



Gender Responsive Shelter Homes

A Trainer's Manual

~ LCN Network ~

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LCN ILAM-LYNTI CHITTARA NERLU IS AN INTERNATIONAL NETWORK THAT WORKS TOWARDS IMPROVED AND RIGHT-BASED SHELTER SERVICES FOR SURVIVORS OF VIOLENCE

Gender Responsive Shelter Homes A Trainer's Manual

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on behalf of the Lamlynti Chittara Neralu Network (LCN)

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I will not die an unlived life
I will not live in fear
of falling or catching fire.

I choose to inhabit my days,
to allow my living to open me,
to make me less afraid,
more accessible,
to loosen my heart
until it becomes a wing,
a torch, a promise.

I choose to risk my significance;
to live so that which came to me as seed
goes to the next as blossom
and that which came to me as blossom,
goes on as fruit.

- *Dawna Markova*

Foreword

LCN (Lam-lynti Chittara Neralu) is a national network working towards its vision of survivor-centric and rights-based shelter homes for women and trans* survivors of gender-based violence (GBV). The network was formed in 2016 by women's rights, human rights, and feminist organizations across India. Our aim is to reimagine shelter homes as transformational and survivor-centric spaces with an enabling ecosystem.

Between 2017 and 2019, eight member organisations of LCN (Action India, Jagori, Nazariya, Ekta, North East Network, Sangama, Vimochana, and Visthar) conducted five state-specific research studies foregrounding the experiences of women survivors in relation to shelter homes, and published a national report titled Survivor Speak. Findings revealed that shelters were the last resort for women and LGBT+ survivors. Reluctance to approach shelters was linked with concerns over living conditions, mobility, lack of autonomy, the stigma of living in shelters, and discrimination during admission as well as residence in shelters.

In 2020, in the COVID context, LCN conducted a rapid survey to assess the impact of the pandemic on services for survivors of domestic violence in seven Indian states. The findings of the study *At Home. At Risk* were disseminated widely via social media and webinars. They have also been integrated into inputs around GBV, at various policy fora.

The above research studies highlighted the need to strengthen perspectives and capacities of shelter management and staff, as well as representatives of NGOs and other institutions/ departments that provide support to survivors of GBV. To address this, a toolkit was developed, comprising the following:

- » a trainer's manual
- » a workbook/ journal for participants to document their learning
- » a booklet on the rights of survivors of GBV
- » informational posters on the DV Act
- » a booklet on myths and facts about gender identity and sexual orientation

The toolkit was sourced from LCN's research findings and developed collaboratively with members of the LCN network through a consultative process that included online and offline discussions, reviews at every stage, and a Training of Trainers. Advisors including Dr. Bharti Sharma (Shakti Shalini, Delhi) and Prita Jha (Peace and Equality Cell, Ahmedabad) were invited to share their feedback. It will be made freely available online at <https://visthar.org/lam-lynti-chittara-neralu-lcn/>.

Gender-Responsive Shelter Homes: A Trainers' Manual

This manual aims to nurture a rights-based, intersectional perspective, primarily among the staff of shelter homes; at the same time it will be of great relevance to all GBV practitioners, irrespective of where they are located in the ecosystem of support for survivors. We hope it will enable shelter homes and GBV practitioners to adopt a survivor-centric approach so that their relationship with survivors of violence – including queer women and trans* persons – will be more sensitive and inclusive.

The training manual follows feminist critical pedagogy, with each session building on the lived experiences of participants. It uses a combination of methods, group activities, role plays, reflective exercises, case studies, artwork, and so on. These lesson plans will draw on other elements from the toolkit to facilitate easy understanding and recall.

Gender-based violence often takes a toll on the mental and physical health of survivors, and professional expertise is essential to address any mental health issues that arise. At the same time, awareness of shelter home staff/ GBV practitioners around the basics of mental health will help to create a sensitive environment that does not stigmatise survivors. A section of this manual aims to address this requirement.

As products of the same social world, shelter home staff/ practitioners may themselves be impacted by GBV in different ways. Further, they are often overworked and stressed. So, self-care becomes important for their own physical and mental well-being, along with that of survivors. This manual attempts to sensitise them on the aspect of self-care.

Each session will take around 1 hour to facilitate. Ideally, all sessions need to be conducted in the given sequence. However training situations could vary, and so this manual has been designed such that facilitators can pick and choose sessions, depending on their assessment of the training need, the time available, and other factors.

A gender-training manual can never be considered complete. We see this as work-in-progress, ready to absorb new perspectives, methods, concepts, and tools. Trainers are invited to share their contributions with LCN, especially elements that could enrich this and render it more relevant and contextual.

We acknowledge Visthar for this production, all LCN members for their contribution and involvement, and AJWS for their support and solidarity.

Geetha Nambisan, Mercy Kappen, and Jaya Velankar

On behalf of LCN



LCN (Lam-Lynti Chittara Neralu)

In Khasi, Lam-lynti means 'to lead the way'. Chittara is a Telugu word that means 'star' and Neralu in Kannada refers to 'shelter'. Together, the expression means 'to lead the way to shelters under a vista of stars'. This assortment of words reflects regional diversity and collaboration within the network and an aspiration to assist in making shelters positive and empowering spaces offering rights-based support systems for women and trans* survivors of gender-based violence.

Terms used

"Women" includes those who identify as women – cis and queer.

"Trans*" includes all non-cisgender identities in one simple term.

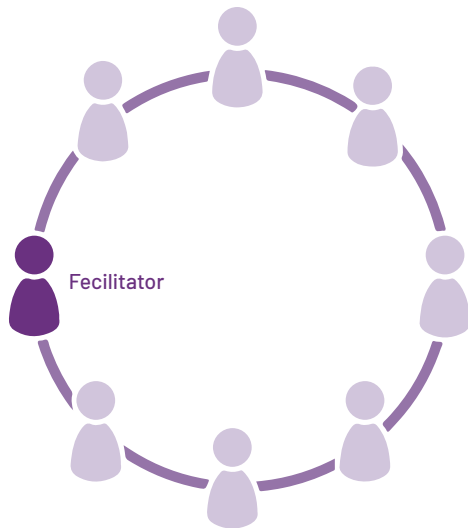
"Cisgender" relates to persons, whose sense of personal identity and gender correspond with their gender assigned at birth.

Guidelines for Facilitators

Our Approach to Facilitation

1. As facilitators, we are supporting our participants to think and analyse their own work lives, attitudes, and worldviews.
2. So, we ask open-ended questions. These questions enable participants to think and analyse. Examples of such questions could be:
 - a. What do you think about this?
 - b. What are the consequences of this happening?
 - c. Why is this happening?
 - d. What can we do to change this?
3. We are not teaching our participants what is right and what is wrong – they arrive at that themselves based on the analysis we facilitate.
4. We are trying to kindle a sense of justice among our participants. Let us enable them to recognize and express the injustice they see and experience.
5. Traditionally, teachers use power and authority to teach; we meet our participants as equals and invite them to think along with us. Thus, we are not teachers.
 - a. Let us talk less and listen more.
 - b. Let us use simple language, with minimum technical words

Our Method of Facilitation

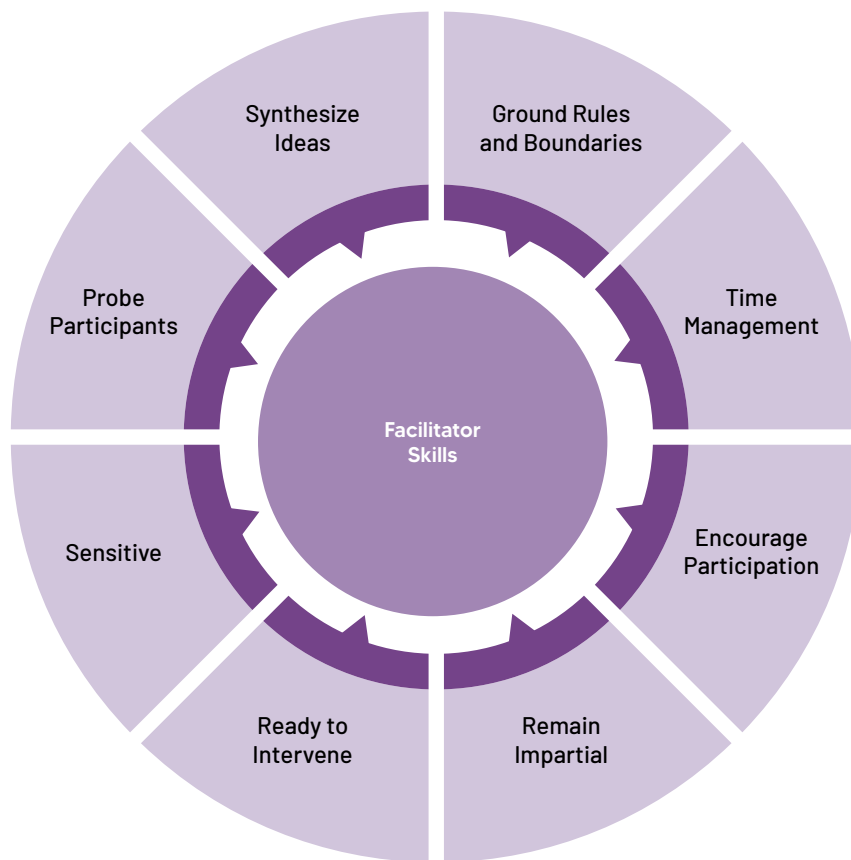


6. As far as possible, arrange the seating so everyone sits in a circle
 - a. That way everyone can see each other, and are equidistant from the "center"
 - b. There is no "head" of the circle, we are all equals in the circle
7. Please sit as part of the circle in a place where everyone can see your face. Do not sit/stand in the center of the circle – the participants behind you will not be able to see your face.
8. Speak slowly, clearly, and gently. We are not giving a public speech; we are inviting our participants to reflect on their own lives.
9. If we pair up as facilitators – a female facilitator and a male facilitator – we can model gender equal behaviour and influence our friends deeply
 - a. The facilitators can take turns leading the facilitation for different activities
 - b. When one of us is leading the facilitation, the other can support her/him
 - c. The supporting facilitator can help with writing on the whiteboard, arranging materials, etc.
10. Listen politely when a person shares their experience; acknowledge their feelings
 - a. Please thank them for sharing and affirm their story. It takes courage to share personal stories in a group.
11. Do not ignore a person who is talking; listen to them.
12. As far as possible, do not interrupt or cut off a person who is talking. Their views matter.
 - a. If they are taking more time to explain their point, request them to be brief so others can also share.
13. After we ask a question, there might be silence from the group. Do not panic by the silence! People might need time to think and frame a response. Count slowly till 10. You almost certainly will get responses.

- 14. Give enough time for group work. Group work enables each person to think and is important for their growth.
- 15. Sometimes you can turn around questions that come to you. You can ask the group itself to respond to questions that arise from the group.

Facilitation and the Content

- 16. Be thorough with the lesson plan you are facilitating. Mentally rehearse all the questions and possible answers.
- 17. When we ask questions, we are not ‘testing’ our friends; we are inviting them to think. Since our experiences will differ, there is no “right answer”.
- 18. If we get a response which we never thought of, acknowledge that viewpoint and respond in a way that you think is most appropriate.
- 19. When a person’s answer does not fit with our view, do not force them to see it our way. Gently ask a few more questions that enable them to think more deeply.
- 20. Please avoid statements like “I want to teach you...”, “I want you to know...”, etc. As a facilitator, we are not “teaching” or “telling” our participants; we are inviting them to rethink some of their beliefs and assumptions.



Survey

Please indicate with a ✓ if you agree or disagree with each of the statements below.

You need not write your name in this survey form.

#	Statement	Agree	Disagree
1	A man must be the head of the household		
2	A wife must have sex whenever her husband demands		
3	A woman should stay with her husband no matter what the marriage brings		
4	Child care is a woman's responsibility		
5	When there is a disagreement, the wife should give in to the husband to maintain peace in the home		
6	Women should not enter places of worship during menstruation		
7	Men rape as they are provoked by women wearing revealing clothes		
8	Men need more food as they do heavy work		
9	Land titles should be in the name of men		
10	Women and men cannot be equals as they are different		

1

Sex and Gender – Beyond the Binaries



Overview

The distinction between biological sex and gender is critical to understand gender injustice. Biological sex refers to a biological difference that might be visualized as a spectrum - with females on one end, males at the other end and many “intersex” points in between. Gender refers to a socially constituted difference that leads to power inequalities. Like sex, gender may also be visualized on a spectrum - with women on one end, men at the other end and many intermediate points in between. This session introduces participants to this conceptual difference. It challenges participants to rethink their perceptions of what makes a woman or man.



Objectives

- » To understand the difference between sex and gender
- » To see that gender inequalities lead to unequal power relations
- » To recognize that sex and gender are in a continuous spectrum



Suggested Time

- » 60 - 90 minutes



Preparation

Keep the presentation that goes along with this session ready



Materials

- » 4 chart papers and sketch pens to write
- » Whiteboard, marker pens
- » Laptop for presentation, LCD projector



Steps

1. Divide the participants into 4 groups, and give them chart papers and sketch pens
 - a. Ask two groups to write: What all comes to your mind when you think of women?
 - b. Ask two groups to write: What all comes to your mind when you think of men?
 - c. Ask participants to write qualities, attributes, roles, etc. Otherwise they might limit their responses to only roles – “sister”, “father”, etc.
2. Display the charts, the two charts on women on the left, the two for men on the right
3. Ask participants if they agree with the terms, and to identify terms common to both sides
4. Next, move on to the other terms. Gently challenge the stereotypes on the charts.
 - a. Examples of such questions for stereotypes about women:
 - i. Are all women “gentle”? Are no men ever “gentle”?
 - ii. Are all women “kind”? Are no men ever “kind”?
 - b. Examples of such questions for stereotypes about men:
 - i. Are all men “gentle”? Are no women ever “gentle”?
 - ii. Are all men “kind”? Are no women ever “kind”?
5. Swap the titles of the two columns. Ask: “Now that we have swapped titles, what all are wrong? What all are just not possible?”
 - a. Participants are likely to identify “breastfeeding”, “giving birth”, and other sex related terms.
6. Derive and introduce the concepts of Biological Sex and Gender with those questions.
 - a. Define the two terms clearly. Show a slide with the definitions.
 - b. Point out that gender varies from culture to culture, and time to time
7. Conduct a quiz to clarify the concepts of biological sex and gender.
 - a. Ask participants to run to the left if the statement you read is about “Biological Sex”, and to the right if it’s about “Gender”
 - b. For each statement, ask a few participants to explain their stance
 - c. For some of the statements related to gender, ask participants what the consequences are of those beliefs/attitudes. Ask if it’s fair. Let participants recognize that it’s important to discuss and study gender because it is an injustice.
 - d. The statements for the quiz are available in the handouts section.
8. Use the interactive quiz in the presentation to now introduce the concepts of Gender Identity, Gender Expression, Sexual Orientation
9. Point out how all of these are on a spectrum and are not binaries
10. Invite participants to reflect and write in the workbook where each one of us might be on these spectra.
11. Acknowledge that it is part of human diversity that different people will be on different points in these spectra.



Discussion Questions

- A. What all come to your mind when you think of women/men?
- B. Do we all agree with the terms on these charts?
- C. What all terms have come common for both women and men in these charts?
- D. Gently challenge the stereotypes on the charts.
 - a. Are all women X? Are no men X? (X could be stereotypes on women)

- b. Are all men Y? Are no women Y? (Y could be stereotypes on men)
- E. Now that we have swapped titles, what all are wrong? What all are just not possible?
- F. Are each of these statements about “biological sex” or about “gender”?
- G. Which of these define “Biological Sex”, “Gender Expression”, and “Gender Identity”?
- H. Where might each one of us be on these different spectra?



