consider alternative ways of resolving the problems.
- Involve family in the treatment
- Refer them to a nearby de-addiction center or mental health professional for treatment

Remember You Learnt About...

- Psychosocial vulnerability factors associated with mental health of women.
- Women's mental ill health is typically an indication of her poor social position and powerlessness in relationships.
- Understanding the predisposing vulnerability factors helps in psychosocial management and rehabilitation.
- Co-operation, help, love and affection, support and encouragement are equally important for a speedy recovery.
- Early and regular treatment leads to better recovery .

CHAPTER 8

PSYCHOSOCIAL CARE FOR WOMEN IN SHELTER HOMES

- Psychosocial care is a crucial component in the spectrum of intervention
- Integration of psychosocial care into the spectrum leads to provision of holistic care
- Holistic care is vital for successful rehabilitation and re-integration of women back into the community

The Psychosocial care for women in shelter homes is restricted not only to providing care and support to the women but it encompasses the arena of interventions at individual, family and community level. There is a need to understand that there are many aspects of psychosocial care. Just like an umbrella there is a need to cover all the aspects rather than focusing on giving emotional support alone. While focus may be on the woman, the helping process needs to address the family as a whole. The woman can not be helped in isolation. Even while working with the woman you need to focus not only upon psychological support of helping her in relieving her distress associated with the difficult situation but also in helping her to move beyond the trauma to rebuild her life. Hence spectrum of care needs to be integrated along with psychosocial interventions. Figure 1 depicts the pathway of the process of psychosocial care for women in shelter homes.

Psychosocial Care is an integrated intervention aimed at providing holistic care to the women in Shelter Homes who are brought here due to various difficult and traumatic life events. It is crucial to understand that psychosocial care is important in order to rebuild the lives of women in shelter homes and enable them to get on to the path of recovery. Psychosocial care is holistic when it is integrated along with the spectrum of care that is carried out in shelter homes. Care comes in the seven basic psychosocial interventions depicted in Figure 2.

Ms R, a 15 year old, fell in love with a man and eloped with him. They had a registered marriage against the wishes of her parents at the age of 15. R belongs to an orthodox family and her husband hailed from another community. She converted into her husband's sect and started to live with her in-laws. The difference in religion and family status was a stumbling block for R. She had great difficulty in adjusting and accepting to their customs. The husband's family imposed a lot of restrictions on her such as being confined inside the house and not allowing her to meet her parents.

Figure: 1

Need for Psychosocial Care for Women in Shelter Homes

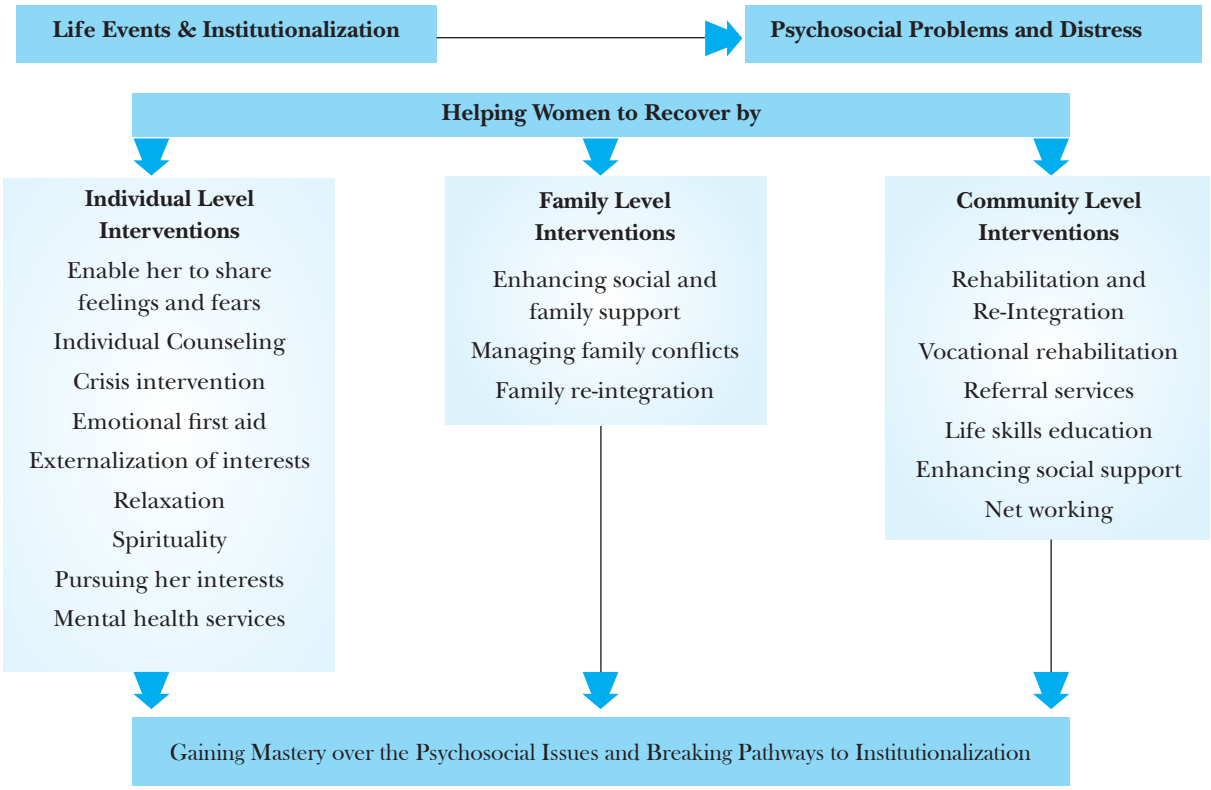
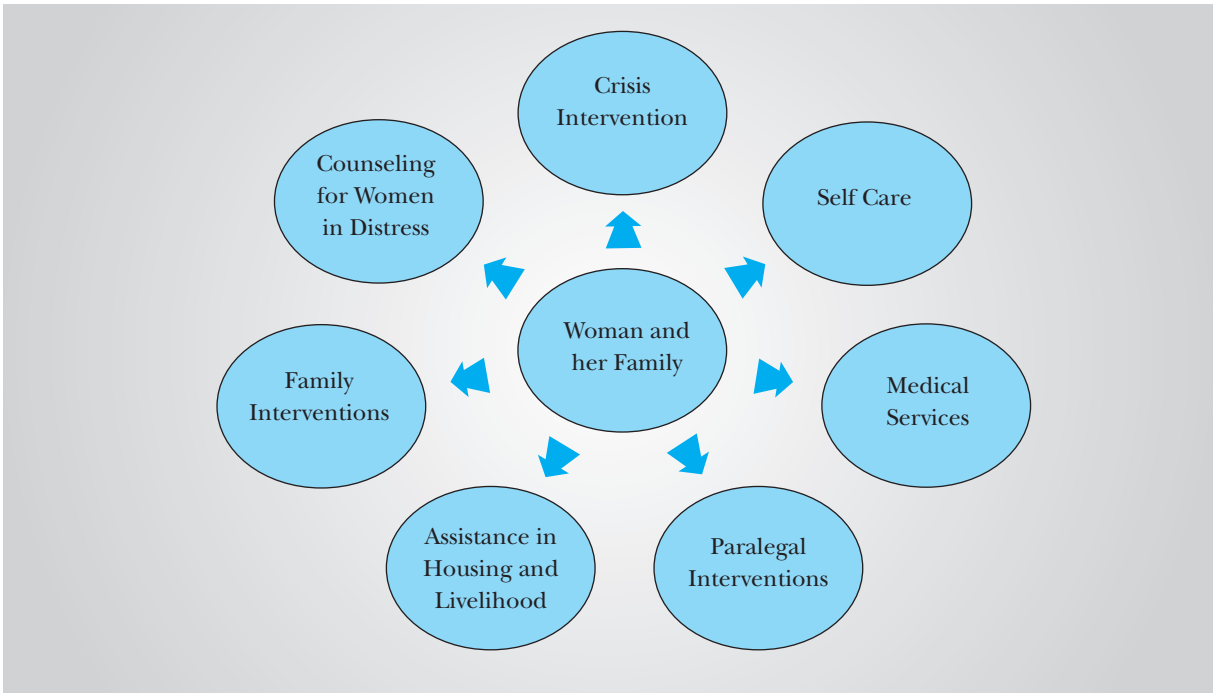


Figure:2



Gradually her in-laws and husband started to demand dowry from her parents. They used to beat her and stopped giving food to her. She was thrown out of the house to bring money from her parents. R's parents refused to take her back as she got married against their wishes. She approached the police for help who referred her to a shelter home for care and protection. Currently she has been staying in the shelter home from the last one year. R blames herself for the things that happened in her life. Many a times she feels that her present condition is a punishment from God for her own mistakes. Her two school children are presently staying with her husband and in-laws. She misses them and wants to re-unite with her spouse and children.

The Psychosocial Intervention done by the Caregiver of the Shelter Homes

The caregiver of the shelter home first provided her emotional first aid by allowing her to ventilate her distress. This enabled the caregiver to build a rapport with R. Once her distress level came down, R felt reassured and learnt how to trust the caregiver. This enabled the caregiver to explore and understand the psychosocial issues of R. Along with legal procedures that was applicable to R as a part of the routine activity in the shelter home; the caregiver initiated other interventions. R was sent for vocational training in tailoring and a beautician course. Regular family counseling is being done. R also was diagnosed to have depression for which mental health services was provided along with counseling. The dowry case hearing is in the process of being settled in the court. R is willing to re-unite with her spouse and children.

The above mentioned case vignette highlights the true essence of integration of the spectrum of holistic psychosocial care provided by the caregiver of shelter homes.

Principles of Working with Women in Shelter Homes

Maintaining Confidentiality

Dealing with women in institutions who are very distressed involves trust and honesty on the part of the worker. The distressed woman shares her information on the basis of trust that she has over the worker. To maintain and strengthen this trust, it is important to maintain confidentiality. Confidentiality means not sharing any information provided by the women with other people which includes other residents and staff without her consent, like her name and other details as it can lead to identification and stigmatization.

Ms. R was rescued from the brothel and brought to the shelter home. R was HIV positive. In some instances, the case worker happened to share this information with other residents in the shelter home. Since then, R was stigmatized among all the residents. She was isolated and residents were hesitant to establish a friendly relationship with her.

Acceptance and Non-judgmental attitude

A Shelter home is a place where women from difficult circumstances reside together which includes women involved in commercial sex work, women with mental illness, pregnant teenagers, women with HIV and AIDS and STIs, and so on. It is important to believe that every woman is vulnerable and has been forced into such circumstances. Through such belief, the staff must make the sensitive attempt to accept each woman in shelter homes and treat them with a non-judgmental attitude that is without having any biased attitude or pre-conceived assumptions about them.

A girl, who is pregnant out of wedlock, is often subjected to biased attitudes by the society which leads to stigmatization and desertion by the family and society. Under such circumstances, the staff in the shelter home should accept the girl who has come for assistance with unconditional love and care and should not be judgmental.

Creating a Conducive Atmosphere

As soon as the shelter home receives a woman who is in distress, it is important for the staff to make her feel comfortable. To create such an atmosphere, one has to show concern and care towards the woman, listen to her calmly and avoid harsh inquiries.

- Showing concern through non-verbal communication: gestures such as caring facial expression, head nodding, eye contact, holding the woman's hands to support her, attending to her basic needs first such as thirst, hunger, and physical health would let the woman know that she is being cared for.
- Asking neutral questions: one should not start regular inquiry as soon as the woman enters the shelter home. The woman should be asked about neutral topics such as about her food intake, current health and needs, etc. This will create a friendly atmosphere between the distressed woman and the staff.
- Attending to her emotions and feelings: many times a woman might be very distressed because of the circumstances in which she has been brought to the shelter home. She might cry a lot, or might show her anger towards the staff. This initial emotional turmoil is normal. In such circumstances, it is important for the staff to remain calm and listen to her worries and concerns.
- Allow silence: some times because of overwhelming circumstances such as rescue by the police etc, woman might feel a sense of confusion or disorientation and will not be able to describe her distress and remains silent. In such situations, the woman can be allowed to remain silent for sometime so that she regains her confidence and will be able to describe her circumstances.

Psychosocial Techniques of Working with Women in Shelter Homes

Normalization

In normalization, a message is given continuously to the distressed woman that everything she is experiencing after the traumatic event is normal. This message will convey that even if she is angry, fearful or frustrated after the traumatic event, it is normal.

Observation

Observation skills are very essential while working with women in shelter homes. Observation of women in shelter home involves:

- Observation of verbal behaviour: language, verbal output, difficulties expressed in verbal conversations, congruency in verbal conversation, conversation and mood of the women etc
- Observation of non-verbal behaviour: eye contact, body language, gestures, mood of the women, distress expressed by them etc

Active listening

Active and attentive listening is an important factor in building initial rapport with the woman in distress. Active and attentive listening would encourage the woman to disclose more about her distress. Through verbal and nonverbal gestures such as nodding head, leaning forward, making eye contact, sitting close to the woman, and with appropriate physical touch, you can make the distressed woman understand that you are listening to her. In active listening, one not only provides attention to the verbal information of the speaker but also to their emotional status.

Empathy

Empathy indicates one's ability to understand and feel other's experiences and situations. It is to understand other's problems and concerns from their point of view which will help you to understand why people behave differently to certain situations.

Reassurance

Reassurance involves giving courage and hope to the distressed woman to face problems with confidence and to indicate that you are there with them. Women in shelter homes often find themselves lost and confused about their future course and actions. They find it difficult to take decisions about themselves. In such situations, they need reassurance by the staff to help them take appropriate decisions.

Ventilation

Ventilation enables women to express their feelings, and emotions. Women may enter the shelter homes with alot of anger, disappointment, frustration, and depression. While talking to them, they might break down by getting angry or crying excessively. At this point of time, the duty of the staff is only to listen to the woman attentively, and be with her when she is expressing herself.

Externalization of interest

It is important for women in shelter homes to make constructive use of time by getting engaged in various individual and group activities. This strategy will help women to normalize their situation and get their mind occupied in meaningful activities. The activities can include physical exercise, recreational games, cooking together, prayers, or income generational activities.

Enhancing social support

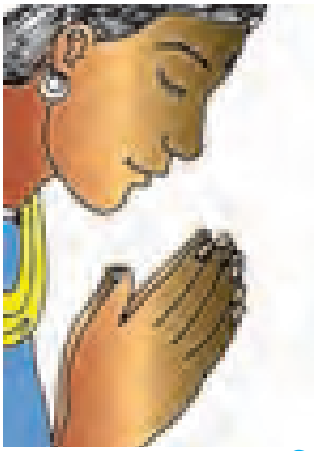
Woman in shelter homes require significant emotional and social support. The aim of the psychosocial intervention should be to help the woman to enhance her social support so that after the shelter home care, her reintegration with the support system can be facilitated.

There are three levels of support available for women:

1. Primary social support consists of immediate family members such as parents, spouse, children, and siblings.
2. Secondary social support consists of extended relatives, friends, and neighbours.
3. Tertiary social support consists of agencies available in the community such as government and non-government agencies, religious organizations, school, hospital etc.

