

REDUCING INTIMATE PARTNER VIOLENCE AND INCREASING CONDOM USAGE IN THE HIV/STI RESPONSE

A Facilitators' Guide for Training Female Sex Workers



© KHPT 2015

Written by

Ujjwala Jatkar

Edited by

Meghna Girish

Photos by

N P Jayan and Priya Pillai

Acknowledgement

Raghavendra T and Kavitha D L provided inputs to finalise the manual.

Parinita Bhattacharjee, Sanghamitra Iyengar and Aarthi Pai reviewed the manual.

This training module is a compilation of sessions from various relevant training manuals, all of which have been referenced in the corresponding sessions. Many of the group session modules were developed as part of the earlier Samvedana project supported by UN Women.

Special thanks to our partner community based organisation, **Chaitanya AIDS Tadegattuwa Mahila Sangha.**

Priya Pillai coordinated the production of this manual.

Designed by

Shreya Jain, 129 Degrees Design Studio

TABLE OF CONTENTS

1. Acronyms	04
2. Introduction	05
• Background	05
• How the Training Package was Developed	07
• Objectives	08
• Selection Process of the FSWs and IPs for the Group Sessions	08
3. Overview of The Guide	09
4. Checklist of Training Material	10
5. Dialogue with Facilitators and Key Messages	11
6. Training Module at a Glance	14
7. Sessions Brief	16
Setting the Ground (Introductory Session)	16
Workshop A: Trust Building and Communication	18
Workshop B: Loving Ourselves	26
Workshop C: Understanding Relationships	40
Workshop D: Reducing our Risks in Intimate Relationship	48
Workshop E: Understanding Intimate Partner Violence	62
Workshop F: Taking Action Against Violence	78
Workshop G: Supporting Each Other	98
Workshop H: Changing Ourselves	108
Final Closing	116
8. Background Material	118
Background Material 1: Gender Terms	118
Background Material 2: Gender and Violence	120
Background Material 3: Violence Faced by Women and Girls throughout their Lives	126
Background Material 4: Counselling	128
Background Material 5: Co-counselling	132
Background Material 6: Human Rights and Women's Human Rights	133

ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy
DV	Domestic Violence
FSW	Female Sex Worker
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
IP	Intimate Partner
IPV	Intimate Partner Violence
KHPT	Karnataka Health Promotion Trust
MMS	Mobile Messaging Service
PLHIV	People Living with HIV/AIDS
PPTCT	Prevention of Parent to Child Transmission
SHG	Self Help Group
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TOT	Training of Trainers



INTRODUCTION

Background

The response to the HIV epidemic through targeted interventions focused largely on changing individual behaviour and encouraged female sex workers to use condoms correctly, continuously and consistently with their clients. However, subsequent studies reported that although condom usage during sexual interactions with clients increased, their usage was less consistent with intimate partners (also known as *lovers* and as *Hiriya* or *Malak* in the context of Karnataka) of female sex workers. It was also observed that where condom use has been inconsistent, experience of violence has been high.

Research studies have shown a significant link between non-use of condoms, HIV and gender-based violence. Sex workers' ability to negotiate condom use with intimate partners is severely compromised by several factors that include their emotional and sometimes financial dependence on the partners, inequitable power relationships with their intimate partners, violence in their intimate relationships, social norms defining their acceptable behaviour and expectations around fidelity. These factors increase their vulnerability to HIV. Studies have also shown that sex workers who experienced violence visited a clinic less often, had lower condom use and experienced more condom breakage thus enhancing their risk to HIV.¹

The role of male partners in determining sexual behaviour of female sex workers is

very significant. The male partners' ideas of masculinity, sanctions given by the society and lack of accountability and responsibility in a sexual relationship increase the risk and vulnerability of their female partners who include female sex workers, as well as women from the general population, particularly regular female partners.²

Lack of understanding of the nature and dynamics of sex workers' relationship with their intimate partnerships made it difficult to design appropriate strategies to address the issues of non-usage of condoms and violence which increase FSWs' risk and vulnerability. Karnataka Health Promotion Trust (KHPT) tried to address this gap by conducting a series of participatory workshops with sex workers and their intimate partners to explore how they understand and interpret their relationships, reasons for not using condoms in intimate relationships, the role of violence and its consequences.

¹ Beattie TSH et al. Reduction in violence against female sex workers following a violence intervention programme in Karnataka

² Lowndes CM, Alary M, Gnintoungbé CA, Bédard E, Mukenge L, Geraldo N, Jossou P, Lafia E, Bernier F, Baganizi E, Joly J, Frost E, Anagonou S, Management of sexually transmitted diseases and HIV prevention in men at high risk: targeting clients and non-paying sexual partners of female sex workers in Benin. *AIDS* 2000 Nov 10;14(16):2523-34.

The research study was conducted in Bagalkot district in north Karnataka, in partnership with Chaitanya AIDS Tadegatwa Mahila Sangha.³ Of the six *taluks* in Bagalkot district, Mudhol and Jamkhandi *taluks* were selected as the study site. Participatory Learning and Action Tools were used to undertake a qualitative assessment and understanding of the intimate relationships of FSWs and their intimate partners. The participants were invited for a residential workshops organized separately for sex workers and intimate partners.

An important learning from this research is that HIV prevention programmes among female sex workers need to include interventions with their intimate partners to reduce violence and increase condom use. Such interventions must recognize and be based on an understanding of the complex nature of intimate partner relationships.

KHPT decided to build on the learning from the research by introducing activities to enable female sex workers overcome the fear of violence and negotiate condom use with their intimate partners. An intervention was designed to cover 1090 FSWs in about 60 villages and towns of Mudhol and Jamkhandi Taluks as a pilot. The FSWs covered were prioritised based on their risk perception. At the same time KHPT also decided to design appropriate activities for their intimate partners to comprehend what constitutes violence and how it impacts a spectrum of people, including their children and themselves.

A two-pronged approach was adopted to help them revisit their risk perception. At one level, they were offered couple and individual counselling. On the other hand, group sessions were conceptualised for the FSWs and their intimate partners on different topics such as healthy relationships, gender, power and violence.

These group sessions aimed at creating a common platform for the peer group members from the same village to come together and think about their own life experiences in relation with condom usage and violence. The concept was to enable them to identify their own solutions and support mechanisms to solve their own issues. Hence a series of workshops were developed.

The consultations with the FSWs and their intimate partners helped in designing appropriate content and methodologies. The FSWs also confirmed that they wanted to be happy in their relationships and live without fear and the suggestion of involving intimate partners also came from them. They also agreed to help convince their intimate partners to participate in the workshops.

³ Chaitanya AIDS Tadegattwa Mahila Sangha is a sex worker collective registered in 2001, working with 4365 sex workers in Bagalkot district with an objective of improving the lives of the sex workers and building their self-esteem.

How the training package was developed

A similar training package titled 'Stepping Stones' was used extensively and successfully by KHPT to empower vulnerable communities. The inclusive package enabled both men and women to explore the huge range of issues which affect sexual health - including gender roles, money, alcohol use, traditional practices, attitudes to sex etc. Therefore it was decided to adopt the same participatory approach which included learning through shared discussions, analysing their own experiences, considering alternative outcomes, and then rehearsing them in a safe, supportive peer group.

Similar to the 'Stepping Stones' training package, this package also comprises theme-based workshops with several activities also adapted from it. Other training packages that addressed gender inequalities, relationship issues, domestic

violence and addressing violence were studied and adapted for use in training sex workers/ intimate partners as per expressed need and profiles of the trainees.

An important component was added for the participants, both FSWs and their IPs, to relate their experiences and learnings from the activities to their own life. Feedback from the team members of the project and peers working in similar organisations on comparable issues was incorporated. This guide was then compiled with detailed instructions on conducting the activities and facilitating discussion around the key messages.

A training of trainers (TOT) was conducted with counsellors as participants. After the TOT, the counsellors started facilitating group sessions for the sex workers and their intimate partners using this guide.



Training objectives

- Enhance critical thinking in selected sex workers and their intimate partners around gender and social norms
- Enhance self-esteem and solidarity among selected sex workers from the operational area of the project and reduce their dependency on their partners
- Enable selected sex workers to improve risk perception and move from cognition to action
- Bring about attitudinal and behaviour change in the female sex workers and their intimate partners in relation to condom usage, perpetuating and accepting/condoning violence in the relationship
- Enable the intimate partners to understand what men can do to prevent violence
- Build skills in the sex workers to handle critical situations and communicate effectively with their intimate partners.

Selection process of the FSWs and intimate partners for the group sessions

The selection of the FSWs and their intimate partners was done very carefully. The facilitators-counsellors met the FSWs individually in all the villages in the operational area along with the peers or community organisers of Chaitanya Mahila Sangha, Mudhol and discussed various issues including relationship issues, violence and use of condoms with their intimate partners. Based on these discussions, FSWs who met the following criteria were selected for group sessions.

- FSWs who had experience of physical violence from their IP
- FSWs who had more than one IP
- FSWs who frequently changed their IPs
- FSWs who did not use condom with the IPs
- FSWs who were living with HIV

After initial selection, informed consent was sought from the FSWs and a preparatory meeting was conducted to share the significance of the group sessions with those who were willing to participate. During this meeting they were given complete information on the group sessions which included objectives, content, duration and frequency of workshops. They were also asked to arrange for a personal meeting of their IPs with the facilitators-counsellors. The counsellors used these meetings to share the information with IPs and convince them to participate in the group sessions.

OVERVIEW OF THE GUIDE

This guide is written to help the facilitators cum counsellors not only to conduct the activities but also make efforts to influence the FSWs to make positive changes in their beliefs, attitudes and behaviours and join hands in the movement to end violence with special reference to gender-based violence in their respective villages.

It further aims to give the facilitators-counsellors theoretical information that is required for them to conduct the sessions. Different activities and exercises are built in the module to help facilitators engage participants in a process of change.

Ideally the group sessions should be conducted as 2 to 3 hour weekly sessions, continuously for 8 weeks so as to complete the training in two months. The training module relies on the premise that the both the FSWs and IPs have agreed to undergo the group sessions to relook at their relationships.

TIPS FOR USING THE GUIDE

This guide is intended for facilitators and trainers to conduct workshops and sessions using participatory methodologies such as small group discussions, role plays, exercises and games.

The training module is divided into nine workshop sessions with guidelines provided for conducting each session. For a systematic and clear understanding, the guidelines are organized into sub-heads that include:

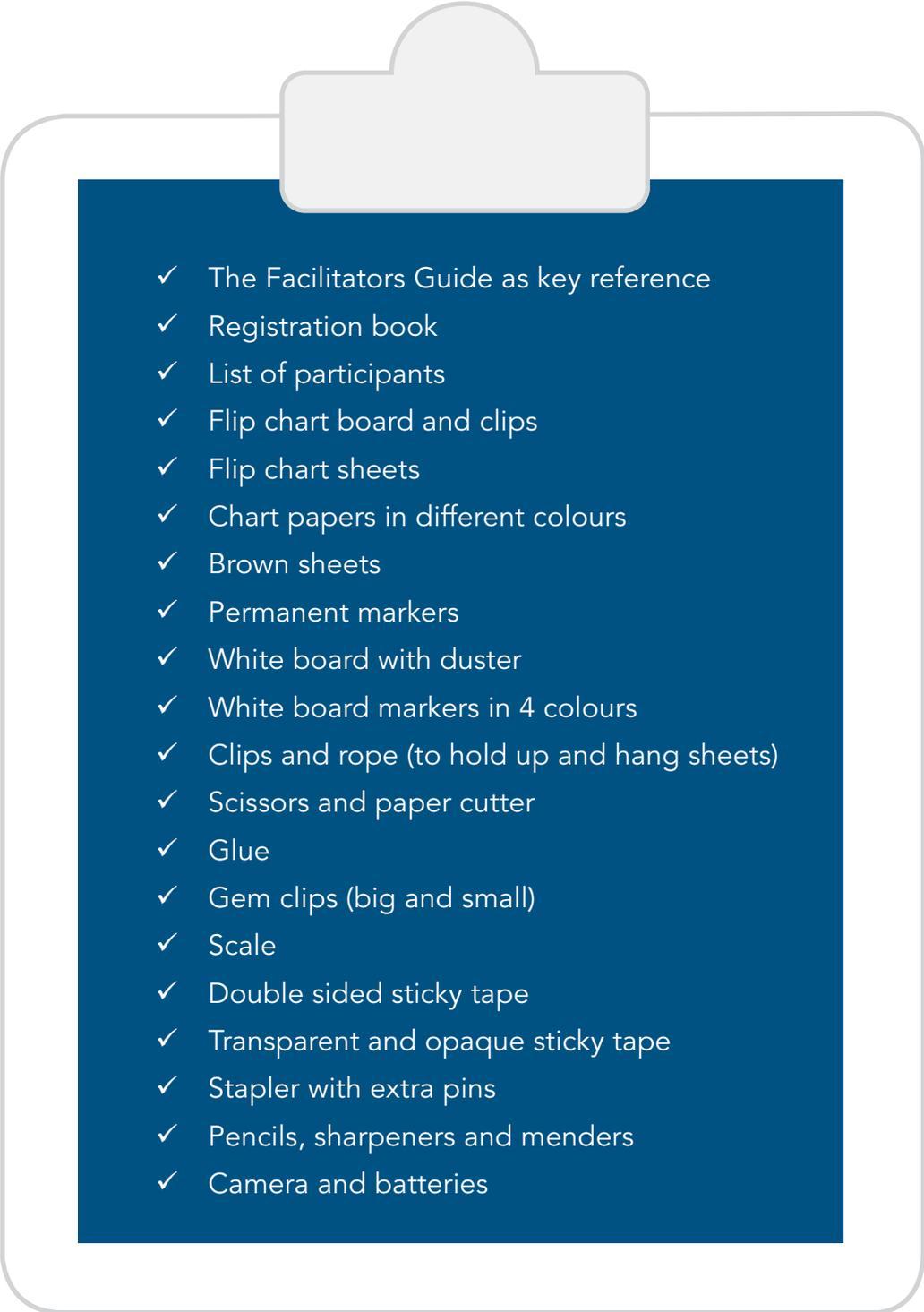
- Topics
- Duration
- Session objectives
- Suggested time frame/ duration for each topic
- Step-by-step process for conducting the topic

This guide helps facilitators gain clarity on the overall rationale behind the inclusion of the sessions in the module, its objectives and key content. It also helps the facilitators gain conceptual clarity and get all the relevant information supported with background material.

A separate section offers valuable tips to the facilitators to prepare for the group sessions as a whole, be aware of possible bottlenecks and suggests ways to identify appropriate solutions needed to successfully complete the sessions.