Notes

Biological sex refers to the biological difference between female and male. Examples of these biological differences include: “females can breastfeed, males cannot”, and “females have vagina, males have penis”. These biological differences are fairly constant over time, and across countries.

Gender refers to the socially constituted differences between women and men; these lead to unequal power relations between women and men. Examples of these socially constituted differences include: “Women are expected to be submissive, men are expected to be aggressive”, and “Women are considered good followers, men are considered good leaders.” These socially constituted differences vary across time and culture.

Here are some answers that might come from participants for the discussion questions above. These are given on y for our reference. Let us not “expect” these answers. Instead, let us always listen to what participants are saying and build on that.

What all come to your mind when you think of women/men?

Here is an example of how the board might look, at this point.

Women		Men	
Gentle	Kind	Strong	Leader
Mother	Hard-working	Hard-working	Spends money
Jealous	Cooking	Earns money	Trustworthy
Gossip	Beautiful	Alcohol	Angry
Long hair	Breast-feeding	Intelligent	Aggressive
Wears bindi	Gives birth	Travels	Irresponsible
Sacrifice	Spiritual	Aggressive	Violent
Loving	Caring	Moustache	Short hair
Peaceful	Uses make-up	Wears shirts	Uses perfume
		Courage	

Do we all agree with the terms on these charts?

Most might agree to most terms. Some might disagree with some terms. Share that we shall go deeper into these terms soon.

Gender Expression: The external display of one's gender, through a combination of appearance, social behavior, and other factors. This is generally measured on a scale of masculinity and femininity. A person may come across as feminine, masculine or anywhere else in between.



Gender norms: A culturally-defined set of roles, responsibilities, rights, entitlements, and obligations, associated with being female and male, as well as the power relations between and among women and men, boys and girls.

Gender Identity: A person's deeply felt internal and individual experience of gender. That may or may not correspond with the sex assigned at birth. A person may identify as woman, man or anywhere else in between. When a person's gender identity matches what society considers as "normal" for the sex assigned to them at birth, they are called cisgender. When it does not match society's norm, the person is called transgender.



Transgender: An umbrella term referring to an individual whose gender identity is different from their sex assigned at birth.

Cisgender: A gender identity that society deems to match the person's assigned sex at birth. The prefix *cis-* means "on this side of" or "not across." A term used to highlight the privilege of people who are not transgender.

Source: Health Policy Project. 2015. *A Facilitator's Guide for Public Health and HIV Programs: Gender & Sexual Diversity Training*. Washington, DC.

Where might each one of us be on these different spectra?

Give participants time to reflect and write in the workbook. Let them mark where they are on these spectra. There is no "right" or "wrong" answer for where we are.



Handouts

Quiz Statements: Biological Sex or Gender?

This set of statements are used to clarify the concepts of biological sex and gender. Ask participants if these statements are about biological sex or gender. (We are not asking if these statements are true or false; we are asking if they are about biological differences, or socially constituted differences.)

Biological Sex or Gender?

1. Girls do not play cricket, boys play cricket
2. Women can breastfeed, men cannot
3. Women are paid less than men for the same work
4. Boys have penis, girls have vagina
5. Men are more violent than women
6. Most land is owned by men, not women
7. Women need more protection and restrictions than men
8. In some communities, only men may play the traditional drums during weddings and funerals
9. Girls menstruate, boys do not
10. Girls are impure when they menstruate
11. Girls get married at a very young age
12. When there is less food in the home, women sacrifice

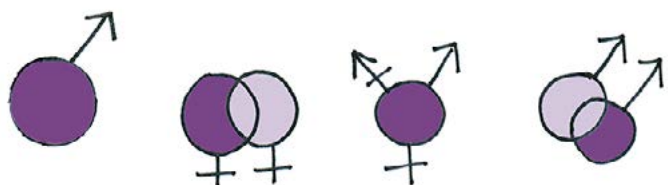
Invite the participants to create/add their own quiz statements and say it aloud to the group.

Interactive Quiz - Beyond the Binary

1. Which of the following is the meaning of biological sex?
 - a. A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex.
 - b. The act of making love to another person
 - c. The reproductive organs of a person – vagina, penis, uterus, etc
 - d. The socially constructed differences between women and men
2. Which of the following is the meaning of gender expression?
 - a. The colourful expressions of women – multi-coloured sarees, bindis, earrings, etc.
 - b. The language used by women and men to express themselves
 - c. A medical term that denotes whether a child has reproductive organs that announce themselves as boy or girl
 - d. The external display of one's gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.
3. Which of the following is the meaning of gender identity?
 - a. The gender assigned to a child at birth by the doctor and medical establishment
 - b. The gender other people assign to the person based on their appearance and behaviour
 - c. A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
 - d. The attraction one feels towards people of a specific sex

Answer Key

1. A
2. D
3. C



2

Sexual and Gender Minorities



Overview

Building on the previous discussion, this session looks deeper into the concept of sexuality and the issues faced by sexual and gender minorities. Sexuality is about our sexual feelings, thoughts, attractions and behaviours towards other people. We find other people physically, sexually or emotionally attractive, and all these are part of our sexuality. Sexual orientation refers to the pattern of attraction. Homosexuality, heterosexuality, and bisexuality are three patterns we will discuss more in this session. In a society where heterosexuality is considered normal, people who are homosexual or bisexual face discrimination and violence.

Sexual and gender minorities is a term used for people whose sexual and gender identities or sexual orientation do not align with the dominant idea in society. These include homosexual persons, bisexual persons, trans persons and intersex persons, among others. The session uses case studies of a homosexual woman, a bisexual woman, a trans woman and an intersex person to introduce participants to the discriminations and injustices faced by sexual and gender minorities.



Objectives

- » To understand basic concepts related to sexuality and sexual orientation
- » To recognize the issues faced by sexual and gender minorities
- » To become conscious of the injustice faced by sexual and gender minorities



Suggested Time

- » 75 minutes



Preparation

Keep copies of the case studies ready to be handed out in the groups



Materials

- » Adequate copies of the Case Studies from the handouts section
- » Whiteboard, marker pens
- » Participants will need their workbook during this session



Steps

1. Invite participants to share what all we mean by the term “sexuality”. Write the responses on the whiteboard.
2. Point out that sexuality is not just about sexual intercourse. Sexuality is about our sexual feelings, thoughts, attractions and behaviours towards other people.
3. Introduce the term “sexual orientation” as the pattern of attraction persons feel towards others. For example, some women are attracted to women, some women to men, and some to both women and men.
4. Ask participants what terms they have heard to describe these different patterns. Build on their responses to introduce the terms homosexuality, heterosexuality and bisexuality.
5. Introduce the term “sexual and gender minorities” – people whose gender identity, sexual identity, sexual orientation or practices differ from the majority of the surrounding society.
6. Invite participants to share the different words used in different languages to refer to sexual and gender minorities. Note down all the words on the whiteboard.
7. Draw 3 columns on the board titled “Positive”, “Neutral” and “Negative”
8. Go over each word on the list. Ask participants what it connotes and whether it is positive, neutral, or negative. Move the word to that list. (Most words will be in the negative column.)
9. Ask how participants would feel if the terms to refer to them are so negative. Is this fair?
10. Divide the participants into 4 groups; give each group a different case study.
11. Ask the groups to identify all the discriminations the main person in the story experiences.
12. Invite the groups to present their analysis. After each presentation, ask “Is this fair?”
 - a. Consider asking groups to present their case study and analysis as a role play, depending on the time available.
 - b. Alternately, consider asking groups to draw and label the person who is experiencing the injustices
13. Process the presentations with the discussion questions below.
 - a. Make sure to note responses to the questions on consequences and what can be done to change this on the whiteboard.



Discussion Questions

- A. What all do we mean by the term “sexuality”?
- B. What terms have we heard to refer to different patterns of sexual attraction?
- C. What do we mean by the term sexual and gender minorities?
- D. What are the different words in our local languages for homosexual persons, transgender persons, bisexual persons, and other sexual and gender minorities?
- E. Are each of these words positive, neutral or negative towards sexual and gender minorities?
- F. How would you feel if most of the terms to refer to you are so negative? Is this fair?
- G. What are the various discriminations the main persons in these stories experience?

- H. What are the consequences of these discriminations for sexual and gender minorities?
- I. Why does this happen?
- J. What can we do to change this?



Notes

Here are some of the answers that might come from participants. Please see these notes as an invitation for you to think more deeply on the issues faced by sexual and gender minorities. Do not “force” any of these answers from participants – these are not “the” correct answers. Let us listen to the responses of participants and build on that. You can add your understanding too during the discussions.

What all do we mean by the term “sexuality”?

- » Reproduction
- » Sexual intercourse
- » Penis entering the vagina
- » Sexual feelings
- » Attraction
- » Romantic feelings
- » Love
- » Kissing, hugging
- » Masturbation, self-stimulation
- » Oral sex
- » Anal sex

What terms have we heard to refer to different patterns of sexual attraction?

- » Heterosexuality – attraction towards persons of a different gender
- » Homosexuality – attraction towards persons of same gender
- » Lesbian – women who feel attraction only towards women
- » Gay – sometimes an umbrella term used for men and women homosexuals; sometimes used specifically for homosexual men
- » Bisexuality – attraction towards people of all genders

The glossary at the [LGBTQIA Resource Center](#) is a useful reference to learn more.

What do we mean by the term sexual and gender minorities?

Sexual and gender minorities refers to people whose gender and sexual identity, sexual orientation or practices differ from the majority of the surrounding society.

What are the different words in our local languages for homosexual persons, transgender persons, bisexual persons, and other sexual and gender minorities?

- » Chakka
- » Meetha/Gud
- » Gandu
- » Ombattu (Nine)

- » Napumsakam
- » Shikandi
- » Khusra
- » Kundan
- » Baylya
- » Chikna
- » Homo
- » Bobby Darling
- » Faggot/Fag
- » Tranny
- » Deviant
- » AC/DC
- » Dhyamna
- » Shyele

The article "Game of Names" by Aditya Joshi explains some of the slurs used against sexual and gender minorities. .

Are each of these words positive, neutral or negative towards sexual and gender minorities?

- » All of the above are negative. Most of the words participants identify are also likely to be negative.

How would you feel if most of the terms to refer to you are so negative? Is this fair?

- » Angry
- » Low self-esteem
- » Sad
- » Self-hatred
- » Abnormal
- » Lack of confidence
- » Outsider
- » Scared/afraid/fear
- » Defective

What are the various discriminations the main persons in these stories experience?

- » Verbal and physical bullying
- » Physical violence, torture
- » Sexual harassment and violence
- » Taunting, Verbal abuse, Insults
- » Humiliation, shaming
- » Treated as an outsider, abnormal
- » The discriminations vary with caste, class intersections too

What are the consequences of these discriminations for sexual and gender minorities?

- » Denied their freedoms
- » Denied right to education, food, shelter, safety

- » Denied life with dignity
- » Dehumanisation
- » Living with fear
- » Homelessness
- » Poverty
- » Loss of confidence, self-worth, self-esteem\

Why does this happen?

- » Because of a cis-hetero-patriarchal worldview
- » Hetero-sexism - A worldview that sees only heterosexuality as “normal”
- » Cis-sexism – A worldview that sees cis-gender as the “norm”
- » Homophobia
- » Fear/hatred of difference
- » Ignorance, lack of knowledge about diverse sexualities
- » Dominant society accepts violence against sexual and gender minorities
- » Social institutions (media, religion, education, etc.) reproduce these worldviews

What can we do to change this?

- » We need to start with our own attitudes and worldviews
- » We all need to educate ourselves – staff,
- » As staff, we need to critically examine how we have treated sexual and gender minorities in the past
- » The Shelter Home can create an inclusive and sensitive environment for sexual and gender minorities
- » All staff need to become more sensitive; we also need to sensitize residents
- » Our policies should specifically address non-discrimination of LGBTQI peoples
- » Etc.



Handouts

The following 4 Case Studies can be used for this session.

- » Manju’s Story
- » Leila’s Story
- » Charu’s Story
- » Rehmat’s Story



Manju's Story

Manoj was born in a poor, dalit family in rural Karnataka. Manoj's parents were agricultural labourers, who worked in the cotton fields of the landlord. As a child, Manoj liked to dress up like his sister and everyone found it cute. As he grew older, his father started getting angry with him for talking, walking and dancing like a girl. His mother found him applying kajal one day and gave him a beating. He himself was confused and scared. He felt like a girl. But he knew he was supposed to feel like a boy.

Manoj did not enjoy school. Friends mocked Manoj for behaving like a girl. A senior boy bullied Manoj by catching his breasts openly. The maths teacher made him sit separately from the others. The principal treated him more harshly than he treated others. They all used the most abusive language to talk about his parents.

So, Manoj was happy to leave school after 8th standard to support the family. At least, that torture would end, Manoj thought. He started working as a coolie in the cotton go-down near the bus stand. It was there that he first saw a trans gender woman. She was sitting in a bus, and people were mocking her. Manoj wanted to know more about her, but there was no opportunity.

Work at the go-down was tough, but he managed for a few years. The other workers bullied him for being feminine. One morning, the boss tried to assault him sexually. Manoj ran home terrified. In the evening he told his parents what happened. His father became furious and beat him even more, "If only you behaved like a normal boy, then you wouldn't have these problems."

A few days later, Manoj ran away from the village. Not knowing where to go, Manoj took a bus to the city. He found the house of a cousin who let Manoj stay. The cousin insisted that Manoj pay for the food and stay. But it was difficult to get a job. People mocked Manoj for looking like a girl.

Roaming the streets of the city, Manoj met two trans women who danced in a club nearby. Manoj started spending more time with them. With them, Manoj became Manju and happy. Her new friends took Manju to the dance club where they performed. The club hired Manju to perform on crowded nights. She started getting money. Her friends warned her about the dangers of the job. She felt she had no choice.

Manju hid her work and identity from her cousin. She turned back into a man when she came home each night. She made stories to explain why she was coming home so late after work every day.

One night the police raided the dance club. Manju and some of the other dancers were arrested. Manju was thrown into a male cell at the police station. That night she was brutally raped by 2 policemen and then a fellow prisoner. She didn't want to live anymore.



Leila's Story

That day began like any other day. I had a good day at school, laughing and chatting with friends all day. I knew there was trouble as soon as I entered through the door. Amma began beating me like never before. Appa looked at me with tears in his eyes. It was only when Amma flung my diary at me that I realized what had happened.

But I should tell you my story from the beginning. Appa was a store clerk. Amma washed vessels at a small hotel. They migrated to the city years before I was born. I was the only child, adored and loved by everyone. I dreamt of doing many things. The one thing I was sure I wanted to do was get married. After all, that was the topic Amma and Appa spoke most often. I dreamt about that day, the jewellery, the costumes, the rituals, and all the fun I would have. As a kid, I would get so excited talking about that imaginary day.

As I grew older, I realized something was different. I wanted to get married, but not to a man. I couldn't share this with anyone, they would laugh at me. I started writing my feelings in the diary I had won for coming first in class. I wrote poems and letters to my imaginary friends, and hid the diary in my small home. That was the secret diary my mother had discovered, the one she threw at me. My life changed that day.

Amma felt someone had done black magic on me. They took me to a Tantric Baba they trusted in the village. He listened gravely to Amma shaking his head disapprovingly. He consoled my parents that he would drive the evil spirits hiding within me. He put hot pins on my hand. Made me sit in front of the fire. Didn't let me eat for hours. For days it was sheer torture. My parents were so angry with me that they couldn't see my fear and struggle. Just to get away from this, I lied. I said I don't like girls anymore. The whole thing stopped. My parents seem relieved. But I was not the cheerful, happy girl anymore.

Years passed. Everyone thought I was "better". I hid my real feelings all through college. None of my friends knew that I didn't care for boys. I listened patiently to their tiresome stories about boys.