To access all the support system for women in shelter homes:

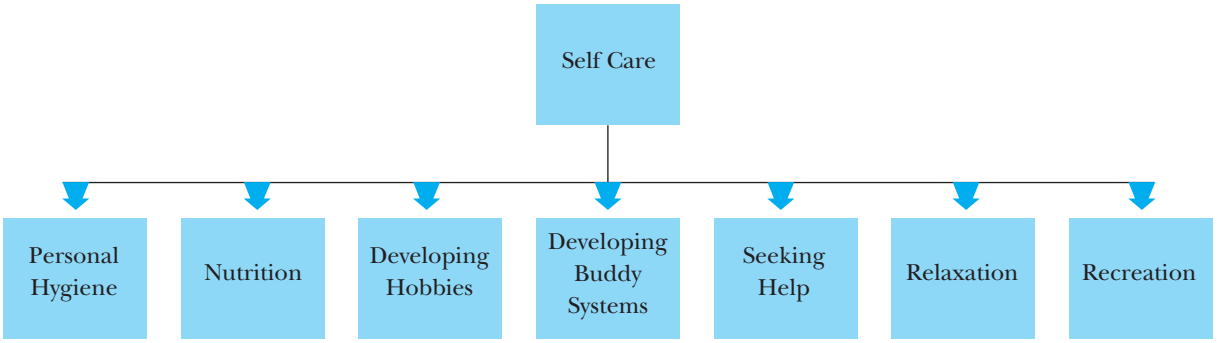
- Teach her skills to access the support system.
- Help woman to map out the people she knows who could help her out.
- Enable her to be aware of and access help available at all the levels.



Spirituality

Spirituality is an integral aspect in the life of an individual. It is deeply embedded in our culture. The belief in a higher power gives a strong sense of strength and support during difficult times. At times when problems erupt, questions arise in our mind as to why one is going through the pain and the trauma in spite of the presence of the higher power. Faith drives the person to seek solace and strength. It is crucial to reinforce spirituality as it has the ability to heal pain.

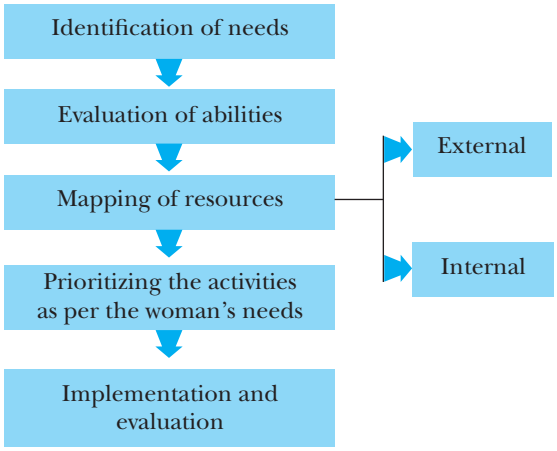
Self Care for Women in Shelter Homes



The stay in shelter homes sometimes becomes a miserable experience for many women, as it fails to provide a homely environment. The conditions in shelter homes requires women to make psychological and social adjustments to the environment. In such conditions, there are some guidelines on self care for women, which will help them to relieve stress to some extent. The shelter homes should make an attempt to provide basic facilities so that women are able to maintain self care.

1. Personal Hygiene: Women should be provided with proper facilities to maintain personal hygiene such as soap, clean cloths, clean under garments, hygienic sanitary pads, clean sleeping beds etc.
2. Nutrition: The daily intake of food should include basic nutrition. Many of the women coming from difficult circumstances would be suffering from anemia or other health problems.
3. Developing Hobbies: This helps women to get preoccupied with meaningful activities and feel relaxed. Shelter homes should provide materials and facilities to encourage women to develop their hobbies such as tailoring, knitting, etc.
4. Developing Buddy System: This helps women to seek support and help whenever they are in distress and share their problem with each other. In buddy system, groups can be made with a leader in the group, and tasks can be allotted to the groups.
5. Seeking Help: Selecting leaders among women in institutions can provide help to other women when they required
6. Relaxation: Techniques of yoga and relaxation can be taught to women.
7. Recreation: Indoor and outdoor games for women can be included.

Vocational Rehabilitation for Women in Shelter Homes



Vocational rehabilitation is one of the important tasks for the care givers of shelter homes. Many times, after the stay in shelter homes, women are unaware about their future. The helplessness and confusion makes them vulnerable to revert to prior conditions. For e.g. after the stay in Shelter Homes, many women go back to prostitution as they do not know or have any means of livelihood. Under such circumstances, the rehabilitation will be complete only when women are given opportunities to develop skills which will enable them to earn their livelihood and be independent. Therefore, the shelter homes should make sure that they have facilities and options as part of vocational rehabilitation. Based on the needs of women, shelter homes can map internal or external resources in order to facilitate the process of vocational rehabilitation.

- Internal resources: tailoring, computer, cookery, beautician, etc, classes for women.
- External resources: placement of women in employment based on their skills and abilities.

Income Generation Activities for Women in Shelter Homes

Setting realistic goals in vocational activities

The women in shelter homes should be helped to set realistic employment goals that commensurate with their abilities, skills, and educational level, and the available employment opportunities in the area. All efforts should be made to provide vocational training necessary to realize such goals. Vocational training is an important element to be included in re-integration plans since it helps to ensure the sustainability of the social reintegration of women by increasing their chances for gaining employment and increasing their confidence in general.

Training and Skill Building

Vocational training should be voluntary, teaching necessary skills to find employment and be offered on a case-by-case basis in accordance with comprehensive re-integration assessment. She should be assisted with skills, training, and loans for self employment through a variety of government schemes that are available. Vocational training should be offered in coordination with NGOs, educational institutes, charitable organizations, religious groups and government partners. The organization should seek out available resources and should try to ensure that the training meets the needs identified in the women's original reintegration plan and is relevant to local conditions.

Generating support systems

It is a standard practice for women in difficult situations to live in a shelter home for the initial period following their entry. If the woman is not able to support herself; cannot or does not wish to return to her family, and has no permanent place of residence then you should assist her by networking with other service organizations for long term support. To be able to identify possible help, co-operation with NGOs should be established so that the woman can normally remain at these facilities while she completes her vocational training, search for jobs, and finds work and becomes independent.

Young women who have not completed their education, have lessr chances of finding work. Helping women to complete their education should be considered a priority.

Micro-Enterprises and Training in Income Generation

Victims of trafficking typically face immediate economic hardship on their return home, either because of the harsh economic conditions in their family or lack of professional and practical skills, sometimes linked to depression and other psychological problems, as well as social stigmatization due to the crime they have suffered. Such difficulties heighten the risk of renewed trafficking as the returning victims find themselves confronted with the same problems that induced them to in the first place.

Income-generating activities and grants for the creation of micro-enterprises can be an effective means to increase the victim's independence and self-reliance. Small income-generating activities can help in this regard by strengthening the victim's self-confidence and autonomy and increasing the family income. To be effective, income-generating projects often need to be integrated into and supported by other protection and reintegration components, such as psychological assistance and vocational training.

Most victims of trafficking will require more than just capital in order to successfully start and maintain a small business. Assistance for micro-enterprises can be done in co-operation with other service NGOs and government organizations. Through networking you can help women to avail income generating training and help them in accessing the grants to establish a small business. As always, a victim's personal and situational assessment is to be assessed to match the skills with existing opportunities in the local labour market.

Referral and Support Services

Enhancing Referral and Support Systems Includes:

- Mapping the support systems
- Regular contact with the referral and support systems
- Involvement of NGO and other voluntary sectors

Working with Families

The objectives will be:

- Reintegration with the family
- Psychosocial and emotional support to the family
- Providing placement services for women

Guidelines for Working with Families:

1. Understanding family situation and conditions
2. Empathizing with family
3. Providing support to the family
4. Providing alternatives to the family
5. Problem solving techniques for the family
6. Empowering families with resources and referral support services
7. Enhancing social support

Mutual Support Groups

Support groups are a great source of strength and support. It gives the group members an opportunity to share their feelings, pain, and their traumatic experiences with one another. Sharing these experiences will enable women to learn various ways to deal with the pain. The women will also understand that as she shares her experiences and hears the traumatic experiences of the other women, she will understand that she is not alone and that there are others who have also gone through other traumatic experiences. Support groups facilitate healing of the mind by:

- Enabling the women to share their traumatic experiences of their journey into the shelter homes.
- The members of the support group also share their own personal experiences within the group
- Sharing would enable the process of ventilation and the burden would become lighter
- The women understand that they are not alone
- Listening to other members in the group with similar problems can improve a person's desire to change

- It helps women to learn to accept problems and become aware of their own strengths and weaknesses
- Women learn how others react, solve their problems and share their feelings
- The pain, shame and trauma through the group process gets lighter
- A platform to explore various solutions to the problems
- This would initiate the process of enabling them to get back on the path of recovery.

It may be difficult for the caregiver to handle all the issues individually with each resident. This is where formation of a group is helpful. Groups can be formed in the shelter home using following procedures:

- Help the residents to form a group consisting of 10-15 members
- Follow basic principles of maintaining confidentiality and inform the group members not to share the information outside
- Not to carry forward the personal information that was shared within the group by being judgmental towards the person
- Initiate the group process and encourage women to share experiences of their life event
- Enable them to understand and feel that they are not alone and reassure them
- Understand their feelings as they express their fear, anguish, sadness and anger
- Emphasize the importance of group ventilation and support which is crucial to enable them to begin the process of healing

Successful Case Vignettes of Psychosocial Interventions by the Caregiver of the Shelter Home

Case 1

Ms.Z, *24 years old was trafficked for sexual exploitation when she was young. She was abused and suffered heavy psychological trauma. Z was rescued and sent to the shelter home for care and protection. Initially she was reluctant to talk with the caregiver. The caregiver nursed her abused body back to good health. Z was assured in words and in action that she was loved very much and totally accepted. She was reassured that she was in no way to blame. She was treated in the home exactly as the others residents. The caregiver also enabled her to regain self-confidence and trust.*

The caregiver networked with a local NGO who provided vocational training in a beautician course while in the shelter home. Z was re-integrated successfully with her family. Currently she works as a hairdresser in a beauty parlor near her house. The job at the beauty parlor has provided her an opportunity to lead a dignified existence.

Case 2

Ms. G *was arrested by the police and brought to the shelter home while she was soliciting customers at the bus stand. In the shelter home, G was reluctant to talk to the caregiver. She used to give inconsistent information regarding her background. Hence initial sessions were focused on building rapport with her. The caregiver used psychosocial techniques of conveying empathy and assured her of confidentiality. G was treated with acceptance and a non-judgmental attitude. The caregiver explained to her about her role and how it would help if she talked about her problems in detail. The caregiver added that she did not insist that G talk right away but that she could think about it and if she felt comfortable, she could come back any other time to talk.*

Once G established confidence and trust with the caregiver she started to disclose details regarding her family background. From the assessment it was found that she was orphaned at a young age and brought up by her paternal uncle and grandparents. Her paternal uncle and aunt used to severely punish her for small mistakes and used to treat her as a servant. She ran away from home at the age of 14 years. She reached the City Railway station in Bangalore and was overwhelmed when she saw the huge crowd. She was perturbed and worried how she would find a job and place to stay in this big city. She was greatly relieved when an elderly aunty voluntarily spoke to her and invited her to her house. It was like a dream come

true for her that in such a short time she was able to find place to stay in this big city. When she went to the aunt's house she was introduced to two more girls who sold trinkets and handkerchiefs in the underpass of the city railway station. She also noticed that the aunty used to bring many girls like her from the railway stations, bus stands and introduced these girls to other contacts.

Subsequently, the aunt initiated her into commercial sex work. It was a shock for her initially but she says that she had no choice as she did not have a safe place to stay. During the day time she would sell the trinkets in the underpass and towards the evening this aunty would fix the client. Once G was going to the market along with friends and they hired the services of an auto driver near the bus stand. Over a period of time on three occasions the same auto driver dropped her and her friends to various locations. Gradually her friendship with the auto driver developed into an intimate relationship with her and he expressed his desire to marry her. He was aware that S was a commercial sex worker. The auto driver was divorced and went against his family and married G in a temple. On their return due to the non-acceptance of his parents of the marriage he was forced to live independently.

All was well for the first two months post marriage. Due to the financial hardships G was forced to return to flesh trade. She was once again arrested while soliciting men at the bus stand.

Psychosocial Care Intervention Provided by Shelter Home Caregiver to G

G was able to express her worries through a process of ventilation before contacting her husband. G was fearful about what would happen to her marriage after revealing the truth to him. She was fearful that her husband may abandon her forever in the shelter home.

G's husband was contacted and an individual session was held with him. In the session her husband shared the efforts he had made to trace her. It was found that he had given a missing complaint at the police station and also visited some of her friends place to try and trace her.

The caregiver had individual and joint sessions with G and her spouse. In the session the couple was encouraged to talk about their issues and problems. This therapeutic session provided a platform for the couple to reconcile as G asked forgiveness from the spouse. G assured that she would not commit the same mistake anymore. The spouse, understanding G's situation, agreed to take her back home. The caregiver facilitated the process of family reunification and also discussed the future rehabilitation plan for G along with her spouse.

In the individual session with G the caregiver also taught her skills to look for alternative strategies instead of making a choice to go back to commercial sex work. The problem solving skills also taught to her to face similar challenges in the future.

Through the help of a local NGO the caregiver of the shelter home helped her to get a job as a helper in a play home near her house. G was reunited with her husband successfully.

Remember You Learnt About...

- Psychosocial care is an integrated intervention aimed at providing holistic care for women in shelter homes.
- The principles of working with women includes: maintaining confidentially, acceptance and non-judgmental attitude and creating a conducive atmosphere.
- Vocational rehabilitation of the woman should be offered on a case-by-case basis in accordance with a comprehensive re-integration plan.
- Support groups are a great source of strength. The formation of support groups should be encouraged in the shelter homes.

CHAPTER 9

CRISIS INTERVENTION

- Women facing crisis situation in shelter homes is common.
- The person in crisis situation is overwhelmed by the situation and is unable to cope with it immediately.
- Management of crisis situation requires skills.
- One needs to determine the severity of the problem and act accordingly.

Crisis in shelter homes is common. Both the caregiver and residents face crisis at different points in time. Crisis is a situation where an event or happening catches a person unaware. The person in crisis is overwhelmed by the situation and is unable to cope with it immediately. Handling crisis require skills and techniques. Some of the common crisis that either the caregivers or the residents goes through in the shelter homes are:

- Sudden outbreak of fights among the residents
- Medical emergencies/pregnancy/child birth related complications
- Women attempt to escape from shelter home
- Survivors of trafficking
- Women who are suicidal/deliberately harm themselves
- A violent woman
- An agitated woman
- A woman in a state of confusion
- A woman who develops seizure
- A woman who is dull, withdrawn and suspicious of others

Some Examples of Crisis in Shelter Homes

Ms. S, 25 years old, was a survivor of trafficking. She worked as a commercial sex worker for 5 years. S was rescued by an NGO and brought to a shelter home for women. S was depressed since the time she came to the shelter home. She expressed her anger to the staff. Sometimes she would refuse to eat food and cooperate with staff and other residents. One day, S had a fight with the staff and she refused to eat her food. At that time, S became so angry that she cut her wrist with the knife in the kitchen and fell unconscious. This created panic in the shelter home.

Ms. L was abandoned by her parents in a psychiatric hospital. She was referred to a shelter home for long term rehabilitation. L has mental retardation and epilepsy. L's epilepsy was not known in the shelter home. One day, she got a seizure which created panic among the residents and they did not know what to do.

Steps in Crisis Intervention

Determining Severity of the Crisis

The first step in crisis intervention is determining the severity of the problem. If the person in crisis is physically injured or violent some immediate steps need to be taken to safeguard this person and those around. More typically, the person in crisis is confused, anxious, and unsure of what to do next. This is not an immediate medical emergency. There is some time to assess the problem and find solutions.

Showing Empathy

The initial response to a person in crisis should be to demonstrate empathy. This is the communication to the person in crisis that you, the helper, understand the feelings being expressed by the person in crisis. The affected person should be comforted and made to relax.

Normalizing Situations

The emphasis should be on normalizing the situation by limiting chaos at place. Women should be asked to maintain calmness and silence as much as possible so that concrete steps can be taken. Too much chaos would create more confusion which would prevent caretakers from taking any action.