CHECKLIST OF TRAINING MATERIAL

- 
- ✓ The Facilitators Guide as key reference
 - ✓ Registration book
 - ✓ List of participants
 - ✓ Flip chart board and clips
 - ✓ Flip chart sheets
 - ✓ Chart papers in different colours
 - ✓ Brown sheets
 - ✓ Permanent markers
 - ✓ White board with duster
 - ✓ White board markers in 4 colours
 - ✓ Clips and rope (to hold up and hang sheets)
 - ✓ Scissors and paper cutter
 - ✓ Glue
 - ✓ Gem clips (big and small)
 - ✓ Scale
 - ✓ Double sided sticky tape
 - ✓ Transparent and opaque sticky tape
 - ✓ Stapler with extra pins
 - ✓ Pencils, sharpeners and menders
 - ✓ Camera and batteries

DIALOGUE WITH FACILITATORS AND KEY MESSAGES

This is developed as a guide for you. Please study it carefully and clarify if you have doubts about the content. Prior to the actual workshop series, revise the content and flow. Keep a checklist of all important messages that you would convey through the particular workshop.

Remember that this workshop series aims at changing the beliefs, attitudes and value systems and thereby the behaviour of the participants, which is in itself a big task. It is more daunting than just passing information or creating awareness about an issue. It demands constant and on-going efforts on everyone's part. You have an important role to play in addition to facilitating the workshops. Participants will look at you as role models and the way you behave or talk would also pass on non-verbal messages to them. Hence, believe in what you do and in case you have any doubts, consult your seniors.

It is very important for you to:

- Prepare yourself thoroughly. If you have planned to conduct the workshop with a co-facilitator, distribute the workload in advance and be clear about who is doing what. Check all training material and equipment beforehand. Be well organised to start the group session at the stipulated time.
- Establish personal rapport with each of the participants and nurture it even outside the workshop.
- Give importance to inculcate the learning in all participants rather than just completing activities/exercises. Debrief after every activity and ensure that the recall is centered on the learning through the activity.
- Start a workshop with recap of the previous one and ask participants to share learnings that apply to real life, challenges they may have faced and what strategies they used to overcome challenges.
- After each activity/ exercise relate to real life experiences and ask participants if they have similar/ different experiences.
- Don't push them if they do not want to share any experience from their own life. Instead, sharing your own experience might help.
- Read the body language of your participants during and after the workshop and identify any areas of concern
- Offer them support even outside the workshop in case they need it but do not overstep your brief. Create support systems within the group or consult your seniors on a priority basis if specific areas of concern need to be addressed.
- Keep your eyes open to all changes that may happen within and outside the group and keep your seniors informed.
- Do not impose any ideas on the participants group. Instead, encourage their own understanding of ideas and issues. You can describe situations / stories / examples and ask the group to analyze. You can ask probing questions to help them look at the situation through different perspectives.

- Do not offer blanket solutions to problems they may share but generate discussion among the group and encourage members to find solutions themselves.
- Do not, even unintentionally, convey any message that seems to suggest the superiority of male members, or that woman members should give in to them even temporarily.
- At the end of each workshop reiterate key messages and ask if participants need any support.
- At the end of each workshop remind participants of the date, time and venue of the next workshop and say that you look forward to meeting them again.

Best of luck...

Remember you are one of the most important links in the change process.

Key messages for FSW through these group sessions:

1. Violence at home impacts us and our children
2. Intimate relationship also need to be safe (condom use) and hence we need protection even in intimate relationships
3. Loving and trusting relationships are free from violence
4. You have a right to a life which is safe and free from violence
5. You can work towards preventing violence and take action against violence





TRAINING MODULE AT A GLANCE

Setting the Ground for Workshops (Introductory Session)

- Welcome
- Introduction of Facilitators
- Objectives and Structure of the Workshops
- Self-introduction of Participants
- Ground Rules

Workshop A: Trust Building and Communication

- A 1: The Straight Line
- A 2: Listening Pairs
- A 3: Co-counselling
- A 4: Let Us Express Ourselves
- A 5: Hand in Hand

Workshop B: Loving Ourselves

- B 1: Fixed Positions (optional session)
- B 2: Ideal Images and Personal Destroyers
- B 3: Gender Roles and Norms and How they Affect Women and Men
- B 4: Gender and Stigma – Life Cycle
- B 5: Self-Stigma
- B 6: Building Self-esteem, Loving Ourselves and Taking Pride in Ourselves

Workshop C: Understanding Relationships

- C 1: My Intimate Relationships
- C 2: Loving and Non-loving Relationships
- C 3: What do We Expect and Get from Our Partners and What do We Give Them?
- C 4: Relationship Ladder
- C 5: Controlling Relationships
- C 6: Hand Push

Workshop D: Reducing Our Risks in Intimate Relationship

- D 1: Body Mapping
- D 2: Basic Facts about STI and HIV/AIDS
- D 3: Drawing the Line Game
- D 4: Consequences of Not Protecting Ourselves
- D 5: Why is Condom Use Low in Intimate Relationships?
- D 6: How do We Protect Ourselves?
- D 7: Condom Demonstration (male and female condoms)

Workshop E: Understanding Intimate Partner Violence

- E 1: What is Violence and What are its Causes?
- E 2: Gender and Violence
- E 3: Understanding the Cycle of Violence
- E 4: Consequences of Violence Against Women, their Children and Families
- E 5: Beliefs and Facts About Violence
- E 6: From Violence to Respect in Intimate Relationships

Workshop F: Taking Action Against Violence

- F 1: What are Our Rights?
- F 2: Domestic Violence (DV) Act and other Laws
- F 3: Why do Women Stay in Abusive Relationships?
- F 4: Is Life Without Violence Possible?
- F 5: About Assertiveness
- F 6: 'I' Statements

Workshop G: Supporting Each Other

- G 1: What Happens When People Do Not Support Us?
- G 2: What Happens When People Support Us?
- G 3: What is Our Safety Plan?
- G 4: Identifying Allies
- G 5: Mapping Our Support System
- G 6: Join Hands to End Violence
- G 7: 'Jaduki Zappi' (magical hug)

Workshop H: Changing Ourselves

- H 1: How Do We Want to See Our Future and What Do We Need to Do?
- H 2: Cycle of Change
- H 3: New Kinds of Courage
- H 4: Small Actions Mean Big Change
- H 5: Developing Action Plans for Individuals and Community

SESSIONS BRIEF

Setting the Ground for Workshops (Introductory Session)

 **DURATION**
45 minutes

 **WORKSHOP OBJECTIVES**

- Create an open and free learning environment and encourage participants to participate actively in the workshops without inhibitions.
- Explain the purpose and structure of the workshop to participants.
- Help participants set ground rules for the training programme to ensure a smooth learning process.

Welcome

- Welcome the participants warmly.
- Tell the participants that this is the beginning of a relationship between them and you through a series of nine workshops. Explain that this workshop series is going to be a very different experience and you are sure that they are going to enjoy it.

Introduction of the Facilitators

- Introduce yourself and your co-facilitators if any, in simple terms, without making them feel awed by your experience and background. Tell them that you are not here to teach them anything but to provide directions and help them learn from one-another's experiences.

Objectives of the Workshops and Structure

- Explain that the objective of the programme is to help them build a more fulfilling and satisfying relationship with their intimate partners. Tell them that they know themselves, their partners and their relationship best. What these workshops will do to is provide the space to examine these relationships, reflect on it and also learn from the experiences of others in the group. Also add that they are here to share their experiences with their newly introduced friends and learn from each other in a very open atmosphere. Explain that the programme will comprise of a series of nine workshops of 2 to 2.5 hours duration that will be organised once a week.

Self-Introduction of Participants: What I Like About Myself

- Divide participants into pairs and ask them to introduce themselves to the partner sharing their names and details of children if any, any one thing/ characteristic that they like about themselves and one thing/ characteristic that they like about their intimate partners.

⁴ Alternatively you can choose any other icebreaker from Annexure 1: Icebreakers or from your own collection

- Then ask each pair to come to the centre and introduce each other to the rest of the group sharing the information that they have gathered in the initial interaction.

Ground Rules

- Explain that active participation of all the participants in the learning process is important to enhance its richness. Also explain that mutually agreed ground rules can help in deciding acceptable behaviours during the training programme, avoiding group tensions and minimizing the possibilities of conflicts.
- Invite participants to suggest and agree on certain acceptable behaviours. Ask them to write these in words/ symbols on a chart paper and paste it on the wall. If participants are hesitant introduce a couple of generally accepted ground rules and encourage them to add more. Ask probing questions if required and encourage them to include more ground rules.
- The following ground rules help in enhancing the participation of the group members:
 - Be punctual.
 - Turn off cell phones / keep them on silent mode.
 - One person should talk at a time.
 - Listen to what other people say, without interrupting them.
 - No cross talk/ side talk.
 - Respect everyone and let everyone have space to share their experiences.
 - Be non-judgemental.
 - Maintain confidentiality of other participants' experiences.
- Ask the group if all the group members are ready to accept these as ground rules and abide by them throughout the workshop series. On agreement, paste the chart on the wall. Keep this chart intact and remember to paste it on the

wall for all the subsequent workshops as well. Refer to the ground rules whenever anybody breaks them and reiterate them.



Workshop A: TRUST BUILDING AND COMMUNICATION

This is the first workshop of the training series and hence sets the tone for the whole series. Try to create an open atmosphere in the group. Explain that most of the participants are coming from similar backgrounds and hence most will have similar problems and concerns. Encourage participants to be open in discussing their problems with each other and identify common solutions.

The focus of the workshop is on building trust among the group members and making them understand the strength of communication – both listening and expressing. At the end of the workshop they should be ready to listen carefully to what others say and express what they feel without fear or embarrassment.



 **DURATION**
2 to 2.5 hours ⁵

 **WORKSHOP OBJECTIVES**

- Help participants realise the importance of listening skills to good communication.
- Help people understand the importance of communicating our feelings during interaction with people.
- Help participants experience the value of team support, trust and cooperation.
- Help participants understand the problems faced due to lack of communication and how this affects our relationship and lives.
- Build skills in listening and expressing without fear.

 **TRAINING MATERIALS**
Chart papers / card sheets, markers and sketch pens, blind folds, list of statements

 **PREPARATION**
Prepare yourself well. If you have planned to conduct the workshop with a co-facilitator, distribute work load in advance and be clear about who is doing what. Check all training material.

TOPICS

- A 1: The straight line
- A 2: Listening pairs
- A 3: Co-counselling
- A 4: Let us express ourselves
- A 5: Hand in hand

⁵ This time does not include the time requirement of setting the ground

A1: The straight line⁶

WORKSHOP OBJECTIVES

- Help participants experience the value of team support, trust and cooperation.

DURATION

30 minutes

Step 1: Exercise

- Ask participants to stand in a circle. Invite a volunteer to come forward. Blindfold her/him with a scarf or dupatta. Tell her/him to reach an agreed point on the opposite side. Turn her/him around several times before letting go. Instruct the rest of the group to keep completely silent, giving no encouragement or guidance at all. Instruct that they should also not touch her/him.
- When the blindfolded person feels that she/he has reached the agreed point, take off the blindfold. Compare how close / far the volunteer came to reaching the intended point.
- Ask another volunteer to do the same task. Instruct all the participants to provide oral guidance and directions to the volunteer to reach the target.
- Now ask the third volunteer to do the same task but draw a straight line to walk towards the target. This time ask the volunteer to choose another participant to guide and lead her/him to the intended destination. Ask the guide to hand-hold and lead the blindfolded person to the destination giving verbal encouragement.

Step 2: Discussion on their experience during the exercise

- After the exercise is over, ask the first volunteer how she/he felt when nobody offered any support. Ask the other two volunteers also to share their feelings. Also encourage other participants to share an instance when they were given support at a crucial time.
- Ask participants whether we can conclude that the volunteer who received the support from a trusted team member felt much safer than the others. Discuss about the importance of trust and mutual support in everyday life. Encourage participants to share their opinions.

Step 3: Relating the experience with real life experiences

- Encourage participants to share their real life experiences of situations where they did not get any support from others around them and when they received such support. Ask about how they felt in both types of situations.

Step 4: Ask participants to consolidate their learning. Write or draw pictures on a chart paper to summarise the learnings they share and display it on the flip chart board. Ensure that the consolidation includes the following points:

- It is important to have somebody whom we can trust and who can provide support to us. Explain that through these workshops we are exploring if the peer group can give us this support. Explain that we can feel much safer with the support of the group around us.

⁶ Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

A2: Listening pairs⁷

 **DURATION**
30 minutes

Step 1: Exercise

- Ask participants to divide into pairs, finding someone to work with. One of them should start by describing to the other an event in her life which made her feel very happy. The listener should ask questions and respond in a way that encourages the speaker.
- After a minute or two, tell them to stop and ask the listeners to come out of the room. Instruct them that this time even as the speaker continues to narrate the happy experience, at a cue, they should change their listening behaviour and stop showing any interest in what the speaker is telling them. Ask listeners to go back into the room so that the speaker can continue to describe his/ her happy experience. However, the listener should stop listening completely. He/ She could yawn, look elsewhere, turn round, whistle, do whatever he/ she likes but the important thing is that he/ she should no longer listen.
- After a couple of minutes, ask the listeners to come out of the room and instruct them to say nothing, but just concentrate hard on hearing what the speaker says..
- If time permits, you can repeat the exercise by swapping the roles of the speaker and listener.
- Tell the participants that they will need to do a lot of listening to one another in this workshop; hence this exercise was

aimed at understanding the skills of good listening.

Step 2: Discussion on their experience during the exercise

- Ask participants how they felt first as speakers. Encourage them to compare experiences of narrating their story to a willing listener and then to a bad listener.
- Then ask participants to describe and compare how they felt being good and bad listeners.
- Ask participants to describe some attributes of good listening and then some attributes of bad listening based on their experience.

Step 3: Relating the experience with real life experiences

- Ask participants to share their real life experiences of what they felt in situations where a listener who they are sharing their feelings was not listening / reciprocating to their feelings.
- Ask them what they feel when their partner/ lover does not listen to issues that concern them.
- Ask them what the children must be feeling when their parents do not listen to their problems.
- Discuss the impact on the speaker and listener and how it affects their relationship/ life in particular.

⁷ Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

Step 4: Ask participants to consolidate their learning. As they share, capture the points with drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- The learning is that it is very important to listen to what others say and to make efforts to understand it clearly as there is a possibility that people might be facing problems and trying to seek help from us. If we do not listen, we might not be able to help them. Similarly, if they do not listen to us, there is a possibility of losing important opportunities to improve situations, relationships and life.

A3: Co-counseling⁸

 **DURATION**
30 minutes

- Explain to the facilitator that this is also a skill session and the participant will also be expected to learn how to counsel. Hence emphasis must be placed on HOW? Explain the concept of co-counseling and its relevance to the training. Explain that it is a technique to give support to each other that helps the listener to heal old wounds that trouble her/him today. This is done by listening non-judgmentally, by letting the other person to know that we care about what happened to her/him and encouraging the emotional healing process.
- Explain the difference between a co-counseling session and just talking about our problems with a friend. Explain that in co-counseling, we focus on one

person at a time, rather than waiting for an opportunity to interrupt your friend and talk about your own problems. This way, you can put your full attention on the other person, with the knowledge that you'll get your own turn to talk. In the co-counseling sessions it is important that each person receives the same amount of time, as each person has the same right to be listened to. Explain that we will be playing the role of a counselor to our partner which means one has to be a supportive, attentive listener and ally, not someone to interpret reality for your partner or lecture on how to live her/his life.