Finally, I met Lata. She understood me. We felt for each other. This is what I always wanted. We sent each other lovely messages. She supported me and encouraged me. I wished I could marry her.

I didn't know it then, but my mother was checking my bag, my books, my phone. She was always suspicious. She discovered my messages with Lata. Appa told me not to go to college anymore. I would not be allowed to go outside.

Appa had heard of a doctor who would treat women who were not behaving normally. The doctor was expensive, but my parents felt they would have to spend the money to make me normal. The doctor said I had a psychological problem, that he could fix it. Each session he would make me talk about my dreams and I was uncomfortable.

Last week, he told me "You haven't enjoyed men, that's why you are still attracted to girls" and slid his hands inside my shirt. As I tried to resist, he became violent and grabbed my breast. I was terrified. I ran out of the consulting room. My mother was waiting outside. I told her everything. But she believed the doctor. He said the treatment was sometimes uncomfortable, that I need to have more sessions as my case is quite complicated. He was willing to give a discount seeing how my parents really cared for me. To my shock, Amma agreed to the doctor. I am scared this man will rape me if I come for another session. Even then my parents would not believe me.

Charu's Story

There was confusion and fear when the baby was born. The doctor shook his head, "It's not a good sign when a baby is born with parts of a boy and a girl", he warned. "We need to do a surgery, so the child can be either a boy or a girl." The parents could not afford the surgery. Worse, they were terrified that this child was a sign from God. They took the baby home with fear in their hearts.

The parents were certain that the child's unusual body was a result of past karma. They made many offerings to the gods. They hid the truth about the child from their neighbours. The shame was unbearable.

Only the grandmother seemed unworried. She loved her first grandchild. "Let's name the baby Charu, that name could fit either a boy or a girl.", she said with kindness. According to family legend, that was how the child got the name "Charu", the first of many names the child would get - most of them very hurtful.

Charu's parents dressed Charu up like a boy, and enrolled the child in school. They told Charu never to remove the trousers in school. Otherwise, the other children would tease Charu. The child grew up fearing there was something wrong with their body. The parents' talk of past karma and sin had terrified Charu too. When their grandmother died a few years later, Charu lost the one person who treated them with love.

By the time they were 10 years old, Charu felt inferior to the other children. Charu's confidence was low and they were always afraid of "being found out". Charu liked to sketch and draw pictures. But nobody seemed to care about Charu's drawings. The quiet, shy Charu was bullied by other boys.

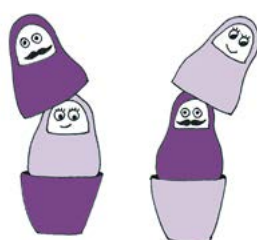
One day when Charu was twelve, Charu found blood between their legs. The parents were terrified and rushed them to a doctor. The doctor scolded the parents for what was happening. Charu did not understand anything the doctor said.

It was a cousin who told Charu's friends that Charu is "not a boy". The months that followed were harrowing. Boys tried to pull Charu's trousers down. Girls laughed at Charu. It was humiliating. They wished they could die.

Charu's mother was ashamed of Charu getting periods and did not discuss it with Charu. No one told Charu what to do when they had periods.

Charu stopped going to school. They would leave the house in the morning and roam the streets. In the evening Charu would go back home. One of those days, Charu was sexually abused by a man who bought them lunch. Terrified, Charu had nobody to turn to.

Charu befriended a gang of older boys. They peddled drugs on street corners. The gang-leader adopted Charu and offered protection to the young Charu.



Rehmat's Story

"No Abba, I will not get married", insisted Rehmat. Abba replied with a slap "You will. I don't want to listen to this nonsense anymore." For the last two years, this seemed to be a regular pattern in Rehmat's house. Some days her father became physically violent, it depended on his mood. She had always obeyed her parents. But now she had decided not to get married until she was ready.

Rehmat had two younger sisters and a brother. She had started working in rich people's houses when she was in the 7th standard. Her mother was unwell, and her parents needed the money. She attended school whenever possible. She got average marks and was satisfied. In the evenings, she came home and took care of her siblings and prepared the dinner. Everyone praised her for her hard work.

But there was a big part of her that Rehmat had to hide from everyone. She knew that she was attracted not only to boys, but also to girls. This was something abnormal, she thought. She was especially attracted to her neighbour Sana. Rehmat could hold Sana's hands and talk to her forever. She knew she was in love with Sana. But even before Rehmat could tell her, Sana was married off to a boy. Nobody asked Sana her choice. She had not even completed her schooling. This was a great shock to Rehmat. She felt shattered. It took her years to accept what happened to Sana. And she felt she could not love anyone after that. There was also no time in her day. Her family responsibilities increased every day.

When she turned 18, Rehmat's parents started talking about her marriage. Until now she was able to resist the topic, but now that she was 18 it seemed impossible. An aunt suggested the groom. He was 35 years old, a widower and the father of two boys. He was well off and ready to give muh mangi meher to Rehmat's family. Her parents needed the money, they had 2 more daughters they said.

Nobody listened to Rehmat this time. When she resisted, her parents locked her up. She stopped eating. Her parents, worried, advanced the wedding date. On the day of her wedding, Rehmat got ready without saying a word. On their way to the wedding venue, she slipped out and ran away. She managed to reach police station. Luckily for her, a female constable took care of her. Rehmat was brought to the shelter home.

The police warned her parents. Her father felt disgraced. Rehmat was no more his daughter, he said. A few days later, Rehmat got to know that her younger sister was married off to that same groom.



3

Gender-Based Violence and Power



Overview

UN Women defines gender-based violence (GBV) refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. The term is primarily used to underscore the fact that structural, gender-based power differentials place women and girls at risk for multiple forms of violence. While women and girls suffer disproportionately from GBV, men and boys can also be targeted. The term is also sometimes used to describe targeted violence against LGBTQI+ populations, when referencing violence related to norms of masculinity/femininity and/or gender norms¹.

The purpose of this session is to understand what that definition entails in practice – what constitutes violence, the different forms violence can take, its consequences and causes. It sets up the participants for the deeper discussions on violence that are set to come in ensuing sessions.



Objectives

- » To recognize the multiple forms of GBV and their consequences
- » To learn how GBV is rooted in unequal power relations
- » To see how GBV intersects with sexuality, class, caste, disability, etc



Suggested Time

- » 60 minutes



Preparation

Prepare the strips for the Mix and Match game from the Handout section. Keep the statements for the opening activity and the attitude survey ready with you.

¹ UN Women, Frequently asked questions: Types of violence against women and girls, downloaded from <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence>



Materials

- » 4 envelopes and 4 sheets of A4 size paper for the Mix and Match game
- » 4 chart papers and glue sticks
- » A copy of the Attitude Survey and the Statements for opening activity for your reference
- » Whiteboard, marker pens



Step

1. Open the session with the short quiz on “Identifying Gender-based Violence”
 - a. Read each situation out aloud.
 - b. Ask participants to identify whether it is a violence or not, and why.
2. Based on the quiz, invite participants to explain what is violence
3. Record and categorize their answers in 3 columns – what is behind the violence, what are the visible forms of violence, and the consequences of violence.
4. Point out the relationship between the 3 columns, and how different power inequalities (gender, caste, class, sexuality) lead to violence
5. Summarize the key ideas and introduce UN Women’s definition of “Gender-based violence”
6. Play the Mix and Match game to understand the different types of gender-based violence.
 - a. Divide participants into 4 groups; give each group an envelope, chart paper, and glue.
 - b. The envelope contains strips of paper with keywords and statements. The keywords are various types of violence. The statements are examples of that type of violence.
 - c. The group must match the statements to the keywords – they must find the right label for the type of violence the statement describes.
7. Give the groups 15 minutes to prepare. Once they are ready, ask them to display the charts.
8. If participants have doubts regarding any type of violence, clarify that.
9. Discuss and debate the statements from the Attitude Survey we conducted at the beginning of this training program.



Discussion Questions

- A. Would you call this situation “violence”? Why? Why not?
- B. Based on what we have discussed so far, what is violence?
- C. What is the relationship between these 3 columns?
- D. What are the different forms of violence we see in this Mix and Match game?
- E. What are other examples of these forms of violence you have seen/heard/experienced?
- F. Do you agree or disagree with each of these statements from the Attitude Survey? Why?



Notes

Would you call this situation “violence”? Why? Why not?

The handout on Identifying violence contains situations that may be read aloud. When participants say a particular incident should be seen as violence, follow up with the question why they think it is violence. Their answers might include:

- » It hurts her
- » They are doing it intentionally
- » It violates her right to live with dignity
- » The threat will induce fear in her
- » This is discrimination
- » Etc.

When participants say an incident is “not violence”, follow up with the question why they think so. Their answers might include:

- » It’s not violence because it was accidental
- » It was not intentional, nobody was trying to hurt her
- » It happens in a friendly game, that’s all

Based on what we have discussed so far, what is violence?

Participants are likely to share different ideas and keywords. That will not be framed as a formal definition, as everyone is trying to brainstorm and put their ideas together. Please record key ideas/ words on the whiteboard.

The ideas from your participants can usually be categorized into three: what is behind violence, the visible form of violence, and the consequences of violence. So, please record the keywords on the whiteboard in 3 columns accordingly. The table below illustrates how this could be done.

Using power	Physical	Harms
Force, Dominance	Verbal	Injuries
Prejudice	Emotional	Death
Intentional	Bullying, Threat to use force	Suffering
Control, Desire to harm	Discrimination	Fear
Desire for money	Harassment	Pain

Once you have recorded all the ideas, point out the pattern in which you have recorded the ideas from the group.

If there are words/ideas that are not a part of our understanding of gender-based violence, you can point that out too. For example, if someone mentions “accidental” as violence, then you can ask the group if something “accidental” can be called violence. Participants can exchange their thoughts first; you can also add at the end.

What is the relationship between these 3 columns?

Participants might recognize the relationships between the three columns themselves. Guide them when necessary.

- » **The first column shows what is behind violence, the causes of violence**
- » **The second column lists the different forms of violence**
- » **The last column shows the consequences of violence.**

You can summarize the discussion on “what is violence?” by reiterating a few key ideas:

- » Violence is about the intentional use of power or force
- » It can take multiple forms, and is not only physical

- » The threat of violence is also violent, as it causes emotional hurt
- » It can be against an individual, group or community
- » It results in harm, injury, suffering and sometimes death
- » Different power inequalities (gender, caste, class, sexuality) intersect in this use of force
- » Patriarchy is the ideology and practice that gives primacy to men; it justifies men's violence over women and other men

Introduce UN Women's definition of Gender-based Violence.

UN Women's Definition of Gender-Based Violence

UN Women defines gender-based violence (GBV) as harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. The term is primarily used to underscore the fact that structural, gender-based power differentials place women and girls at risk for multiple forms of violence. While women and girls suffer disproportionately from GBV, men and boys can also be targeted. The term is also sometimes used to describe targeted violence against LGBTQI+ populations, when referencing violence related to norms of masculinity/femininity and/or gender norms².

The UNHCR website points out that gender-based violence can include sexual, physical, mental and economic harm inflicted in public or in private. It also includes threats of violence, coercion and manipulation. This can take many forms such as intimate partner violence, sexual violence, child marriage, female genital mutilation and so-called 'honour crimes'. The consequences of gender-based violence are devastating and can have life-long repercussions for survivors. It can even lead to death³.

This definition gives importance to the intention of the act, irrespective of the outcome it produces. Any intentional act to cause injury, damage or suffering may be described as violence. Violent acts can be physical, sexual, psychological, or emotional. Note that accidental actions are not considered as violence. For instance, if a lorry accidentally skids on a wet road and hits a cyclist, that would not be considered violence.

What are the different forms of violence we see in the Mix and Match game?

- » Physical Violence
- » Emotional Violence
- » Financial Violence
- » Sexual harassment
- » Cyber bullying
- » Corporal punishment
- » Marital Rape
- » Stalking

Acknowledge that each example of violence in the Mix and Match exercise is likely to span more than just one form of violence. For example, emotional violence attends to most violence.

What are other examples of these forms of violence you have seen/heard/experienced?

Invite participants to share examples for each of the categories. Give them time to reflect and

² UN Women, Frequently asked questions: Types of violence against women and girls, downloaded from <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence>

³ UNHCR, Gender-based Violence, downloaded from <https://www.unhcr.org/gender-based-violence.html>

share, do not rush this section. The purpose of this question is to ensure that participants are clear of the various types of violence and their overlapping nature.

Note that violence from State actors (police, military, etc.) might come up in some contexts.

Here are some points you may want to keep in mind when you invite discussion on the statements in the Attitude Survey.

» A man must be the head of the household

This is a patriarchal idea that sees men as inherently more valuable than women. It assumes that every family needs a single head/leader who takes the decision. That leadership is then vested automatically with men. It devalues women's ability to decide. It disregards the possibility of family members taking decisions together.

» A wife must have sex whenever her husband demands

Wives are not sexual objects to be available or provide pleasure for their husbands. Both women and men have equal right to sex. Both should be able to initiate sex, give consent and to say "No".

» A woman should stay with her husband no matter what the marriage brings

This implies that women should stay in abusive, violent marriages disregarding her own safety and well-being. That is unfair to women and increases the chances for further abuse and violence within marriages. By precluding a woman's option to leave an abusive marriage, it further reduces her negotiating power within her marriage.

» Child care is a woman's responsibility

Child care, and all household work, are equally the responsibility of women and men. While childbirth and breastfeeding are activities that only women can do, men can share equally in all the other activities in the home – including bottle-feeding, bathing the baby, changing nappies, playing with the baby, cooking food, etc. Hence, child care cannot be exclusively a woman's responsibility.

» When there is a disagreement, the wife should give in to the husband to maintain peace
In the home

Maintaining the peace in the house is the responsibility of both the husband and the wife equally. To expect that a wife should give in to maintain peace excuses the husband from taking the same responsibility. It assumes that husbands are not capable of, or should not have to give in when they have a disagreement. The wife's views become less important as she is forced to give in whenever there is a disagreement. This reinforces the patriarchal notion that men's views are more important.

» Women should not enter places of worship during menstruation

This attitude is rooted in the assumption that menstruation and/or menstrual blood is impure. A natural, biological process that is vital for the reproduction of the human race is thus signalled as impure. This devalues and disrespects the importance of menstruation. Given that only those born female menstruate, the devaluing of menstruation is a patriarchal idea that needs to be challenged. Defenses for this attitude include "what if menstrual blood spills out of the body into the temple", "this is actually a privilege for women, they are exempted from going to temples during periods when they might be having cramps, etc." These defenses are inadequate. No one is excluded from places of worship when they have an injury that might spill blood in the temple. Women are not "exempted", they are wilfully excluded from entering temples during their periods.

» Men rape as they are provoked by women wearing revealing clothes

This attitude pins the responsibility for men's violence on the victim, instead of the perpetrator. Women and men should have the freedom to wear the clothes they desire. If a person is sexually aroused by revealing clothes (as this statement claims), they should learn to control themselves. No one has a right to another person's body, irrespective of the clothes either are wearing. Let us remember that fully clothed women in burqas and habits also get raped. So do babies and 80-year old

women. To claim that rape is the result of women “provoking” men deflects the attention from the real roots of rape – power and domination.

» Men need more food as they do heavy work

Both women and men do hard work. Women often work longer hours doing back-breaking labour. Their need for food is also as high as men’s. The above attitude has led to higher rates of anemia and malnutrition among women vis-à-vis men. It is a patriarchal attitude that devalues women’s labour and grants men more privileges, in this case for more food. In some communities boys are given better pieces of meat and fish than their sisters. This sends the message that boys are more valuable than girls, and it denies girls the opportunity to grow.