Exploring the Problem

After preventing confusion and chaos, one should try to explore the exact problem and take necessary action. Active listening should be given emphasis here. The caretakers can try to gather information from various sources about the problem.

Symptom Management

The caretakers should know about simple techniques of managing some of the emergencies such as seizures, high fever, vomiting etc. The caretakers can be equipped in emotional first aid to women in crisis.

Developing an Action Plan

This is the final step in crisis management. A plan can be developed immediately to deal with the issues at hand. The plan can consist of referring to an outside agency, or locating internal resources. For such crisis situations which are very common in shelter homes, the care takers can have a list of referral agencies at hand. The alternatives should be well thought for regularly occurring emergencies such as women developing seizures, or untimely delivery of child etc.

Some Tips to Handle the Crisis in the Shelter Home:

a. Sudden Outbreak of Fights among the Residents

Sometimes there may be a quarrel between residents that may lead to violence. This may be a frightening experience for you.

- Separate the residents for a while
- Ask the aggressive person to leave and come back at a time when they feel calm
- Provide necessary first aid incase of any emergencies
- Close monitoring to prevent further fights
- Talk to them and find out the reasons for fights
- Take disciplinary action if violence persists

b. Medical Emergencies/Pregnancy/Child Birth related complications:

- Reassure and calm down the women in crisis
- Provide immediate first aid
- Contact the medical team for advice
- Shift the woman at the earliest to the nearest hospital
- Maintain an updated data of help line numbers
- Keep staff informed of all the helpline numbers

c. Women Attempt to Escape from Shelter Home

- Understand the reasons for the attempt
- Avoid confrontation or punishment for such behaviour
- Don't be judgmental
- Reassure of a just and fair hearing of the problem faced by the women
- Counsel them about the consequences of life beyond the protective environment
- Refrain from subjective feelings coming in the way of therapeutic psychosocial intervention

d. Survivors of Trafficking

- Be non-judgmental while responding to the problems of survivors of trafficking
- Don't look at them as a socially deviant individual
- Be sensitive while addressing their issues
- Recognize them as resilient human beings, struggling to earn a living, socially ostracized, exploited and trapped.
- Allow the survivor to ventilate feelings and distress
- Motivate them to break the cycle of re-entering into previous profession by thinking of various alternatives.
- Assist them in finding alternate employment
- Enable them to build their psychosocial competencies
- Provide information about NGO's/voluntary organizations that provide various services and welfare measures.

e. Women who are suicidal/deliberately harm themselves

Whenever, a woman threatens that she wants to end her life, take her words seriously rather than ignoring it. You need to understand why the woman wants to end her life and support her in the difficult situation. Keep a watch on her and see to it that someone is always with her till she is taken to a doctor.

- Quickly find out the reason she decidedto attempt suicide
- Tell her that you are there to help her and solve her problems
- Suicide is a sensitive subject. Talk to her in private. Give her enough time to feel comfortable and share her problems with you frankly.
- Do not make judgments about her character
- Do not make re-assuring statements without understanding her concerns and problems because this makes her feel even worse
- Listen to her with sympathy, encourage her to ventilate and express her problems
- Ensure that she is out of danger in case of overdose of medicines or poison or a serious injury. Medical aid must be given first
- Ensure that the woman is constantly in the company of someone who she trusts
- If she is at the risk of harming herself again, ensure immediate medical intervention
- Ensure that dangerous items such as knifes, medicines etc are kept away from her
- Depressed patients tend to view life negativly. You can initiate positive ways of thinking
- If the suicide attempt is serious and life threatening and if there is persisting suicidal ideas despite counseling then seek the experts for long term counseling with medication
- Don't take suicide threats lightly

f. A Violent or Excited Woman

A common belief is that people with a mental illness are dangerous because they become suddenly aggressive. It is true that in some instances the symptoms of mental illness can lead to aggressive/violent behaviors. The common reasons for aggressive behavior are:

Imagine-you are hearing voices that speak meanly about you and make you feel that others are plotting to kill you. You would feel scared and attack those who you believe were trying to kill you. This is what happens with people who have a psychiatric illness. The people with psychiatric illness think others are talking about them, or plotting against them. No matter how much you try to reassure them this suspicion does not go away.

Sometimes stopping/withdrawal of alcohol or drugs leads to aggressive and agitated behavior. The person does not know where they are, what time or day it is or who is speaking to them. The person may become frightened and feels the need todefend oneself from strangers which results in violent behaviour

- Speak clearly. Do not shout in an attempt to calm her.
- Never threaten the woman. This can only worsen the situation.
- Keep some distance from her and try to find out the reasons for anger and who/what is troubling her.
- Calm her by talking, reassuring and listening to her. Do not be in a hurry to put the situation under control.

- Tell her to calm down by firm reassurance, if this is not possible you have to restrain her to prevent injury to herself or others.
- Throw a blanket on the patient and hold her with the help of others. Take her immediately to the doctor.
- Do not rope or chain to restrain her. If necessary use only a towel or long cloth to tie her hands.
- You should be concerned about the safely of patients and others. Your primary goal must be to protect, understand and help the person.
- Take the help of a person in whom she has confidence.

g. A Woman with Confusion

Confused women do not recognize others, are not fully aware of their surroundings and cannot make any sense of what you are saying. The main features of the woman who is confused are:

- General appearance shows poor self-care
- Not aware of her surroundings as you would expect her to be
- Unable to remember things that happened recently
- Does not know what day it is/where she is
- Does not sleep properly in the night
- Is un-cooperative and fearful
- She hears voices and is suspicious. Her body language suggests of hearing voices, e.g. looking in a different direction as if someone is speaking to her
- Makes strange body movements
- Becomes restless and aggressive
- Talk may not make any sense and seems irrelevant
- May take too much time to talk or may not talk at all

Handling a woman having confusion

- Find out if she had fits. Confusion causes epilepsy (seizures/fits)
- Enquire about if she had a recent head injury
- Find out tactfully whether she consumed any drug with an intention of ending her life
- Check if she has any medical illness such as diabetes, high blood pressure, high fever, AIDS
- Refer to the doctor for help, especially a mental health professional
- Avoid giving anything to a person such as water or food.
- Avoid the presence of strangers, and unwanted disturbances around her

h. A Restless and Excited Woman

- Do not confront, scold or argue or provoke her.
- Advice others not to talk or act in a way that causes irritation or provokes the patient.
- Keep away people who she does not like to interact with.
- Try to gain confidence by enquiring the cause of her problem.

- Once she calms down talk to her.
- Convince her that she needs some medicines which will help her in handling issues.

i. A Woman with Seizures (Fits)

Seizures or fits are when a person suddenly shows a change in behavior/ consciousness lasting for a minute or more. There are also seizures in which the person may be fully or partially awake. The only changes may be short periods of losing touch with reality or repeated movements such as smacking the lips. There are three types of seizures seen in adults:

Generalized Seizure: In this type of seizure a person loses consciousness for a minute. Her body becomes stiff and shakes in a jerky manner. This seizure is associated with biting of the tongue, passing urine and injury because of sudden fall or the movements. The person may cry or scream just before the attack with her eyelids rolling upwards, and frothing at mouth. During the seizure she may remain unconscious and will not respond to command. After the seizure she may not be aware of what has happened to her during this time. Some may show confusion and feel drowsy and complain of weakness of limbs, may behave abnormally for a short period of time subsequent to the seizure.

Partial Seizure: This may occur in a person who is awake/ in a person who is confused or in touch with their surroundings. Some may have jerky movements of the arms. Many experience a warning or feeling that the seizure is about to start such as unusual feelings in the stomach area, hearing or seeing, smelling things that are unusual.

Hysterical/Conversion Seizures: This is more common in women than men. This seizure is associated with psychological stress and emotional problems. Their characteristics do not show the typical presentation of true seizures patterns mentioned above. This kind of seizure is called as pseudo seizures/hysterical seizures (fits).

Dealing with Seizures

During the seizure your main aim is to ensure that the person does not injure herself. Do the following:

- Be calm and tell other people who are around not to be afraid.
- Try to turn her on her side and move her away from objects that she may strike herself against during the fit
- Do not attempt to force anything between the teeth, like cloth, spoon or wooden piece. They can break the teeth or cause choking
- Do not try to hold or restrain her
- Do not attempt to stop the convulsion by catching hold of the limbs as it may injure the person.
- Do not allow people to crowd around the person

Difference between Hysterical/Pseudo Seizures (Fits) and True Seizures		
Differences	**True Seizures**	**Pseudo Seizure**
1. History of fall and injury	Present	Absent
2. Fits when alone/during sleep	Present	Absent
3. Every fit same as the other	Same	Different
4. Movement of limbs	Regular	Irregular
5. Tongue bite	Present	Absent
6. Passing of urine and faeces	Yes	No
7. Inducing an attack by strong suggestions	Not possible	Possible
8. Remember the attack	No	Yes
9. Consciousness	Lost	Never lost
10. Duration of fits	Seconds to minutes	Longer period

- Loosen any tight clothing that she is wearing
- If there is any injury after the fit, wash and dress any small cuts and scratches.
- Do not try to force her to take medicines/drink water
- After the seizure is over, she may feel sleepy. Comfort her after she wakes up
- If she gets repeated attacks take her to a doctor immediately.

j. A Woman with Post Partum Depression or Psychosis

Some mothers are mentally disturbed after child birth. During child birth a woman's body undergoes many physical and hormonal changes which can lead to mental disturbances in a woman. If any mother show signs of depression, the following things can be done to improve the psychological health of a woman-

- Reassure the mother that emotional distress is very common
- Encourage the mother to talk about her feelings
- Ensure that someone helps her in taking care of the baby during the initial days
- Ensure adequate rest
- Talk to her and allow her to share her concerns and worries
- Encourage the mother to talk about her feelings
- Do not be judgmental
- Specifically ensure that she gets adequate sleep and support with infant care
- Make sure the infant is taking proper feeds
- If the mother does not feel better in a week's time, keep a closer watch because this may mean her blues are turning into a severe mental illness. Refer her to a mental health professional.

k. A woman who is dull, withdrawn and suspicious of others

- Take time to talk to her
- Check for suicidal ideas
- Pursue her to eat something

- Refer her to a mental health professional
- Suspiciousness is a part of the illness. Do not question her beliefs or suspiciousness. Do not confront or tell her that her beliefs are wrong, baseless or false
- Allow her to talk about her suspicions. Do not pass any judgment

Remember You Learnt About…

Steps in Crisis Intervention Includes:

- Determining severity of the crisis
- Showing empathy
- Normalizing situations
- Understanding the problem
- Symptom management
- Developing an action plan

CHAPTER 10

PSYCHOSOCIAL COMPETENCY BUILDING FOR WOMEN IN SHELTER HOMES

The various difficult living circumstances and stressful live events the women go through before the institutionalization has already been explained in the previous chapter of the manual. The women living in Shelter Homes need to be prepared for an independent life. Enhancing life skills helps the residents to face real life challenges successfully once they are re-integrated into community. Life Skills are 'living skills' or abilities for adaptive and positive behavior that enable individuals to deal effectively with demands and challenges of every day life (WHO 1997). The following are the ten generic skills.

Critical Thinking: It is the ability to analyze information and experiences in an objective manner.

Creative Thinking: It is an ability that helps us look beyond our direct experience and address issues in a perspective which is different from the obvious or the norm. It adds novelty and flexibility to the situation of our daily life. It contributes to problem solving and decision making by enabling us to explore available alternatives and various consequences of our actions or non-action.

Interpersonal Relationship: It is a skill that helps us understand our relations with others and relate positively or reciprocate with them. It helps us to maintain relationships with friends and family members.

Effective Communication: It is an ability to express ourselves both verbally and non-verbally in an appropriate manner. This means being able to express desires, opinions, fears and seek assistance and advice in times of need.

Decision Making: The process of assessing an issue by considering all possible/available options and the effect those different decisions might have on them.

Problem Solving: Having made decisions about each of the options, choosing the one which suits us best, following it through even in the face of impediments and going through the process again till a positive outcome is achieved.

Coping with Emotions: It is an ability which involves recognizing emotions in others and ourselves. Being aware of how emotions influence behavior and being able to respond to emotions appropriately.

Coping with Stress: It is an ability to recognize the source of stress in our lives, its effect on us and acting in ways that help to control our levels of stress. This may involve taking action to reduce some stress for example changes in physical environment, life skills, learning to relax etc.

Self-Awareness: It includes our recognition of ourselves, our character, strengths and weakness, desires and dislikes. It is a pre-requisite for effective communication, interpersonal relationship and developing empathy.

Empathy: Empathy is an ability to imagine what life is like for another person even in a situation that we may not be familiar with. It helps us to understand and accept others and their behavior that may be very different from ourselves.

Teaching above mentioned life skills to the women while they are in shelter homes helps them to deal with their problems more successfully once they are rehabilitated into the community. These women need life skills as a foundation for entering into mainstream. Life skills training helps them to interact effectively with others, builds their self-esteem and self-confidence to face problems in a constructive way.

Module 1

Interpersonal Relationship Skills

The development of interpersonal relationship skills begins early in life and is influenced by family, friends, and our observations of the world around us. The relationship is also influenced by early childhood experiences and personality traits. It is true that no man lives in isolation. Two basic elements are necessary to form any relationship. These are,

- Trust
- Honesty

Many young women who end up in shelter homes are found to be deceived and later abandoned once they are pregnant. Most residents come from uncared and unprotected family backgrounds and are craving for love and affection from others making them easy prey to be deceived.

This module gives inputs to the participants on the nature and type of relationships as well as the various factors which help to create and maintain good relationships. The activities help them to understand the skills involved in establishing, maintaining and ending any relationship in a constructive way.

Activity 1: Game

Aim:

To help the participants to understand that trust is a basis for forming meaningful relationship with others.

Material Required:

Scarves or large handkerchief/dupattas for half the number of participants.

Trust and Sharing

Process:

Divide the participants into pairs. Blindfold one person in each pair and ask the other to act as the guide. Tell the guide to tour the blind person across the room making sure that she does not hurt herself. Each pair should avoid bumping into each other. Carry out this exercise for five minutes and speak for another five minutes after reversing the roles.

Ideas for Discussion

1. How was it to play the game?
2. What was the difference between the guide and blind person's roles?
3. What were your feelings about the person guiding you?
4. Were you suspicious? If yes, why?
5. What skills did the blind person need to do the activity successfully?
6. How important was the role of 'trust' in this game?
7. What lessons have we learnt from this game with specific reference to your relationship with others in the shelter home?
8. How can we apply these lessons in our day-to-day lives?
9. Why do we often have difficulties in relationships?
10. What skills do we need to improve our relationship with others?
11. What did you learn from this experience of being blindfolded?

Summary:

- Having a meaningful relationship with other helps to enhance an individual's mental health to a large extent.
- Trust is a crucial part in any meaningful relationship.
- Trust is a positive sign towards building stronger relationships. However, even when we do trust someone, the information we give should be at our discretion. One need not have to tell everything just because they trust the person.
- All of us are entitled to our personal lives and privacy, we don't have to tell everything to everyone even if we trust them
- Some times betrayal of trust will happen sometimes and should be taken in one's stride.

Expected Outcomes:

Most of the residents in the shelter home are vary of trusting due to past betrayals and often they are a poor judge of whom to trust. This game helps them to understand the idea of trust and keeping information personal and discrete.

The residents learn the skills that are necessary to have a trusting relationship.

Activity 2: Group Discussion

Aim:
To help participants understand the concept of healthy relationships without having physical sexual relationships.

