

**Gender Sensitization Training:
Violence Against Women & Basic Counselling
Organised by**



North East Network

Date: 5th March 2015

**Venue: Office of the District Medical & Health
Officer, Jowai.**

North East Network (hereinafter referred to as 'NEN') organized a half's day training in order to develop a health sector response to violence against women for health care providers of Jaiñtia Hills district on the 5th March of 2015. 51 health care providers attended the training (1 Male; 50 Female).

Category of Participants: 1 Medical & Health Officer, 1 Vice Principal of Dr. Norman Tunnel Nursing School, 12 Nursing Intern Students, 6 Ladies Health Visitor, 10 Health Educators, 8 Public Health Nurses, 12 Staff Nurses of Civil Hospital and 1 Office Staff.

Objective: Health care providers are the first point of contact for survivors of domestic and sexual violence, hence they play a critical role not only in evidence collection and treatment, but also in identifying women who may be facing violence but are silent about it. Hence, the aim of the training was to enable the participants to understand that violence and health are interlinked, and to create awareness on the role of health care providers in responding to cases of violence against women.

Methodology: The training methodology had to take into account a number of factors such as time constraint, the limited space made available for training and the participants' lack of understanding of gender prior to the training. Against this background and challenges, the resource persons ensured to conduct the session in a manner that led to tapping into participants' mindset, their ideologies, experiences and theoretical foundation, by using participatory discussion and presentations.

About the Resource Persons:

1. Ms. Ivyreen Warjri, a Psychologist by profession and currently the Mission Director of State Resource Centre, Social Welfare Dept, Govt. of Meghalaya, was the resource person for the session on Basic Counselling Skills.
2. Balarisha Lyngdoh, Programme Associate of NEN was the resource person for Gender and Power Relations.
3. Dr. Rafel Allya, Medical Officer of Ganesh Das Hospital was the resource person for Understanding Violence against Women, its Health Consequences and role of Health Care Providers to response to it. Dr. Rafel Allya had previously attended a 3 days' training on Developing a Health Sector Response to Violence against Women which was organised by CEHAT in Mumbai.

Session 1: Understanding Gender and Power Relations

The program started with a welcome speech by Dr. Joy Lyngwa, Addl. District Medical & Health Officer of Jaiñtia Hills district. In her speech she expressed her gratitude to NEN for organizing such a training and mentioned that she had attended the '**Training of Trainers for Healthcare Providers on Responding to Sexual Violence**' organized by NEN on the 24th & 25th November of 2015 which was an eye opening experience for her, because in the past she thought that a doctor's duty was to only focus on the physical aspect of the injury/ problem. It was because of NEN's training she is now aware that a health care provider plays a very important role in supporting a victim's struggle for justice.

The session started with the participants noting down what a man's role and a woman's role in society is. Some of the answers reflected a conventional perception such as, women's role is to take care of family, to be a nurturer, to cook, being a housewife; whereas a man's role is that of a bread earner, protector and leader. The participants were asked what they understood of the word 'gender' - they all uniformly replied that it is the difference between a man and woman. The resource person explained that their answers to the question of the roles of man and a woman are actually called gender norms.

To further enhance their understanding on the concept of gender norms, a video clip called **Impossible Dream**¹ and **Start With The Boys**² were screened to the participants. The resource person then asked the participants' opinion on the 2 video clippings. Participants expressed that the clippings reflected their daily lives; that women have multiple roles, that a woman's domestic work is undervalued and that at home most of the family raises their sons and daughters differently. To which the resource person explained that everyone practices gender roles at home and hence all of us contribute to the inequality in power relations between men and women in the society.

Before the session concluded, participants were asked to identify gender and sex statements so as to make sure everybody understood the concept of gender roles and the unequal power relations among men and women.

Session 2: Basic Counselling Skills

The resource person started the session by explaining the meaning of feminism and that mostly feminism focuses on the liberation of men from false value systems and ideologies which oppresses women. She further explained about the different kinds of power: power over, power to, power with and power within. She asked participants' opinion on how do responded to husband's request for sex, when they are not in the mood for it. This left the room in pin drop silence. To which the resource person said that their silence explains everything; as per our society such things are never to be discussed openly. She explained that a woman has the right to say no to her husband and in real life scenarios; even if a woman does not wish to have sex, she would not say no as she feels that as a wife she is obligated to her husband. But if a

¹ An animated film by United Nations which shows a humorous look at a problem faced by women everywhere: the double-workload of a full-time job and being a housewife. The film is about an average family with a baby and two school-age children were shown. Both parents work outside the home. The woman puts in the same hours as her husband, for less money. In addition, caring for the children and all the household duties remain her responsibility. While her husband and son does not do any household work and it is only the daughter who helps the mother at home.