- Divide the participants into pairs. (You can give the choice of choosing their partner to them.) Inform them that each person can share their hurt with their partner without interrupting / responding when their partner is talking. After 2/3 minutes, the other person can share in the similar way. (Ensure that both of them get equal time for sharing). Explain the Do's and Don'ts to them.

⁸ Adapted from SISTERS FOR LIFE, Gender and HIV Training Manual for use with Small Enterprise Foundation (SEF) Centre Meetings

They are as follows:

Do

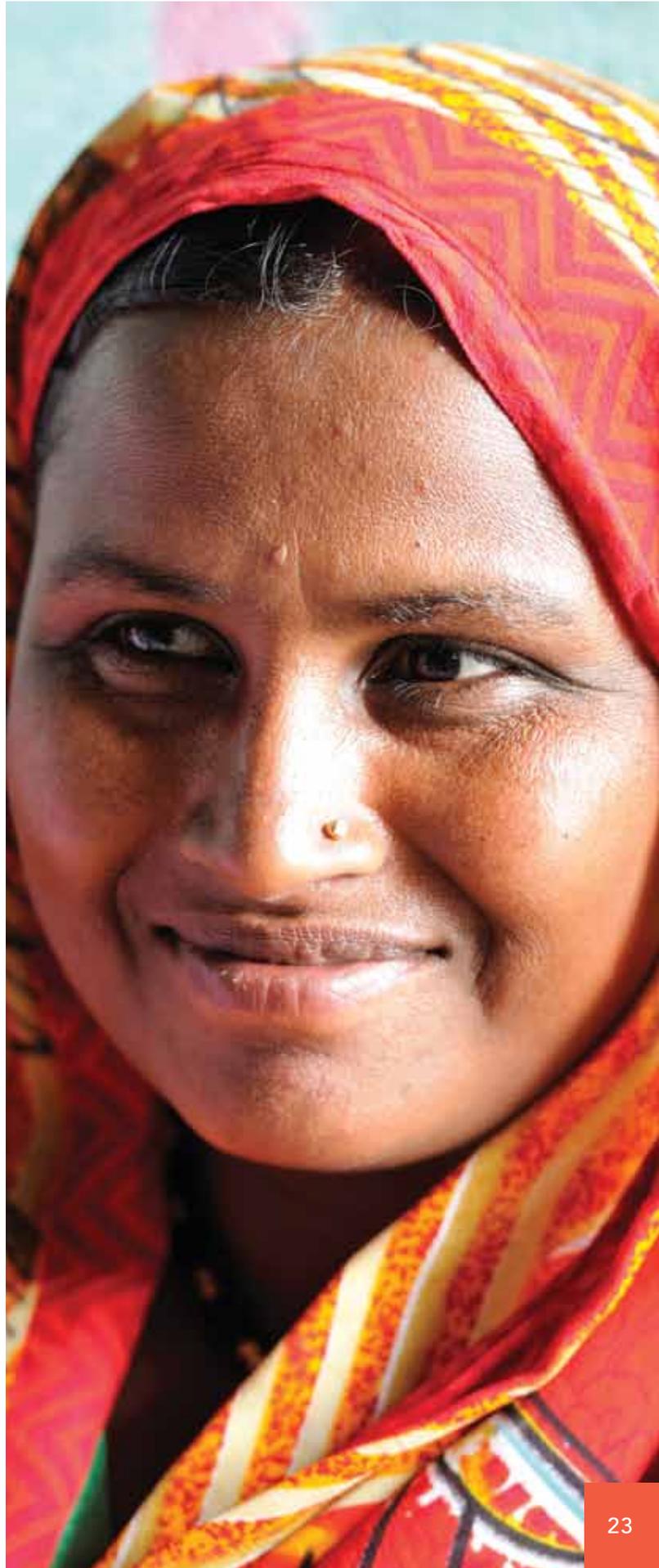
- Listen carefully
- Offer soothing physical contact.
- Notice the changes in facial expressions/ body movements that suggest that your partner is experiencing trouble and try to find if there is any pattern. Be happy when your partner feels happy.

Don't

- Give advice
 - Interrupt the healing process
 - Pull the focus onto yourself
- After the allotted time, ask participants to come back in the plenary and sit with eyes closed for two minutes. Now ask them to open their eyes and share how they are feeling. Allow some time for sharing.
 - Explain that it is important to have mutual trust and maintain confidentiality of the experiences each has shared.

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- It is important to have mutual trust and to support each other without being judgmental. Many times, what people need is a shoulder to cry on or unburden their problems. It is important to provide that unconditional support without finding fault with them.
- We can use this technique outside the workshop too. Ask the participants to list some techniques of listening they learnt during the workshop and how would they use them during co-counseling.



A4: Let us express ourselves⁹

 **DURATION**
30 minutes

Step 1: Exercise

- Ask participants to form pairs and tell each one to think of a time when they were able to handle a difficult situation by expressing their feelings and getting a positive response. The experience may be related either to personal or professional life. Give pairs a few minutes to reflect on this and then share their experience with each other.

Step 2: Discussion on the experience during the exercise

- Call everyone back into the big circle. Ask each one how they felt about being able to handle a difficult situation through effective communication.

Step 3: Relating the experience with real life experiences

- Now ask the group to reflect on times when they have had problems communicating their feelings. How did this affect their relationships and their lives? Encourage some of them to share their experience. Encourage participants to bring out other problems that are difficult to communicate.
- If they share experiences of difficulty in using condoms with the intimate partner or partner inflicting violence etc. let them do so freely. Don't be judgemental.
- Ask them to share the possible reasons for not expressing their mind with their partner. Is it the fear of violence and breaking-up of the relationship or are

there other reasons? Have they tried and failed? What steps if any, can be taken to change the situation so that relationships and life in general become better? Write down these suggestions on a chart paper.

- If time permits ask participants to participate in a simple activity. Tell them to react to statements by a thumbs up sign for 'always' and a thumbs down for 'never'. Also say that not reacting to a statement will mean 'sometimes'.
- When they are ready state aloud the following, one at a time, and note the number of participants responding with always, sometimes and never for each statement.

Statements

- I have clearly told my family that I am into sex work and why I do it. I make parents, children and partner see my viewpoint.
 - I clearly negotiate with my clients on money matters
 - I find it easy to convince my clients to use condoms
 - I share my problems with my peers colleagues for e.g. problems of violence and discrimination at home or community.
 - When I fall sick, I talk to my intimate partner to abstain from sex
 - I talk to the police or other officials when in trouble
 - I negotiate safe sex with my intimate partner
- Congratulate those who have expressed themselves and encourage others to try and speak about their issues next time.

⁹ Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

Step 4: Ask participants to consolidate their learning. Capture the points on a chart paper as they share and display it on the flip chart board. Ensure that the consolidation includes the following points:

- It is important to express what we feel to others so that people become aware of how their actions affect us and what we feel about these actions. Many a time, people behave in a particular way because they are not aware of what we feel.
- Let us make communication our strength.

A5: Hand in hand ¹⁰

DURATION

15 minutes

- Ask everyone to stand in a circle. Ask the first person to your left to put their right outstretched arm into the middle of the circle and say something they have learnt from the workshop.
- Ask the second person to your left to repeat this, placing his/ her right hand on top of the hand already in the middle, and also share learning from the workshop.
- Continue around the circle until all the participants have their right hands placed on top of one another in the circle, and everyone has shared their learnings. Finish by saying that this tower of hands can represent our strength together as a group and that together, lot more can be achieved.

¹⁰ Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

CLOSING

- Ask everyone to share which exercise they liked best and why.
- Paste the drawings showing the key messages on the wall and ask if any have been left out. Reiterate the messages. They should include the following:
 1. *We can have our own group to offer us trust and support*
 2. *We need to listen carefully and make efforts to understand what other people have to say*
 3. *We need to express our feeling clearly to others*
 4. *We need to offer support to each other by co-counselling*
- Decide on a time and place for the next session, as convenient to the participants.
- Ask them to remind one another to be on time.

Workshop B: LOVING OURSELVES

This workshop, the second in the series, focuses on understanding self-worth and starting to love oneself instead of feeling inferior about one self. Some participants may have experienced low self-esteem or self-stigma. This workshop tries to help them address self-stigma and low self-esteem while introducing gender, stigma and self-esteem as important components.



 **DURATION**

3.5 hours

 **WORKSHOP OBJECTIVES**

- Encourage participants to realise that our perspectives are based on who we are and what we experience.
- Encourage participants to be less judgmental about the actions of others.
- Explore people's perceptions of the ideal man, the ideal woman and how these ideal images vary from their own reality.
- Understand how we view ourselves and why we should deal with our internalized stigma to build our self-worth and esteem.
- Explain the concept of gender (life cycle) and its association with stigma.

**TRAINING MATERIALS**

Chart papers, markers and sketch pens, papers slips for magic store etc.

**PREPARATION**

Prepare yourself well. If you have planned to conduct the workshop with a co-facilitator, distribute work load in advance and be clear about who is doing what. Check all training material.

STARTING THE WORKSHOP

- Welcome all the participants. If there are any absentees, ask those present if they know why others are absent. Inform that it is important for everyone to be present to learn from each other's experiences. Request for volunteers to accompany you, the facilitator, to the absent participants' home to remind them to attend. If time permits, do this before starting the workshop or follow up at the end of the workshop. Reiterate the importance of every one's presence. Ask them how participants felt after completing the previous workshop. Ask them if they shared their learnings with anyone? If yes... ask with whom and what their response was.
- Do a quick recap of the previous workshop.
- Tell them that from trust building and communication we are moving to loving ourselves.

TOPICS

B 1: Fixed positions (optional session)

B 2: Ideal images and personal destroyers

B 3: Gender roles and norms and how it affects women and men

B 4: Gender and stigma – life cycle

B 5: Self-stigma

B 6: Building self-esteem

B1: Fixed positions¹¹ (optional session)

 **DURATION**
30 minutes

Step 1: Exercise

- Request five volunteers to come forward. Ask one of them to stand in the centre of the room and position the four others standing a few feet away, –one in front, one behind and one each on either side, facing the volunteer in the middle.
- Ask the four volunteers to take turns and describe only what they can actually see of the person standing in the centre, from their respective positions.
- Finally, ask one more volunteer to walk around in a circle, looking at the person in the middle and perceive him /her from all angles. Ask the participant to give a continuous description on what he/ she is seeing and how his/her vision of the person in the middle changes.
- Now ask the person standing in the centre to share what he/she felt when others were looking at him/her and sharing their opinions.

Step 2: Discussion on the experience during the exercise

- Discuss why the participants described only one angle of the person standing in the centre. Conclude that their descriptions were based on their perceptions of the person from their fixed positions.
- Explain that it is hard to remember that there is much more than just our own viewpoint about a situation or a person. Hence we are often quick to judge others

without trying to understand more about them first.

- Add that many times we let other's perceptions influence what we think about ourselves.

Step 3: Relating the experience with real life experiences

- Ask them to share their own experience when they have taken hasty judgement about persons/ situations. Ask them whether this hasty judgement has affected their relationships or lives.
- Also, discuss if we suffer and tolerate injustice because we are sex workers and other people think that “we are bad and immoral”. Do other people's perceptions affect us? For instance, is our expectation from life very low as we feel we do not deserve good things and are happy with whatever little we get? Ask participants to share their examples of how other people's perceptions affect them, especially in their intimate relationships.
- Also discuss how does the world see us? Do we also see ourselves like that? Is that the full picture about us?

Step 4: Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- Our perspectives on things or people are based on who we are and our own experiences and we are often quick to judge others without trying to understand more about them first.
- We should not judge people or their actions without fully knowing about them.

¹¹ Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

B2: Ideal images and personal destroyers¹²

DURATION

45 minutes

- Relate with the previous exercise and say that many times society also has fixed positions about how certain people should behave. Thus, people are expected to behave and do things according to what others believe are the 'ideal images' decided by society. Explain that we would be exploring these ideal images during this session.

Exercise

- Divide participants into small groups of approximately 5 participants each and focus particularly on the ideal image of women and men (of their own age and background) in the society i.e. what they are expected to say and do, or not say and not do?
- Give them about 10 minutes for discussion and share the gist in the plenary.
- Now ask them to sit in the same groups and discuss how easy / difficult they find it actually to live up to these expectations and how they behave in reality.

Relating the experience with real life experiences

- Ask them to share their own experiences where the pressure to live up to 'ideal images' affected them. If they are reluctant to do so, you can share one of your experiences. This will help them in shedding/overcoming their inhibitions.

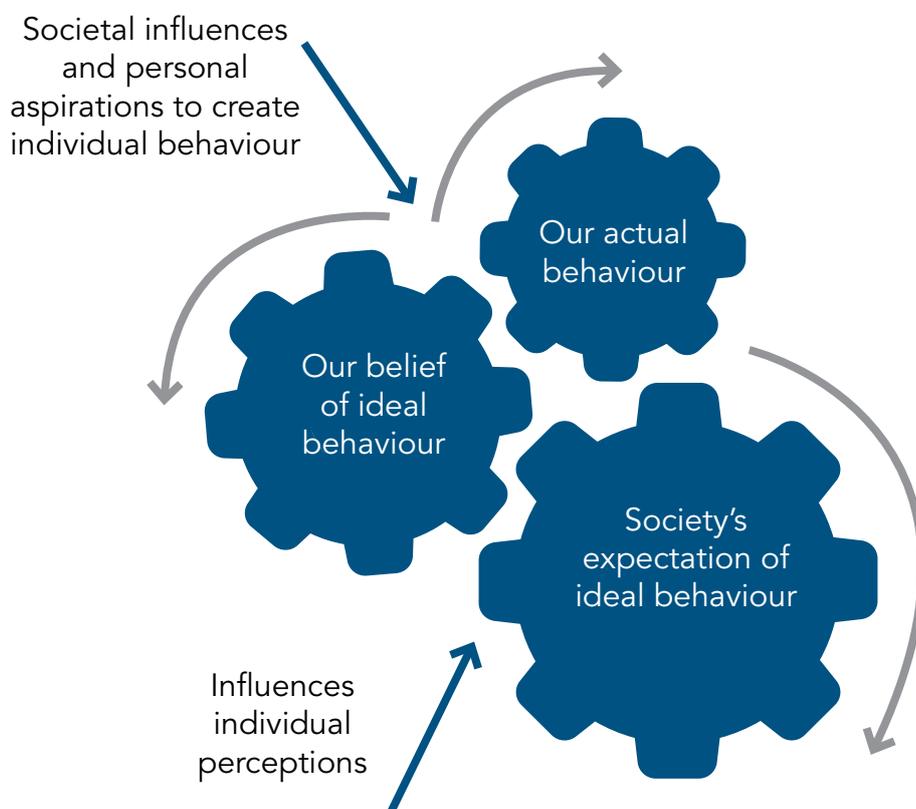
- Explain that this exercise is to help participants appreciate that each of us has ideal images of how we are supposed to behave and that there is always a gap between our images and reality. We all find our images hard to live up to. It can often be reassuring to realise this and to appreciate that we will feel like this at times.
- Point to the heroine as well as the vamp in films: how are they projected? What are the characteristics of the ideal woman presented? Are the ideal images similar for men and women?
- Explain that sometimes ideal images can actually be personal destroyers. For instance, if people believe that a woman's place is inside the home, this can often be used as an excuse to take girls out of school. Similarly, the belief that real men drink five packets of toddy a night can result in a man drinking far more than he feels happy with or than is actually good for him. The ideal image that women should suffer quietly makes women abstain from seeking health services. Similarly the image that men have to always be brave may prevent men from accessing health services even when they are ill or worried. These can become our personal destroyers.