» Land titles should be in the name of men

This is a patriarchal attitude that gives ownership and control of property to men. In most agricultural communities, both women and men work on the land. Women’s labour is an integral part of all agricultural systems – seed collection, weeding, transplanting, harvesting, etc. While their traditional roles might be different, both of them contribute significantly to farm production. Thus excluding women from title to the land is unjust. It reduces their power in society and privileges men.

» Women and men cannot be equals as they are different

This statement confuses equality with sameness. Yes, women and men have biological differences – they are not “same”. For that matter, no two men are “same”. All of us – women and men – are different. Advocates of gender equality are not trying to erase the difference. What we object to is the inequality – in power, opportunities, freedoms, etc. Just because two people are different, one should not be denied equal opportunities, freedoms, etc. All of us have a right to be treated as equals, with all our differences.



Handouts

Quiz: Identifying Violence

Ask participants if they would consider these situations as “violence” or “not violence”. Our answer is indicated in parentheses at the end of each statement. You are welcome to customize these statements for your participants.

1. Vidya is standing at the bus stop, waiting for a bus. A group of boys, who are waiting nearby, call out to her and pass comments on her dress and hair. They ask her if she wants to join them. (Violence)
2. Vidya is standing at the bus stop, waiting for a bus. A group of boys, who are waiting nearby, ask her if the bus to Thirumangalam has gone. (Not violence)
3. When 13-year old Raju fails an exam, his father threatens to beat him, and his mother does not give him dinner. (Violence)
4. When Raju continues to fail, his frustrated parents take him out of school and send him to work grazing sheep. (Violence)
5. Sonia and her friends enjoy playing games together, including games like Kabbadi. (Not violence)
6. Sonia’s muscles are stronger and more visible than that of most girls. The girls at school make fun of her regularly, calling her “muscle boy” and other names. (Violence)
7. Rajesh abuses his elderly father, shouting that he is a burden on the family. (Violence)
8. Nimmi’s parents take her to a “Baba” who promises to “cure” her homosexuality. (Violence)

9. Devu, a young trans man, is raped by his uncle to “correct” him and make him a woman. (Violence)
10. When Meera refused to sleep with her supervisor, he abused her using caste names. (Violence)
11. Lakshmi earns more than her husband Karthik, as she got a better job. Karthik is upset and stopped talking to her for two days. Now he taunts her in front of others, saying she is too big for this house. (Violence)
12. Raju is a gentle and caring boy. Other boys and girls constantly make fun of him for being too “girly”. (Violence)
13. Anitha’s brother constantly makes fun of her and puts her down. He calls her “crazy” and makes her doubt herself. Her confidence has come down a lot. (Violence)

Mix and Match Game for Types of Gender-Based Violence

1. Physical Violence	When Anitha does not return the attention of the young man, he pours acid on her face as revenge.
	Manoj’s father tied Manoj to a tree and beat him repeatedly, because Manoj “behaves like a girl”.
2. Emotional Violence	Lakshmi’s husband keeps suspecting her ‘character.’ He doubts her when she goes to the temple, hides to check if she is having an ‘affair.’
3. Financial Violence	Mano refuses to find a job and share family expenses. He lies to his wife and takes money for his personal expenses.
4. Sexual Violence	Shilpa, a trans gender woman, is forced to do sexual acts for Berlin, a corrupt police officer
5. Cyber bullying	People make fun of and humiliate Vasanthi on Youtube and Facebook
6. Corporal punishment	Chellamma is made to kneel down in the staff room for clapping hands at a wrong moment in the school assembly.
7. Marital Rape	Kokki Kumar forces his wife Selvi to have sex with him. He threatens to kill her brother otherwise.
8. Stalking	Kadambavel Raja follows Selvi wherever she goes – temple, bus stop, field and her workplace though she doesn’t want to talk to him.



4

Who is the Survivor?



Overview

Survivors of gender based violence have experienced multiple violations of their rights before coming to the shelter home. In most cases, survivors have tried to resist the violence in different ways. Their resistance and their diverse life experiences are rarely acknowledged in a patriarchal world. The purpose of this session is to reframe how we see survivors and to honour their resistance. It is vital that staff of shelter homes see survivors as rights holders and respect the struggles they have gone through. Towards that, participants listen to and reflect on the experiences of a few survivors of violence. They then put themselves in the shoes of survivors they have known and see their experiences from a rights perspective.



Objectives

- » To see that survivors could have a diversity of life experiences
- » To respect that survivors have already tried to resist violence in their lives
- » To see survivors as rights holders and not just beneficiaries of the shelter home's charity



Suggested Time

- » 60 minutes



Preparation

- » Keep a printout of the handout "Survivors' Voices" ready. A few participants will be reading them aloud when the session begins.



Materials

- » "Survivors' Voices" from the handouts section
- » Whiteboard, marker pens



Steps

1. Open the session by requesting for 5 volunteers
2. Invite each of them to read aloud from "Survivors' Voices". Encourage them to read the text "dramatically".
3. Process the readings with the first three questions from the Discussion Questions below
4. Next, invite participants to put themselves in the shoes of a survivor they know
 - a. Ask participants to write a similar "Survivor's Voice" from the perspective of that person in the workbook. (They don't have to mention the name of that person to protect that person's privacy.)
5. Invite participants to share in pairs the survivor's voice that they wrote
6. Continue with the next discussion questions



Discussion Questions

- A. What do we feel after listening to these survivors?
- B. How have all these survivors tried to resist the violence in their lives?
- C. How have other survivors of GBV we know resisted violence?
- D. What all life experiences have all these survivors gone through?
- E. What all rights of these survivors have been violated?
- F. If the survivors have been denied their rights, what is our role as staff of shelter homes?



Notes

Here are some answers that might come from participants for the discussion questions above. These are given only for our reference. Let us not "expect" these answers. Instead, let us always listen to what participants are saying and build on that.

What do we feel after listening to these survivors?

- » Anger
- » Sadness
- » Frustration
- » Inspiration
- » Hope
- » Commitment

How have all these survivors tried to resist the violence in their lives?

- » In many different ways
- » By directly fighting back
- » By speaking back
- » By protecting their children
- » By safeguarding the money
- » Etc.

How have other survivors of GBV we know resisted violence?

- » All of the above, and more
- » By filing for divorce
- » By getting the support of family
- » By calling on friends
- » By giving themselves confidence
- » By walking out

What all life experiences have all these survivors gone through?

- » Different kinds of experiences
- » Fear, anxiety, self-doubt, depression
- » Some have lost everything
- » Some kept quiet for a long time
- » Many were threatened and felt afraid
- » Some have been discriminated against for their sexuality
- » Many have experienced discrimination based on caste, class, disability, etc.
- » Some received support, some did not
- » Some were poor, some became poor
- » Etc.

What all rights of these survivors have been violated?

- » So many rights of these survivors have been violated
- » Right to shelter
- » Rights to live with dignity
- » Right to food
- » Right to livelihood
- » Right to sexuality
- » Right to mobility
- » Freedom of choice
- » Right to safety and security
- » Etc.

If the survivors have been denied their rights, what is our role as staff of shelter homes?

- » Our role is to support them reclaim their rights
- » We have a responsibility to safeguard their rights
- » We are duty bearers
- » Our role is to be in solidarity with them
- » Restore their confidence
- » Support them to get documentation to report the violence
- » We should see them as rights holders, not as beneficiaries
- » Listen to the women
- » Support them for higher education wherever necessary
- » Let the women feel welcomed to the shelter home

- » Be non-judgmental
- » Do a need analysis with the survivor, document that
- » Etc.



Handouts

Survivors' Voices

Survivors' Voices

"I refused to be beaten up easily. Every time he raised his hand, I would talk back, I would question him. He said he was beating me because I spoke back. I refused to be silent. I needed him to know that what he was doing was wrong."

~ **Mumtaz**

"I made sure my children never experienced the violence of my husband. On days when he came home in a bad mood, I would sense it quickly and send them to our neighbours' home. They were safer there. The aunty there understood my situation. She kept them there until things got calmer here."

~ **Anne**

"Everyone taunted me since I was a child. They said I was abnormal for loving girls. I was silent, I never spoke back. It took me years to understand who I am. I refuse to change for them. That's why I did not marry a man when my parents forced me. I finally decided to walk out when home became a torture chamber."

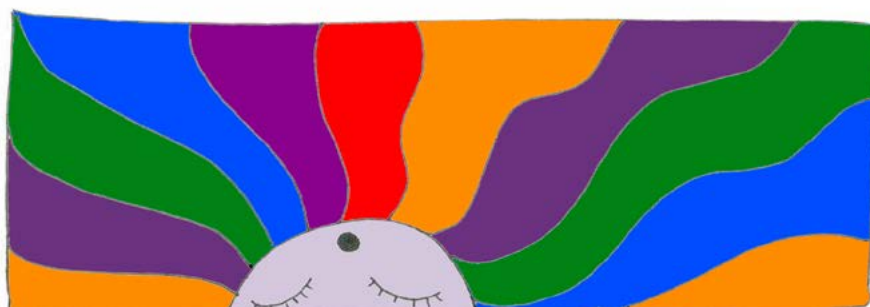
~ **Devika**

"To them, every Dalit woman is an object of their lust. They don't see us as human, with our thoughts and desires. Initially, I used to be afraid of these men and their comments. But I learnt to become strong. It is not easy, but I refused to be frightened and succumb to their demands."

~ **Maya**

"They say I look normal, that everything is good for me. To them, I am always smiling and calm, a religious woman who respects everybody. They don't know the torture I have faced in the bedroom. I have been beaten up so many times for refusing to do what he wants. He might be my husband, but it is my body."

~ **Vanitha**



5

The Needs of Survivors



Overview

Survivors of gender based violence have diverse needs. These include practical gender needs like food and income, along with a range of strategic gender needs – safety, security, acceptance, etc. The staff of shelter homes need to recognize this diversity of needs as they seek to protect the rights of survivors. The purpose of this session is to sensitize participants to how the needs of survivors intersect with sexuality, caste, class, disability, age, etc. Participants analyse case studies in small groups and identify the needs of survivors. Step-by-step, the facilitator guides the discussion into seeing these needs as the rights of survivors and helping participants articulate their personal action plan to support survivors.



Objectives

- » To see the different needs of survivors with diverse identities – sexuality, caste, class, disability, age, etc.
- » To recognize that most of those needs are also the rights of the survivors



Suggested Time

- » 60 minutes



Preparation

- » Keep copies of the case studies ready to be handed out in the groups.



Materials

- » Adequate copies of the Case Studies from the handouts section
- » Whiteboard, marker pens
- » Participants will need their workbook during this session



Steps

1. Open the session by outlining that we will go deeper into the topic of violence now by looking at the needs of survivors.
 - a. Do not present any theory of needs in the beginning, this session builds on what the participants analyze from a case study
2. Divide the participants into 4 groups and give each group a different case study.
3. Ask the groups to study the case studies and to identify all the needs of the survivors.
 - a. Give the groups about 15 minutes to discuss and come up with their list.
 - b. Encourage participants to go beyond practical needs like “food”, “housing”, etc.
4. Invite groups to read aloud the list of needs they have prepared.
 - a. On the whiteboard, write down all the needs they list
5. Ask participants: what all are the consequences if these needs are denied?
6. As you conclude the session, ask participants to visualize the survivor from their case study coming to this shelter home for admission. Request them to write in the workbook the different things they would do – their personal action plan – to support the survivor.
7. Invite participants to share their personal action plan



Discussion Questions

- A. What all are the needs of survivors in these case studies?
- B. What are the consequences if these needs are being denied?
- C. What is our responsibility as staff of shelter homes to these needs of survivors?



Notes

What all are the needs of survivors in these case studies?

Here are some of the needs that participants might identify. Let us not “expect” these answers. Instead, let us always listen to what participants are saying and build on that.

- » Food, nutrition, Healthcare
- » Income, Employment skills, Job
- » Schooling, education
- » Safety, Security, Confidence
- » Affection, Love, Caring, Acceptance
- » Support, Solidarity, Friendship
- » Right to be free from violence
- » Right to live with dignity
- » Freedom, Decision-making, choice
- » Courage, Assertiveness
- » Right to equality, justice, fairness

What are the consequences if these needs are being denied?

- » Sadness, Anger, Fear
- » Depression, Helplessness, Frustration

- » Ill-health, Injury, Pain
- » Death/murder
- » Lack of sleep, anxiety
- » No desire to live, Suicide
- » No space to live, to think
- » Feels paralysed
- » Loss of trust

What is our responsibility as staff of shelter homes to these needs of survivors?

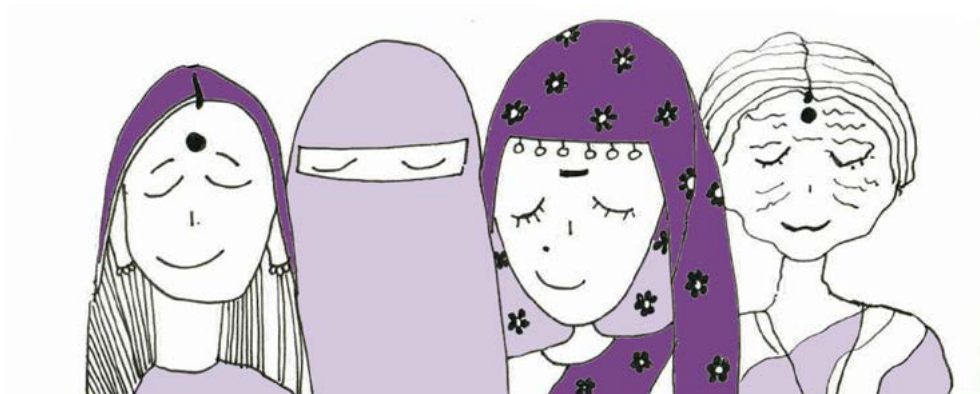
- » To recognize and respect the diverse needs of survivors
- » To enable survivors to realize their needs, their rights
- » To support survivors as they try to claim their rights
- » To be in solidarity with survivors, to encourage them
- » To listen to survivors when they need to speak



Handouts

The following 4 case studies can be given as handouts to the groups.

- » Radha's Story
- » Reshma's Story
- » Kesar's Story
- » Shyamala's Story



Radha's Story

They found Radha beaten and bruised by the side of the road, with her 2 daughters crying near her. The police took her to the nearby hospital. A few days later, they brought her to the shelter home.

When she was 17, Radha was married to Rakesh, who worked in road constructions in the city. Radha moved with him to the city after the marriage. They stayed in a makeshift arrangement by the side of the road. Addicted to alcohol, Rakesh spent all his income on drinks. Initially, Radha worked in road construction, carrying gravel and sand. After their children were born, that income wasn't enough as Rakesh brought no money home. So, in the evenings she left her children with a neighbour and went to work in a big house two blocks away.

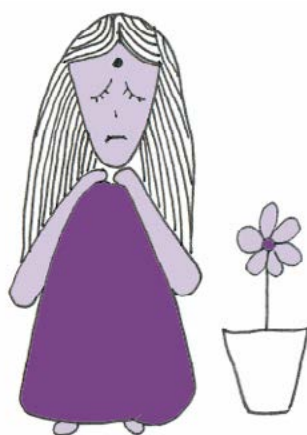
When he came home drunk, which was most nights, Rakesh would taunt and mock Radha for running the home with her own income. Some days he would get more violent and beat her up. This was usually when he asked her for money, and she refused.

The children would hide behind the house, terrified, when their father came home. The older child, 7 years old, was becoming more withdrawn and silent. The younger child seemed hyperactive, running all over the place. She couldn't stay quiet for a minute.

The night the police found Radha by the road had been a very violent night. Rakesh had heard he might lose his job. He came home more violent than usual. When Radha refused to give him money, he whipped her with a rope he found and walked away from the home. The older child went completely silent after witnessing that.