Material Required:
Case Study

Process:
Divide the large group into 3 smaller groups of 10 members each. Give each group both the case stories and ask them to discuss the questions raised below. Ask each group to select a leader and a moderator, to write down the points of discussion based on the case stories given to them. Give 20 minutes for discussion and ask the moderator of each group to present their discussion.

Case Vignette

Understanding Relationship

Case Vignette of Ms U

Ms. U *a 19 year old smart young girl hails from a rural lower socio economic status nuclear background. Her mother died due to tuberculosis. Her father was working as a daily wage earner and her grand mother raised her. Her mother and her relatives were extremely critical of her, as they would always attribute her as the cause of her mother's death. Her father died shortly due to some medical complications that she is unaware of. This came as a great shock to this young girl as she lost out her only source of love and affection. After the death of the father the grandmother's burden as a primary care giver increased and this led to more frustrating moments when she would be critical of U. Unable to bear the hostility and unhappiness at home her older brother ran away and till today he has not returned home. Her miseries increased but she somehow adjusted as she had nowhere or no one to go to. It came to a point that the relationship became unbearable as her grandmother would abuse her and also assault her and blame her for all the misfortunes that had befallen them and consider her as a big curse and bad luck to the family. It was at this time that U decided to run away from her miseries as she thought that was the best thing she could do just like what her older brother did. So with the help of her neighbor who gave her some financial help she came to Bangalore.*

She stayed in her neighbor's aunt's house and worked as a house – maid for about six months. Since they were on a transferable job once again there was crisis in her life, as she could not go with them. During the stay there she met a young smart businessman and struck a relationship. He resembled one of her favorite Kannada film heroes and she was attracted to him since day one.

She reports it was a casual relationship initially. He gave her all the attention she needed as she shared with him all her feelings and insecurities. Slowly they started to share an intimate relationship. It was frightening, as somewhere in her heart she knew that such intimacy out of the framework of marriage was not accepted. However, she quotes her relationships with her boy friend as follows-"He filled up the gap of my parents. He fulfilled my childhood longing for love and affection".

However, she gave in as he promised her that he would marry her in spite of the vast socio economic status disparity. In that trust she continued her relationship. She moved to a short stay home to get temporary care and shelter as he had promised to marry her. Days went by and her relationship with him got stronger but he made no attempts to take her to his house or talk about her to his parents. One fine day Ms U realized that she was pregnant when she was taken by the care taker of the short

stay home to a nearby hospital as she had been having nausea and giddiness. She went searching for him but she could not spot him and she could not ask any one, as she was scared of facing the wrath of his parents.

On the fourth day he came to see her. But he was not the same warm loving person when she broke the news of her pregnancy. He was shocked and told her that she needs to abort the foetus. He said that his parents would not accept her in this state. He promised her that he would get married to her shortly and promised to come in a week's time and take her with him to his parents. That was the last she saw of him. Her week of waiting has ended in a month and he had still not come. When she went to his shop she was in for a rude shock when the shopkeepers there said that he just a worker who was working there for a short while and he has not turned up for the past one month. Ms U is in a state of shock and she cannot return to her grandmother house, as she fears that she will be thrown out or harmed, as this was an unpardonable sin.

Ideas for Discussion

1. How can we describe the relationship between Ms U and her boy friend?
2. How can we recognize between friendship and love?
3. What skills does Ms U need to understand the type of relationship she had with her boy friend?
4. What skills are necessary to maintain a healthy relationship with another person without having a sexual relationship?

Case Vignette of Ms V

Ms. V, *17 years old, lives with her aged grandparents and her younger brother. Due to the failure of rains they found it hard to make both ends meet. Since she had lost her parents at a young age she was very fond of her grand parents. Since the grand parents were old and unable to work, the onus of managing the home front rested largely on this young woman and her younger brother. Both of them decided to come to the city in order to earn a living. They got jobs at a pharmaceutical company and with the help of a relative rented out a house and settled down in the city. The feeling of earning and sending money order to the family gave a lot of satisfaction to them. Life went on smoothly and gained an exciting momentum when the thrill came in the form of one of V's colleague, Mr. A, working as a driver. V describes him as a smart, caring and loving person. Initially, it was just friendship and all three of them would go together for work.*

Then they started to get into an intimate relationship by going out for movies and dinners together. Before she realized it she fell in love with this person who also claimed to love her and proposed to her. He felt that it was essential for both of them to express the true love that they had for each other by getting more intimate. But Ms. V who had grown up on a strong value system was against indulging in premarital sexual relations. She is confused whether to go head with having a sexual relationship with her boy friend to show her true love for him.

Ideas for discussion

How can you describe the relationship between V and her boy friend A?

What skills does V need to understand her relationship with A?

What skills does V need to say 'NO' to A?

What are the abilities required by V in order to understand the kind of relationship she has with A?

Do you agree that love can be shared without sex?

Summary:

- Life is about relationships. Every person needs relationships.
- The type of relationships and bonds differ at each stage of one's life.
- Most young girls in their early adulthood think that they are in love when they feel attracted to the opposite sex and invariably fail to distinguish between infatuation, desire, love and lust. They hurriedly seek to have sexual gratification at a purely physical level. This leads to failure in relationships and risk of premarital pregnancy, abortion, STIs, HIV and AIDS.
- For safe and responsible behavior, it is important that women need to be more assertive to say 'NO' firmly to premarital sex.
- Physical relationship alone can not be the basis expression of love towards others. One needs to learn to control and express to their sexual desire according to social standards/societal code.
- Sex is a biological necessity but needs to be handled with maturity due to the physical, emotional and health related consequences. One should wait till one is mature enough to understand the consequences of such relationships in the long run.

Outcomes:

Participants use the skills of understanding self, emotions, think analytically when in any relationship and recognize the nature of the relationship.

Participants use skills to look at the long term outcome of any relationship and decide on the role of self in it.

The participants are able to differentiate between mature love and immature love in relationships so that they can avoid unhealthy relationships.

The participants understand the harsh reality of getting blindly into a relationship without analyzing long term consequences.

Module 2

Self Awareness/Self Esteem

Self-awareness includes our recognition of ourselves, of our character, of our strengths and weaknesses, desires and dislikes. Developing self-awareness can help us recognize when we are stressed or feel under pressure. Some of the key concepts of self-awareness include:

Self-concept

The total composition of beliefs and feelings that is held about oneself at a given time, formed from the internal perception and perception of others reactions.

Self esteem

How we evaluate our image or the value we attach to a particular-characteristic. The way we accept ourselves fully including our faults.

Self image

This is how we view ourselves and our roles and this may have to do with who we are, our social roles, personality traits, etc

A woman with high self-esteem has a variety of human relationships with people of different ages. She has a realistic idea of her own strengths and weakness. When she is upset or depressed, she has a variety of ways to restore her emotional equilibrium. The woman with high self-esteem has a sense of innate worth. She feels comfortable and content with herself. She is not overly self-critical. She does not believe that there is anything fundamentally wrong with her. She likes herself.

The woman with low self-esteem sees herself as a helpless victim of fate. Her life is something beyond her control. She finds herself unable to act in her own interest. She feels highly insecure and fear of rejection is very high. Her basic sense of self-worth and her confidence in her own abilities are shaky. The woman with low self-esteem frequently turns to others for emotional support and reassurance because she feels she lacks inner resources. She may repeatedly demonstrate poor judgement in her selection of friends or partners because she is often acting out of extreme neediness rather than mature interest and care. She almost tolerates troubled and dysfunctional relationships and depends on others for emotional support and care. As a result many of the friendships she forms tend to be fragile and fraught with turmoil and difficulties.

In a society where a female's experience is frequently devalued, unappreciated or abused, low self-esteem is an inevitable result. Women due to no fault of their own grow up to feel that they are inferior. They often feel inadequate or worthless and spend more time worrying about their deficiencies than appreciating their good qualities. They typically dislike their bodies for being less than physically perfect as defined by some arbitrary and changing cultural standards. When things go wrong they blame themselves and they tend to be extremely harsh in their self-criticism.

Most women in shelter homes suffer from low self-esteem due to exploitation, abuse, isolation and stigmatization. These women have negative perceptions about themselves. They lack a sense of identity and do not value themselves. They develop negative self of themselves in the form of:

I am useless

I am a bad person

I am dirty/damaged

I don't deserve anything

I am inadequate

I can never get out of my problems

I am a worthless person

I am good for nothing

Any one can use and throw me

I am a loser

I can not do anything right

Nobody likes me

These women with low self-esteem are extremely vulnerable to depression further leading to feelings of inadequacy, unworthiness, helplessness and hopelessness. This prevents them from beeing motivated to overcome their problems and seek out opportunities for normalizing their life and achieving their goals. They eventually end up isolating themselves as they lack confidence in themselves and others. Many women report a lack of self-confidence and self-esteem as a block to change. Unless a woman with low self-esteem is able to take steps to improve her feelings about herself, she will have little chance of living to her full potential and experiencing happiness. In order to rehabilitate or rebuild her life, a woman needs to regain a more competent and healthy image of herself. This module focuses on enhancing the self-esteem of women by assessing their strengths and weakness.

Steps to Enhance Self-esteem Women – Role of Caregivers

- Praise and focus on giving a positive message
- Encourage taking responsibility to carry out small tasks
- Promote positive identity formation
- Give them a sense of security and belonging
- Induce a sense of achievement by giving task assignments
- Discuss with them and find activities they can do well
- Remove feelings of guilt, self-blame by talking with them
- Encourage them to have 'role models'
- Appreciate special qualities
- Provide opportunities for positive peer interaction
- Avoid comparison with other residents
- Help them develop healthy life styles
- Avoid criticizing
- Avoid demeaning them based on their problems
- Avoid finding fault and mistakes

Activity:

Individual Activity

Aim:

To help the women recognize their strengths and weakness.

Materials:

White sheets, pen/pencils

I am a Special Person

Process:

Ask each participant to draw their picture and write about their likes and dislikes.

Write about:

- 10 things about themselves that they are really feel proud of.
- Then ask them to imagine those things disappearing from them.
- What are their good qualities and bad qualities.
- What do they want to become in the future.
- What are the things they would like to change. How?
  Ask the participants to share their experience of this activity with the group.

Summary:

Everyone has strengths and weaknesses.

Each one has unique potentials and strengths. They can identify these and thus learn to love and respect themselves for what they are.

We should accept ourselves. Some aspects of our lives are unique and unchangeable and we should learn to accept them.

Those with high self-esteem are more positive about themselves. In contrast, those with a low self-esteem believe they are unimportant, unable to interact freely and responsibly with others, avoid social interaction and remain isolated.

The reasons for low self-esteem are-negative body image, sense of hopelessness, lack of awareness about one's own ability, being critical towards oneself.

Learning to accept oneself, learning to love oneself, assessing one's own abilities realistically including strengths and weakness, consistently making small changes to improve one's self-esteem.

Outcomes:

Participants accept their good and bad qualities, strengths and limitations as a whole and see themselves as unique.

Learn the skills to improve their self-esteem

Module 3

Managing Emotions - Anger Management

Some days we are in a good mood, some days in a bad mood. We are human after all and emotions are an integral part of us. Positive emotions such as joy, happiness and excitement, bring light to our lives. Negative emotions such as sadness, anger, anxiety, frustration affects mental and psychological wellbeing. Managing emotions involves recognizing our own emotions and those of others; being aware of how emotions influence our behaviour and being able to respond to emotions appropriately. It requires awareness and discipline. It emphasizes not only on managing or coping with emotions and feelings in oneself, but also in others. Intense emotions, like anger or sorrow can have negative effect on relationships and mental health of the individual.

Residents in shelter homes often have difficulty in controlling their emotions especially anger. They often tend to handle their anger in the form of self destructive behavior, suicidal attempts or in the form of overt acting out such as shouting, aggression, violence, harm to others or property or extreme rebelliousness. Learning to vent out or express anger and feelings appropriately is an important skill in all interpersonal social relationships. This module helps the residents to learn the skills to handle anger in an appropriate way.

Healthy Steps for Anger Management:

- Teach the participants to practice instant calming techniques – Close eyes and count 1 to 10 forward and backward.
- Take a deep breath and use self talk – saying helpful statements like 'Calm Down', 'Relax', 'Don't Get Excited'.
- Make an action that delays the responses such as – taking sips of water, inhaling and exhaling out slowly.
- Tell them to give a clear indication that they are upset and they do not want to discuss the issue as they are angry. Ask them to indicate a specific time later when thhey would be more under control to discuss about the issue.
- Walk away from the situation that causes anger.
- Teach the participants to take out pent up anger in creative ways through listening to calm music, going for a walk, gardening etc.
- Anger can also be expressed in a non-threatening way by writing a letter to the person.
- While discussing about the reason for anger tell the participants to avoid using words like 'Never or Always' and use the word in distress mode. Instead of saying 'You Hurt Me' say 'I Feel So Hurt'. This is one way of taking responsibility for one's own emotion and allowing space for dialogue and possible ways of solving problems or situations.

Activity 1: Game

Aim:

To facilitate recognition of ways of expressing anger without aggression and also learn skills to cope with anger.

Anger Management – I Can Manage My Anger

Process

Divide the participants into 2 groups.
Ask each group to have a leader and 2 players to do role play.

Situations

Ask the group 1 to discuss a skit on 'Anger' where one person gets very angry with the other person and shows her anger directly without control.
Ask the group 2 to prepare a skit on 'Controlled Anger' in which one person gets angry with the other and expresses her anger in a way which is not violent or aggressive.

Ideas for Discussion

What are the words and phrases one uses when one is angry?
What are the changes we can observe in us or others when one is angry?
What can we do to express anger in a non-aggressive way?
What skills do you need to recognize and handle anger?

Note to the Facilitator
Before summarizing the activity teach the participants about Healthy Ways of Handling Anger.

Summary
Anger is a common emotion experienced by all of us. It is not possible for oneto totaly refrain from getting angry.
Anger can be expressed in ways that are not violent.
We can choose healthy ways to express anger.
Recognizing anger and learning to express it appropriately is a must.
This includes knowing when one is angry, understanding the outcome of uncontrolled anger, practicing anger management strategy and expressing it in an acceptable manner.

Outcomes:
The participants learn skills to handle anger without aggression.
The participants understand that uncontrolled anger interferes with relationships.

Module 4

Problem Solving

This module teaches the participants the specific technique of problem solving in day to day life.

Activity 1: Group Activity

Aim:

To help participants understand the different steps involved in problem solving.

I Can Solve My Problems

Process:

Divide the larger group into 2 smaller groups. Give each group one case study and ask them to discuss the questions raised below. Ask each group to select a leader and a moderator to write down the points of discussions based on the case stories given to them. Give 20 minutes for discussion and ask the moderator of each group to present their discussion.

Note to the Facilitator:

Once the participants share their experience, introduce the techniques in problem solving. Write the steps in Problem Solving on the black board or KG sheet for the participants.

Steps in Problem Solving:

Step 1: Define the problem.
Step 2: Identify the alternative solutions to the problems – Brainstorming
Step 3: Weigh the pros and cons of each alternative solution
Step 4: Choose a solution and plan implementation
Step 5: Evaluate outcomes
Step 6: Try other alternatives

Summary:

Problem solving enables one to deal constructively with problems in our lives.
Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

Outcomes:

Participants understand that problems are unavoidable in life.
One needs to face life in positive ways using problem solving strategies

Case Vignette

Ms W, *a 22 year old girl, is educated up to high school. She is a survivour of trafficking and commercial sexual exploitation. W has been at a shelter home since the last 4 months. She is unsure as to what she should do and how to plan her future life. She is ashamed of the work that she has been involved in. Knowing the risks involved, she is scared that she will be affected with AIDS. She also expresses her desire to quit commercial sex work. But she says that she has no formal education and does not know any other work.*

Ideas for Discussion

What do you think W should do to solve her problem?
What skills does W need to handle this situation?
Is there an effective way of solving even the most difficult problem in our lives?
How do you help W to solve her problem?