¹² Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

- Encourage participants to reflect on and share similar examples that can be personal destroyers. Present the schematic diagram below to show that:
 1. Society's "ideal images" (for example, good women should sacrifice for their partners) influence us.
 2. Influenced by that we create our own ideal image (for example, we should put partners interest before our own).
 3. We try to live upto society's expectation of us (which is external pressure) and our own expectation of ourselves (internal pressure). Hence, if we want something for ourselves at the cost of the partner or children, we feel guilty.
- Explain that these ideal images make one feel frustrated, depressed, overburdened, guilty and insecure. They kill creativity and lower self-esteem. It is important to recognise how difficult and limiting some of the labels which our society puts on us are to live up to.

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- We all have ideal images of how we are supposed to behave and that there is always a gap between our images and reality.
- We all find our images hard to live up to at times. Sometimes ideal images can actually be personal destroyers. Hence it is important to come out of these ideal images and think what is right in the present context and how it is going to influence our lives before taking any stand / decision.



B3: Gender roles and norms and how they affect women and men ¹³

DURATION 45 minutes

- Divide participants into two groups and ask one of the groups to discuss different tasks that women in sex work do in an entire day. Give post-card sized chart paper and ask them to draw the tasks on them. Similarly, ask the second group to discuss different tasks that men do in the entire day and draw the tasks on chart paper cards.
- Paste two charts on the wall with a large circle drawn on each of them and mark them separately for women and men. Divide the circle into 24 hours. Ask participants from both groups to imagine the circle as the whole day and ask them to paste their task cards on the time circle on their chart, taking into account the time spent during the day doing each task.
- Ask participants to analyse the display and share in the plenary. Ask the other groups to add or modify or give inputs regarding the tasks. Add your inputs if required. Ensure that participants have included sex and activities such as breast feeding, bathing, dressing and changing nappies if they have babies.
- Facilitate discussion around the following questions:
 - What was your immediate feeling when you saw both the charts?
 - Which of these activities are considered work and why? (Ask participants to mark activities that are considered work in green and those which are not considered work in red).
- What difference do you notice in the way men and women spend their day? Who has more free time and how do they spend their free time?
- Discuss if any of these activities is different in the context of a sex worker in comparison with an ordinary housewife. Why is it different/ not different?
- Are there any consequences for women / women in sex work due to these differences? With respect to health? With respect to their income? With respect to their decision-making power?
- Are there any consequences for men due to these differences? With respect to health? With respect to their income? With respect to their decision-making power?
- Are there any consequences for the society due to these differences? With respect to health? With respect to their income? With respect to their decision-making power?
- Can these roles be changed or cannot be changed? What can change? (Include examples such as both men and women can cook, take care of children, earn money and these roles can be changed. But men cannot give birth or breastfeed a baby.)
- Summarise the key learnings. Ensure that you include the following:
 - Many activities that women do are not considered work as they do not generate tangible income.

¹² Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

- Hence the time women spend in these activities is considered less valuable.
 - Men mainly play the managerial/ decision-making roles.
 - It results in women having less power in the relationship and also in violence against women.
 - Today's women have triple roles – roles that require them to earn a living, roles that require them to continue the family lineage, roles that require them to do the household tasks.
 - Explain that these are called gender roles which are learned behaviours in specific communities that condition people to believe that these activities/ tasks/ role and responsibilities are either male/ female.
 - Explain that these restrict women from contributing to community development and restricts women's access to resources.
- of love, and should be tolerated.
 - If a man hits a woman, it is because he loves her.
 - Women are weaker than men.
 - Sex is more important to men than to women.
 - Men are better in making decisions.
 - If a man is hitting his wife/ lover, it is a matter between both of them and others should not intervene.
 - Women should always obey men.
 - A woman does not have a right to refuse sex.
 - A man may leave a woman if she does not provide sex, but a woman cannot leave a man for the same reason.
 - A good woman does not discuss family problems with others.
- After the exercise discuss how norms are formed. Explain that 'gender norm' is behaviour or characteristics that society attributes to a particular sex. Gender norms change from culture to culture and over time periods, since they are based on the expectations of societies that are consistently evolving. Explain that gender roles start forming early in development through a child's interactions with parents, teachers, and his peers (give examples). Once a gender role is established, children who attempt to deviate from it may experience peer pressure, which reinforces the gender norm.

Reiterate the learning from the exercise where ideal images work as personal destroyers.

Exercise

- Ask participants to respond to each statement that is read aloud by standing to the facilitator's right if they agree with the statement and on the left if they disagree.
- Read each statement from the list. Ask participants to take their positions according to their choice of 'agree' or 'disagree'. Ask a couple of participants why they agree or disagree.

Statements

- It is OK if men hit their wives / lovers if they commit mistakes.
- It is ok for a man to shout at or insult his wife/ lover in the public.
- Constant suspicion and possessiveness and violence associated with it is a sign

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- Women's work and their existence are considered inferior as a result of social conditioning and gender.
- These gender perspectives can be changed.

B4: Gender and stigma – life cycle ¹⁴

 **DURATION**
45 minutes

- Link this session with the previous one and inform participants that we would explore the phenomenon of gender discrimination a little further. Ask whether they have experienced such discrimination and stigma and encourage them to share a few experiences.
- Ask them if a woman experiences gender discrimination throughout her life or only during young age.
- Divide participants into four groups and ask them to develop and present role plays showing this discrimination during the allotted period of their life.
 - Group 1** - Before or at birth and till the age of 10 years
 - Group 2** - Adolescence and marriage
 - Group 3** - During reproductive age
 - Group 4** - Old age
- After about 10 minutes, ask participants to return and present their role plays in the plenary. Discuss whether this type of discrimination is commonly seen in our society. Add other forms/ manifestations of discrimination during the respective periods through an interactive dialogue. These could include the following:
 - **Before and at birth and till the age of 10 years**
 - Feticide and infanticide
 - Not welcome at birth
 - Less access and retention in schools
 - Less access to play
 - Burden of housework after school hours
 - **Adolescence and marriage**
 - Less priority in nutrition
 - Less access to health care facilities
 - Child marriage
 - Treated as burden to be get rid of at the earliest
 - Premature pregnancy and motherhood
 - Child labour and more house work (child care and cooking)
 - Trafficking, sexual abuse and exploitation / early debut in sexual relationship
 - Exposure to STIs and HIV/AIDS
 - Missing out on opportunities for education/ development
 - Access to recreation, and social groups
 - **During reproductive age**
 - Pressure to get married and beget a male child
 - Blamed if barren/ divorced/
 - Maternal mortality
 - Trafficking, sexual abuse and exploitation
 - Lack of access to health care facilities/ family planning methods
 - Exposure to HIV/AIDS / blame of infecting the men with HIV/AIDS
 - Lack of opportunities to access paid work
 - Missing out on promotions
 - Denial of family friendly conditions
 - Reduced opportunities to contribute to public life
 - Limited access to recreation
 - **Old age**
 - Lack of control of family resources and discrimination from inheritance and property
 - Neglect from families
 - Lack of access to healthcare
- Explain the concept of life cycle i.e. discrimination happening throughout the life of a woman from her own conception till death.

¹⁴ Adapted from Understanding and Challenging Hiv Stigma: Toolkit for action

- Also discuss the factors responsible for women to face discrimination. At different stages of a woman's life, different factors are at work. However, the primary factor is that patriarchal values of society influence people's attitudes towards different genders.
- Discuss if this gender discrimination affected women and girls more. Collect responses. Add your inputs if any. These could include:
 - Women start feeling that they are inferior to men
 - Women start thinking that men/ boys have more rights and priority in any distribution (give examples like men eating first, inheriting property etc.).
 - Women/ girls also start discriminating against their daughters and daughters in-law.
 - Girls are not given opportunities for development (education, employment, travel etc.)
 - Dowry, feticide/ infanticide, bride burning are all different manifestations of gender discrimination
 - Sexual exploitation of women and discrimination against women in sex work
 - Low self-esteem in women
 - Self-stigma in women
- If time permits, you can also discuss how patriarchal values of society also affect men.
- Explain that discrimination happens due to various factors and gender is prominent among them. Ask participants to share these factors and make a list on the flip chart. Add factors if required. These should include caste, religion, class, social status etc.
- Also explain that when one of these factors is present, the person suffers discrimination. When more than one factor is present, the discrimination increases. For example, a sex worker experiences discrimination for being a woman first and the discrimination increases for being a sex worker. It further increases if the sex worker is a Dalit. Thus there are different layers of discrimination and the discrimination increases as the vulnerability of the person increases.
- Ask participant if we suffer and tolerate injustice because we are sex workers and people think that we are bad and immoral. Is our expectation from life very low as we feel we do not deserve good things and hence, are happy with whatever little we get? Ask if the same is reflected in our intimate relationships too.

Relating with real life experiences

- Ask participants to share their experiences of discrimination. Encourage them to share their experiences from childhood and adolescence. Also ask them to share their current experiences.
- Also ask why we need a man in our life. Their responses could include love, safety, security, social status and money etc. Challenge all these factors and ask do they really think that it is only the man who gives all this. Ask whether a man really satisfies all these needs. Ask them if as women they are independently managing their lives and even helping their families, do they really need a man to be secure?

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- The reason for women to feel inferior to men and stigmatise themselves is in the gender discrimination they face throughout their life cycle.
- Most of the problems women face is rooted in women's discrimination. The inferiority is not present in women naturally but is thrust upon them by societal norms.

B5: Self-stigma

DURATION

45 minutes

- Linking with the previous session and the exercise on fixed position ask the participant who was in the centre to recall her feeling when others were staring at her.
- Now tell all participants to hold hands standing in a circle. Then ask them to think back through their lives to when they were children, as well as through more recent years. Tell participants that you will read some statements and if there is anyone who has experienced what is being said in the statement, she should and move into the centre of the circle.

Statements ¹⁵

- You are very short
 - You stammer
 - You had failed in an examination
 - You are a devadasi
 - You are illiterate
 - Your father disowned you
 - You were seen talking with other men
 - You are a sex worker's daughter
- At the end of the exercise ask the participants to reflect on how many have moved inside the circle - what does that indicate to us? The everyday nature of discrimination affects many of us.
 - Ask them to recall their feelings every time they were laughed at or made to feel different. Ask them to share what they felt during the exercise despite the incident taking place a long time ago.

- Facilitate a discussion on why did they think that people look at them differently, with a judgemental attitude?
 - Ask whether this attitude affects them in any way? Collect their responses and explain that many times this feeling of doubt emerges from their own minds. Explain this phenomenon as 'self-stigma'.
- Explain that this is similar to what women feel as a result of discrimination. At one level, the discrimination may lead to stigmatization by men / the powerful who feel that it is their right to outcast the powerless. On another level, as we have experienced through the exercise, it may also lead to creation of a feeling of guilt and low esteem in the women leading to self-stigma. Ask if participants feel that they experience self-stigma as a woman, additionally also as a sex worker and possibly as positive sex worker?
 - Explain the concept of stigma as holding of derogatory social attitudes or cognitive beliefs, a powerful and discrediting social label that radically changes the way individuals view themselves or the way they are viewed by others. It is a collective social process rather than a mere reflection of an individual's subjective behaviour. It operates by producing and reproducing social structures of power, hierarchy, class and exclusion and by transforming difference (class, race, ethnicity, health status, sexual orientation and gender) into inequality.
 - Give examples such as - Dalits were given tea in separate cups and were not allowed to eat with others, HIV affected children were denied admissions in regular schools, dark girls are denied

¹⁵ You can add some more according to the group's background. Exercise adapted from Stepping Stones PLUS.



opportunities of playing main roles in school plays etc.

- Explain that self-stigma is fear of stigmatisation from others, self-hatred, shame or blaming oneself. Self-stigma refers to the process whereby people impose feelings of difference, inferiority and unworthiness on themselves. Explain that many times internal stigma or self-stigma emerges from experiences of stigmatisation by communities, family members and even the partner. Include the following examples:
 - Family members may blame and shame a woman as immoral, forcing her to leave home
 - Community members treat her badly (because sex work is seen as bad and illegal) and ban her from participating in social gatherings
 - Clients, managers, and the police frequently abuse them verbally, harass them sexually and inflict sexual violence
 - Healthcare providers may mistreat them at health facilities and make it difficult for them to access health services
- Ask participants to share experiences of stigmatization from others and their internal stigma and the consequences they face. Explain that stigma toward sex workers is rooted in lack of knowledge about sex work as a profession and in people's perceptions of gender roles, and cultural and religious norms. People make moral judgments about sex workers, saying they have broken social norms. Sex workers are often forced to live a hidden existence, cut off from their families and the community, and having to hide their work.

B6: Building self-esteem loving ourselves and taking pride in ourselves

DURATION 45 minutes

- Link with the previous session and ask participants if they feel that the self-stigma and low self-esteem is a burden and if they want to get rid of it. Facilitate their understanding of the ill-effects of self-stigma so that they want to get rid of it.
- Now introduce to the activity called magic store.¹⁶
- Tell them that there is a magic store where everyone can buy the qualities they want to have. But they will get only two qualities hence they need to choose the ones they most desire. Tell them that in this magic shop, they do not need to pay. Instead, in order to get that quality, they must give one quality in them which they do not like.
- Give example only if required. Tell them that if they want 'courage', they can go to that shop and get it in exchange of their 'short-temper'.
- On small paper slips, write the qualities they want to buy and give them their slips. Similarly write the qualities they want to sell on the slips and take those from them.
- After the exercise is over see which qualities they have sold and share with them. Also find out which qualities most of them bought.
- Facilitate a discussion over why they gave up the qualities they sold and why did they buy the qualities which they bought. Consolidate the learning.
- Explain that in reality there is no such Magic Store but it has shown us that if we want, we can try to give up the qualities which we do not want and make efforts to build the ones which we want. This could enhance our self-esteem.