At the shelter home, Radha had difficulty doing the paperwork. She had studied only till 3rd grade and she wasn't comfortable reading the admission form. After the shock of what had happened, all the medicines they had given her, she could not clearly follow the questions they asked her at the shelter home. It took them a long time to finish the admission process.

Radha is not sure what to do next. She has no regular job and no safe place to stay in the city with her children. Her brother lives in the village and won't take her back. She wished her parents were alive and she could go back to them. Should she go back to Rakesh? She doesn't really want to. But maybe she should, she thinks. The children need a father. Radha feels torn and confused in the shelter home.



Reshma's Story

Reshma's marriage went badly from the first day. She was hardly 16 when she moved to her husband's house on the evening of the marriage. She didn't know what to expect, nobody had told her clearly. Her husband raped her on the first night. She cried the entire time, terrified by what was happening. Then her husband thrashed her for ruining his mood by crying on the first night.

That violence would continue for many nights, as Reshma lived in terror of the man she was forced to marry. Those nights he came home drunk were the worst. When she asked her mother for help, she told her that it's Reshma's responsibility to keep the husband and his family happy.

That seemed impossible to do. Her mother-in-law was always angry with Reshma, making fun of her. She was unable to do household chores quickly, lift heavy vessels or serve good hot chapatis for lunch and dinner. Her mother-in-law felt Reshma didn't deserve her son and needed to be taught how to be a good wife to him. She mocked her most during the days of her periods. From the beginning, Reshma's periods were very painful. Her mother-in-law's words scarred her further.

Reshma became pregnant at the age of 17. She gave birth to a son, but he was stillborn. The entire family blamed her for losing a son born to the family. They were paying the price for her sins, they said.

Angrier than before, her husband started sexually abusing her more and more. He did many odd things with her. She thought she deserved it for losing their child. No matter what she did, she was never enough for her husband and his family.

A few weeks ago, she delivered a son again. The child is blind from birth. When her in-laws heard she had given birth to a son, they came to hospital excited. But when they learnt the child was blind, they attitude changed. They left without saying a word. She got discharged from the hospital herself and went home the next day. They refused to let her in. When she tried to enter, they began beating her. That's when she kept the child on the floor, to protect him from the blows they were showering on her. Her husband continued to beat her. Reshma didn't know what to do. The child started crying as it was hot in the sun. Seeing this, the neighbours called the police. By the time the police came, Reshma was beaten unconscious. There were black marks on the child from the hot stone floor. The police took Reshma and the child to a hospital. After about a week, when Reshma and the child were in a stable condition, they shifted them to the shelter home.



Kesar's Story

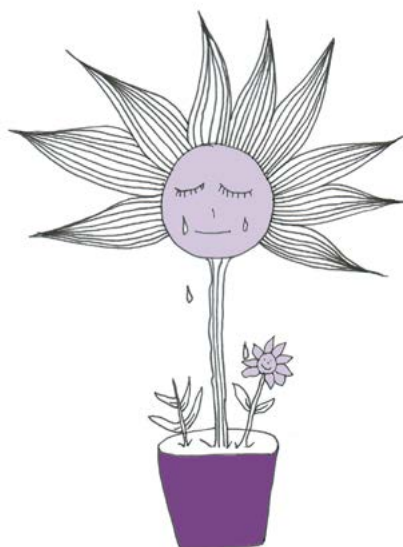
"The husband is the greatest property a wife can have", Kesar remembered her mother's words throughout her years of marriage. That was why her parents had brought her a house and put it in her husband's name when she got married. After all, Kesar and Sharan were sweethearts from college and had known each other closely for 7 years.

Their marriage had gone well for many years. Everyone was happy when Kesar gave birth to a baby boy, whom they named Kumar. Sharan worked in a private company and was always busy. Kesar's life revolved around taking care of Kumar and Sharan. The boy was very attached to her. Sharan praised her for being such a devoted mother. He especially liked that she didn't want to go and work outside like many other "modern" women. His son truly needed the care of a mother.

As the years passed, Kumar grew up fast. Sharan had new interests. His job required him to travel a lot. He also took to drinking heavily. Kesar wasn't very happy with the changes. She herself had been putting on weight, and Sharan would regularly make fun of her. After hearing his father criticise her weight, even Kumar began comparing her with his friend's mother. Kesar felt hurt. She did everything she could to reduce weight, but it didn't seem to help.

A month ago, Sharan came home after a week-long business trip with his girlfriend. He planned to marry her and leave Kesar. He wanted Kesar to leave the house. Kesar was shocked. This was the house her parents had gifted him, and he was asking her to leave. Kumar thought his father wouldn't leave him. But Sharan's girlfriend insisted that she didn't want a kid. When Kumar became stubborn and refused to leave the house, Sharan hit him badly. Kesar couldn't take it anymore, she took her son and left the house.

Kesar lived with her parents for a few weeks. Her parents blamed her – they said she had failed in her duty to keep her husband. They wanted her to go back to Sharan's home. "That's your home now", her mother insisted. For a few days she went and stayed with her brother. But it wasn't good there either. Kesar didn't know what to do. She didn't want to go back to Sharan; and she couldn't stay with her family any longer. Kesar's friend suggested she go to a shelter home. After a lot of hesitation, she decided to go to a shelter home for the sake of Kumar.



Shyamala's Story

When Shyamala's husband found her kissing a woman, he went wild with anger. Like most people, he didn't understand bisexuality or the struggles of bisexual women like Shyamala.

Shyamala grew up in a conservative home that followed rigid social norms. Sexuality was never discussed in her home and only indirectly among her friends. A bright student and a good basketball player, Shyamala was very lively and popular in school. But she became quiet and withdrawn as she entered college. She felt something was off. Her friends all liked male actors. Shyamala felt attracted to both female and male actors. She felt ashamed for feeling that way. She knew from stories and movies that girls are supposed to get attracted only to boys.

Her first crush was a boy in her class; her second crush a senior girl. It shouldn't be like this, she told herself repeatedly. "This is just a phase, it will go away", Shyamala tried to tell herself. She got into a relationship with a boy, though she didn't really like the boy. She tried to stay with him, trying to avoid the conflict within her. Somehow it didn't get better. She never had a crush on anyone for a long time.

When her parents began planning her marriage, she felt she had no choice. She could never tell them that she loved women. They would either kill her or die of shame. So, she agreed to the marriage with Devesh who came from a similar background. She never felt intimate with her husband; she lay in bed and did what a wife was supposed to do. Devesh never cared for her interests anyway. As the years passed, Devesh only cared about having children. He and his family blamed Shyamala that the couple didn't have children.

Shyamala's heart skipped a beat when her new neighbour Faustina looked at her longingly. It started as a shy friendship, but soon their feelings for each other grew. Devesh didn't seem to care that Faustina was spending a lot of time with Shyamala. "Learn how to make Faustina's special dishes, she is such a good cook" he joked.

That terrible day Devesh came early from office. Walking unannounced into the bedroom, he saw Shyamala and Faustina in warm embrace. Wild with anger, he thrashed Shyamala with a belt while Faustina slipped away to safety. He went out, got drunk, and came back with three of his friends. He decided to "teach her a lesson". Over the next 2 hours, the men raped her taking turns, egging each other on. Shyamala lost consciousness after that.

The next few days the abuse continued. That was when Shyamala decided to find shelter away from home.



6

The Impact on Children of Survivors



Overview

Children of survivors are often badly shaken and traumatized by the violence their mother has experienced. They suffer from anxiety, fear, loss of self-control and a range of behavioural issues after being exposed to violence in their home. The shelter home is a new and disruptive environment for the child. It is essential that staff develop empathy for the child and don't see her/him as a burden in the shelter home. This session tries to sensitize participants to the feelings and experiences of children. Participants put themselves in the shoes of children and express their understanding through pictures. They learn how different children are impacted differently and yet all children need support and care.



Objectives

- » To understand how children are impacted by GBV on their mothers
- » To learn how children of different ages, class, ability, and gender are impacted differently
- » To recognize that children might have experienced violence and abuse themselves



Suggested Time

- » 60 minutes



Preparation

- » Keep copies of the case studies ready to be handed out in the groups



Materials

- » Adequate chart papers, sketch pens, crayons for the group activity
- » The Case Studies from the handouts section
- » Participants will need their workbook during this session



Steps

1. Open the session by inviting them to recall their memories from childhood, say their dreams when they were children.
2. Share that we will build on the previous session. We will use the same case studies and groups as in the last session. (The group that got Shyamala's story will build on a different story.)
3. Invite participants to put themselves in the shoes of the child in the story. Ask them to write down the feelings the child might be experiencing as they come to the shelter home. Let them write the responses in the workbook. This is an individual activity.
4. Let participants go back into their groups. Ask them to draw the picture of the child in their case study and label all the impacts on that child, so far.
5. After their drawing and labelling are complete, invite the groups to display their pictures.
6. Let everyone see/read all the drawings.
7. Process the drawings with the discussion questions.
 - a. Ensure that the participants' answers for how to support the children is compiled on the whiteboard for easy reading.



Discussion Questions

- A. What all do we see in these pictures? How are children impacted?
- B. How are different children impacted differently?
 - a. How might young children be impacted differently than older children?
 - b. How might girls and boys be impacted differently?
 - c. How might children from working class families be affected differently vis-à-vis children from wealthier families?
 - d. How might a child with disability be affected differently?
- C. What all can we do to support these children?



Notes

Here are some of the answers that might come from participants. Consider these notes as a starting point for you to think more deeply about the impact of GBV on children. As always, do not "force" these answers from participants. Build on their answers. You can share your thoughts too during the discussions.

What all do we see in these pictures? How are children impacted?

- » Fear, confusion
- » Sadness
- » Loss of childhood
- » Can't play with friends
- » Shame
- » Guilt
- » Bedwetting
- » Traumatized
- » Studies affected

- » Distrust
- » Anger
- » Hopeless

How are different children impacted differently?

- » All children are different, their natures are different, so they would be affected differently
- » Girls and boys will be impacted differently
- » Depending on their age, children will be affected very differently
- » Class, disability, etc. could also affect how children experience and process the GBV

How might young children be impacted differently than older children?

- » Very young children might not understand what is going on and be traumatized
- » They might cling on to their mothers, afraid something might happen to them
- » They might blame themselves for the violence the mother is experiencing
- » They might experience nightmares, bedwetting, loss of sleep, etc.
- » Older children might understand or interpret what they see, and be traumatized
- » They might repress their anger or retaliate against the perpetrator
- » They might feel shame if society blames their family for the violence

How might girls and boys be impacted differently?

- » Both girls and boys might experience terror, fear, and helplessness. They might express it differently.
- » Girls might experience abuse themselves
- » They might feel betrayed by their father
- » They might blame their mother
- » Boys might try to retaliate against the perpetrator.
- » They might learn that gender based violence is acceptable.
- » They might try to “control” their mother and sister

How might a child from a working-class family be affected differently vis-à-vis a child from a wealthier family?

- » Both children will be affected adversely. As their circumstances are different, their specific experiences might be different.
- » The violence in a wealthier family might be partly hidden from children. If the house has multiple rooms, the violence might be happening in a different room from the child.
- » Wealthier families might try to protect the “honour” of their house and hide the violence from those outside the home.
- » Parent might pretend that “everything is okay”, and that might confuse/scare the child
- » The child from a wealthier family, in turn, might try to hide the violence from their friends – they might think it’s their responsibility to hide it too.
- » If the child is only partly aware of the violence, they might not be there to support the mother. They might even blame the mother, thinking she is “provoking” any violence.
- » The violence in a working-class family might be more visible and open when the house is smaller and has fewer rooms.

- » The child might experience greater fear and terror seeing the violence up close.
- » The greater visibility of the violence might lead the child to think the violence is normal and acceptable. Boys might think this is the way to treat women. Girls might think they are destined to face violence.

How might a child with disability be affected differently?

- » A child with disability might experience greater terror and fear, especially if their mother is the primary support they depend on for any special needs
- » The perpetrator might often abuse the mother for giving birth to a child with disability. Thus the child with disability might feel they are responsible for the violence the mother is experiencing.
- » A child with disability might feel that they are unable to stop the violence because of their disability. That might increase their sense of helplessness.
- » If they feel helpless, they might harbour revenge for the perpetrator.
- » Girls with disability are at high risk of experiencing abuse themselves. Boys with disability also experience abuse from older relatives

What all can we do to support these children?

- » Show them we care about them
- » Listen to them
- » Treat them and their mother with respect
- » Create an environment that is friendly towards them
- » Arrange for trauma sensitive counselling for them
- » Play with them if possible – even if it's a short time
- » Don't mock/insult them if they wet the bed or show other signs of distress
- » Reassure them that they were not responsible for the violence their mother faced
- » Clarify to them that the violence their mother experienced is wrong and not acceptable
- » Refer to them by their name
- » Recognize that some children might need extra care, for instance children living with HIV
- » Use referral systems, especially for children with special needs
- » Enhance capacities of shelter home staff to engage with children, especially on child psychology



Handouts

The same 4 case studies on Gender Based Violence that was used in the previous session :

- » Radha's Story
- » Reshma's Story
- » Kesar's Story



7

Discriminations Faced by Survivors in Shelter Homes



Overview

Shelter Homes are likely to reflect the prejudices and attitudes of the wider society we are embedded in. That means prejudices towards survivors from oppressed castes, sexual and gender minorities, working-class, religious minorities and other historically marginalized groups. Lamlynti Chittara Neralu's study of Shelter Homes showed that the discrimination and exclusions many survivors faced were one of the primary reasons they did not like staying in Shelter Homes. The purpose of this session is to visibilize those discriminations and sensitize participants to the consequences of those behaviours. Towards that, participants are invited to look within themselves and the Shelter Home, to reflect on how women of different identities are treated. They present their findings as role-plays and jointly figure out what can be done to bring change.



Objectives

- » To recognize stereotypes and their role in discriminating against survivors
- » To identify discriminations in the admission process, community living, service planning, etc.
- » To reflect on one's prejudices regarding sexuality, caste, class, religion, ability, etc.



Suggested Time

- » 60 minutes



Preparation

- » Determine beforehand what all different identities you would give for the group work in this session. Sample identities are given in this lesson plan. You may want to customize it based on the participants in each training.



Materials

- » Whiteboard, marker pens.



Steps

1. Open the session by acknowledging that all of us bring with us prejudices that affect how we relate to others. Point out we will go deeper into that in this session.
2. Ask participants which all types of residents might experience discrimination in our shelter homes? Note that on the whiteboard.
 - a. If participants are unable to come up with any, consider prompting them with a few identities of residents who are likely to be marginalized/discriminated.
3. Decide along with the participants which of the above identities to go deeper into. You could combine some of the identities if there are too many already.
4. Divide the participants into 4 groups, and ask them to discuss in their groups what all discriminations or exclusions people with these identities might experience in the shelter home. Examples of identities given to the groups could be:
 - a. Dalit/Adivasi woman with child
 - b. Working-class trans woman
 - c. 65-year-old widow from dominant caste
 - d. Muslim woman with disability
5. Let the participants discuss in groups. Encourage them to consider how people are treated differently during the admission process, day-to-day community living, food and dining, etc.
 - a. If participants are unable to identify discriminations, give them additional time. Learning to recognize discriminations is an important process, so do not consider that as a waste of time.
6. Once participants have identified at least 5 examples, ask them to prepare a short skit to present their analysis.
7. Give the groups adequate time to prepare the skits.
8. After each skit, process the skit with the first 2 questions from the Discussion Questions below.
 - a. Note down on the whiteboard all the discriminations the audience identifies
9. After all the skits are complete, process the performances with the remaining questions.



Discussion Questions

- A. What all did we see in this performance?
- B. Does this really happen?
- C. If all this really happens, what are the consequences for survivors of violence?
- D. Is this fair?
- E. Why does this happen?
- F. What can we do to change this?