Case Vignette

***Ms. X** is a survivor of the cruelties of an alcoholic husband. Her husband used to beat her under the influence of alcohol and accuse her of having illicit relationship with other men. He used to torture her in the most inhumane ways in the form of not giving her food and sexually abusing her in front of her daughter. Currently, through the referral of Women's Help Line she has been staying in a shelter home for care and protection. She says – "I don't want to go back home. My husband will kill me any time. I got to know from the superintendent that he has vacated the house and taken my daughter along with him. I want my daughter back. My parents do not want to take my responsibilities as they are old and financially dependent on my elder brother. I prefer to die rather than staying with that animal."*

Ideas for Discussion
Is 'suicide' the solution to her problem?
What do think X should do to solve her problem?
What skills does X need to handle this situation?
Is there an effective way of solving even the most difficult problem in our lives?
How do you help X to solve her problem?

Module 5

Decision Making

Decisions are part of life. Some decisions are easy to make, others are difficult. Making a good decision is not always easy and many a times we prefer to leave decision making on certain issues to others. All decisions have consequences – good or bad. Therefore we usually hesitate to take decisions on issues which we are not femilier with and are apprehensive about the results. Decision making involves responsibility and skills. But if we know more about the process of decision making and what factors are involved, it may not be too difficult to make a decision. The common factors which influence decision making are:

- Self–confidence
- Independent mindedness
- Willingness to take responsibility for the decisions made
- Lack of fear in taking risks
- Clarity in perceiving the problem without getting confused
- Value system
- Flexibility
- Willingness to consult others
- Familiarity and past experience with different problems/situations

Different people use different styles of decision making. It was found that those who make decisions without prior thought are more likely to be involved in risk behavior than those who carefully weighed the options and evaluated consequences. Making a good decision requires skills. Bigger decisions require more thought and analysis. The decision-making process involves:

Step 1 Identify the situation or problem.
Recognize that a problem or situation exists, and a decision has to be made.

Step 2 Collect information.
Collect all relevant information.

Step 3 Identify possible solutions.
Think carefully about all possible alternatives that you could choose from. Talk to others and explore options to help you see more choices

Step 4 Examine each alternative
Look at each of the possible solutions that you have listed, and think about the advantages and disadvantages of each. Also, consider how you feel about each of them. Discuss with people you think can help you. Think about the worst that can happen. All decisions have good and bad consequences. Check whether the results match with your goals.

Step 5 Choose an alternative
Follow your priorities. Decide on one alternative from your list of alternatives. This choice will be based on your information, advantages, disadvantages, values and feelings.

Step 6 Implement the decision.
Work out the methodology and carry out your decision.

Step 7 Evaluate your decision.
Was it a good choice for you? What did you learn? What will you do next time? Were the outcomes what you expected? Comparing can help you see your strengths and weaknesses, and help you make better decisions in the future.

Activity 1: Group Activity

Aim:

To make the participants aware of their decision-making capabilities and techniques involved in decision making.

I Decide

Process:

Explain to the participants that decision-making is a critical skill. It is important for our day-to-day lives and often determines the manner in which our lives will turn out. Inform the participants that they will be doing a small group exercise to understand how they make decisions, and then, they will learn about "decision-making" techniques.

Divide the participants into 6 groups.

Give one "situation" to each group and ask them to work on it. Allow 20 minutes for this exercise.

Invite each group's spokesperson to make their respective presentation.

Situation – 1

You and your boyfriend are in love and you plan to be married. You have been abstaining from sex until after you get married, but it is becoming harder and harder to abstain as time passes. Lately, your boyfriend has been suggesting that you should have sex with him. After all, you are truly committed to each other and are getting married anyway.

What will you do?

Situation – 2

Your aunt has brought you to get the job in a coffee estate. Later she offers you another job of working as a commercial sex worker that is better paying than working as a labourer in a coffee estate.

What will you do?

Situation – 3

Your friend invites you to run away from the shelter home to enjoy freedom outside.

What will you do?

Situation – 4

You have been in an abusive relationship with your husband and you don't want to continue your marital relationship. Your family insists that you continue the relationship with your husband as there is stigma attached to divorce. You fear for your safety from your husband.

What will you do?

Situation – 5

You are returning home on the bus. A man sits beside you and tries to initiate a conversation with you. He starts asking you questions such as: Where are you going? Where do you live? Can I have your mobile number? Would you like to go out sometime?

What will you do?

Ideas for Discussion

How did you find the task of making decisions in the given situations? Difficult/Easy?

Do you face similar situations in your daily life?

What was the thought process used to arrive at the response you presented?

How did you choose the decision?

Can you identify the skills you needed for arriving at your decisions?

What skills did you use?

What are the values involved in these situations?

Note to the Facilitator: Once the participants share their experience introduce the steps and techniques in decision making.

Summary:

Decision making involves responsibility and skills.

Making a good decision requires skills.

One needs to consider their personal values while making the decision.

Outcomes:

Participants explore their decision-making skills.

Participants will understand the process of making decisions and will be able to avoid risky situations and behaviour.

Module 6

Assertive Behaviour

Assertiveness is the ability to express clearly and strongly one's opinions, beliefs, and feelings. It means:

- Standing up for one's right.
- Expression of feelings directly and honestly in a way that does not violate the rights of someone else.
- Saying what you want to without using force or coercion.

People lack assertiveness because of one or more following reasons:

- Low self-esteem
- Fear of rejection
- Inadequacy
- Guilt
- Fear of being ridiculed by others

Difference between Non-Assertive, Aggressive and Assertive Behaviour

Non-Assertive (Passive) Behaviour

Non-assertive behavior includes being passive in one's relationships. The person holds back from expressing his/her actual feelings. The person allows others to choose for them and rarely ends up reaching their desired goal. Non-assertive behaviour includes: talking quietly, mumbling, looking down and away, sagging shoulders or hiding their face with the hands, refusing to take initiative and having feelings of resentment and self-pity.

Aggressive Behavior

Aggressive behaviour means expressing ones feelings, opinions or desires in a way that threatens or punishes the other person. The person accomplishes his/her own ends at the expense of other people, not respecting their rights; making choices for them and putting down the other person. It is often a dominating behaviour and includes shouting, demanding, leaning forward, pointing fingers, threatening, and fighting. It is not a very effective method of communication, as it puts the other person on the defensive or provokes them to retaliate or to switch off.

Assertive Behavior

Assertive behaviour is acting according to his/her rights while respecting the rights of others. It means telling someone exactly what they want, in a way that does not seem rude or threatening. It is usually a balanced position and the behaviour includes making clear "I" statements, looking the person in the eye, standing at ease and sticking to one's own position. This is a very effective method of communication, as it encourages listening and speaking. It allows both parties to state their viewpoints in an amicable manner which leads to continued dialogue and resolution.

Assertiveness Skills

Some of the tonal variations and body languages that support an assertive manner are:

- Make eye-to-eye contact with the other person. Avoid looking down or at someone else.
- Use appropriate facial expression, a firm tone and volume of voice and appropriate hand gestures.
- Maintain a posture that communicates confidence. This includes standing with your head straight and arms relaxed at the side. Avoid fidgeting with hands.
- Use 'I' Statements over 'You' Statements. Honestly state your feelings and accept responsibility for them. Example – "I felt hurt when..." rather than saying "You hurt me"
- Avoid blaming others.
- Avoid giving explanation for one's own decisions.
- Practice to gracefully accept and give compliments.

  Be strong but understanding, straightforward and respectful.

Activity: Role Play

Aim:

Participants learn to use assertive skills in various situations

I Can Do It

Process

Divide the participants into 4 groups.

Give one "situation" to each group and ask them to discuss and enact the role-play using their dialogues. Ask each group to select a leader for moderation. Allow 20 minutes for this exercise.

Ask all other groups to observe and discuss the role-play and make points.

Invite each group leader to present the group's opinion.

Situation – 1

"Your cousin is making sexual advances at you. He often comes to the kitchen in the pretext of helping you and touches you inappropriately".

Situation – 2

"Your friend is feeling lazy and does not want to attend tailoring class. She tells your housemother that both of you don't want to go for tailoring class, as a result of which both of you are punished. You are angry with her".

Situation – 3

"One of your roommates intentionally spreads rumors that you have AIDS".

Situation – 4

"You are travelling by train and a man starts making advances at you by touching you intentionally".

Note to the Facilitator: Once the participants share their experience, introduce the difference between assertive, non-assertive and aggressive behaviours and some of the skills involved in assertiveness.

Ideas for Discussion

How was it to act?

How can one show that one is assertive by behaviour?

Are there any similar moments in your life? If yes, how did you handle the situation?

What are the key characteristics of an assertive person?

What are the advantages and disadvantages of being assertive?

Are women usually less assertive than men? Why?

Summary:

Assertive behavior is acting according to one's own rights while respecting the right of others.

It means telling someone exactly what he/she wants, in a way that does not appear rude or threatening.

Outcomes

Understand the difference between passive, aggressive and assertive behavior.

Participants learn to use assertive skills in difficult situations.

Participants know the effects of behaving and communicating in an assertive, aggressive and submissive manner.

Module 7

Vision and Goal Setting:

Activity: Group Activity

Aim:

Help the participants to set achievable short term and long term goal.

Getting There

Materials:

What are My Goals – Goals Worksheet, Color Pens

Process:

Invite the participants to sit on the floor in a circle. Explain that they will learn about goal setting in this exercise. Inform the participants that they should follow your instructions carefully.

Allow them 30 seconds to do what you say. Ask the participants to work individually.

Use the following instructions:

- Make a circle
- Make a triangle
- Say one to 100 backward and forward
- Touch your nose
- Touch your neighbour
- Write all the participants names
- Bring a stone

Except the one where you ask the participants to bring a stone, most of these instructions can be followed within 30 seconds. Make sure that stones are available in the vicinity. If not, substitute the stone with something that can be easily found.

Ask the volunteer to tell the group the amount of time it took them to complete the last instruction.

Ideas for Discussion

1. Of the seven instructions given to you, how many did you achieve within the 30 second time limit? Why?
2. Do you think the last activity was realistic? Why?
3. Was it possible to complete all the activities within the 30 second time limit?
4. If you had to decide the time limit and the list of actions what would you do? How would you decide?

5. Are there aspects in your life that you decide to do for yourself?
6. What are your plans for your future? How do you plan and achieve it?

Note for the Facilitator

Note down the responses of the participants on the blackboard. Ask the participants to find out for themselves what their vision for the future is. Following this decide on how to set realistic goals. Realistic goal setting helps the participants understand what they want to achieve in life in terms of education, occupation, personal and social life and set goals for them and come up with goals for future. Once the participants identify the goals for their future, help them to prioritize these goals. You should explain to the participants the importance of prioritizing goals in terms of education, finding a job/occupation, training, personal and family life.

Discuss with them regarding how to achieve short term and long term goals using the following guidelines:

Why - the reasons for the goal

How - the method of achieving the goal

What - the things needed to achieve the goal

Who - the people who can support in achieving the goal

Where - the physical context of the goal

When - the time frame for achieving the goal

Once the discussion is over circulate 'What are My Goals – Goals Worksheet' to all the participants. Tell them to paste the sheet on the wall so that they can see it every day and make an effort towards achieving their goals.

Outcomes:

Participants realize that one's aspirations must be based on reality.

Participants will be able to distinguish between achievable and unachievable goals.

Participants understand the principle of realistic goal setting.

Participants understand the efforts required to achieve their goals.

'What are My Goals – Goals Worksheet'

Short Term Goals	**Long Term Goals**
The Reasons for the Goal	The Reasons for the Goal
Benefits in Reaching My Goal	Benefits in Reaching My Goal
What might stand in my way?	What might stand in my way?
Things Needed to Achieve My Goals	Things Needed to Achieve My Goals
What do I need to learn or do?	What do I need to learn or do?
Who will encourage or support me to achieve my goals?	Who will encourage or support me to achieve my goals?
Plan of action—Steps I will take	Plan of action—Steps I will take
Time Frame to Achieve My Goals	Time Frame to Achieve My Goals

Module 8

Substance Abuse

Most women in shelter homes are habituated to consume drugs or alcohol. Women facing commercial sexual exploitation use drug/alcohol as a coping mechanism – some use it for recreation or as an 'escape' from stress. This module provides inputs to the women on how these habits can harm their physical and mental health.

Activity 8

Aim:

Make women understand the ill-effects of consuming drugs/alcohol.

Material:

Case Study

Let me Forget

Process:

Divide the larger group into 3 smaller groups of 10 members each. Give all the groups the case study and ask them to discuss the issues. Instruct each group to choose a leader to present the discussion. Give 20 minutes for discussion and ask the leader of each group to present their discussion.

Ms. Y was rescued from a brothel and referred to a shelter home for long term rehabilitation. Y got introduced to drinking and smoking by her fellow sex workers as a coping mechanism. Before coming to the shelter home, Y used to daily smoke a minimum of 2 packets of cigarette and 3 to 4 pegs of whisky at a stretch. Recently, she had started drinking alcohol early in the morning otherwise she found it difficult to entertain her customers. On the next day of her admission in the shelter home Y developed severe cramps and pain in the stomach, sweating, and tremors in the hand. She was seen by the resident doctor who prescribed antacid and medicine to help the stomach pain which did not help her. The staff also noticed that slowly Y became irritable and restless, and began behaving in an unusual manner. During this period she was totally confused, unable to recognize the time and people, fearful and refused to have food and take bath and also suffered a fit in which she injured her head.

Ideas for Discussion

What is Y's problem in this situation ?

What are the adverse effects of drinking and smoking on health?

What should Y do to stop drinking and smoking?

If you are in Y's position how would you like to handle the situation?

Summary:

Regular drinking and smoking causes serious negative impact on physical and mental health.

Continued consumption of drugs and alcohol leads to tolerance and dependence.

Tolerance is a condition where the user needs more and more of the drug/alcohol to experience the same effect.

In dependence the user's body becomes totally dependent on the drug/alcohol.

Outcomes:

Participants will be aware of the negative impact of the use of drug/alcohol on their physical and mental health.

Those who are addicted to consuming drug/alcohol will be encouraged to seek medical treatment.

Module 9

Sexually Transmitted Infections (STIs)

The activity in this module gives information about the causes of STIs, mode of transmission, risk reduction and prevention of STIs among the women in Shelter Homes.

Activity: Say No to Sex...

Aim:

Help the participants to understand the causes and different modes of transmission of STIs.

Say No to Sex...

Process:

Ask participants to stand in a circle with their hands behind them. Instruct them that you, the facilitator, will go around the circle from the back and scratch some people's hands. Those who have been scratched should not let the others know that they have been touched. This secrecy should be maintained right through the exercise.

- Walk outside the circle and scratch a few hands at random while taking measures to be discreet. Can the participants tell who have been scratched? Instruct the participants to assume that those who have been scratched have been infected with HIV.
- Now instruct all the participants to mingle with each other in the next two minutes. The participants have to try and avoid coming in touch with those who have been scratched and "infected" with HIV. The people who have been scratched will have to scratch those who come in contact with them.
- Call all participants together to form a circle again and ask the participants to split into two groups – those who have been scratched and those who have not been scratched. Discuss how one cannot make out those who are infected with HIV simply by looking at each other.
- Introduce the term "STI" to the group and ask someone to explain what STI stands for and the meaning of each word.

- Invite participants to brainstorm and share their understanding of HIV and AIDS (the most recognized STI) and clarify any misconception.

Divide the larger group into smaller groups of 10 members each. Ask the group to discuss the 'Different Modes of Transmission of STIs'. Instruct each group to choose a leader to present the discussion. Tell the group to discuss among themselves and answer the discussion questions raised below.