Self-appreciation

- Now ask them to stand in a circle. Ask everyone to share any big or small ability / achievement they have. After each one has shared their achievements ask them questions such as
 - How many of you are sole breadwinners in the family?
 - How many have taken the responsibility of education and or marriage of their children/ siblings?
 - How many have earned assets for their family or helped to prevent the family property from being sold?
 - How many of them have given emotional support to their family members?
- After each question is answered, congratulate the members who raise their hands for their achievements and ask other participants to clap congratulating them.
- Now ask them to stretch their right arm, fold it over their shoulder and pat their back for all the achievements. Ask them how they felt when someone appreciated their abilities, strengths and

¹⁶ Adapted from Bhogle, S., John, R., Bohidar, N., Schroeder, J., Mehrotra, S., Sharma, P.V., & Raja, T. Capacity Building Toolkit for Enhancing Self-Esteem: For Female Sex Workers. CARE, New Delhi, 2009

achievements. Tell them that this is how we can overcome the experiences that discriminated against us or belittled us. We can enhance our self-esteem and motivate ourselves in this way. This can give us strength to fight our problems, especially that of violence, which is a result of feeling powerless and guilty.

- Now repeat the exercise but by appreciating someone else from the group for any good quality they have.
- Ask participants how they felt about appreciating others and getting appreciated by others.
- Consolidate that this can help them to release tension and feel a sense of belonging to a group.

CLOSING

- Ask everyone to share a learning each from the workshop.
- Paste the drawings showing the key messages on the wall, making sure all have been covered. Reiterate the messages. They should include the following:
 1. *One should not judge anyone or their actions*
 2. *One should not let ideal images spoil our lives*
 3. *One should not let gender discrimination affects one's opinion about oneself.*
 4. *One should deal with our internalized stigma and build our self-worth and esteem.*
- Thank everyone for coming.
- Fix with them a convenient time and place for the next session. Ask them to remind one another to come on time.
- End with the song "We shall overcome" ... (Choose Hindi / regional version depending on the medium of training)



Workshop C: UNDERSTANDING RELATIONSHIPS



 **DURATION**
2 to 2.5 hours

-  **WORKSHOP OBJECTIVES**
- Explore and discuss intimate relationships, understanding of loving relationships and expectations from intimate partners.
 - Explore the qualities that one sees in a loving and non-loving relationship.
 - Identify behaviours in a relationship that are controlling or abusive and factors that influence these behaviours

 **TRAINING MATERIALS**
Chart papers / card sheets, markers and sketch pens, Chart paper with a ladder printed on it with pictures of a character (a woman on one side and a man on the other) with characteristics similar to the participants group for the exercise titled - 'Relationship Ladder'

 **PREPARATION**
Prepare yourself well. If you have planned to conduct the workshop with a co-facilitator, distribute work load in advance and be clear about who is doing what. Check all training material.

TOPICS

C 1: My intimate relationships

C 2: Loving and non-loving relationships

C 3: What do we expect and get from our partners and what do we give?

C 4: Relationship ladder

C 5: Controlling relationships

C 6: Hand push

STARTING THE WORKSHOP

- Welcome all the participants. If there are any absentees, ask those present if they know why others are absent. Inform that it is important for everyone to be present to learn from each other's experiences. Request for volunteers to accompany you, the facilitator, to the absent participants' home to remind them to attend. If time permits, do this before starting the workshop or follow up at the end of the workshop. Reiterate the importance of every one's presence. Ask them how participants felt after completing the previous workshop. Ask them if they shared their learnings with anyone? If yes... ask with whom and what their response was.
- Ask them how they felt after completing the previous workshop. Ask them if they shared their learnings with anyone? If yes... ask with whom and what their response was.
- Do a quick recap with the help of pictures.
- Explain that during the last session, we saw how we can enhance our self-esteem and be proud of who we are. In this session, we will try to understand our relationships and the dynamics within the relationship.

C1: My intimate relationships

 **DURATION**
45 minutes

- On the flip chart draw a circle and write 'I' inside the circle. Ask participants to brainstorm on different relationships they have in their lives and list them on the chart paper quickly. Facilitate to include lovers and clients. After the listing is complete, ask that in everyday life, do they share the same relationship with all of them? If not what are the patterns / types do they see in them?
- Facilitate so that these could be categorised as:
 - Family
 - Friends
 - Community members
 - Associates and colleagues
 - Intimate partners / lovers
 - Others
- Ask them to identify only those that they are intimate with and brainstorm what these relationships give us. Capture responses as points/ drawings on a chart paper. These could include:
 - Love, affection and care, intimacy
 - Emotional bonding
 - Trust to confide/share our secrets
 - Respect
 - Stimulation
 - Security
 - Appreciation
 - Commitment
 - Sex
- **Explain to participants that here onwards the focus of the discussion will be only on romantic relationships where sex is also involved.**



C2: Loving and non-loving relationships¹⁷

DURATION 30 minutes

- Start with a brief discussion on what is love to them. Probe to find out whether there is any difference in their concept of love where sex is involved and where it is not.
- Now divide them into four small groups and ask two groups to develop role plays on loving relationship between a FSW and her intimate partner and two groups to develop role plays on non-loving relationship between a FSW and her intimate partner.
- After the role-plays facilitate discussion on the following:
 - What did they think were the loving qualities in the relationships?
 - What did they think were the non loving qualities in the relationships?
 - What is common to both types of relationships and what is different?
 - In which relationship is it easy to discuss safe sex and negotiate condom use? Why is this so?
 - How do feelings like love and trust within relationships influence safe sex / condom use? Are responsibilities related to health, pregnancy, children, etc. shared between partners in loving relationships? Why is this so?
- Ask participants to relate their learning with their own life and if they feel comfortable, share within the group, the loving and non-loving qualities present in their relationship with their intimate partners.

¹⁷ Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

C3: What do we expect and get from our partners and what do we give to them?

 **DURATION**
45 minutes

- Divide participants into small groups of approximately 5 participants each preferably age-wise. Ask them to discuss what they expect from their intimate partners, taking into consideration all dimensions of their relationship and then draw these expectations on a chart paper.
- Similarly, ask them to discuss what they give their partners and what they get from their partners and also draw these on a chart paper. Ask all the groups to paste their respective chart papers on the wall.
- Ask all participants to walk through the display on the wall and concentrate on what they see. After everyone sees the display, ask them to return to the plenary.
- Discuss first the common drawings that appeared in the charts followed by those which were drawn in only some charts.
- Now discuss why and what they really expected from the material things that they had drawn. Facilitate to get what they in reality expected from their partners. These could include the following:
 - When they said they wanted gold, property in terms of house and land, it could mean a long-term security which would help them in future.
 - When they said children and *managalsutra* it might mean social recognition as his lover.
 - When they said sex, it might mean, love, pleasure and admiration.
- Also discuss if what we give is what we get or do we give more to the relationship than what we get from it? If there is a discrepancy discuss what could be the reasons behind it. Discuss whether this discrepancy could be the cause behind dissatisfaction, frustration and violence.
- Consolidate the discussion and ask them what they learned from the exercise. Discuss whether they have at any time, tried to discuss / share their expectations with their partner?
- Also, ask whether any/some of these expectations are unrealistic. Discuss if these expectations are the reason for dissatisfaction and frustration. Also encourage them to do a reality check and discuss all practical expectations.

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- The sex workers expect love, security, pleasure and recognition in the society from the partner.
- Many times, it is felt that the sex workers expect and get a lot from the intimate partners while she does not give anything to the partner. But in reality, the sex workers also give a lot in return but most of the times it is intangible and hence no one recognizes it. This creates an imbalance in the relationship and leads to frustration and violence.

C4: Relationship ladder ¹⁸

DURATION

45 minutes

- Tell the participants that we will go a little deeper into intimate relationships. Draw a simple step ladder on a flipchart or create the image on the floor using a chalk. Describe the first rung of the ladder as being the very start of a new relationship. Create a group character. (A fictional couple) that is just like them. Ask group members to provide details. E.g. how are they related to each other? Where are they from? What is their age? Facilitate in such a way that this fictional couple will be similar to members of the group.
- Now start from the first rung. Then ask where do they meet? What do they talk about when they first meet? What physical contact is there between them? What expectations each may have from the other and so on.
- Continue the process for each rung up the ladder. The top rung representing the two people forming a permanent relationship of lasting commitment, e.g. seeing each other exclusively, moving in together, getting into sexual relationship / regular / intimate partnership i.e. going through some form of commitment to each other.
- At each rung of the ladder ask the group to talk about how the move to the next rung is negotiated. Who directs the move? Is it mutual? What would happen if one person tries to force the other up the ladder? What are the hallmarks of healthy relationships? Talk about whether either is trying to use power

and take control in his/her hand? What is the other person's reaction? Is that person feeling cheated and wanting the relationship to end? Are both of them feeling close to each other despite the problem or does it affect the relationship?

- Ask them when violence enters such relationships and why?
- Now ask if they can in any way see a reflection of their own relationship in this. Most obviously the answer will be yes... Now discuss why and how violence enters the relationship and at what stage. If anyone wants to share any experience, let them share the experience.

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- Violence enters an otherwise smooth relationship when there are a lot of expectations from both sides which go beyond the boundaries of their relationship. These could be social recognition, patriarchal norms and expectations, expected gender roles in relationship, access to and control over property, exclusive relationship, non-usage of condoms etc.
- As neither is able to fulfil the others' expectations, there is frustration and it leads to negative feelings and violence in the form of verbal and physical abuse etc.

C5: Controlling relationships ¹⁹

DURATION

1 hour

- Tell the participants that any relationship can become abusive when one person tries to exert control and power over the other.
- Give an example of a relationship between a student and a teacher and when it can become abusive. Ask them to give more examples of relationships that can become controlling/ abusive. Collect responses. Facilitate to include examples like: parent and child; teacher and child; supervisor and his assistant; girlfriend and boyfriend; lover and her partner; husband and wife etc.
- Divide participants in small groups and ask them to present small role plays showing the controlling/ abusive relationship. Clarify that the focus is on controlling relationship in the context of romantic relationships between FSW and her intimate partner. Ask them to develop role plays where one partner would try to control. Encourage them to bring out diverse situations and various ways in which the control is used.
- After the role plays, discuss different behaviours of the person exerting power / control over the other. Discuss what factors could have influenced these behaviours.
- In an interactive dialogue identify different patterns and probe to identify behaviours not reflected through the role plays. Include the following:
 - Physical violence
 - Ridicule
 - Anger / threat
 - Ignoring the person
 - Restricting money
 - Not allowing role in decision-making
 - Blaming or accusing
 - Manipulating
 - Showing undue care
- Discuss why people feel a need to exert control on the partner in a relationship. Are there times when people are not even aware they are trying to control?
- Relate the learning with real life and ask participants if they have experienced abuse / control in their own relationships. Ask them to share what form of control / abuse was used by the abuser and how it affected them personally and their relationships in general.

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- Explain that if one of the partners exerts control or uses any form of abuse, the relationship loses the love and charm. It destroys openness and trust and leads people into violent relationships where one wants to hide facts from the other to avoid the anger/ control or ridicule.
- It can lead to crime, violence and affect children, families and communities too.

¹⁹ Adapted from Men As Partners A Program for Supplementing the Training of Life Skills Educators, Engenderhealth

C6: Hand push (SS)²⁰

DURATION

45 minutes

- Ask participants to form two lines, facing each other. Each participant touches palms with the participant facing her/him in the other line.
- Call one line “Line 1” and the other “Line 2”.
- Ask all the participants in Line 1 to start pushing against the person in Line 2, only using their palms. People in Line 2 should let them push in the first round, respond by pushing the person with equal pressure in the next and respond by pushing the person with maximum possible pressure in the last round.
- If time permits, ask everyone to stop and then to change roles
- Ask everyone to sit down in a big circle.
- Ask people how they felt doing this exercise. Did they respond by pushing back or by giving in, or what? How did this relate to their real life experience of conflict?

CLOSING

- Ask everyone to share a learning each from the workshop.
- Paste the drawings showing the key messages on the wall, making sure all have been covered. Reiterate the messages. They should include the following:
 1. *The relationships are happier when they are based on expectations that are within the reach of both.*
 2. *Expecting too much without thinking about the limitations of the other often leads to frustration and violence.*
 3. *If any of the partners tries to use force on the other to make him/her behave as he/she wants, the relationship becomes abusive / controlling.*
 4. *Partners cannot have trust and openness in a controlling relationship. Violence can be a result of efforts to abuse / control the other*
- Thank everyone for coming.
- Fix with them a convenient time and place for the next session. Ask them to remind one another to come on time.

²⁰ Adapted from ‘Stepping Stones: A training package on HIV/AIDS, communication and relationship skills’

Workshop D: REDUCING RISKS IN INTIMATE RELATIONSHIPS

This workshop aims to help participants understand body anatomy, risk of STI and HIV transmission in intimate relationships and ways to reduce these risks.





DURATION

2 sessions of 2 and 2.5 hours respectively



WORKSHOP OBJECTIVES

- Understand our body
- Understand the HIV related risks in intimate relationships
- Understand how to protect ourselves and reduce risk and vulnerability



TRAINING MATERIALS

Chart papers / card sheets, big brown sheets, markers and sketch pens, double sided tape and brown sticky tape, statements for 'Drawing the Line' game, female and male condoms, penis and vagina models etc.



PREPARATION

Prepare yourself well. If you have planned to conduct the workshop with a co-facilitator, distribute work load in advance and be clear about who is doing what. Check all training material.

STARTING THE WORKSHOP

- Welcome all the participants. If there are any absentees, ask those present if they know why others are absent. Inform that it is important for everyone to be present to learn from each other's experiences. Request for volunteers to accompany you, the facilitator, to the absent participants' home to remind them to attend. If time permits, do this before starting the workshop or follow up at the end of the workshop. Reiterate the importance of every one's presence.
- Ask them how they felt after completing the previous workshop. Ask them if they shared their learnings with anyone? If yes... ask with whom and what their response was.
- Do a quick recap with the help of pictures.
- Tell them that this workshop will help them understand their body well and take care of it from possible HIV related problems. Tell them that they would enjoy this workshop in the same way as they enjoyed the previous ones and also learn a lot.

TOPICS

D 1: Body mapping

D 2: Basic facts about STI and HIV/AIDS

D 3: Drawing the line game

D 4: Consequences of not protecting ourselves

D 5: Why is condom use low in intimate relationships?

D 6: How do we protect ourselves?