Notes

Here are some answers that might come from participants for the discussion questions above. As always, these notes are only for us to think and prepare. Listen closely with an open mind to the meaning of what the participants are saying. Let us not be confined to these notes.

What all did we see in this performance?

Here are some answers that might come from participants for the discussion questions above. As

always, these notes are only for us to think and prepare. Listen closely with an open mind to the meaning of what the participants are saying. Let us not be confined to these notes.

What all did we see in this performance?

The specific answers from the audience will depend on the examples they portray. You can capture it on the board in terms of rights violations. Here are some examples of terms you might write. Depending on what participants share, the words you write on the board might be different.

- » Denial of freedom
- » Discrimination
- » Double standard
- » Disrespect
- » Devaluing
- » Domination
- » Division of space
- » Discouragement
- » Dehumanization

Does this really happen?

Participants are most likely to say “Yes” if the skits were prepared based on discussions within the group. Acknowledge that some skits might have exaggerated a bit for dramatic/comic effect.

If a few participants say “No”, invite them to point out what all they think were unreal and not true. Discuss with the broader group.

If all this really happens, what are the consequences for survivors of violence?

Continue adding to the list on the whiteboard as the answers to this question build on that list.

- » Sadness, frustration
- » Helplessness
- » Distrust towards shelter home
- » Depression, anxiety, fear
- » Suicidal tendencies
- » Giving up
- » Ill-health, Sleeplessness

Is this fair?

Almost certainly, all participants will say “No, it’s not fair”. Move on to the next question immediately.

If anyone hesitates, invite them to share what they are thinking. Let their colleagues respond.

Why does this happen?

- » Because of prejudices we have
- » Our caste backgrounds
- » We grew up hearing homosexuality is sin/deviant behaviour
- » Our attitudes towards Muslims

- » Patriarchal values we have inherited
- » Because we don't see them as rights holders

What can we do to change this?

- » We need to change our attitudes
- » We need to see all residents/survivors as rights holders
- » We can become more conscious of our prejudices
- » We can support each other by calling each other out gently when we discriminate
- » We can collect periodic feedback from residents
- » We can apologize to survivors
- » We can sensitize ourselves about these issues



Handouts

- » None



Rising Girls

...

Girls are becoming like birds,
They delight in soaring freely.
To have their wings clipped,
They cannot accept.

Girls are becoming like the sun
The delight in spreading light.
To be stifled by veils,
They cannot accept.

And...

Girls are becoming like the mountains,
They delight in holding their heads high.
To live with their heads bowed,
They cannot accept.

~ Kamla Bhasin

8

Who Am I?



Overview

Staff of shelter homes experience a lot of stress working with survivors, and often with limited resources. Thus raising one's own self awareness is critical for staff of shelter homes to develop resilience and to function effectively. Given the diverse identities of survivors who use the services of shelter homes, it is also important that staff recognize their own privileges and dis-privileges, their motivations for working in the shelter and their role in protecting the rights of survivors. This session uses a workbook reflection activity along with sharing in groups to support the staff to raise their self awareness.



Objectives

- » To recognize staff's privileges and dis-privileges based on gender, sexuality, caste, etc.
- » To become aware of the power one has and also the limitations one works under
- » To reflect on one's own motivations for working in the shelter
- » To reflect on the staff's role in creating a safe and inclusive environment.



Suggested Time

- » 60 minutes



Preparation

- » None.



Materials

- » Participants will need their workbook during this session.



Steps

1. Open the session by acknowledging that we all have privileges and dis-privileges, and that it is important to be critically self-aware about them.

2. Request the participants to take time and respond to the prompts in the workbook for the chapter “Who Am I?”
 - a. Participants might need 20 – 30 minutes to think and respond to the prompts
3. After participants have finished writing, request them to share their answers in small groups for ~10 minutes.
4. Back in the larger group, invite participants to share some of their answers.
5. Conclude the session by inviting them to reflect on why we are doing this activity.



Discussion Questions

- A. Who am I?
- B. What all privileges do I have?
- C. What dis-privileges and constraints do I have?
- D. Why do I work in the Shelter Home?
- E. What is my role in creating a safe and inclusive environment for survivors?
- F. Why are we doing this activity?



Notes

This section discusses the questions participants respond to in the workbook and later in the discussion.

Who am I?

Participants may frame their response in terms of their identities, skills, talents, likes, values, ambitions, etc. They are welcome to frame it any way they like. There are no “correct” answers. The purpose of this question is to begin the process of self-reflection. So, let us not constrain them. If anything, encourage them to think broadly about who they are.

What all privileges do I have?

Privilege refers to the advantages/benefits a person gets by their social identity, by their location in the social structure. Here are a few examples of privileges one might enjoy because of different identities.

As a cis heterosexual person in a society that privileges cis hetero sexism:

- » Being accepted as “normal”
- » Not treated to “cure” an “illness”
- » Not called names, abuses, etc
- » Feel relatively safe in most spaces
- » Don’t have to hide sexual orientation from family

As a dominant caste person in a casteist society:

- » Being looked up to for belonging to a particular caste
- » Have access to privileged social networks
- » Be “proud” of one’s “lineage”

- » Not experience shaming on the basis of one's caste
- » See one's caste identity affirmed in popular culture

As a middle-class person in a classist society:

- » Have access to a regular income
- » Have access to a furnished home
- » Ensured of three meals a day
- » Ability to send one's children to an English medium school
- » Have access to many modern conveniences like washing machine, etc.

What dis-privileges and constraints do I have?

Dis-privileges are the other side of privileges. They refer to the disadvantages a person lives with due to their social identity, due to their location in the social structure. Here are a few examples of dis-privileges one might suffer because of different identities.

As a woman in a patriarchal society:

- » Devalued and voice not respected
- » Seen as "second class" for being a woman
- » Denied freedom of choice in many things
- » Threat of violence
- » Face restrictions on mobility, etc.

As a person with less formal education:

- » Looked down and seen as inferior
- » Opinion is not valued
- » Less confidence, less exposure to the world
- » Unable to get promotion
- » Salary is less, despite long hours of stressful work

Why do I work in the Shelter Home?

The purpose of these questions is to promote self-awareness and to connect it with the work we do. Initially, some participants might feel that the only reason they work in a shelter home is to earn an income. We don't need to look down on that answer. It is possible that the same participants might expand their answer as they reflect more.

As participants listen to each other's motivations, they might realize that those motivations they are hearing apply to them also. Their own self-awareness improves in the process.

What is my role in creating a safe and inclusive environment for survivors?

These questions encourage them to connect the dots of their self-identity to their privileges/ dis-privileges and their motivations for working in the shelter home. As participants gain in self-awareness and listen to each other, it is possible that they might rethink/reframe their role working in the shelter home. As these questions brew in their mind, they are more likely to approach their work more sensitively.

Why are we doing this activity?

This question invites participants to pause and reflect on the process we are going through. Why are we doing this “Who am I?” workbook activity and discussion. As participants pause and think about their thinking (also called “meta-cognition”), they might share answers like these:

- » Because it gives me more clarity and confidence
- » This makes me reflect on who I really am
- » It helps me become aware of my responsibility to survivors
- » Because we need to know who we are, if we are to work with conviction
- » It helps me realize I can do more, it gives me strength
- » Etc.



Handouts

- » None.



It was when I stopped searching for home within others
and lifted the foundations of home within myself
I found there were no roots more intimate
than those between a mind and body
that have decided to be whole.

~ Rupi Kaur

9

Responding Sensitively to Mental Health



Overview

Survivors of violence experience multiple stressors that increase their vulnerability to mental ill-health. Given that shelter homes are usually the last resort for most survivors, it is quite likely that the residents in a shelter home have experienced heightened stresses. It is possible that residents are living with mental ill health, or have lived with mental ill health before coming to the shelter home. Mental health professionals will be required to provide professional services to residents who have experienced mental ill health. As residents spend most of their time in the shelter, it is essential that staff of shelter homes also learn how to respond sensitively to mental health issues. This session introduces participants to basic concepts in the field of mental health, by dispelling some myths. It then uses role plays to “rehearse” how to engage sensitively with residents.



Objectives

- » To be sensitive to mental health and to create a space that promotes mental well-being
- » To understand different forms of mental ill-health and its intersection with GBV
- » To improve the communication skills of staff to support survivors of crisis and trauma.



Suggested Time

- » 60 minutes



Preparation

- » None.



Materials

- » 1 copy of the Myths and Facts quiz from the handouts section
- » Whiteboard, marker pens



Steps

1. Open the session with the Myths and Facts quiz.
 - a. For each statement, ask participants if that's a myth or a fact
 - b. After participants respond to each question in the quiz, use the opportunity to introduce a key idea or basic concept related to mental health
 - c. The Notes section contains talking points for the key ideas
2. After the quiz, invite participants to reflect and write in the workbook how we would respond to a person living with mental ill-health.
3. Explain that we will rehearse these approaches through "live" role plays.
4. Request 3 volunteers for the role play.
 - a. Let one person play the role of a person suffering from mental ill health.
 - b. Let the two others play the role of staff members.
5. Call the volunteers aside and describe the scenario to them. (Sample scenarios are available in the Handouts section.)
6. Request them to enact the scenario given to them.
7. Stop the role play after 1-2 minutes.
8. Ask the audience what they think of the staff members' response. Would that work? How would they respond differently?
9. Invite audience members to come forward and take the role of either of the staff members.
 - a. Request them to try out the approach they had in mind.
 - b. Let the original actor step out and let the audience member take that role.
10. After the new actor tries out their approach for 1-2 minutes, again stop the role play.
11. Ask the audience what they think of the approach. Would that approach work? How does the survivor feel? Etc.
12. Invite another member to rehearse a response. Repeat this process 3-4 times.
13. Depending on the time available, try out 1-2 scenarios from the handouts section.
14. Conclude by inviting participants to summarize their key learnings.



Discussion Questions

- A. How should we respond to persons living with mental illness?
- C. In this role play, what do we think about the way the staff interacted with the person living with mental illness?
 - a. Would that method work well?
 - b. How else could we respond?
- D. What did we learn from all these "rehearsals"?





Notes

Mental illness is nothing but a fancy term for the mental disturbance that we all experience

Mental illnesses are simply an excuse for bad behaviour.

Myth. We would not characterize a physical illness, like say COVID-19, as just a fancy term for a physical *disturbance*. Similarly, we should not dismiss a mental illness like Anxiety or Depression as just mental disturbance.

As with physical illnesses, mental illnesses too have identifiable patterns of signs and symptoms; medical science is recognizing consistent neurological alterations that accompany mental ill-health; and we are getting better at treating some mental illnesses. Dismissing mental ill health as just a fancy term stigmatizes persons living with mental health. It implies that they are claiming a sickness when they are not really sick, and that they are too weak to cope with a “disturbance” that everyone else is also experiencing.

Many people think that depression is just sadness or a character weakness. But depression is a complex mental health disorder. It has social, psychological, and biological origins, and it can be treated in a variety of ways.

Mental illnesses are simply an excuse for bad behaviour.

Myth. Mental illness, like physical illnesses, affect a person in multiple ways. They affect energy levels, morale, concentration and sleep of the person in ways beyond their control. That in turn will affect their behaviours too. So it is extremely unfair to dismiss mental illnesses as an “excuse”. People suffering from mental ill health often remark how they would trade their illness for anything. They are not holding on to an illness just to give excuses to others.

People living with mental illnesses are violent and aggressive.

Myth. This is a dangerous stereotype that ignores the reality that many people living with mental illness are more vulnerable to violence and abuse because of their condition. The stereotype also prevents them from getting the support they need. People living with mental illness are no more and no less likely to be aggressive and violent than others. Mental ill-health is one of many factors that can affect a person's emotional state. Thus, it is wrong to conclude that a person living with mental illness is likely to be violent.

Women are more likely to experience mental ill-health only because they are weaker.

Myth. No illness, physical or mental, is a sign of weakness. There are many social, environmental and biological factors that acting together trigger an illness. In most societies women experience greater stress due to longer hours of work, higher threat of violence, lower pay, casual sexism, less rest, etc. They are also expected to achieve impossible standards in caring for the family and blamed when they cannot. These socially constituted stressors increase women's vulnerability to mental ill health.

A depressed person will always look sad.

Myth. While a depressed person might be feeling sad or numb, they may hide their feelings and put on a happy, cheerful face in front of other people. This could be to avoid talking about their feelings, or not to attract attention towards their state. Just because a person appears to be cheerful, one should not assume that they are not depressed. This is especially important if a person approaches you for help regarding depression; do not dismiss their request as “fake” because they don't appear sad to you.

People living with depression can come out of it by motivating themselves.

Myth. A depressed person does not choose to live with grief and sadness. Depression is a complex medical condition where brain chemistry, function and structure are negatively affected by environmental and biological factors. Hence, one cannot come out of it with just positive thoughts or by just motivating oneself. In fact, the persistent inability to feel motivated could itself be a consequence of depression. Therapy for depression usually involves many tools and techniques. Self-motivation could be one of those techniques that a depressed person is guided through.

Sleeplessness and disrupted sleep are common among people living with mental illness.

Fact. Many people experiencing mental ill-health experience disrupted sleep patterns. These include sleeping at “odd” hours, sleeping for very long hours, not sleeping at all, etc. Thus, a survivor who is residing in the shelter home and experiencing anxiety might struggle to sleep and not follow any regular sleep patterns. Consider making accommodations for the survivor, she is not “just being undisciplined”.

Regularly drinking a glass of warm milk with nutmeg at night can cure sleeplessness easily

Myth. Many so-called “cures” for sleeplessness could work for some people; so there might be no harm in trying them. However, sleeplessness induced by mental ill-health is often more difficult to overcome. Do not expect that a resident’s disrupted sleep pattern will be “cured” with this remedy. It is possible they have already tried these and other remedies without success.

People suffering from mental ill health cannot work or be good parents

Myth. While mental ill-health can be debilitating, it is not a life sentence. Many people living with mental ill-health do work and earn a living; many care for their children and are good parents. Their ability to do that is greatly enhanced by a supportive environment of friends and family. They might also take the support of therapy and medications when necessary. Mental ill health is not a “hopeless” situation that should be feared and stigmatized. It is a condition we all can try to understand and support each other live through.

Pills are the only cure for mental illnesses.

Myth. Pills are not usually the first go-to treatment for mental illnesses today. There are different forms of “talk therapy” which equip a person to deal with mental ill health. Therapy could help a person develop healthy thinking and behavior patterns, improve relationships, and cope with difficult emotions and situations. They are called “talk therapy” because they involve talking about and processing one’s thoughts and emotions. Such therapy is usually provided by professional therapists and mental health counsellors.

Homo sexuality is a mental disorder.

Myth. Homo sexuality is a sexual orientation where a person feels sexual attraction towards another person of the same sex. Homo sexuality is part of human diversity, and not a disorder. Beyond humans, homo sexuality has also been observed and documented in 400+ species of animals and birds. In their landmark judgement decriminalizing homo sexuality in 2019, the Indian Supreme Court estimated the prevalence of homo sexuality to be 8-9%. Sadly, homo sexuality was considered a mental disorder for a long time and many homo sexual persons were forced to undergo “conversion” therapies to make them hetero sexuals. Those are not considered valid today.

