

# MENTAL HEALTH AND VIOLENCE AGAINST WOMEN



VAWG is one of the most visible and direct indicators of gender inequality. Violence is used to maintain and justify power and control over women and girls.

Until a few decades ago, VAWG was not recognized as a crime. It was only after a long struggle waged by women's movements across the world that it is now viewed as a legitimate social problem, as a crime, as a violation of women's human rights to life, liberty, equality, and bodily integrity, and as a public health problem.



## VAWG and Mental Health

Apart from the physical health consequences of VAWG, there are several mental health concerns associated with violence that are now being recognized.

The relationship between VAWG and mental health is complex and depends on both the type of mental health problem and the intensity of violence. Therefore, this might not necessarily be a reciprocal relationship.

**Recent research highlights the following four-fold relationship between violence and mental health:**

1. Violence as a predisposing factor to mental illness
2. Violence as the precipitating factor for the mental illness
3. Violence as maintaining/ exacerbating the mental illness
4. Violence as a consequence of mental illness





Recent research also indicates that women, across class and caste groups, are more likely to be affected by 'common mental disorders' (CMD) whose causes are psychosocial in origin, rather than 'severe mental disorders' (SMD) whose causes are biogenetic.

The psychosocial causes of common mental disorders have been found to be

- Poverty that differentially affects women;
- Greater burden of caregiving responsibilities on women; and
- Violence against women.

Thus violence has been found to be one of the key causative factors for common mental health disorders, especially depression and anxiety.

## Psychosocial Counselling for VAWG

Recognition of counselling as a vital service in the Protection of Women from Domestic Violence Act (PWDVA), the first law related to domestic violence introduced in India in 2005, and the provision of psychosocial counsellors in One Stop Centers, a multi-sectoral model of services for women and girls affected by violence, established in 2015, are significant pointers in the policy environment in India regarding the relationship between violence and mental health

Given the widespread prevalence of VAWG, it is important to recognize violence as a public mental health concern. It is essential for both the health sector as well as the gender-based violence programs to incorporate:

1. Screening for violence
2. Establish a protocol for health delivery
3. Make appropriate referrals to specialized psychiatric services where necessary

When survivors access the OSCs with complaints of violence, they may present several mental health concerns as well. At the outset, OSC counsellors need to be able to distinguish between the dysfunction of SMD (manifested as severe impairment in thoughts, emotion, and behavior) and the distress of CMD (manifested as feelings of extreme sadness, excessive worry or fears, low energy, inability to concentrate etc)



# Key Tenets of Women-Centered Approach and Role of Counselors in Deliver of Care and Justice

The OSC is a multi-sectoral model of service provision where linkages with agencies like the police, health system, courts, shelter services and so on are actively established and implemented

## **Common responses to be avoided by the counselors:**

1. Victim-blaming or holding the survivor accountable and primarily responsible for the violence
2. Disregard for validity of women's self-reported experience
3. Reinforcing traditional gender roles and emphasis on 'adjustment' and compromise as the central goal of counselling.

## **Emphasis on a rights-based and gender-sensitive approach to be followed by the OSC counselors includes:**

1. Arranging and coordinating services such as shelter, police and legal aid, health care; making referrals to external resources where necessary
2. Providing information about the survivor's rights, legal processes, options, and explaining consequences
3. Safety assessment and planning to assess the intensity of the violence and possible risk to survivor's safety
4. Recognition of her internal resources to understand and identify the survivor's skills and strengths that would play a vital role in the process of enabling her to make decisions and gain control over her own life.
5. Emphasis on critique and cooperation while working in joint sessions with men (perpetrators) – to establish absolute non-negotiability and non-acceptance of violence by confronting the perpetrator about the violence, but at the same time attempt to elicit his trust and cooperation to end VAWG.