Ideas for Discussion

What disease do these pictures illustrate?

Have they heard about the word STIs?

What are the activities that can spread STIs among men and women?

What can a woman do to avoid these diseases?

What should an infected person do?

What are the abilities a woman needs to prevent STIs?

Summary

STIs are Sexually Transmitted Infections.

There are many types of STIs. They spread by sexual contact.

They can also spread by other routes.

Avoiding sex with multiple partners, taking preventive measures like using condoms, sterilized needles for injection, tested blood for transfusion are essential.

The chance of acquiring HIV and AIDS increases if one has STIs. HIV and AIDS cannot be cured.

Outcomes:

Participants learn about STIs, their transmission and prevention.

Understand the value of prevention and treatment of STIs especially in the context of HIV.

Understand the importance of appropriate medical care for treatment of STIs.

CHAPTER 11

ETHICS WHEN WORKING WITH WOMEN IN SHELTER HOMES

- Professional ethics of working with women
- Constitutional and International rights of women to safeguard their rights

This section will focus on the professional ethics that need to be followed while working with women in shelter homes. This module also provides information on laws to protect the rights of the women. It also highlights the various constitutional and international rights of women to safeguard their interest in general.

Code of Ethics for Care Givers Working with Women in Shelter Homes

An ethic is a standard of behavior or belief valued by an individual or group. It describes what ought to be, rather than what is a goal to which one aspires. These standards are learned through socialization, growth and experience. They are not static, but evolve to reflect social change. Groups such as professionals, hold a code of ethics. Such a code guides the profession in serving and protecting consumers. It aims to restrain impulsive and unethical behavior of professionals.

The caregiver should follow ethical guidelines as they extend psychosocial care to women. Knowing one's own values and implementing them within the framework of the code can increase both the quality of care one gets and satisfaction the caregiver receives from his/her practices. It also gives him/her moral strength, support and protection.

Ethics for Caregiver

The women in shelter home may not have experienced trusting relationships in their life due to various life circumstances. But building trust through relational ethics, that is through a relationship of mutual respect can be a powerful transformative experience. The following are the some of ethics that need to be followed while delivering psychosocial care for women in shelter home.

Respect Human Rights and Dignity

As a caregiver should respect inherent dignity and worth of the person. You should treat each person with care and respect, mindful of individual and cultural differences. This involves recognizing the intrinsic worth of each person and includes advocacy of respectful treatment for all. Such a value in the institution should exist even when many aspects of institutional life sacrifice dignity.

Responsibility for preserving dignity includes privacy of woman when care is given, as well as intervening when others fail to do so. Women in institutional care often suffer from lack of respect for their personal privacy and the privacy of their information. It is the responsibility of the caregiver to treat women with dignity and respect like any other human being.

Maintain Confidentiality

Every individual has his/her own personal self which they closely guard. As a care giver in a shelter home are dealing with the personal self of women. Trust building and gaining their confidence is important. Confidentiality is an important professional ethic while delivering psychosocial care. Maintaining confidentiality involves safeguarding personal, family and community information revealed by the women while in the therapeutic relationship. As a caregiver you should not disclose either inadvertently or under pressure information given in confidence. When it is necessary, you, as a caregiver should take permission from the woman before revealing any information to a third person. It should be done with their consent. Any limits to confidentiality must be made explicit to the woman. You should not disclose any information revealed by the woman to other staff and colleagues who are not directly involved in delivering psychosocial care. Some of the circumstances, such as when a woman expresses suicidal thoughts or shows the risk of spreading a contagious illness or is involved in legal issues does not require the caregiver to maintain confidentiality.

Autonomy

This means respect for the woman's right to make choices that work best for her. This is the principle underlying in woman self-determination. In the process of delivering psychosocial services, the woman has the right to make decisions for her life. As a caregiver you should respect and promote the rights of woman in self-determination and assist in her efforts to identify and clarify goals. You have to answer the woman's queries about progress in counseling honestly and with respect. Care should be taken by the caregiver not to allow his/her own personal values, biases and prejudices to interfere in the process of delivering psychosocial care.

Competence

As a care giver you should deliver services within your professional knowledge, skills and abilities. Regular updating of knowledge and skills is crucial.

Protection

As a caregiver you maintain clear boundaries in the counseling relationships. You should not engage in any form of sexual or inappropriate behavior. Whenever a male caregiver is intervening, it is safer to have another female care giver along while delivering services. As far as possible avoid closed intervention. Be gender and culture sensitive. Avoid carrying counseling sessions in secluded or closed spaces.

Discrimination

As a caregiver you should not do any form of discrimination on the basis of caste, color, religion, age, sex, sexual orientation, marital status or mental or physical ability. You should prevent and eliminate such discrimination while rendering psychosocial services.

Self-Disclosure

You should not disclose your personal problems with the residents while delivering psychosocial care.

No Favours

You should not ask for any favours/have any monetary transactions with the person. These things will harm the relationship between you as a caregiver and the person as a client.

Code of Ethics for Caregiver
Respect Human Rights and Dignity
• Respect inherent dignity and worth of the person • Treat each person with care and respect, mindful of individual and cultural differences • Advocate respectful treatment for all • Respect privacy of the women
Maintain Confidentiality
• Trust building and gaining confidence is crucial • Must safeguard personal, family and community information revealed by women • Should not disclose either inadvertently or under pressure information given in confidence • Consent for revealing information is must • Limits to confidentiality must be made explicit • Any limitations must be communicated in advance
Autonomy
• Respect for client self-determination • Women have the right to make decisions • Assist in identifying and clarify the goal of the women • Answer progress in counseling honestly and with respect • Should not allow your personal values, biases and prejudices to interfere in the process of delivering psychosocial care
Protection
• Maintain clear boundaries in the counseling relationships • Should not engage in any forms of sexual or inappropriate behavior • Be gender and culturally sensitive • Avoid closed door interview • Avoid carrying counseling sessions in secluded or closed spaces • Avoid any financial exploitation
Discrimination
• Should not practice any form discrimination • Committed to prevent and eliminate any discrimination while rendering psychosocial services
Self-Disclosure
• Should not disclose your personal problems with the women while delivering psychosocial care
No Favors
• Should not ask for any favours. • Should not have any monetary transactions with the woman

The Rights of the Women

Women in general are denied their rights due to various social, economic and political practices. The women who seek care and protection in the shelter homes are those whose rights have been denied, infringed and violated before coming to the shelter home. The Constitution of India embodies several articles guaranteeing rights and privileges to women. These are complemented with numerous legislations that are in operation. The following are the constitutional rights of the women in India:

Constitutional Rights of Women in India
Article 14, 16: Right to equality
Article 15: No discrimination on the grounds of religion, race, caste, sex, or place of birth or any of them
Article 15(3): Provides for positive discrimination in favor of women and children. It states that "Nothing in this article shall prevent the State from making any special provision for women and children"
Article 16: Equality of opportunity
Article 19 (1): Right to freedom of speech and of expression, to form association/unions, move freely etc.
Article 21: Right to life and liberty including right to food/clothing/health/basic necessitates of life
Article 23: Prohibits traffic in human beings and forced labour
Article 39: Right to adequate means of livelihood for men and women
Article 42: Allows for provisions to be made by the State for securing just and humane conditions of work and for maternity relief
Article 51 (a & e): Renounces practices derogatory to the dignity of women

The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

India has ratified the UN Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1993 to protect the rights of the women. Each and every article of the Convention is relevant to the women in shelter home if applied in the rights perspective. According to the CEDAW, the following are the rights of the women:

Article 2 (d to g) – Discrimination against women in all its forms

Article 5 – Stereotypes and harmful practices

Article 6 – Suppression and exploitation of women

Article 10 - Rights for education

Article 11 – Employment & social security

Article 12 – Access to health care

Article 13 (a & c) – Access to economic and social life

Article 15 - Equality before the law

Article 16 – Equality in marriage and family relations

Though the national and international bodies have put forward various principles and right based approaches to be practiced with women, yet in most of the cases this remains ideological perspectives rather than being implemented. Despite the existence of various Constitutional provisions and International norms, women's rights still remain a distant dream for most of the women. The women continue to be abused and exploited in the society. This puts the caregiver of the women in the shelter homes to specially give them care by giving importance to rights of women. These rights are defined and applicable to any situation whether in the family or in shelter home. Women are entitled to these rights.

During our interview with women in shelter homes, majority of the women expressed that that their basic personal needs are unmet and their basic rights are violated in the form of imposing too much restriction to move around on campus, constant monitoring, minimal access and utilization of recreational and health facilities, abuse, ill-treatment, discrimination, lack of sensitivity in handling the issues of women by the caregiver. It is crucial that the caregivers should ensure the protection and implementation of basic rights of the women in shelter homes.

Rights of the Women in Shelter Home

All the residents of shelter home enjoy the following rights:

- To be treated with dignity and respect
- To be treated in a non-judgmental way
- Be free from discrimination and harassment
- Have personal information treated confidentially
- Respect for privacy
- To be treated with cultural sensitivity
- Self-determination in identifying and setting service goals and plans
- To receive services based on full and informed consent
- To be involved in decisions that affect them
- To be given information about services and resources in order to make decisions
- To be clearly informed in a language understood by the resident regarding the purpose of services offered
- Right to access the resources pertaining to specific needs of the women
- Entitled to most importantly, adequate food, clothing and health care
- Right to be protected from all forms of abuse
- Right to profess and practice their linguistic, cultural and religious thoughts
- Right to participate in all aspects of their education, vocational training or employment and to be offered career guidance suited to their individual needs

Experiences of Women in Shelter Homes...

"I feel I am locked up inside this building. It is like a jail. I find it difficult to adjust to …… At least in prison people have some freedom. This place is beyond prison"

"We need basic freedom to speak with others and freedom to walk around. The staff and guards always try to control us and put too much restriction on us".

"We have to listen to them for everything. They are the ones who decide our future. We do not have any right to make decisions about what we want……"

"They should make an arrangement to take a walk outdoor within the premise of the institute under the supervision of guards. They fear that we will run away once we are let outside. We have seen the outside world enough and we don't have the courage to run away from this place. If any one runs away from this place they will come back here again".

" We have to clean the toilets and bathroom. We do not want to do this dirty job. What to do? We have to listen and do whatever they tell us to do. We are doing the work of Ayahs. We are helpless because they provide us shelter and we do not have any choice. We are dependent on them…"

"They should not scold us in vulgar language; they should treat us with some respect. We are human beings and not animals. We have been prostitutes, but all of us are the same. Even in the brothels we are not ill-treated".

CHAPTER 12

HARMONIZING PERSONAL AND PROFESSIONAL LIFE

- Stress is a part of everyone's life.
- Individuals face different kinds of stress in their life time.
- Stress causes disturbances at all levels.
- Caregivers are vulnerable to high levels of stress due to the burden of care giving
- It is crucial to identify the source of stress and work towards a balanced personal and professional life.

What is Stress?

Stress has been understood in different ways. In bio-medical science, stress has been identified as an organism's response to adverse situation. Stress is a response to any adverse, unexpected condition which could produce ill health, breakdown of normal biological functioning, hypertension, cardiovascular disease, digestive problems etc. Any critical episode has its unique demands, be it physical, social role, or task, that specifically tax the individual's coping resources, thus triggering a particular stress response. Stress also has been looked as a particular relationship between the person and environment that is appraised by the person as being taxing or exceeding his or her resources and endangering his or her well being. Experiencing stress brings both immediate effects, such as physiological changes and long term effect concerning psychological well being, somatic health and social functioning.

Effect of Stress

It is found that 70-80% of all illnesses are stress related. Even 7-8 out of every 10 individuals who consult doctors in general practice do so because of stress and anxiety related symptoms. Studies conducted in India regarding psychological distress suggest that nearly one third to one half of the executive officers report symptoms of psychological distress. Nearly one in four of them suffer from stress related disorders like diabetes, hypertension, arthritis, various skin and respiratory disorders. Even various life style changes, positive or negative also have been reported. Prevalence of psychological distress is distinctly more in women compared to men. There are various cultural factors, which can define the reasons of psychological distress such as lack of opportunity, various family or societal pressure, male dominance, and inability to verbalize emotions.

Sources of Stress among the Staff of Government Institutions for Women:

In different circumstances one may feel stressed. The staff involved with the women and children in institutions and in the process of relief and rescue face higher demands of work in their professional front. The origin of stress is usually different and unique for each individuals and organizations. There are some specific incidents where people feel stressed. Some of these incidents are considered here.

Stress due to Family Incidents

- Due to the illness/permanent disability of some family members.
- Death or loss in the family.
- Any sudden unexpected changes in the family life.
- Education of children, instability in husband's job.
- Marriage of close relative, particularly daughter.
- Conflict/Differences of opinion/Fighting with family members.
- Alcohol consumption by husband.
- Higher expectation of the family members.
- Continuous financial strain in the family.
- Living away from the family, because of job.
- Inadequate living space and other facilities at home.

Stress at Work Place

- Lack of manpower
- Too many responsibilities, field work and writing work.
- Wide gap between the organizational support and the demands and needs of the community.
- Very strong hierarchical system to reach to the top level and all decisions taken by the supervisors only which are biased.
- Misrepresentation of facts by a colleague.
- Someone taking advantage of the situation and all are under threat.
- Sudden responsibility imposed without prior notice.
- Inability to get the expected result even after serious work.
- Women escaping from the institutions.
- Inability to fulfill certain commitments or planned activities due to some external reasons.
- Change in the place of work.
- Reaching office on time.
- Pressure for submission of report or for completion of task.
- Continuous demands of the people with whom we work.

The interdependency of various sources of stress may cause detrimental impact and long term illness among the caregivers working in institutions.

"Ms. K, 49 years old, working in a government home for children has been transferred to a place far away from her native place. She currently lives with her 26 years old daughter who is separated from her husband. In her earlier place of work it was easy for her to manage both work as well as family. Now as she has to go to the new place there is no one to take care of her daughter for whom she is the major source of support. Due to this, she was unable to concentrate at work, feeling sad about the condition of her daughter, not able to have good sleep in the night and preoccupied with these thoughts". It is important to recognize that increased stress can reduce the immunity and capacity to perform well.

"Ms. R, 35 years old, is working as a probationary officer in a government home for women. She has to manage 30 women with the assistance of 3 staff working under her. Her work involved multiple responsibilities that include supervising the staff, giving personal attention to the residents, attending the meetings in the department, attending training programs arranged in the department, etc. She is given additional charge of another home in the same campus due to the transfer of another probationary officer. As she keeps herself very busy and does not take food on time, she developed ulcers and had to start medication". This kind of work pressure leads to long standing illness if adequate care is not taken.

Response to Stress:

Stress may cause a wide range of changes in the behaviour, emotions, understanding, interpersonal relationships and also produce biological changes. The understanding about the stress reactions in itself helps to deal with them effectively with the available resources. The different stress reactions are as follows.

Behavioral	Sensation
• Substance dependence • Sleep problems • Increased smoking • Restlessness • Eating problems • Aggression • Irritation • Speech problems • Accident prone • Eat, talk, walk faster • Unkempt and untidy • Low productivity • Bad time management	• Increased heart rate • Headaches • Nausea • Aches and pain • Trembling • Faintness • Numbness • Dry mouth • Stomach cramps • Sweaty • Indigestion
Emotional	**Cognitive**
• Anxiety • Embarrassment • Depression • Hurt and Jealousy • Feel like dying • Moody • Emptiness/worthlessness • Aggression	• I must do well • Life should not be like this • I must have what I want • This is terrible • I cannot take this any longer • Everyone should like me • I have been betrayed

Biological	Interpersonal
• Digestion problems • Blood pressure • Heart problems • Tiredness • Allergies • Low immunity • Decreased sexual interest	• Inability to sustain relationships • Suspicious • Gossip • Competitive • Withdraw • Fearful and unassertive • Aggressive

What can be done to manage Stress?