Sexual and gender minorities experience high rates of depression and anxiety

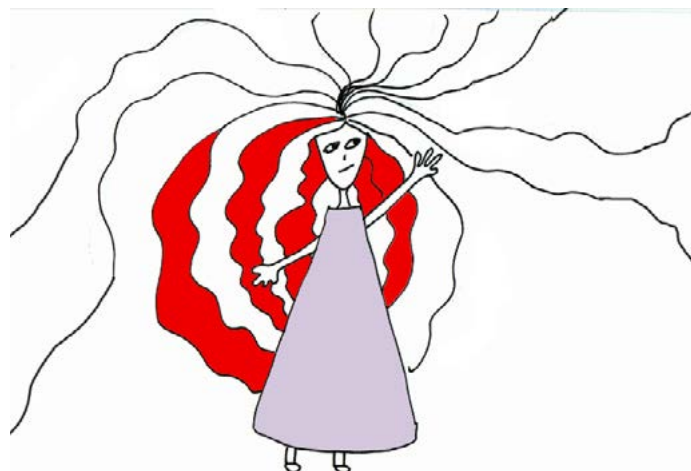
Fact. Studies on the mental health of sexual and gender minorities report higher rates of anxiety, depression and suicidality⁴. Sexual and gender minorities face a lot of stigmatization and violence in today's hetero-normative society. As the case studies in this training module attest, they are treated as abnormal, not accepted by their families, and bullied at school and college from a young age. They face still more violence and exclusion in adulthood. Our dominant culture - movies, songs and stories - also portray a world that is cis-hetero-patriarchal. Living in such a society, sexual and gender minorities experience persistent stress, poverty and violence. All of these increase their vulnerability to mental ill health.

People who chose suicide don't have the courage to face failure

Myth. There is a popular narrative fed by newspapers and movies that suicide is just the path chosen by people who fail - in their romantic relationships, in their businesses, or even in their exams. They present suicide as an impulsive act performed by a person when they encounter failure and don't have the courage to face it. The reality is quite different. Suicide is rarely such an impulsive act. People who chose suicide have usually contemplated that path for some time. They could have been feeling a sense of hopelessness over a period of time. Their suicidal thoughts could be linked to persistent mental ill health, including depression and anxiety. It is quite likely they did not get adequate support, and have chosen suicide as the last option. This is especially true of survivors of gender based violence who have faced physical, mental and emotional trauma. Survivors who are residents of shelter homes have shown the courage to walk out of a violence situation. If they are considering suicide, there could be many more factors that need to be understood and addressed.

Asking someone if they feel suicidal will encourage suicide attempts.

Myth. Talking about suicide is an opportunity for communication. It enables the person considering suicide to share their fears and feelings. Many times a person with suicidal thoughts feels the need to process them with another person, but is afraid to. Hence, asking someone if they feel suicidal can let them open up. However, talking about suicide should be carefully managed. Listen carefully and empathetically. Do not provoke or dismiss the person's fears and concerns. Do not suggest they are choosing suicide as they don't have courage to face life's struggles. Do not make false promises.



4. Russell, Stephen T, and Jessica N Fish. "Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth." Annual review of clinical psychology vol. 12 (2016): 465-87. doi:10.1146/annurev-clinpsy-021815-093153



Handouts

- » Myth or Fact Quiz on Mental Health.
- » Responding to People Living With Mental Ill-health – Scenarios for Role Plays.

Myth or Fact Quiz on Mental Health

1. Mental illnesses are simply an excuse for bad behaviour.
2. People living with mental illnesses are violent and aggressive.
3. Pills are the only cure for mental illnesses.
4. Women are more likely to experience mental ill-health only because they are weaker.
5. A depressed person will always look sad.
6. People living with depression can come out of it just by motivating themselves.
7. Sleeplessness and disrupted sleep are common among people living with mental illness.
8. Regularly drinking a glass of warm milk with nutmeg at night can cure sleeplessness easily
9. People suffering from mental ill health cannot work or be good parents
10. Homo sexuality is a mental disorder.
11. Sexual and gender minorities experience high rates of depression and anxiety
12. People who chose suicide don't have the courage to face failure
13. Asking someone if they feel suicidal will encourage suicide attempts.

Responding to People Living with Mental Ill-Health – Scenarios for Role Plays

1. A resident who is suffering from mild depression does not come for breakfast. Two staff members discuss among themselves that she has not eaten. One of them goes to call her. There is no response from the resident. The staff member gets angry and shouts at her for missing breakfast and delaying everyone. The resident is silent and looks blankly. The staff member shakes her violently to get a response.
2. A resident who is suffering from anxiety has had multiple sleepless nights. Her sleep has been irregular and inadequate. Today, she can't find her Aadhaar card when she looked for it in her bag. She begins to have a panic attack. Two staff members rush in hearing her panic. When they hear she can't find her Aadhaar card, one of them mocks her for losing things. The other staff member scolds her harshly for not keeping her card safely. They are worried that staff will be blamed for her losing the card.



10

Queer Affirmative Feminist Counselling



Overview

Counsellors in shelter homes could carry the biases of a patriarchal society into the counselling room. They could also reinforce dominant ideas about gender identity and sexual orientation that exclude and further marginalize sexual and gender minorities. A queer affirmative feminist counsellor challenges these dominant ideas in the counselling sessions as they support survivors of violence. This session uses different scenarios and roles plays to enable participants to critically reflect on their own biases and to derive principles for counselling that embrace equality and inclusion.



Objectives

- » To integrate queer and feminist sensitivity in counselling
- » To apply principles of equality and fairness while counselling survivors and perpetrators
- » To critically reflect on our own attitudes when counselling



Suggested Time

- » 60 minutes



Preparation

- » Customize the scenarios to use in this session, if necessary.



Materials

- » Printout of the scenarios to use in this session
- » Whiteboard, marker pe



Steps

1. Open this session by requesting 2 volunteers – one to play the role of counsellor, the other for DV survivor.
2. Call the volunteers aside, and give them a brief outline of the first scenario.
 - a. Ask the “survivor” to assume that this is the first time she is seeing the counsellor. So, she must explain the situation for the audience to understand.
 - b. Ask the “counsellor” to play the role of a gender insensitive counsellor, who feels that the survivor must behave like a “good woman”.
 - c. Give them a minute or two to prepare for the role play.
3. While they are preparing, inform the audience that they are invited to watch and participate in the upcoming role plays.
4. Begin the first scenario’s role play. Pause the role play after a few minutes.
5. Invite participants to share their observations. (Direct the audience’s attention to the counsellor’s responses)
 - a. What do you think of the “counselling”?
 - b. What is the counsellor trying to achieve? What is her attitude?
 - c. Does this counselling promote gender equality?
6. Invite any audience member to come forward and replace the counsellor in the role play. (Don’t change the actor playing the DV survivor.)
7. Let them try out a new counselling strategy.
8. Again, pause the new role play after a few minutes. Process it with the audience.
9. Repeat this a few times for the first scenario.
 - a. Some counsellors might ask for the perpetrator to be brought in for counselling. Assign an audience member randomly to play the role of the perpetrator for that “counselling session”.
10. Take a few more scenarios and do the whole process again. You can start with a different pair of opening actors for each scenario.
11. Stop these live rehearsals with role plays when you have about 10 minutes left.
12. Process the entire session with the last question: “How can we counsel in a way that promotes gender equality and affirms diverse sexuality identities?”



Discussion Questions

- A. What do you think of this “counselling”?
- B. What is the counsellor trying to achieve? What is her attitude?
- C. Does this counselling promote gender equality?
- D. How can we counsel in a way that promotes gender equality and affirms diverse sexuality identities?



Notes

Here are some responses we are likely to get for the discussion questions. Later in the notes we discuss approaches that a queer affirmative feminist counsellor might take when faced with clients with similar situations.

What do you think of this “counselling”?

- » This counselling is justifying the violence, it will cause more suffering
- » The counsellor is homophobic and transphobic – they need to change their views
- » The counsellor is perpetuating stereotypes and gender biases
- » The survivor will not be equipped to address violence this way
- » This new counsellor is more sensitive to gender inequality and diverse sexualities

What is the counsellor trying to achieve? What is her attitude?

- » This counsellor is trying to “preserve the family” at all costs
- » This counsellor is trying to “cure” trans persons and homosexual persons
- » This new counsellor is trying to challenge patriarchy and violence
- » This counsellor is unsure how to address violence
- » Etc.

How can we counsel in a way that promotes gender equality and affirms diverse sexuality identities?

Here are some responses that you and the participants might be able to derive from the role play rehearsals:

- » Be conscious of your own (the counsellor’s own) prejudices and gender biases
- » Try to understand the struggles of the person sharing her experiences of violence
- » Try not to judge the survivor from a cis-hetero-patriarchal lens.
- » Recognize that the violence the person is experiencing is the result of unequal social relations like gender, caste, class, sexuality, disability, etc.
- » We have a responsibility to transform these unequal power relations and to address the injustice.
- » We should not further perpetuate patriarchy, cis-sexism (the privileging of cis-gender people) and heterosexism (the privileging of heterosexual people)
- » Do not accept ideas like “men will be men”, or “women have to adjust”, etc. Those ideas perpetuate patriarchy.
- » Challenge assumptions like “homosexuality is wrong”, “transgender people are mentally ill”, etc. Those ideas perpetuate homophobia and cis-sexism.

Queer affirmative feminist counselling approaches for the specific scenarios

Here are some ways that a sensitive and inclusive counsellor might approach these scenarios.

1. A woman approaches the shelter home for counselling. Her husband beats her regularly for talking back to him, and for being a bad cook.

Listen carefully and patiently to her. Affirm her that she is not doing anything wrong, that she has the freedom and right to talk back, that it is not acceptable for anyone to beat her. Acknowledge that not all of us are good cooks, that it is not only women’s responsibility to cook. Gently ask her questions that enable her to see her situation from multiple angles. Discuss strategies to eliminate the violence without reducing her freedom; offer to talk to the husband. If she does not want to go home, arrange a safe space for her in the shelter home if possible. Do not push her to go back.

2. A 15-year old who was born male approaches the counsellor. They feel they are really a girl trapped in a male’s body.

Listen closely to the doubts and confusions of the 15-year old. Affirm their feelings. Explain

that some of us don't identify with the sex assigned to us at birth, and there is nothing wrong with that. Try to clarify their doubts to the best of your ability. Learn more about the lives of trans children. Share examples with the young person. Offer to talk to their parents. Assure the parents that the child is not "acting out". Try to build support for the trans person in the school and community. If you feel ill-equipped, consider referring the client to another counsellor who is more experienced and sensitive to trans issues.

3. A mother of two children is thrown out of the home as she had a lover. She approaches the shelter home.

Listen to the woman non-judgementally. She would have her reasons for the actions she has taken. Do not criticise or blame her for taking a lover. Do not guilt her saying her children will suffer. Do not force her to go back to her husband or to her lover. She should have the freedom to choose. Ensure that her rights and the rights of the children are protected. Support her to think through her options. Let her know that she still has a right to stay in the home she shared with her husband. She may or may not choose to exercise that right.

4. A woman discovers her husband is a homosexual person. He was forced to get married by his parents even though he had tried to resist. She is confused and approaches the counsellor.

Listen to the client carefully. Let her sense that she can share her confusions and process them with you safely. That could enable her to resolve her confusions herself. Help her understand that her husband most likely was not in a position to come out before the marriage. Yes, her experience is unfair. But, do not blame her husband for the situation. Gently ask questions that enable her to see the situation from multiple perspectives too. Homosexuality is part of human diversity; unfortunately he was forced to hide it because our society does not accept it. Encourage her to discuss openly with her husband. They do not have to stay in the marriage if they don't want to; there is no shame in parting ways if that's what they prefer. But if they choose to be together, that's fine too. Either way, she can be supportive of her husband and his homosexuality.

5. In the above scenario, the husband approaches the counsellor

Listen to the husband without judgment. The husband might be feeling guilt. Do not criticise him for not resisting enough before marriage. Acknowledge that his wife might be hurt. Encourage him to discuss openly with his wife and to listen to her. She would be confused and angry; let him not dismiss that. Offer to be available if he needs your support to discuss with his wife. Remind him that they do not have to stay in the marriage if they don't want to; there is no shame in parting ways if that's what they prefer. But if they choose to be together, that's fine too. Ask questions that allow him to explore a different perspective of the situation. E.g. "How can you come out to her in a way that respects her autonomy and dignity?"





Handouts

» Scenarios for Queer Affirmative Feminist Counselling Role Plays.

Scenarios for Queer Affirmative Feminist Counselling Role Plays

Here are some scenarios you can use for the “live rehearsals” session on queer affirmative feminist counselling. Select a few that you feel are most relevant to that audience. Customize them as you see fit. Participants can use their imagination to build on the basic idea that you share with them. They can add details to the story, etc.

1. A woman approaches the shelter home for counselling. Her husband beats her regularly for talking back to him, and for being a bad cook.
2. A 15-year old who was born male approaches the counsellor. They feel they are really a girl trapped in a male’s body.
3. A mother of two children is thrown out of the home as she had a lover. She approaches the shelter home.
4. A woman discovers her husband is a homosexual person. He was forced to get married by his parents even though he had tried to resist. She is confused and approaches the counsellor.
5. In the above scenario, the husband approaches the counsellor



Self-Care of Staff



Overview

Staff in shelter homes often have to manage with limited resources, an overload of work and frequent criticism. These are conditions that create intense stress for the staff and the functioning of the shelter home. It is vital that staff develop practices for self-care – for their own sake, and the well-being of those whom they support. This session alerts staff to the stressors in their lives. It encourages to think collectively on self-care practices they can adopt. It uses a combination of game and workbook activity to affirm and encourage staff practising self-care.



Objectives

- » To understand the stressors in the personal and professional lives of staff
- » To learn practices to take care of their own self
- » To recognize the importance of supporting each other



Suggested Time

- » 60 minutes



Preparation

- » None.



Materials

- » Whiteboard, marker pens
- » Participants will need their workbook during this session



Steps

1. Open the session with a short game. Ask for a volunteer for this game. Request her to step outside the room, as the others prepare for this game.
2. Explain the game to the participants in the room.
 - a. The volunteer will be assigned a task to do, when she comes back into the room.

- b. The participants can decide what task to assign (e.g. "Fetch water from the well")
 - c. The participants must create interruptions and barriers to frustrate the volunteer (e.g. "Ohhh! My leg is paining, please come and massage my leg before you go to fetch water")
 - d. Participants have to act out these interruptions after she comes into the room
3. Call the volunteer back into the room, and explain what the game is:
 - a. Tell her this is a role-playing game where she has to do a specific task (e.g. "Fetch water from the well")
 - b. But she must also respond to the needs of others
4. Play the game for 5-6 minutes as participants thwart the volunteer from doing her task
5. After the game is played, process the game with the discussion questions below.
6. Let participants work in groups to discuss the question: What can we do to take care of ourselves?
7. Conclude by asking participants to write down in the workbook 5 things they would personally do for their self-care, and 5 they would do to support the self-care of others



Discussion Questions

- A. What did we see happen in this game now?
- B. Does this happen in our daily lives too?
- C. What are some examples of this happening in our daily lives?
- D. How do we feel when we experience this? What are the consequences?
- E. Why does this happen?
- F. What can we do to take care of ourselves?
- G. Please write in the workbook 5 things you will do personally for your self-care, and 5 things you will do to support the self-care of others.



Notes

Here are some of the answers that might come up during the discussions. Please remember that these are just indicative, these are not "the right answers". Let us also listen to the participants closely and build on their experiences and insights.

What did we see happen in this game now?

- » She had to struggle to do the task she was assigned
- » It took her more time than needed to do her task
- » She was frustrated, but trying not to show it
- » She couldn't do everything people wanted her to do
- » Others didn't seem to care about her struggle
- » She was getting angry and confused

Does this happen in our daily lives too?

Most likely, participants will acknowledge that this pattern happens in their lives.

If anyone says it doesn't, invite them to share why they feel that way. Ask others to respond why they feel this happens in their daily lives.

What are some examples of this happening in our daily lives?

The specific examples they give will be related to their life. The broad pattern of those examples could be:

- » We are overloaded with work
- » When I try to do one thing, I am called to do another thing
- » Even when I am at home, I am required to respond to work issues. And vice versa.
- » Etc.