² The short film features an endless cycle of parents scolding their sons, from toddlers through adolescence, for crying. It then powerfully culminates in an image of a man holding back tears. The camera shot then pans out to unveil that he is converting his emotions into violence by physically abusing his already battered female partner. This film is a part of the social awareness campaign by Vogue India to raise a national awareness that women's empowerment should not be fought for by women alone.

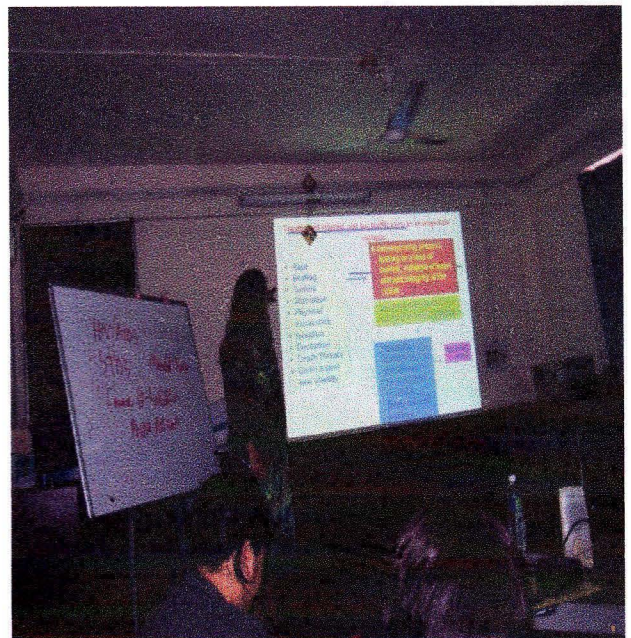
woman knows her right and has power within, she will be assertive and confident in expressing her opinion.

The resource person went on to explain the process of empowering women and the different types of violence against women. She also mentioned that the Government of India has passed certain Acts to ensure safety of women in public and domestic sphere. These are: National commission for Women Act - 1990, State commission for Women Act - 1994, Protection of Women from Domestic violence Act - 2005, Medical Termination of Pregnancy Act-1971, Equal Remuneration Act -1961 and the Immoral Traffic (Prevention) Act, 1956.

In her session, she also explained the process of ***Care and Protection (for trafficked women and children) through Psychosocial Interventions.***

The last component of the session was **Basic Principles of Counseling.** Which she explained that as nurses they are the first point of contact for victims/survivors of violence, hence they should know the basic points of counseling which are: trust, confidentiality, self determination, having a positive approach, focus on feelings, empathy, being genuine, non-judgmental, warm, open, good communication skills, being focused and looking at it from the victim's perspective. She concluded her session with stating that in situations where they find that they cannot help the victim, they should refer to the appropriate agency such as a medical consultant, legal expert, educational consultant,

career counselor, etc..., depending on the facts and circumstances of the case.



Session 2: Understanding Violence against Women, Its Health Consequences and Role of Health Care Providers in responding to Violence against Women.