D 7: Condom demonstration

D1: Body mapping and pleasure²¹

DURATION

1 hour

- Divide participants into small groups and ask them to outline a volunteers' form onto a large chart paper/ brown sheet. Ask them to draw and name main body parts which are externally present. Ensure that they draw the vagina in women's body and penis in the men's body.
- Ask them to write the names of the body parts in their own language.
- Ask each group to describe/illustrate on the paper what happens to a woman's body during:
 - Menstruation: Group 1 and 2
 - Sexual intercourse: Group 3 and 4
- Encourage the group to explore emotional, physical and physiological changes that are part of these processes and draw or write them on the paper.
- ***Don't be concerned with the accuracy of women's knowledge of biological processes; the purpose is to share knowledge and how processes make us feel. (Don't Draw for them)***
- Ensure that every group members' experience is reflected on the paper.
- Facilitate a discussion around the following:
- Myths about wet vaginas, size of vagina, dry sex, effects of using lubricating agents, issues of shame connected to menstrual blood. Also discuss why openness is required in women about their need for sex.
- Encourage discussion on the following in relation to menstruation:
 - Thick blood/clots
 - Cramps
 - Frequency
 - Sex during menstruation
 - Shame and hygiene
 - No permission to enter temples or participate in religious functions
- Similarly discuss myths about the size of the penis and capacity to please a woman, anxiety to perform, masturbation as a cause for weakness and loss of potency etc. and share facts.
- Next encourage discussion on the following in relation to sexual intercourse:
 - Large vagina/small vagina of promiscuous women
 - Large penis/small penis
 - Who is responsible for satisfaction?
 - Is it okay to want sex?
 - Using condoms- does it hurt the man?
 - Whose pleasure is more important?
- Give participants small slips of papers and ask them to draw activities which do not involve penetration but give sexual pleasure. Collect the slips and paste on the chart paper and put up on the wall. Ask them to look at the display and collectively make a list of activities that could be called non-penetrative sex. The list could include:
 - Massage
 - Kissing and caressing
 - Mutual masturbation
 - Thigh sex / breast sex
 - Sharing sexual fantasies
 - Using sex toys

²¹ Adapted from 'SISTERS FOR LIFE: Gender and HIV Training Manual For use with Small Enterprise Foundation (SEF) Centre Meetings

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- Myths and facts about sex and sexual intercourse
- Women's body parts that give her pleasure
- Importance of women getting sexual pleasure
- Gender and sexual pleasures

D2: Basic facts about STI and HIV/AIDS ²²

 **DURATION**
45 minutes

Basic facts about STI

- Ask the participants what they understand by the term 'STI'.
- Consolidate their responses, add your inputs if required and write a working definition on the board as 'Infections spread through unsafe sexual contact'.
- Add that earlier these were called STDs but the term was replaced by STIs to include asymptomatic infections.
- Ask them the reason behind discussing STIs. Is there any relationship between STIs and HIV? It is important to establish the relation between STIs and HIV for work in the field and hence, spend time in spelling it out. Initially, ask participants to share their understanding. Add inputs if required, to cover all important points, such as:
 - Most PLHIVs acquire HIV from sexual route and the presence of STI suggests that the person might be engaging in risk behaviour and has unprotected sexual behaviour with multiple partners, or is highly vulnerable by being a spouse of such a person.
- Mode of transmission of STI and HIV is the same.
- Presence of STI enhances the acquisition and transmission of HIV infection by 8-10 times, since STIs lower immunity and increase susceptibility.
- Detection of STI cases helps in detecting more HIV positive cases.
- STI control provides window of opportunity for controlling HIV infection.
- Effective STI control strategy is the most cost effective way of controlling the HIV epidemic.
- Discuss if there are any common symptoms that suggest the presence of STIs. Participants might respond with a list of symptoms. Add, if need be, but clarify that STIs could be asymptomatic since there is a possibility that no symptoms are visible even though infection is present.

²² Adapted from Link workers' manual

- Discuss different aspects of STIs such as :
 - How big is the problem of STI?
 - In which group are STIs commonly seen?
 - Is there any difference between STI in men and women?
 - Why do women have more problems?
 - What are the complications of STIs?
 - Are STIs curable?
 - What is the treatment for STIs?
 - How can STIs be prevented?
 - What are the misconceptions related to STIs?
- Conclude the discussion by giving correct answers to each question and ensure that there is no confusion, or misconception. Take care to cover the following:
 - Women have more problems with STIs because of various reasons. The infection is internal and hence, is not visible easily. Women become aware of the problem much later. Also, as the genital area in women remains wet, the infective organisms grow and multiply faster. In rural areas, women do not take care of hygiene especially during the menstrual period. They do not have privacy to look for genital problems.
 - STI ulcer could occur anywhere, not necessarily on the genitals.
 - Complications of STIs include mother to child transmission, abortions, infertility, congenital malformations, pelvic inflammatory diseases, etc.
 - STIs, with the exceptions HIV, Herpes, and Hepatitis B, are curable if proper and complete treatment is taken, accompanied by partner treatment from an authorized doctor (preferably from a Specialist in Venereal and Skin Diseases) and not from quacks.

Basic facts about HIV/AIDS

- Depending on the participants previous exposure to HIV/AIDS, decide the methodology. You could have group discussion, interactive dialogue or input as per their requirement. Include the following aspects:
 - What is HIV?
 - What is AIDS?
 - Stages of HIV infection progression.
 - How HIV is transmitted / routes of transmission.
 - Efficiency of different modes of transmission, i.e., blood transfusion, needle / syringe sharing, peno-anal sex, peno-vaginal sex, oral sex, etc.
 - Facts on mother-to-child transmission.
 - How HIV is not transmitted?
 - How HIV transmission can be prevented?
 - Sexual activities with high risk of transmission.
 - Sexual activities with low risk of transmission.
 - Concept of window period in HIV testing.
 - Treatment for HIV – what is ART and who is given ART?
 - Common myths and misconceptions.
- Conclude each part of the discussion with corresponding slide, reinforcing accurate understanding.

D3: Drawing the line game ²³

DURATION

30 minutes

- Draw a diagonal line on the ground across the floor (use a chalk to mark, or place a long string, or rope on the floor). Explain that the area on the right side of the line/rope refers to 'high risk', and the area on the left side of the rope refers to 'no / low risk'. In another part of the workshop area, mark an area as a 'don't know' space. Write on separate card sheets 'high risk', 'no/low risk' and 'don't know' respectively and place each one appropriately to mark the three areas.
- Read each statement from the list. If time is short or participants are new to the HIV issue, select any 10-12 appropriate statements. Ask participants to decide if the statement is high, low or no risk for HIV, or if they don't know and quickly move to the designated area as per their decision. (For example, if they decide that the statement is 'low risk' they should stand in the area marked 'low risk'). Participants need to be encouraged to think and move quickly in this game, to make it lively.
- For each statement, once participants have moved and stood in chosen areas, ask them to look around to see where their peers are. If there are major areas of disagreement on risk perceptions, ask two or three participants to stay in their places and defend their positions to the others. After a few minutes' of discussion/debate for each statement,

encourage participants to change their places if convinced or move appropriately if they have been in the 'don't know' space.

- You will see that for each statement there will be points to consider. You may need to raise these with the participants if they don't raise it themselves. These statements may at first look quite straightforward, but they are not necessarily as easy to decide on and participants might need time to think. Encourage participants to think through their reactions to the statements each time.

Statements and clarifications for drawing the line game: ²⁴

1. *Having many sexual partners:*
If a condom is always worn correctly and consistently and never breaks, this may not necessarily be high risk. In comparison, when one never wears a condom, or uses it inconsistently may be at high risk.
2. *Holding or shaking hands with an HIV-positive person:*
Normal social contact carries absolutely no risk of infection.
3. *Cleaning up spilled blood:*
There are other, more infectious blood-borne infections around, not just HIV, so it is best, whenever possible, to wear protective gloves, or to clean up spilled blood with water and antiseptic or mild bleach, using a cloth or broom, rather than with bare hands.

²³ Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

²⁴ As per the profile and understanding of the group select 4 to 5 statements only

4. *Unscreened blood transfusion:*
This carries high risk of HIV and other infections.
5. *One man having several wives:*
If he only ever has sex with those wives and they only ever have sex with him, they are not at risk of infection. If the man or any of his wives has ever had unprotected sex with someone else, then the risk for all of them will rise considerably.
6. *Using unsterilized needles/razor or knife blades or needle-stick injuries:*
People should always use sterilised, new needles and/or razors or knife blades. However, once blood is dried, the HIV virus cannot survive. Ideally, needles or knife blades should never be re-used, but if people really need to re-use needles or razors, they should clean them well, by washing them thoroughly with bleach and clean water, to rinse out any possible risk of HIV (or hepatitis) infection.
7. *Mother-to-child transmission:*
There is a one in three chance of a baby being born with HIV, if a HIV positive mother is not given the right care, support and treatment by health staff and her family. With the right treatment, this risk can be eliminated or minimised.
8. *Breastfeeding:*
In breastfeeding, there is a high risk of a baby receiving HIV from mother's milk. But this risk can be greatly reduced if she is counselled to give exclusive breastfeeding for six months and stop it completely before starting the external feeds. Exclusive breastfeeding is advisable as external feeding is not affordable for everyone. Also hygiene could be at stake if the HIV positive mothers do not take necessary care.
9. *Using condoms:*
If the instructions for the use of condoms are followed carefully, especially holding the tip, to avoid an air bubble when the male condom is first put on the penis, condoms, including female condoms, have a high rate of protection when used during every act of penetrative sex.
10. *Sex without condom:*
High risk
11. *Non-penetrative sex:*
Low risk, if no body fluids are exchanged.
12. *Kissing:*
If no cuts or ulcers are present, kissing is a low risk activity.
13. *Cleaning or bathing an HIV-positive person:*
This is a low risk activity and provides much support for the person with HIV, if done with love and care.
14. *Sharing cups, plates, cutlery, food, sheets, towels and clothing:*
There is no risk involved in sharing any of these items, provided normal hygiene rules are followed.
15. *Using toilets:*
There is no risk involved in sharing toilets. Faeces and urine do not carry enough HIV to be risky.
16. *Sleeping in the same room as an HIV-positive person:*
There is absolutely no risk connected to this. In fact, sharing a bed or room with an HIV-positive person, if he or she wants this, can provide a lot of care, love, respect and support.

17. *Bites from mosquitoes or fleas:*

Transmission through insects has never been proven. If transmission took place through insect bites, there would be far many more people with HIV than there already are.

18. *Meeting and chatting with visitors to the house:*

This can be a good way of supporting people with HIV feel loved, cared for and supported, and can help them feel happier and more relaxed. There is absolutely no risk of HIV infection through normal social contact.

19. *Playing with HIV-positive children:*

HIV-positive children love to run and play with other children. There is no risk whatsoever of HIV infection through normal social contact.

20. *Inclusion of PLHIVs in family events, discussions, decisions:*

It is highly important for people with HIV to continue to be valued as full family members. There is no risk whatsoever of HIV infection through normal social contact. Excluding people with HIV from family life can add greatly to depression and other psychological stress of HIV positive people.

21. *Cooking for family and friends:*

Many women with HIV continue to cook for their families or in the workplace. There is no danger whatsoever of HIV being transmitted through food.

22. *Road accidents or other accidents:*

Provided the person caring for others has no cuts or wounds herself or himself, there is no danger of HIV transmission. In any case, if someone does have a cut, their blood will be

flowing out of their body, therefore making it very difficult for HIV or anything else to enter that wound. Nonetheless, because of other blood borne infections, it is good medical practice to protect against all blood spills, irrespective of the HIV status of the injured person, or the rescue worker.

D4: Consequences of not protecting ourselves

 **DURATION**
30 minutes

- Take it forward from the earlier exercise and ask them to identify the consequences of not protecting ourselves. Probe so that they can come up with more and more consequences. Probe to include consequences other than the immediate and short term ones. Ask what will be the impact on themselves, their children, family, partner, clients, community and larger society.
- Focus more on consequences that lead to STI and HIV transmission and long term consequences to family and children.
- Ensure that the following consequences are included:
 - Pregnancy – more children than one may want (do not stress much on this).
 - STI – recurrence of the infection even after treatment.
 - HIV infection and progression to AIDS
 - Constant fear /depression
 - Increased violence
 - Transmission of HIV infection to children
 - Children can become orphans very early if the parents are HIV positive
 - Stigma and discrimination by family and community members
 - Increased cost of health care etc.



D5: Why is condom use low in intimate relationships?²⁵

DURATION 30 minutes

- Ask a volunteer to draw two pictures: a man and a woman (can draw just two faces). Explain that these two people are involved in the relationship described above. Be specific, and continue to remind the group, that they are, for example, a woman and her lover (not simply a woman and a man).
- Ask what holds the two together (e.g. “their love for each other”) and ask a volunteer to draw a symbol for that “glue” on the flipchart, between the man and woman.
- Reiterate that as discussed earlier, the woman has difficulty negotiating for condom use, and ask what motivates the man to refuse/ hesitate in using condoms. For each idea mentioned, ask participants to draw a symbol next to or around the picture of the man.
- After getting a few responses for the man, switch to the picture of the woman and ask the group to identify why the woman may – or may not – want to use a condom. Ask participants what the factors are that block her from using a condom (e.g. “she wants to have a baby;” “she wants to be seen as trustworthy”). Ask participants to draw symbols representing each factor.
- Continue identifying factors and drawing symbols until people feel the picture is complete. Encourage participants to think and share economic, cultural, social and emotional factors that come into play.
- Once the picture is complete, ask participants: What would need to change – about the relationship, about the man, and/or about the woman – in order for them to have safer sex and use a condom?
- As suggestions are made, probe for factors related to changes in the relationship, changes in the people (including self-image, economic factors etc.). Do not stop at knowledge.
- Ask participants to draw symbols on cards for each change.
- Continue to look at the influences and discuss the potential changes until all ideas are exhausted. If participants are stuck, discuss each factor/barrier and raise questions e.g. what would need to change about her/ him to address this barrier?
- Now discuss if some changes are harder or easier to implement? Would some changes have a bigger impact than others – and be more important to make?
- Inform that now we will analyze each change in terms of ease/difficulty of change and then, later, the extent of impact/importance.
- Start by analyzing the ease with which change can be made. It is important to ground the discussion in as much reality as possible, and so remind participants of the kind of people and relationship that is being discussed. Ask participants to identify a change which they think is important.
- Draw a line on the flipchart and at one extreme write easy and on the other difficult and very easy, easy, difficult,

²⁵ Adapted from River of Risk: Exploring Women’s Sexual Relationships and Decision-Making: Tools for the community

very difficult on the continuum. Pick up the card representing the change, and place on the line, corresponding with the level of ease/difficulty. Probe and write reasons why some changes are easy or difficult. Continue to remind the group of the characteristics of the people and relationship, to keep focus.

- Now ask if they all carry the same importance or impact and “which ones will make the biggest changes for the couple?” Why do they think so?
- Facilitate a discussion around the following:
 - Do some of these changes lead to enable others? If yes, which ones?
 - Which if these changes would be a priority and why?
 - Who needs to be involved in the changes? E.g. men, women, other actors?
 - What support is needed to make these changes?
 - What have they learned from this exercise?
 - How will they use this information?
- Consolidate and ask them whether they also don't use condoms for similar reasons in real lives?
- Discuss if it is possible to make condom use pleasurable and not unacceptable. Ask participants if they know or use any strategy with their clients or partners to make it more pleasurable. Consolidate their responses. Add your inputs only if required. These could include but are not limited to the following:
 - Use of flavoured, perfumed, textured or vibrating condoms
 - Offering to help the partner wear the condom in an interesting/ stimulating manner



D6: How do we protect ourselves?