How do we feel when we experience this? What are the consequences?

- » Frustrated
- » Angry towards others and oneself
- » Helpless
- » Anxious
- » Unable to sleep
- » Burn out
- » Pointless
- » Low self-esteem
- » Low self-respect
- » Depression
- » Etc.

Why does this happen?

- » Because there is less staff, less resources
- » Because I am unable to set boundaries
- » Because management doesn't care
- » Because so many people need the services of the shelter home
- » Because expectations are very high
- » Because people are not sensitive to our needs
- » Etc.

What can we do to take care of ourselves?

- » Don't blame ourselves
- » Identify our priorities – personal and professional
- » Set boundaries
- » Learn to say "No"
- » Support each other
- » Meditate
- » Do yoga, exercises
- » Share the workload at home with partner and children
- » Share the workload in the shelter home

- » Be generous and kind to each other
- » Do not judge each other
- » Request for more resources
- » Eat more nutritious food
- » Drink more water
- » Etc..



Handouts

- » None.



You yourself,
as much as anybody in the entire universe,
deserve your love and affection.

~ *Buddha*

12

Implementing Policies Sensitive



Overview

There are times when a shelter home's policies seem to conflict with the needs of residents. Staff are caught in a dilemma on how to resolve that: should they give priority to the resident's needs, or should they follow policy always? There are no easy answers in such cases. Staff will have to rely on their judgement, consult with fellow team members and management as they work towards addressing (or denying) the need of the resident. This session provides an opportunity for staff to explore the issues involved in implementing policies sensitively. They can do this in a safe environment by working on scenarios similar to the ones they might encounter in the shelter home.



Objectives

- » To revise and critically reflect on existing policies from a gender and sexuality lens
- » To identify areas where existing policies conflict with a rights based intersectional approach
- » To figure out how those policies could be implemented sensitively and fairly



Suggested Time

- » 60 minutes



Preparation

- » Keep copies of the scenarios ready to be handed out in the groups.



Materials

- » Adequate copies of the scenarios from the handouts section
- » Whiteboard, marker pens



Steps

1. Open the session by acknowledging that there are times when our policies conflict with the needs of residents.
2. Invite participants to share examples they have encountered where the Shelter Home's policies conflicted with a resident's needs.
3. Share we shall go deeper into these conflicts and how to implement policies sensitively
4. Divide participants into 4-5 groups. Distribute copies of the scenarios – one scenario for each group.
5. Ask participants to discuss in the group how they will resolve the issue.
6. Back in the plenary, invite participants to present their scenario and their recommendation.
7. Invite the audience to comment and share their suggestions too.
8. After all the groups have presented, conclude the session with the final discussion questions from below.



Discussion Questions

- A. When all have you felt that our policies have conflicted with the needs of a resident?
- B. How will you resolve the conflicts in these scenarios?
- C. What do the rest of us think of this group's suggestions?
- D. What have we learnt from the methods we all have suggested?
- E. What are the limitations we have as staff when policies are not sensitive to residents?
- F. What all can we try to make the policies sensitive?



Notes

When all have you felt that our policies have conflicted with the needs of a resident?

If the participants have several years of experience, they might be able to share many examples they have encountered in the shelter home. You can consider using some of those examples for the scenarios to discuss too. Alternately, you can use the example scenarios from the handouts section below.

How will you resolve the conflicts in these scenarios?

The answers will depend on the specific scenarios we have assigned to the groups. The broad strategies they adopt might be some of the following:

- » Strictly adhere to policy, because one violation can lead to another and ultimately loss of discipline
- » Ignore the policy, as the resident's need is more important. Rules exist to serve residents, not the other way.
- » Use discretion to apply the policy. If I am convinced the need is genuine, I will violate the policy for the benefit of the resident.
- » Discuss the issue within the team (or with management) to see if an exception could be made to the policy.
- » Talk to management as a group, and push for a policy change.

What do the rest of us think of this group's suggestions?

This is an opportunity to bring in broader reflections. The facilitator can gently probe participants to reflect on the strategies they recommend. What are its consequences? What are the alternatives?

What have we learnt from the methods we all have suggested?

The broad ideas that might emerge are:

- » We need to be flexible to ensure a resident's rights are met
- » We need to see things from the resident's perspective
- » We can/must talk to management to revise policies that are not good
- » We can/must talk to residents on why the policy exists and why we have to enforce it
- » We must be gentle even (especially) when we have to deny a freedom to a resident

What are the limitations we have as staff when policies are not sensitive to residents?

That staff have limitation is very important to affirm. We are not blaming staff for the policies they are forced to implement. We are supporting them to think through how policies and their implementation can be made more sensitive. Here are some of the answers that might come from participants.

- » We have no control over the policies we are forced to implement
- » These policies have existed for a long time
- » Management does not listen to us
- » We will be punished if we don't follow these policies
- » Not all of us here might agree/disagree on a policy, we are also divided
- » We might lose our jobs if some policies are seen to be violated

What all can we try to make the policies sensitive?

Despite all the limitations staff have, they also have some agency and voice to bring change. Hence, we are encouraging them to identify strategies/approaches they can try. Here are some answers that might emerge.

- » We can talk to management about problems with specific policies
- » We can inform management the difficulties resident's face from a specific policy
- » We can talk about these issues in the monthly review, multiple times
- » We can find out how other shelter homes are handling this issue, and suggest that if necessary



The role of shelter homes must not be just to provide lodging, food and other essential services for life. Rather, they must act as transformational spaces, with integrated services, employment generation opportunities and artistic engagements, converging to give way to the empowerment, dignity and agency of the survivors.

Dr. Rashmi Singh

Women and Child Development Department
At an LCN Conference in Delhi, 2021



Handouts

» Scenarios for Implementing Policies Sensitively

Scenarios for Implementing Policies Sensitively

1. There is a policy of “No cell phone usage” in the Shelter Home. A 6-year-old child who is staying at the Shelter Home with her mother is missing her grandmother. The grandmother had taken care of the child and they were very close. The mother requests the use of her cell phone for the child to speak to the grandmother.
2. There is a policy of “No male visitors allowed, if they are not close family.” A woman’s close male friend wants to meet her in the shelter home and keeps coming every day. He has been her strongest support for many years. Her own family members do not visit her after she left her husband.
3. The admission policy does not say anything about trans people being given or denied admission. So far, no trans person has been a resident of this shelter home. A trans woman who has experienced much violence comes to the Shelter Home seeking admission. Staff are unsure what to do.
4. There is a policy that “Residents are not allowed to go out except for permitted activities.” Evening walks are not in the list of permitted activities. A few residents request permission to go out for a walk in the evening as they are feeling closed and shut off in the Shelter Home.
5. There is a policy that “No loud religious rituals are allowed in the Shelter Home”. A devout Muslim woman does her prayers silently five times a day on her mat. A devout Hindu woman wishes to pray at 6am daily by lighting a lamp, chanting prayers aloud and ringing a small bell.



When I dare to be powerful, to use my strength
in the service of my vision, then it becomes less and less
important whether I am afraid.

~ Audre Lorde

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Envisioning Inclusive, Empowering Environments



Overview

As participants gain a critical awareness of what is inadequate in their shelter homes, they also need to be able to imagine and define what they do want to see instead. This concluding lesson provides an opportunity for staff to build on their critical reflections so far, to now envision a better shelter home that is more inclusive and empowering. Participants work in groups developing their vision of an ideal shelter home and express it through art and symbolism. Others “interpret” and share in the vision. Participants discuss what the next steps could be to work towards that vision.



Objectives

- » To critically reflect on existing practices and to develop systems that promote the empowerment of survivors
- » To design practices that enable women and children of different identities to feel safe
- » To identify the conflicts in community living and processes for resolving it fairly
- » To equip oneself with tools to resolve conflicts



Suggested Time

- » 60 minutes



Preparation

- » Keep the materials necessary for this session ready.



Materials

- » Sets of sketch pens, crayons, chart papers
- » Glue stick, scrap paper, cloth
- » Whiteboard, marker pens



Steps

1. Open the session by saying that we need to envision and work towards a shelter home that is empowering and inclusive to survivors of violence
2. Explain the method we will follow for this session – we will work in groups to design our “dream” shelter home.
3. Invite participants to identify the broad areas to address in that design. Organize those ideas into 4–5 thematic areas like: Physical space, Admissions Process, Community Living, Handling Conflicts, Service Planning, etc.
4. Divide participants into 4–5 groups.
5. Let each group think of all these thematic areas when they design their dream shelter home.
6. After participants have discussed their ideas for ~15 minutes, tell them that they can present their vision creatively using any medium they like – pictures, stories, skits, art works etc.
7. Give the participants adequate time to develop and display their design.
8. After each group displays their design, invite the others to “interpret” what they saw.
9. After the audience interprets the design, let the creators add what else they might have had in mind
10. After all groups have presented their design, summarize the many points that have come; process the design with the final discussion questions below.



Discussion Questions

- A. In our ideal, dream shelter home, what all areas would we want to focus on?
- B. In your group, please discuss how this thematic areas would be organized in your dream shelter home.
- C. What did we (the audience) understand from this group’s display?
- D. Are these ideas we have just summarized realistic?
- E. What all can we do today to work towards this dream shelter home?



Notes

These notes outline some of the elements of an empowering and inclusive shelter home. These are examples of ideas that are being experimented in different shelter homes across the world. As participants envision their ideal shelter home, these are ideas you can encourage them to consider, in case they haven’t thought about it yet.

Physical Space

- » Adequate area for each of the rooms and halls
- » A dedicated play area for children. Equip that space with toys and games
- » The space is well-ventilated and painted in light, cheerful colours
- » Creative designs and patterns on some of the walls
- » Paintings, simple art works on the walls
- » Toilets and bathrooms are clean and hygienic
- » Trees and space outside to sit
- » Small campus to walk around, small park for childre

Admissions Process

- » Survivor feels welcome and safe
- » Friendly staff, ready to support
- » Simple process, relatively fast
- » Survivor understands the admission process clearly
- » Survivor understands her rights and duties in the shelter home
- » Staff helps her overcome the absence of some of her papers
- » Feels reassured after the admission process
- » Does not feel judged

Community Living

- » Residents and Staff are aware of and support the rules and norms of the shelter home
- » The atmosphere is friendly and supportive
- » Everyone feels included
- » No one is discriminated based on caste, class, sexuality, disability, etc.
- » Residents are consulted on many of the decisions that affect their stay
- » Everyone eats together, at the same time
- » Residents volunteer to share in some of the tasks of running the home
- » Children are cared for and welcomed by all staff and residents
- » Residents and their children organize entertainment events periodically
- » Residents and staff treat each other with respect and dignity
- » Staff are not overworked and feel calm

Handling Conflicts

- » When conflicts arise, staff and residents are committed to resolving it fairly and peacefully
- » The environment in the shelter home encourages both residents and staff to speak openly
- » They share early when disagreements and conflicts emerge
- » Processes are in place to discuss conflicts openly
- » Staff and residents learn to manage their anger and frustration
- » Staff do not “take sides” with specific residents; staff are seen as fair, sensitive, and impartial
- » Everyone’s dignity is respected

Service Planning

- » Residents are seen as rightsholders whose rights have been violated
- » Staff work in solidarity with residents to plan what services they require
- » Staff encourage and motivate residents to plan for their future
- » The needs of children are integrated into the service plans
- » Staff are knowledgeable about the various options available for them to recommend
- » Staff are sensitive to the challenges and constraints residents face



Handouts

- » None

Evaluation Form

Please write your comments below to assist us in finding out how useful the training has been, and how we might carry it forward. Thank you.

1. Were your expectations of the training met?

Fully met To a great extent Somewhat

2. What did you find most useful? Specify the sessions you found most useful.

3. What did you find least helpful? Please specify the sessions.

4. Was the methodology appropriate?

Very appropriate Appropriate Not Appropriate

Comments:

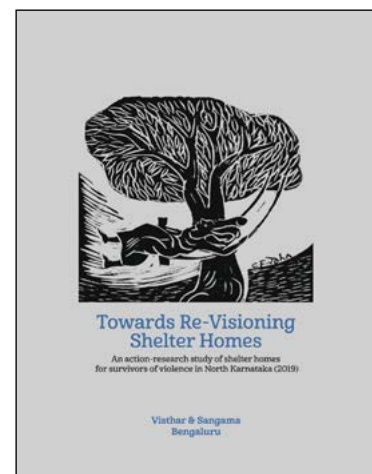
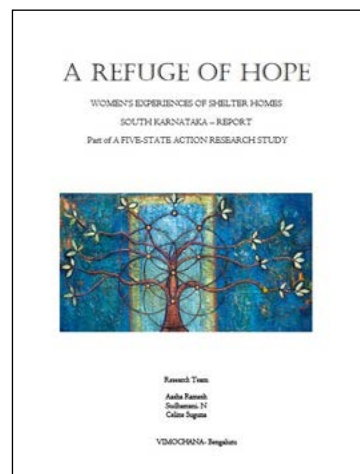
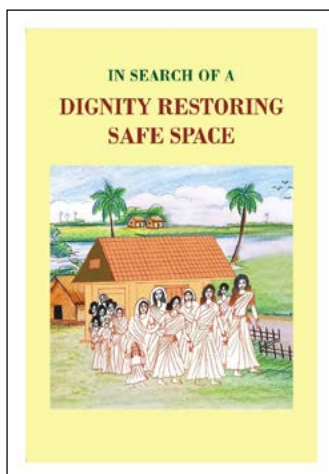
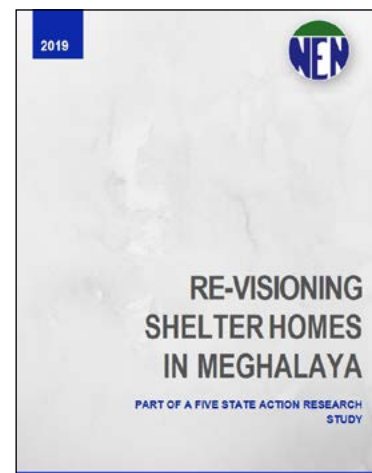
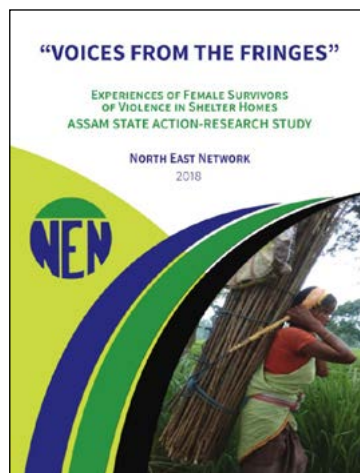
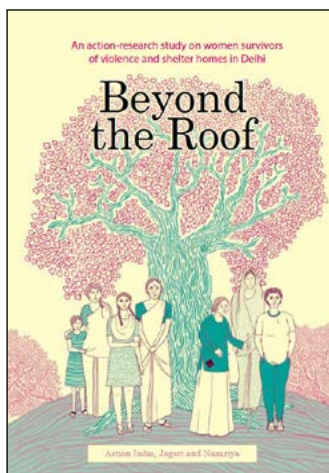
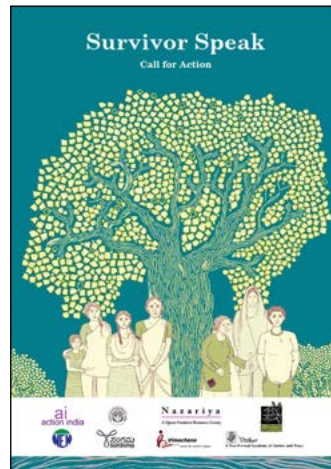
5. Were there any sessions that you feel could be improved? Specify

6. What are the two learnings that will have the biggest impact on your life and work/shelter

Comments:

7. What are your suggestions for follow up?

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