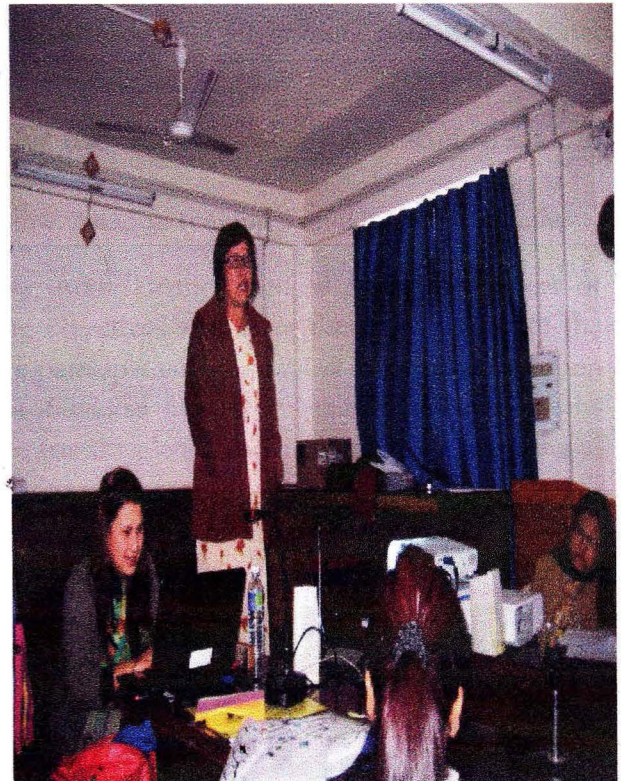
The resource person started with definitions of Violence against Women according to the United Nations and World Health Organisation. After which she shared a power point presentation on the different health consequences of violence against women.

Then she explained to them that as health care providers they are legally bound to provide medical aid to victims/survivors of rape. Refusal of medical care to survivors/victims of sexual violence and acid attack amounts to an offence under Section 166B of the Indian Penal Code and Section 357C of the Code of Criminal Procedure. She also said that though they may believe that this piece of information is irrelevant for them but it is important, because there may be times when medical officer in charge are absent and in

such times they should not send victims away, since as per law they should at least give first medical aid to the victim.

She further appealed to the participants on the urgent need to move from evidence collection to care since survivors also require psychosocial support and treatment, and health professionals can provide this. She explained to the participants that sexual assault may result in pregnancy, and in sexually transmitted infections including HIV. Survivors may suffer from psychological distress, anxiety and thoughts of suicide. The role of the medical profession becomes paramount in such cases. Survivors and their families require counseling services that help them overcome the anxiety, shame and guilt that is associated with rape. They can be helped to understand rape as a severe form of physical assault, violation of bodily integrity and not loss of honor. Such interventions can reduce self-blame and enhance healing. She also cited her experiences at Ganesh Das Hospital and that before she attended the training in Mumbai she wasn't aware that doctor's negative comments can affect the victim psychologically. Now that she is aware of the sensitivity of such issue, she

handles medico legal cases sensitively and at her level she tries to generate awareness to others too.



She concluded her session by mentioning that some services needed from health professionals are: (i) interface with the police for filing of the complaint; (ii) responding to any other specific needs of the survivor; (iii) referring the survivor to legal counsel, and (iv) preparing her him to speak in court. This may ensure that the survivor does not give up and may eventually increase reporting of sexual assault.

Evaluation: Prior to the training, participants were asked on their understanding of gender and most of them answered that it is a biological difference between male and female and to the same question in the post training they answered that it is a socially constructed role assigned to men and women.

Their pre and post answers to the roles of men and women are the same. They mentioned the stereotype of roles. Only 3 participants answered differently to this. Based on their answers, one can say that the participants' beliefs and practices are deep rooted with gender roles; hence, they cannot accept the idea of interchanging roles between a man and woman. It would take more sessions before we can instill change in their mentality.

With regards to the question on health consequences of violence, most of them only mentioned physical and mental, when compared to their post answers they mentioned specific names such as multiple abortions, HIV, depression, etc.

NEN Observations:

Since the participants were a mixed group of staff nurse, medical officer, vice principal of nursing school, nurse interns and community health workers, one can say that most of the participants did not understand some of the questions asked in the evaluations forms because we noticed that they were randomly ticking the answers.

Recommendations: Based on their evaluation forms and observations of the resource persons (Dr. Rafel Allya and Balarisha Lyngdoh), following are the recommendations:

1. Participants should not be of a mixed group, as the resource person finds it difficult to cater to participants according to their seniority. .
2. Half day session is too short for changing perspective. An ideal training would be 2 day training.

Conclusion: The team from NEN and Dr. Joy Lyngwa, Addl. District Medical & Health Officer of Jaiñtia Hills district did their best to deliver the training objectives and meet the expectations of the participants. Overall the training was an eye opener to the participants as it enabled them to reflect upon their socialization process and its influence on their professional lives. Participatory sessions by the resource persons created a deeper understanding of gender based violence and their roles in responding to violence against women.