DURATION

30 minutes

- Introduce that we need to accept that we face dire consequences if we do not use condoms and yet find it difficult negotiating condom use in intimate partner relationship.
- Ask participants if they think that it is very important and critical to take care and protect ourselves as well as others closer to us. If yes... we need to think about different options that are safe and protect us from risks, at the same time allowing us to enjoy pleasurable sex.
- Ask them whether such options exist and if we know about them. Give them small paper slips and markers to draw symbolic figures of options they can think of.
- Draw a big flower on a flip chart and ask them to paste different options on its petals.
- Ask probing questions and facilitate so that they would be able to think of other options not already on the chart.
- Refer to the chart and say that two types of options are emerging. One is the correct and consistent use of condoms- both male and female and the other is having sex where penetration is not required and is called non-penetrative sex.

D7: Condom demonstration

DURATION

45 minutes

- Linking with the previous session, explain that it is important to understand why correct and consistent use of condoms is important.
- Explain that inconsistent use of condoms i.e. not using condoms for every act of sexual intercourse, leads to risk as even a single act with an infected partner can cause infection transmission. Explain that incorrect use of condom i.e. failure to use condoms throughout the sexual act – from contact to ejaculation or not following instructions for condom use can lead to slippage, breakage or leakage which diminishes their protective effect.
- Tell them that is why it is important to learn how to use the condoms correctly. Now distribute a male condom and a female condom to each of the participants so that everyone has the chance to see and learn about using them.
- Start with the male condom first. Ask participants whether any of them have ever used a condom. Ask whether they know the different types of condoms available in the market and their specialty. Add more information, if needed.
- Ask participants if any of them could demonstrate condom usage. Encourage one or two volunteers to demonstrate using a penile model. Ask an experienced participant to demonstrate correct usage and disposal. Encourage participants to clarify doubts, if any.
- Give one condom and a penile model to each of the participants and ask them to demonstrate condom usage. Observe individually and give feedback in case of gaps/ mistakes.

- Inform the participants about the multiple uses and benefits of condom usage, such as:
 - Prevention of unwanted pregnancy
 - Spacing births
 - STI control
 - Preventing HIV
 - Personal hygiene
- For learning about female condom use, repeat the instructions for the male condom exercise. Also add the following additional points:
 - The female condom can be inserted before people start any sexual contact at all (even two or three hours in advance of any sexual contact), and must be inserted before penetrative sex starts. Many men prefer women using the female condom over themselves using the male condom because, they don't have to have an erection before putting it on, since it goes inside the vagina (or anus) and not on the penis.
 - The female condom covers a wider surface area of the body than the male condom, and therefore provides more protection for both partners. Since the larger ring of the female condom fits outside the woman's body, it can't get 'lost' inside. Show how this works by making a circle with your left thumb and middle finger and squeezing the outer ring of the female condom through the circle, to place it inside the 'vagina.' Then place the outer ring around the 'outer' side of the circle of your finger thumb. Explain that the muscles in the walls of the vagina keep this outer ring in place outside the body.
- Discuss about local availability of both male and female condoms.

Instructions for male condom use:

- Use a new condom for every act of vaginal, anal and oral sex throughout the entire sex act (from start to finish).
- Before any genital contact, put the condom on the tip of the erect penis with the rolled side out.
- Pinch the tip enough to leave space for semen to collect. Holding the tip, unroll the condom all the way to the base of the erect penis.
- After ejaculation and before the penis gets soft, grip the rim of the condom and carefully withdraw. Then gently pull the condom off the penis, making sure that semen doesn't spill out.
- Wrap the condom in a tissue or newspaper and throw it in the trash where others won't handle it.
- If you feel the condom break at any point during sexual activity, stop immediately, withdraw, remove the broken condom, and put on a new condom.

Instructions for female condom use:

- The female condom must be properly positioned before any contact occurs between the penis and vagina and/or rectum. The female condom may be used for both vaginal and rectal sexual intercourse.
- For vaginal use find a comfortable position to insert the condom. You may sit, squat, or stand with one leg up on a chair. If you are using water-based lubricant, put 1 or 2 drops of water-based lubricant or spermicide on the outside of the closed end.
- Hold the closed end of the condom and squeeze the inner ring between your thumb and your finger. Use your other hand to separate your labia (folds of skin around the vagina). Put the squeezed ring into your vagina and push it up as far as it can go. Place your index or middle finger, or both, inside the open end until the inner ring is felt. Push the inner ring as far back into your vagina as it can go. Make sure that the outer ring place over the vaginal opening to protect the outer genitalia from infection.
- Be sure the penis goes directly into the large ring to preclude unprotected sexual contact between the penis and the vagina or rectum. You may hold the outer ring as your partner inserts his penis. This helps prevent the entire condom from being pushed into your vagina.
- For rectal use the small ring should be removed. Place the condom over the erect penis. The condom will be inserted with your partner's penis.
- Remove the condom immediately after sexual intercourse and before standing up. To avoid semen leakage the large outer ring should be twisted. Carefully pull the condom out and dispose of it.

As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- There are obvious reasons for non-usage of condoms in an intimate relationship but in the light of the risks that are involved in not using condoms, there is a need to start making change.
- If we try to make a change where it is comparatively easy, it can trigger / lead to making important and more difficult changes that can improve our lives and future.

CLOSING

- Ask everyone to share a learning each from the workshop.
- Paste the drawings showing the key messages on the wall, making sure all have been covered. Reiterate the messages. They should include the following:
 1. *We need to protect ourselves from STI and HIV transmission as along with us we also put our children at risk by not protecting ourselves.*
 2. *If we do not protect ourselves we make our children and family members suffer a lot.*
 3. *There are ways to protect ourselves without sacrificing sexual pleasures.*
 4. *We have to learn to use condoms correctly and consistently in our own interest.*
- Thank everyone for coming.
- Fix with them a convenient time and place for the next session. Ask them to remind one another to come on time

Workshop E: UNDERSTANDING INTIMATE PARTNER VIOLENCE ²⁶

This is among the most important workshops in the series. Most women accept violence as an integral part of their lives and as their 'fate'. Many do not consider any act as violence unless they suffer severe physical injury. There is need to make them aware about the other forms of violence and that they need not accept it as their fate.

It is important to make women participants understand that by accepting violence they are also making their children and family suffer. They need to come out of the mind-set that accepting and tolerating violence is a womanly virtue. The facilitator should be able to go beyond creating awareness and giving information and impact theminds and hearts of participants in a way that they should never accept violence.



²⁶ The counsellors should be prepared to handle situations of trauma faced by the SWs during this session. They can schedule this session to be done in association with their colleagues.

 **DURATION**

3 hours

 **WORKSHOP OBJECTIVES**

- Develop understanding on what is intimate partner violence.
- Understand that several other behaviours are also acts of violence.
- Explore why we accept and tolerate violence against us and our children.
- Understand how violence against women also affects the entire family and community.
- Help participants identify their own attitudes, judgements and how these could influence their attitudes towards the victims and perpetrators.
- Look at how we can take more responsibility for our actions.

**TRAINING MATERIALS**

Chart papers / card sheets, markers and sketch pens, belief cards (post card size pieces of card sheets, each with one belief about violence written on it).

**PREPARATION**

Prepare yourself well. If you have planned to conduct the workshop with a co-facilitator, distribute work load in advance and be clear about who is doing what. Check all training material.

STARTING THE WORKSHOP

- Welcome all the participants. If there are any absentees, ask those present if they know why others are absent. Inform that it is important for everyone to be present to learn from each other's experiences. Request for volunteers to accompany you, the facilitator, to the absent participants' home to remind them to attend. If time permits, do this before starting the workshop or follow up at the end of the workshop. Reiterate the importance of every one's presence. Ask them how participants felt after completing the previous workshop. Ask them if they shared their learnings with anyone? If yes... ask with whom and what their response was.
- Do a quick recap with the help of pictures.
- Tell them that we will now going to analyse our lives more in depth and understand why we accept violence even though it affects us and our lives deeply. We are also going to see if we can lead lives free from violence.

TOPICS

E 1: What is violence?

E 2: Gender and violence

E 3: Understanding the 'Cycle of Violence'

E 4: Consequences of violence against women

E 5: Beliefs and facts about violence

E 6: From violence to respect in intimate relationships

E1: What is violence and what are its causes?²⁷

 **DURATION**
45 minutes

- Refer to the previous session on controlling relationships and do a quick recap. Remind participants that in a relationship, it makes life difficult for a person if one partner starts controlling the other. Discuss what happens when the controlling partner gets desperate to thrust their views or decisions on the other. Ask participants whether they have any such personal experiences and what was the result.

Exercise

- Divide participants into four/five small groups of approximately 5 participants each and ask them to develop role plays reflecting controlling relationships between a sex worker and her intimate partner. Tell the groups they have 10 minutes each to prepare and present their role plays in the plenary depicting the following:
 - Group 1** - Use of physical force such as hitting, slapping, or pushing
 - Group 2** - Emotional blackmail such as humiliation, insult or threat of abandonment
 - Group 3** - Emotional force such as threatening or pressuring
 - Group 4** - Humiliation using sexual comments or sexual assault
 - Group 5** - Controlling access to mobility/ financial resources/ food / water / emotional support

Discussion on the experience during the exercise

- After each role play discuss the following:
 - Who tried to control the other person in this relationship?
 - What form of control did he/she use?
 - Was it violence? If yes... why? If not why not?
 - Why did the person use violence against the partner?
 - How did it affect the other person?
 - How can it affect the other persons in the family such as children and parents etc.
- Ask the participants playing the roles of the offender and the victim whether it affected them personally in any way?
- Based on the discussion, define violence as 'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation.'
- Conclude that violence is often used as a way to control another person, to have power over them. Ask them to explain the different forms of violence that were seen through the role plays. Collate their responses. Probe further and add your inputs. The types of violence should include:
 - **Physical:** Physical violence is any act that harms the body. Physical violence includes: beating, hitting, slapping, kicking, and assault with a weapon, shoving, punching, choking, or killing. Physical violence is the most obvious, but many women feel they need to hide

¹² Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

their injuries because of shame or fear of judgment by others.

- **Emotional:** Emotional violence is any act that involves psychological or verbal abuse and/or controlling behavior. Emotional violence includes: shouting, infidelity, humiliation, insults, threats, intimidation, isolation, controlling behaviour. Emotional violence can be just as hurtful as other forms of violence. Women experiencing physical, sexual, or economic violence also experience emotional violence.
- **Economic:** Economic violence is any act that harms the individual's financial well-being or that uses money to control her. Economic violence includes: withholding money or food as punishment, preventing a woman from earning an income, taking away money or goods that belong to a woman or that she has earned, refusing her participation in financial decision-making, abandonment. Women are often dependent on their husbands, fathers, or brothers for their basic needs. This dependence often traps women in violent relationships.
- **Sexual:** Sexual violence is any act that limits a girl's or a woman's control over her body, her sexuality, or her reproductive health. Sexual violence includes:
 - **Forced sex:** being physically forced into having sex by a partner, acquaintance, or stranger; also called 'rape'.
 - **Coerced sex:** being pressured into having sex—emotionally, socially, or economically, for example, being pressured to have sex without protection or with the knowledge or fear of exposure to HIV.
 - **Sexual assault:** unwanted sexual contact or attention.
 - **Transactional sex:** being pressured into having sex outside an intimate

relationship in exchange for money or material assistance.

- Brainstorm on the reasons behind the violent behaviour. As the participants respond, make a list on a chart paper. Add your inputs if required. These could include:
 - Jealousy of other clients and friends of the SW, or the desire to have an exclusive right on her body and self despite knowing that she is a sex worker.
 - Unfulfilled demands/ expectations such as money, power, property etc.
 - The SW getting assertive and questioning the partner's controlling behavior.
 - The partner displaying his power and dominant position etc.

Relating the experience with real life experiences

- Now ask participants to relate this experience with their real lives and share if they had similar experiences of violence in the relationship. Ask how it affected them and their family members.
- Add that though we might not have observed very serious consequences of violence in the role plays that were presented, in real life the impacts range from severe health problems (chronic pain, disability, disease, and mental problems) that affect not only the health of individuals, but also the social health of communities and the economic health of nations.
- All four categories of violence against women are serious problems in our communities. All violence is harmful and a violation of fundamental human rights. All violence impacts the victim's lives negatively. It also harms our children, families, friends, neighbours and the larger community.

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- If a person tries to control another person's actions or decisions by using power over them, it amounts to violence.
- It need not be physical force or coercion or assault, even if it is verbal it amounts to violence if that causes physical or psychological harm, humiliation, or arbitrary deprivation of liberty etc.
- No one has a right to inflict violence on the other person.



E2: Gender and violence

DURATION

30 minutes

- Refer to the previous exercise and ask participants who, more often, were the victims of violence and who were the perpetrators? The answer will suggest that in most cases the women were the victims of violence and in most cases men were the perpetrators. Refer to the difference between the concept of sex and gender and ask the participants whether the statement ‘men are violent’ refers to sex or gender.
- Remind participants that though it is commonly assumed that violence is a ‘natural’ or ‘normal’ part of being a man, it is a learned behaviour. Men are often socialized to repress their emotions, and anger is sometimes one of the few socially acceptable ways for men to express their feelings. Moreover, men are sometimes raised to believe that they have the ‘right’ to expect certain things from women (domestic tasks or sex, for example), and the right to use physical or verbal abuse if women do not provide these things. Men are taught to use violence as a means of problem solving. Men also resort to violence to assert their views or decisions. Based on this understanding ask them whether violence against women is based on women’s subordinate status in the society that is determined by gender. Conclude that if violence is a learned behaviour, then it can also be changed by unlearning.
- Now introduce the concept of gender-based violence as ‘any act that results in a bodily, psychological, sexual and economic harm to somebody just because they are female or male’. It includes all acts of violence rooted in some form of ‘patriarchal ideology’, and can thus be committed against both women and men, by women and men, with the purpose of maintaining the social power. Gender-based violence is a term for any harm that is perpetrated against a person’s will; that has a negative impact on the physical or psychological health, development, and identity of the person; and that is the result of gendered power inequities that exploit distinctions between males and females. In the case of women in general, gender-based violence is a way of assuring women’s inferior position in society.
- Explain further that violence against women happens as a result of an imbalance of power between women and men. In most communities we grow up being taught that men are more important and powerful than women and that they have a right and even a responsibility to discipline and control women. When one adult controls the life and decisions of another adult it is unjust and unfair. In a relationship, when one person uses his/her power to control the other, it is violence. Men’s use of power over women and the community’s silence about this is the root cause of violence against women.
- Now divide participants into small groups and ask them to discuss whether gender-based violence may have any link with HIV transmission and develop role plays that can show this link. Ask the participant groups to present the role plays in the plenary and facilitate discussion around violence and HIV. Add your inputs if required. These should include the following:
- Due to fear of violence, the FSW may

not insist on using condoms which may result in HIV transmission.