Based on the above understanding a few stress management tips can be derived. These techniques are as following.

1. Recognize the source of stress and think about the options for reducing stress.
2. Understand the reactions of stress in your body and mind.
3. Stress causes multiple reactions as it is seen. It causes emotional, behavioural, cognitive, biological and interpersonal changes.
4. Recognizing the reactions to stress as normal reactions is most crucial.
5. Recognize personal contribution to stress. Many a time the person contributes towards stress by thinking negatively and also by blaming others. Even behaviour like not having food/medicine in time, not keeping up to date with work or by not communicating with others, can cause stress. Therefore, understanding personal contribution towards stress is important.
6. Identify your strength and weakness.
7. Understanding personal strength and weakness facilitates to choose better alternatives. It enables to handle the challenging situations. Hence understanding self capabilities are essential to reduce stress and expectation.
8. Fix your goal and be firm. To reduce personal stress it is essential to be aware about the goal and being firm to attend the same. Many a time having no goal in mind creates confusion and stress in life.
9. Think through the consequences of your action. It is essential to think before acting it out. This leads to better and positive changes in life.
10. Accept that stress is common in life and every one needs to deal with it in an effective and positive way.

Coping with Stress:

The Negative Coping Mechanism for Females

- Crying
- Being aloof
- Anger outbursts
- Displacement of anger towards children
- Reduced interaction.
- Non co-operation with colleagues and supervisors.

The Negative Coping Mechanism for Males

- Excessive consumption of alcohol and use of other substances
- Irritable
- Over indulgence in eating and sleeping
- Being aloof
- Restless and decreased attention and concentration
- Picking fights with family members

These negative coping patterns do not allow room for sharing problems and lead to self-harming tendency or develop various psychological or psychosomatic problems.

On the other hand, positive coping helps the person to look at solutions and the possible alternatives at the time of stress or problems. These also facilitate the work and group co-operation for each other during difficulties. During the rehabilitation of the residents of the shelter homes the situation is usually very challenging. Positive coping is one of the most essential components for the staff to work efficiently.

Some of the positive coping patterns are:

The Positive Coping Mechanism for Females

- Sharing of feelings with others
- Recreation
- Meditation and yoga
- Travelling to places of interest
- Spirituality

The Positive Coping Mechanism for Males

- Sharing of feelings with others.
- Sharing problems with colleagues and supervisors.
- Sports and other recreational activities.
- Meditation and yoga
- Adequate sleep

It is well understood that the coping patterns are an essential component of human behaviour and personality. Therefore based on the coping strategies the life styles also differ. The tendency to avoid problems may become part of one's life style. On the other hand, sharing problems and seeking support from others makes people more sociable and friendly. It enables the individual to face the situation confidently. The effective coping strategies help the person to take an effective action according to the situation. All the four aspects of health being physical, mental, social and spiritual well being are maintained by adopting these positive coping strategies.

Techniques in Stress Management

Stress Management implies understanding the effects of stress on the individual, his family, work and on the larger social life. As mentioned earlier, there are no quick fixes to reduction of stress except working on damage limitation strategies. Most individuals who attend stress management courses are pessimistic about the practical utility of the programme because of fatalistic attitude. Every one tends to reflect upon various lacunae in the system (which is understandable).They fail to internalize the fact, that impact of stress can be nullified by personal efforts like physical activity, relaxation, networking, seeking social support, diet, weight reduction, time management and so on. It is important to note that stress management is a health promotion strategy, it involves commitment and motivation to remain healthy despite adversities around us. Learning practical tips to manage excess stress is possible to enable the individual to strike a balance between personal and professional life.

The techniques of stress management are broadly based on developing the support system as well as enhancing positive coping mechanisms. Recognizing the source of stress helps to adopt the positive coping style.

Enhancing the Support System

One of the most effective strategies to manage stress is building a support system within the organization for each other.

Support for Self

Every one interacts with many people every day. These may be office colleagues, family members, friends, strangers or people for business relations. All the interactions take place with different objectives, purpose and views. Among the people with whom we interact closely are-friends, family and colleagues. It is obvious that we start to care for each other. This concern for each other works as support in many difficult situations. People accept some family members, or a friend as the best support where he/she can go and talk about problems. There for, this close relationship with someone helps to ventilate the pain, feelings and disturbing thoughts. This support works as a safety valve for the worker to express himself/herself.

- I feel very happy and comfortable talking with my father about all the things that I do. After I share my problem, I feel happy.
- My wife is supportive; she listens patiently to what I say. Particularly when I am stressed I share my problems with her. It helps me rethink.
- I am very close to one of my colleagues. She is my friend. I share all my personal and professional problems with her. She gives me suggestions. I feel good to talk to her.

Support within Organization

Within the organization, attention needs to be given to deployment strategies that enhance social support and group cohesion among the workers. In the group if there is co-operation it is obvious that everyone can deliver effective service. If the co-operation between the workers is missing, the work environment becomes stressful. Working in a stress-free environment derives the following benefits:

- All the workers feel motivated to work together.
- Everyone starts supporting each other.

- The workers also feel the goal of the organization is a shared goal and all have a responsibility to attend to the goal of the organization.
- The comfort level among the workers increases.
- Being supportive to each other.
- Difficulties are handled together and the recognition is shared with all.
- The staff feels confident to work in a demanding situation.
- The satisfaction level among the staff is usually high if they work in close co-operation.

So, enhancing group co-operation and support for each others is very essential for the organization to reduce the stress and to increase productivity.

Recreation

Recreation is very essential to control stress among the workers. Recreation does not mean only going for outings or big events, but the activity from which a person derives pleasure is recreation. If recreation becomes part of regular routine, it helps to keep the tension and stress under control. Recreation also helps to relax the tensed muscle, which help in resting physically or mentally. Various small activities which give pleasure and are practicable in day to day manner are useful in dealing with tension. The various activities, from which one derives pleasure, can be some of these:

- Listening to music.
- Reading books.
- Watching television.
- Going for a walk.
- Prayers.
- Eating good food.
- Having a cup of tea or coffee.
- Playing with children/friends.
- Spending time with pets.
- Spending some time drawing or sewing.
- Cooking a special food.
- Decorating your home.

All these methods are practicable and can be incorporated in the daily life of the staff. The sensitization about the recreational methods and the benefit due to it helps the person to practice some of these activities for self.

Holistic Living

The staff in shelter homes do not think about themselves but continue working for long hours. The usual thoughts are, "How can I take rest when so many people are suffering", "How can I take time off, when I am supposed to give time or I have to give more time" etc. All these thoughts initially do not allow the staff to take rest. But it is very essential to maintain a balance to control stress. Otherwise the staff may be initially very productive but become unproductive and non-functional within some time. So, to maintain the

sustainability of work and effort it is essential to balance between emotional, spiritual, physical, intellectual and recreational aspects of daily living. Physical work may give some good outcomes initially but not taking rest or relaxing reduces the power to work within a few days. One needs to reach a correct balance in life thus ensuring better productivity at the personal as well as professional level.

So, by taking an analogy with five wells, we can consider these as the five essential aspects of life.

The Emotional Well

This relates to the individual support system that could raise his/her self-esteem. The people who help them to feel good during stress, value his/her contribution can provide emotional support. This personal resource helps a person to ventilate feelings and get full acceptance in a trusting relationship.

The Spiritual Well

This well looks at sources of inspiration that will rejuvenate people, it could be religious faith, personal values etc.

The Physical Well

This is in relation to the amount of care and focus some one puts for his/her health and well being.

The Intellectual Well

This relates to the intellectual output, creativity and stimulant for a person. This helps a person to keep moving and helps to derive satisfaction at work.

The Recreational Well

This relates to the things which a person can do outside his/her professional life. Giving space and time ensures that the worker is able to relax and have some fun. It also keeps the enthusiasm and spirit alive.

Time Management

Time management means proper planning to use the time according to the needs and maintain a holistic living. Proper allocation of time for different kinds of engagement like family, job, personal time, spending time on social activity are important for remaining healthy in a stressful situation. Over emphasis on work causes strain in the family which ultimately leads to dissatisfaction in the family life. Therefore harmonious living between personal and professional life get hampered. Similarly, too much time spent in family engagements causes' problems in professional life. The usual problems due to lack of time consciousness are:

- There is a persistent feeling of being under stress
- There is no free time to spend for any thing else
- Lack of ability to see whether the time is used purposefully or not
- Maintaining proper focus in all aspects of life (family, job, personal, social) gets hampered
- Spending quality time become difficult

Time management is a very essential activity and routine. This also contributes to deriving satisfaction in any work. The purposeful use of time helps to achieve the goal and to do the assigned job. For fulfilling any

responsibility the time concern is an essential part of any job. The concern with the time helps to look at the realistic goal within a time frame.

Spending Quality Time

Many a time it happens that after working the whole day the person does not feel satisfied as productive work was not done. For example, one has to do a survey with the vulnerable group of an area and although he went in the morning but due to a reason (say a local festival celebrated in the village) he has not been able to meet the people. So, his day is spent but outcome becomes less satisfactory for himself. In the same way beyond the regular routine activities, the time spent with the family is very essential to manage stress by taking part in activities like spending time with family, celebrating festivals etc. It is important for deriving satisfaction in family life. The time spent in such activities which derive higher satisfaction due to focused involvement and gives better outcome as it is considered as "quality time". "Quality time" is the time when the person spent some effective hours in an engagement with full involvement and derives the desired outcome efficiently. This may be professional, personal, or social engagement. So, in context of a work place, the effective hours are those which derive the best result. Taking adequate rest, reading books of personal interest are essential to increase the quality time in personal engagement. Adequate time management and spending quality time helps in maintaining personal space and time. Otherwise the whole day goes in some engagement where the situation becomes stressful for the person.

Relaxation

Usually people feel tense under work pressure. An analogy can be taken to explain the tension in the muscle. If you close your palm very tightly for five minutes, you will feel pain. Similarly due to pressure the body gets tensed. So, the relaxation techniques help to get a soothing effect on the body and mind. The two very effective relaxation techniques are as follows:

- Breathing exercise
- Muscular relaxation techniques

Breathing Exercise

The person should sit in a squatting position placing their hands on the knees, then take a deep breath, hold it for a few seconds and slowly exhale. Do this for at least 5–10 minutes slowly. Repeat this twice a day. Another exercise could be to lie flat on the floor. Close your eyes. Take a deep breathe and exhale slowly. This should be done for 5 minutes several times a day. Concentrate on the fresh breath of air that you inhale and the warmth of the air that is exhaled.

Muscular Relaxation Techniques

Take a comfortable position on the bed and lie down on your back, keep the body loose, light and free. Be calm and comfortable. Keep your eye closed lightly. Avoid any stray thought. Keep concentrating on any light music which you like. Then follow the following steps:

1. Clench your right fist as tightly as you can. Observe the tightness and tension within your right palm. Hold it for some time and release it. Make it completely loose and light, observe the soothing sensation. Feel the lightness. Breathe freely and gently. Do it twice.

2. Clench your left fist as tightly as you can. Observe the tightness and tension within your left palm. Hold it for some time and release it. Make it completely loose and light, observe the soothing sensation. Feel the lightness. Breathe freely and gently. Do it twice.
3. Now clench both the fists as tightly as you can. Feel the tension and release it. Feel the lightness on your palm and be relaxed. Observe the lightness growing in your hand and be relaxed. Do the same two times.
4. Now clench your fists and bend your arms towards your shoulder. Tighten your arm muscles, feel the tightness and the tension. Release it slowly and let your hand be straight. Feel free and light. Repeat it again and observe the tension and lightness. Keep the entire body loose and light.
5. Straighten your hand as tightly as you can make them stiff and press them by the side of your body. Then move your forearms circularly on the joints on your shoulder. Feel the tension and then the lightness. Repeat it again and feel the soothing sensation. Observe the growing lightness in your hands.
6. Now wrinkle your forehead, push your eyebrows upwards and slowly smooth it out. Now observe the comfortable sensation in your forehead and be relaxed. Repeat the same.
7. Now twitch your eye brows as if you are frowning at some one. Feel the tension in between the eye brows and slowly soothe it out. Feel the lightness on your forehead, be relaxed. Repeat the same.
8. Now close your eyes as tightly as you can. Feel the tension within your eye balls and slowly smooth it out. Feel the difference as you do it. Repeat the same and feel the relaxed feelings.
9. Now press your tongue to the roof (palate) of your mouth in a flat manner. Do not coil your tongue, press it as tightly as possible. Slowly make it loose and feel the lightness. Slightly open your mouth and feel the soothing sensation. Repeat the same.
10. Now bite the teeth tightly (pressing of jaws) as hard as you can. Feel the tension in the cheek muscles and slowly make it loose. Observe the lightness of your body and be relaxed. Repeat it again.
11. Now press your lips against each other (do not bite) as hard as you can. Feel the tension within and slowly release them. Keep the entire face loose. Repeat the same and feel the lightness of your body.
12. Now bend your head forward and let your chin touch the chest and observe the tension in your neck muscles and now turn it to the left. Again bring it to the middle. Touch the chin to the chest and slowly bring it back. Be calm and relaxed. Repeat it again. Feel the lightness in your neck and hand.
13. Now bend the head backwards and turn it left and right. Observe the tension and slowly release it. Feel the soothing sensation and be relaxed. Repeat the same and keep the entire body loose and light.
14. Now bend your shoulder upwards in an arch like manner as tightly as possible. Feel the tension on your muscle and slowly release it. Repeat the same and feel relaxed.
15. Now bend your shoulder backward against your bed as tightly as you can. Feel the tension and release it. Make them completely loose and free. Observe the difference. Concentrate on the growing lightness in the neck and shoulder. Repeat it again.
16. Now move your shoulder in a circular manner and observe the tension within and make them loose and light. Feel the soothing sensation. Repeat it again and feel the tension and release it. Be calm and relaxed.
17. Now bend the upper part of your back (Backbone) upward, observe the tension and release it. Feel the lightness of your back muscles. Repeat it again. Feel the soothing sensation on your back and shoulder.
18. Now take a deep breath and expand your chest as best as you can. Feel the tension on your chest and slowly release it. Observe the comfortable sensation within. Breathe lightly and gently. Now be relaxed. Do it once again.

19. Now swell your belly with air (abdomen), still more tightly. Slowly make it loose and free. Breathe freely. Observe the lightness in your abdomen and be relaxed. Repeat it again and be more relaxed.
20. Now shrink your belly in as tightly as possible and feel the tension. Slowly make it loose and light. Observe the difference, do it again. Be calm and relaxed, breathe lightly and gently.
21. Now tighten your abdomen muscles with a jerk. Feel the tension and slowly release it. Observe the soothing sensation and repeat it again.
22. Now bend the lower part of your backbone from your waist in an arc-like manner upward, keep your hips touching the bed. Feel the tension and slowly straighten it. Observe the difference and feel the soothing sensation. Be calm and relaxed. Repeat the same once more. Feel you are deeply relaxed and concentrate on the growing lightness.
23. Now tighten your thigh muscles as tightly as possible. Feel the tension and slowly release them. Feel the difference. Keep the entire body loose and light. Shrink more into your bed. Be relaxed.
24. Now bend your heels down and tighten your calf muscles. Feel the tension within and slowly release them. Make them completely loose and free. Observe the soothing sensation and be deeply relaxed. Repeat it again.
25. Now bend your toes upward feel the tension in your leg and slowly release them. Make them completely loose and free. Observe the soothing sensation. Repeat it again, feel the tension and release the same. Feel relaxed.
26. Now bend the toes down as tightly as you can. Feel the tension within your toes and feet and slowly release it. Observe the difference and repeat the same.

Now slowly draw a deep breath and then slowly release it. Keep the entire body loose, light and free. Concentrate on the growing lightness of your hand, face, neck, shoulder, chest, abdomen, back, thigh and legs and relax.

Relaxation is very essential to give rest to the muscle and body. Usually when we sleep we are able to relax ourselves to some extent. But the relaxation exercise is more focused and concerned with practicing these techniques, which makes the person comfortable in a stressful situation. This enables the individual to relax and avoid any negative health outcome. Particularly in rehabilitation work the workers are always under demand and pressure. The nature of work and the exposure to the affected population causes strain to the worker. After the whole days work people are usually tired. Practicing relaxation exercises helps one to feel calm and comfortable.

Remember You Learnt About...

- Stress and its impact on personal and professional life
- Self care is important in de-stressing
- Stress management is crucial for personal rejuvenation and professional growth

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Annexure 1
Legal Protection for Women in India

Sl.No	Laws to Protect Women
1	**Laws related to Marriage and Divorce**
	Dowry Prohibition Act, 1961
	Prohibition of Child Marriage Act, 2006
	Hindu Marriage Act, 1955
	Special Marriage Act, 1954
	Christian Marriage Act, 1872
	Foreign Marriage Act, 1969
	Special Marriage Act, 1954
	Indian Divorce Act, 1869
	Converts' Marriage Dissolution Act, 1866
2	**Laws related to Crime against Women**
	Crimes Identified under the Indian Penal Code (IPC):
	Rape (Sec. 376)
	Kidnapping and Abduction for Different Purposes (Sec. 363-373)
	Homicide for Dowry, Dowry Deaths or Attempts (Sec. 302/304 –B)
	Torture both Mental and Physical (Sec.498-A)
	Molestation (Sec.354)
	Sexual Harassment – Referred to in the past as eve teasing (Sec. 509)
	Importation of Girls (upto 21 years of age) (Sec. 366-B)
	Crimes Identified Under the Special Laws:
	Protection of Women under Domestic Violence Act, 2005 (Sec.43)
	Immoral Traffic (Prevention) Act, 1956 (Sec.104)
	Dowry Prohibition Act, 1961 (Sec.28)
	Commission of Sati (Prevention), Act, 1987 (Sec.3 of 1988)
	Indecent Representation of Women (Prohibition) Act, 1986 (Sec. 60 of 1986)

3	**Laws related to Rights to Property** Indian Succession Act, 1925 Married Women's Property Act, 1874 Hindu Succession Act, 1956 Muslim Personal Law (Shariat) Application Act, 1936
4	**Laws related to Protection of Rights of Working Women** 1. Factories Act, 1948: Women not to be engaged for cleaning, lubricating or adjusting any part of prime or transmission machinery; maternity leave up to 12 weeks with wages to be provided. 2. Plantation Labour Act, 1950: Women workers to be provided time off for feeding children. 3. The Beedi and Cigar Workers (Condition of Employment Act), 1966: Provision for crèches for the benefit of women workers. 4. The Contract Labour (Regulation and Abolition) Act, 1970: Women not to be required to work beyond 9 hours between 6 AM and 7 PM with the exception of mid wives and nurses in plantations. 5. The Inter State Migrant Workmen (Regulation of Employment Condition of Service) Act, 1979: Separate toilets and washing facilities to be provided. 6. Mines Act, 1952: Employment in mines below the ground is prohibited. 7. Maternity Benefit Act 1961: Under this act • Maternity benefits to be provided on completion of 80 days of working • Not required to work during six weeks immediately following the day of delivery or miscarriage • No work of arduous nature such as long hours standing which is likely to interfere with pregnancy/normal development of foetus; or which may cause miscarriage or likely to affect health. The women should be given leave for a period of one month immediately preceding six weeks before delivery • On provision of a medical certificate, advance maternity benefit to be allowed for Rs- 250/-. This amount serves as a medical bonus as no pre-natal confinement and post – natal care is provided free of charge. 8. Equal Remuneration Act, 1976: Payment of equal remuneration to men and women workers for same or similar nature of work protected under the act. No discrimination is permissible in recruitment and service conditions except where employment of women is prohibited or restricted by or under any law. 9. Employees State Insurance (General) Regulation, 1950: Claim for maternity benefit becomes due on the medical certificate issued for miscarriage, sickness arriving out of pregnancy, confinement, or premature birth of the child. 10. Beedi Workers Welfare Fund Act, 1976; Iron Ore Mines, Manganese Ore Mines and Chrome Ore Mines Labour Welfare Fund Act, 1976; Lime Stone and Dolomite Mines Labour Welfare Fund Act, 1972 and Mica Mines Labour Welfare Fund Act, 1946: Appointment of a woman member in Advisory Committee and Central Advisory Committee is mandatory under these laws.
5	**National Commission for Women Act, 1990: To protect, promote and safeguard the interests and rights of women.**

Annexure 2
Welfare Programmes for Women

Sl.No	Laws to Protect Women
1	**Department of Women and Child Development – Government of Karnataka** Stree Shakti Santhwana Financial Assistance to Run Hostels for Girls from Rural Areas Scheme of Financial Assistance for Remarriage of Destitute Widows and Marriage of Devadasi Cell for the Eradication of Social Evils Karnataka Mahila Abhivrudhi Yojane (KMAY) Kittur Rani Channamma Award Financial Assistance to Women Law Graduates Scheme of Assistance to Women for Taking up Job Oriented Courses Source: http://dwcd.kar.nic.in/index.asp or http://dwcd.kar.nic.in/dwcd_english/programmes.html Note: Welfare programmes for women in other states can be accessed in the respective state department website.
2	**Government of India Schemes - Ministry of Women and Child Development** Scheme of Assistance for the Construction/Expansion of Hostel Building for Working Women Short Stay Homes for Women and Girls Swadhar Stree Shakti Puraskaar Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse Swayamsidha Support to Training and Employment Programme for Women (STEP) Ujjawala Nutrition Education and Training through Community Food & Nutrition Extension Units (CFNEUS): Grant-In-Aid for Research, Publications and Monitoring Scheme of Assistance to Educational Work for Prevention of Atrocities on Women

	The National Credit Fund for Women or Rashtriya Mahila Kosh Source:http://wcd.nic.in/
3	**Central Social Welfare Board (CSWB)** Dairy Scheme under SE Programme Assistance to Voluntary Agencies For Crèches Hostel for Working Women Condensed Course of Education For Adults Vocational Training for Adult Women Family Counselling Centers Mahila Mandal Awareness Generation Project for Rural and Poor Women General Grant in Aid Programme Mahila Samridhi Yojana Rahstriya Mahila Kosh Source: http://cswb.gov.in/
4	**Ministry of Human Resource Development** Mahila Samakhya Programme Education for Women's Equality Kasturba Gandhi Balika Vidyalaya (KGBV) Mid-Day Meal Scheme National Program for Education of Girls at Elementary Level (NPEGEL) Centrally Sponsored Scheme "Incentives to Girls for Secondary Education" Source: http://www.education.nic.in/

Annexure 3
The Protection of Women from Domestic Violence Act, 2005 (PWDVA)

In 2005, the Government of India passed a new legislation on Domestic Violence called 'The Protection of Women from Domestic Violence Act 2005" (PWDVA). It is a civil law aimed at providing relief to millions of women including wives, mothers, daughters & sisters, affected by violence in their home. Through the PWDVA, affected women are entitled to

Protection: The magistrate can pass orders to stop the offender from

- aiding or committing violence within and outside the home
- communicating with the woman
- taking away her assets
- intimidating her family and those assisting her against the violence

Residence: The woman cannot be evicted from the shared household Monetary Relief and Maintenance: She is entitled to maintenance, including loss of earning, medical expenses, damage to property.

Compensation: She can claim damages for mental and physical injuries.

Custody: The court can grant her temporary custody of children.

Interim Order/Ex Parte Order: The court can pass an interim order to prevent violence before the final order. In the absence of the other party to the dispute, an Ex Parte order can be passed.

Legal Service: Women have the right to free legal services under the Legal Services Authorities Act, 1987

Filing a Case on Domestic Violence

The woman or somebody on her behalf can file a Direct Information Report (D.I.R) with:

The Protection Officer (PO): is appointed by the government. The PO registers the DIR presents it before the Magistrate and ensures that the orders passed by the court are enforced.

The Service Provider: is a voluntary organization registered with the state government. They assist in filing the DIR with the protection officer; provide her with legal aid, medical care, counseling, or any other support.

Police: The police file a criminal complaint under Section 498A of the IPC. On request the police will record a Direct Information Report DIR under PWDVA at the same time and forward the same to the magistrate.

Magistrate: The woman can directly approach the Magistrate's court to file a DIR under the PWDVA. If the woman already has a pending case, then she can fill in an application under the PWDVA and file it as an 'Interim Application' in the pending proceedings.

Annexure 4

List of the Organizations that Provide Care and Support services for Women

Sl.No.	Name of the Organizations
1	Vanitha Sahaya Vani No.1. Police Commissioner Office Infantry Road, Bangalore – 560001 Phone: +91 -80 22943225/22864023 Toll Free Phone No: 1091
2	Santhwana (Helpline for Women) Bhartiya Grameena Mahila Sangh Vibuthipura, 18th Cross, Rameshnagar, Bangalore-560037 Toll Free Phone No: 1091
3	Reception Centre for Women State Home for Women Near Juvenile Home for Boys Hosur Road, Bangalore – 560 029 Phone: +91 -80 26561713
4	Protection Officer under Person with Domestic Violence Act Deputy Director No.33/4, Kubera Masion National High School Road, V.V.Puram, Bangalore – 560 004 Phone: +91 -80 26527332/26524562
5	Sakti No 18 , 2nd Cross, Teacher's colony BSK 2nd stage BANGALORE -560070, Karnataka INDIA Phone: +91-80 - 26 715741 Website: info@saktingo.org

6	AWAG Ahmedabad Women's Action Group Ahmedabad Women's Action Group – AWAG AWAG Kunj Bhudarpura, Ambawadi, Ahmedabad – 380015, Gujarat, INDIA Phone: +91 -79 – 26442466 / 26441214 Fax: + 91-79 - 26442466 Email: awagbox@yagoo.com
7	Sanlaap 8B Mahanirban Road, Kolkata - 700 02 INDIA Phone: + 91- 33- 2702 1287 / 2702 1113 / 2464 9596 / 2465 3429 Fax: +91- 33 2465 3395 Website: www.sanlaapindia.org
8	Vimochana No 33/1-9, Thyagaraja Layout Jai Bharat Nagar, Maruthi Seva Nagar PO Bangalore 560 033, Karnataka INDIA Phone: +91-80-2549 2781/2549 2783 Email: awhrci@vsnl.com
9	Prerana Kamthipura Muncipal School 7th Lane Sukhalaji Street, Kamthipura Mumbai – 400 008, Maharastra INDIA Phone: +91-22-25700128, 23053166, 25948296 Website: www.preranaatc.com
10	Samraksha No: 522, 2nd Floor, Block 5 Ranka Park Apartments 4, 5 and 6 Lalbagh Road, Bangalore 560 022, Karnataka INDIA Phone: +91-80-2212 2492 Email: samraksha@vsnl.net.in
11	Freedom Foundation No:180, Hennur Cross Bangalore – 560043, Karnataka INDIA Phone: +91-80-25440134/9766 Fax: +91-80-41616447 Website:www.thefreedomfoundation.org

12	Paripurnata 1912, Panchasayar Road P.O Panchasayar, Kolkata – 700094 INDIA Phone: + 91 -33 64170302/24329339 Fax: + 91 -33 24328824 Email Mail: ppurnata@vsnl.net Website: www.paripurnata.org
13	Vathsalya Charitable Trust 717, 5th cross, Kalyan Nagar, HRBR, Ist Block, Bangalore – 560 043, Karnataka INDIA Phone: +91-825457360/25459366 Fax: +91-8025452671 Website: www.vctblr.org
14	Abhaya Ashram & Orphanage in Wilson Garden, Bangalore 4th Cross, Siddaiah Main Road Hombe Gowda Nagar Wilson Garden Bangalore-560027, Karnataka, India Phone: + 91-80-22220834/22121131 Email - ashi_abhaya@yahoo.co.in
15	Humanitarian Trust Home Survey 34/2, Chikkagodi Village Hennuru Main Road Doddabobbi (post) Bangalore – 562 149, Karnataka INDIA Phone: + 91 – 80-28465415
16	Sneha Care Camillian Health Mission in India Sneha Charitable Trust, Snehadaan, Sarjapura Road Ambedkar Nagar, Carmelaram Post Bangalore – 560035, Karnataka INDIA Phone: +91-80-28439516 Fax: +91-80-28439631 Website: info@snehacare.org
17	Infant Jesus Children Home Kothanur, Agaram Bangalore -560007, Karnataka, INDIA Phone: +91-080-28465948

18	Madillu 26/34, Thimmarayaya Gowda Colony Banasankari, 3rd Stage, 50 ft. Road Bangalore, Karnataka INDIA Phone: +91 -80-26799574/25725301
19	Mahila Dakshata Samithi No.66/AAECS Layout, Sanjaynagar Main Road RMV 2nd Stage, Bangalore-560 094, Karnataka INDIA Phone: +91-80-23512543 Email: mahiladakshatasamiti@yahoo.co.in Website: www.mahiladakshatasamiti.org
20	Odanadi Seva Samsthe, S. R. S. Colony, Hootagally Village Belawadi Post Mysore-571186, Karnataka INDIA Phone: +91-821 402155 Email: odanadi@hclinfinet.com
21	Prajna Counselling Centre Falnir road, Kankanady Mangalore-575002, Karnatak INDIA Phone: +91-824-2432682/2432133 Fax : +91-824 – 2432133 Email: prajnacounsel@yahoo.com Website: www.prajnacounsel.com
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24	All Bengal Women's Union for Dignity and Empowerment 89, Elliot Road Kolkata – 700016, West Bengal INDIA Phone: +91- 33- 22293292 Email: info@abwu.org Website: www.abwu.org
25	Annapurna Mahila Mandal (AMM) 10, Navnit Apartments, 3rd Floor 125 Ram Maruti Road, Dadar (W) Mumbai - 400 028, Maharashtra Phone: + 91-22-4304474, 4308874 Fax: +91-22-4308704
26	Sathwana Helpline for Women for Women in Karnataka Toll Free Phone Number : 1091
27	Prajwala 20-4-34, III Floor, Behind Charminar Bus Stand Charminar, Hyderabad Andhra Pradesh - 500 002, INDIA Phone: +91 40 24510290 Email: praj_2010@yahoo.com
28	National Institute of Mental Health and Neuro Sciences (NIMHANS) Hosur Road Bangalore - 560029, India Email: www.nimhans.kar.nic.in
29	Schizophrenia Research Foundation (India) R-7A North Main Road, Anna Nagar West (Extn.) Chennai 600 101. Tamil Nadu, India Phone: + 91 044 26151073/26153971 Email: www.scarfindia.org
30	Sanjivini Under Defence Colony Flyover Above Shop no. 182, Jungpura Side, New Delhi- 110 024 Phone: + 91 243 11918, 243 18883 Email www.sanjivinisociety.org
31	The Richmond Fellowship Society India ASHA 501, 5 block, 47th Cross, Jayanagar Bangalore – 56 0041 Phone: + 91 080 26346734 Email: www.rfsindia.org

32	T.T. Ranganathan Clinical Research Foundation (TTK Hospital) 17, IV Main Road, Indira Nagar Chennai-600020. India Phone: + 91-44-24918461, 24912948, 24416458, 24426193 Email: www.addictionindia.org

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