- Due to fear of violence the FSW may not disclose her HIV status to her intimate partner, resulting in HIV transmission to him his other sexual partners, the FSW's clients and wife etc. She may also avoid getting her CD4 count tested, delay or avoid ART and not seek treatment when ill.
- Due to fear of violence the FSW may not disclose her HIV status to her IP and go ahead with pregnancy without seeking PPTCT services and risk transmitting HIV to her children.
- Due to fear of violence / fuelling jealousy she may not insist on non-penetrative sex or other safe sex options.

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- Unequal power relations due to gender difference influence violence and these need to be changed.
- The woman has to suffer a lot due to violence and fear of violence and she exposes herself to increased HIV risk.
- It is important to overcome the fear of violence and start aiming at ending violence.



E3: Cycle of violence²⁹

DURATION

30 minutes

- Keep three stacks of paper pieces of different colours (pink, blue, yellow and white) on the table. Ask each participant to come individually and select any number of cards and put them in the box kept on the table. They should use pink card if they are victims of any violent act in their life, blue if they have witnessed violence, yellow if they have inflicted violence on someone and white if they have not witnessed, experienced or inflicted violence. Assure them that nobody will know which card they are taking and putting in the box. After everyone's turn is over, open the box and count the no. of cards of each colour.
 - Now ask them whether they have observed any pattern in the violence. Collate the response. Add your inputs on domestic abuse.
 - Explain that domestic abuse typically follows a pattern consisting of three phases that are repeated, with some variations, over and over again.
 - The first phase is the 'tension building' phase. This is when the abuser is becoming more irritable, moody, and impatient and his partner is 'walking on eggshells' trying to prevent an increase or outburst of abusive behaviour.
 - Phase two is the 'acute battering' or 'abusive phase'. This phase is characterized by an increase in the severity of abuse that may or may not include physical or sexual violence.
- During an acute phase a partner may flee, seek medical attention or tell someone about the abuse.
- The third phase is usually called the 'honeymoon' phase. It is characterized by relative calm, apologies and promises by the abuser to change. His partner may feel both relief and confusion. She often believes him, not recognizing that the 'honeymoon' phase is also intended to control her and keep her in the relationship.
- Ask them whether they have seen these different phases in their experiences with violence. Now divide the participants into three small groups and allot one phase to each group. Ask them to elaborate what are the different types of actions and reactions that take place between the FSW and her intimate partner.
 - Ask them to list these and present them in the plenary. Ask if other groups agree with these and want to add any other points. Consolidate the points and add your inputs to include the following:

²⁹ Adapted from Rethinking Domestic Violence: A Training Process for Community Activists, Raising Voices

	FIRST PHASE TENSION BUILDING	SECOND PHASE ABUSIVE INCIDENT	THIRD PHASE HONEYMOON
His Actions	Moody	Verbal attacks increased	Begs forgiveness
	Irritable	Psychological abuse	Says "I'm sorry" - Sends flowers
	Critical	Humiliation	Promises to get counseling
	Nit-picking	Accuses partner of being crazy	Enlists family support
	Silent/sullen	Threats to assault	Promises "I'll never do it again"
	Isolates her	Forced imprisonment	Declares love
	Withdraws affection	Physical/sexual assault	Cries/weeps
	Blaming	Use of weapons	
	Name calling		
Her Response	Attempts to nurture him	Tries to calm him	Agrees to stay, return, or take him back
	Agrees - stays away from family and friends	Tries to reason	Attempts to stop legal proceedings
	Keeps kids quiet	Withdraws	Sets up counseling appointments for him
	Cooks his favorite dinner	Decides to leave relationship	Feels relieved, but confused
	Withdraws (silent)	Protects herself any way she can	Feels happy, hopeful
	General feeling of walking on egg shells	Calls police / her children or neighbour call police	

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- It is possible to recognise the signs of violence before the acts of actual violence take place.
- After inflicting violence, the perpetrator always feels guilty and agrees not to do it again. Women also want to believe him and stop any action against violence. But the perpetrator most likely goes back the full circle and inflict violence once again.
- It is important to put a conscious end to this 'cycle of violence' instead of believing sweet words and repeatedly being victimised.

E4: Consequences of violence against women

 **DURATION**
30 minutes

Exercise

- Divide participants into three small groups. Ask each group to develop and present a role play depicting violence in the relationship between a FSW and her intimate partner. Ask them to reflect on how it affects the following people, in addition to the FSW and her intimate partner.
 - Children
 - Family members
 - Community members / neighbours

Discussion on the experience during the exercise

- Based on the role plays, make a list of the possible consequences on the FSW, her intimate partner, children, family members and community members / neighbours. If the list is not complete, probe further and add your inputs. The list should include the following:
 - **Consequences on the FSWs**
 - Lacks self-confidence
 - Stops visiting friends and family
 - Has visible physical injuries
 - Experiences sadness and low self-esteem
 - Has increased health problems, including being infected with STIs
 - Experiences anxiety and fear
 - Unable or afraid to make decisions about her health
 - Unhappy at home
 - Fearful of her partners
 - At increased risk for HIV infection
 - Inability to work efficiently
 - Livelihood and income is affected

- **Consequences on intimate partners who are violent toward their lovers**

- Has tension in his home
- Has children who fear and distrust him
- Lacks comforting intimacy and enjoyable sex with his partner
- Has a partner who lacks affection and trust for him
- Is rejected by his family and community
- Feels disrespected by others
- Feels pressure to retain the power in their home
- Has to spend money on treating injuries caused by the violence

- **Consequences on children who witness violence**

- Remain fearful of and distrust their fathers
- Feel afraid for their mothers
- Feel sad and depressed
- Perform poorly at school
- Run away from home
- Have nightmares
- Behave violently towards other children
- Withdraw from activities and friends
- Grow up believing that violence is normal

- **Consequences on family members who witness violence**

- Are tense as they feel insecure
- Do not have respect for both the SW and her partner
- Lack sense of safety in the house
- Have sense of shame
- Stop visiting their friends and relatives
- Get isolated

- ***Consequences on communities those remain silent about violence***
 - Lose out on women's participation
 - Spend resources responding to violence against women
 - Have increased crime
 - Have overburdened social services (health care, police, social welfare)
 - Experience lower or slower development rates
 - Have higher rates of HIV/AIDS
 - Lack solidarity and harmony

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- In addition to the FSW and her intimate partner, violence affects the children, family members, communities and society at large.
- One cannot let violence continue at the cost of the woman, children and family members



E5: Beliefs and facts about violence in intimate relationships

 **DURATION**
30 minutes

Exercise

- Divide participants into six small groups of approximately 5 participants each. Give a belief card to each group and ask them to discuss and answer the questions given below. Give around 15 minutes for them to discuss and then ask them to present the gist of the discussion in the plenary.

The belief cards:³⁰

1. A man punishes his lover/ intimate partner as she commits a mistake or gives him a reason to do so.
2. Men use violence when they are drunk and do not know what they are doing.
3. Violence is a personal problem between the lover and her intimate partner and no one else needs to interfere.
4. Violence happens as men are not able to control their anger.
5. Women enjoy being abused.
6. Violence between the intimate partner and FSW is not very serious as every couple quarrels sometimes.

Discussion on the experience during the exercise

For each belief the following questions need to be asked:

- Is this true? If yes...why? If no...why not?
- Why do you think people think in this way?

- How does this belief affect your attitude towards the victim and perpetrator?

- Consolidate the understanding. Ask probing questions to make them see the truth if they are not easily able to understand it. Add your inputs if required. The understanding should include:
 1. The abuser always finds a reason to find some kind of fault or flaw and release his anger on the victim. No one deserves to be violently punished for mistakes; no one deserves torture as punishment. It is founded on the belief that men are the head of the family and can 'punish' a woman. Here the assumption is also that violence is a reaction against something; a man has the right to define interactions between him and a woman; if something plays out differently from what he wanted, then he has a right to use violence. Women and children are no longer considered the property of men but individuals with rights, and domestic violence is a crime in the country.
 2. Even though, in most of the cases the perpetrator is drunk, they also beat their lovers when sober. Alcohol is a risk factor that does not cause domestic violence but can contribute to greater frequency and severity of abuse. But we need to understand that men who drink and beat their lovers/ wives usually do not beat random people on the street, their parents or their bosses. They direct their violence only at their lovers/ wives. Men who batter their lovers/ wives often continue to do so even after they stop drinking. An abuser may use alcohol as an excuse for the violence, or alcohol

³⁰ Depending on the profile of the participants and time availability select 2 or 3 belief cards

may prevent him from realizing the level of force he is using, but alcohol cannot be named as the cause for violence.

3. The Violence against women and children incurs high costs for society. For example, medical treatment, damage of property, loss of ability to work and earn an income, children unable to go to school and more. Local authorities and judiciary have a duty to intervene in case a violent act is committed; the Law on Domestic Violence and the Protection of Victims states that 'any acts of domestic violence are considered a crime and shall be punished under the Penal Law in effect'. Even neighbours and social activists can and should intervene and make efforts to offer support.
4. Violent men often believe that the reason for violence is their lack of anger management skills. But the large majority of men who use violence against their partners are able to control their anger and abuse around other people, i.e. colleagues at work, friends and neighbours. They are also able to control the ways in which they abuse their partners, including limiting the physical assault to certain parts of the body where the bruising and injuries don't show!
5. This myth that women enjoy being abused is the result of the observation that many women remain in violent relationships despite constant abuse. There are many reasons why abused women stay with their violent partners. Many women are too afraid to leave violent relationships due to lack of support systems, lack of alternative home and property and perception of needing male presence to survive.
6. This argument is used regularly by perpetrators of violence who want to excuse their bad behaviour by saying that it was just a quarrel or argument. In this situation, the woman is not allowed to have a different opinion from a man.

It is normal and permissible in every relationship to have different opinions, to disagree with each other or even have a strong disagreement (quarrel) without being violent or abusive. Violence is not a disagreement or a quarrel. It is the use of physical, sexual and/or emotional power and threats in order to govern and control the victim's thinking, opinions, views and emotions. In a violent relationship there is no opportunity to have discussion about different opinions.

7. Add that violence can never be an expression of love. A person who really loves you will never hurt you.

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- There are lots of misconceptions about violence, especially about why the perpetrator inflicts violence but these are not true if we look at the arguments rationally and logically.
- It is important not to believe these misconceptions and take a stand against violence.



E6: From violence to respect in intimate relationships³¹

DURATION 30 minutes

- Start by saying “Often when we have been affected by a situation that went wrong, we try to blame someone or accept it as ‘fate! When we do this, we are not in control of the situation and someone else is controlling it. However, if we look objectively at our own role in the situation, we will be better able to avoid the problem or reduce its impact”.
 - Ask participants to reflect on the role play in the first exercise of the day and ask:
 - Could the character most like one of us, have taken more responsibility to control the situation?
 - How could this situation have been better handled?
 - Allow participants to express their suggestions and summarise.
 - Now talk about the THREE POINT PLAN to tackle problem situations:
 - ACCEPT what has already happened.
 - FIND WAYS to make things turn out as well as possible for all.
 - AVOID the same situation again (as far as possible), or be better prepared to handle the problem in future.
 - Ask participants what they think about trying out this plan when the situations that lead to violence take place.
 - Now ask them to work in the same groups and re-enact the role-plays, with changed perspectives and behaving responsibly.
- After each role play is enacted ask participants what they feel now with the changed situation. Congratulate the participants for being able to think differently.
 - Ask them if they can decide what should be the minimum non-negotiable in the context of intimate partner violence. It could be that they will not tolerate any verbal abuse, or it could be that there will be no physical violence. After they decide on the non-negotiable, ask them to try it over a period of time and share their experiences in the next session.

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- Instead of blaming each other, if everybody behaves responsibly and takes responsibility of his/ her actions, it is possible to avoid/ prevent violence.
- One has to look for the signs of violence and try to avoid violence as much as possible.

³¹ Adapted from ‘Stepping Stones: A training package on HIV/AIDS, communication and relationship skills’

CLOSING

- Ask everyone to share a learning each from the workshop. Paste the drawings showing the key messages on the wall, making sure all have been covered. Reiterate the messages. They should include the following:
 1. *Violence is not acceptable in any form and from anyone.*
 2. *One should not believe the perpetrator's arguments / reasoning about why he inflicted violence, they are just excuses to shift the blame.*
 3. *One should remember that the violence is a cycle and should not believe the perpetrator's plea immediately after the act of violence that he will never repeat it.*
 4. *If everyone takes responsibility of behaving maturely instead of swaying with emotions, it is possible to prevent violence.*
- Thank everyone for coming.
- Fix with them a convenient time and place for the next session. Ask them to remind one another to come on time.



Workshop F: TAKING ACTION AGAINST VIOLENCE ³²

This workshop and the following ones are very important as a follow up after creating awareness against violence as the women need to understand what needs to be done if they are faced with violence. They also need to gain skills to counter / prevent violence. This workshop aims at creating awareness about the rights of women and the provisions of the DV act. The workshop also aims at building skills in assertive communication.



 **DURATION**
2 to 2.5 hours

 **WORKSHOP OBJECTIVES**

- Understand our rights as women.
- Understand the provisions of DV act and its relevance to us.
- Understand why women stay in abusive relationships.
- Understand that violence is not acceptable in our lives and that we need to take action against it.
- Understand that life without violence is possible and that we need to work towards it.
- Gain understanding of assertive and passive behaviour.
- Show how it is possible to face someone with whom you have a problem without either antagonizing them, or withdrawing from the problem.
- Practice making non-judgmental statements for an approach which can open, rather than close, discussion on a problem to identify solutions.

 **TRAINING MATERIALS**
Chart papers / card sheets, markers and sketch pens, DV Act and Samvedana manual etc.

 **PREPARATION**
Prepare yourself well. If you have planned to conduct the workshop with a co-facilitator, distribute work load in advance and be clear about who is doing what. Check all training material.

TOPICS

- F 1: What are our rights?
- F 2: DV Act and other laws
- F 3: Why do women stay in abusive relationships?
- F 4: Is life without violence possible?
- F 5: About assertiveness
- F 6: 'I' statements

STARTING THE WORKSHOP

- Welcome all the participants. Ask participants how they felt after completing the previous workshop. Ask them if they shared their learnings with anyone? If yes... ask with whom and what their response was.
- Do a quick recap with the help of pictures.
- Tell them that we have all understood and are convinced that we will not accept violence in our lives. So we are now moving to taking action against violence – first understanding our rights as human beings and as women and learning skills that are required to protect our rights.

F1: What are our rights?

 **DURATION**
45 minutes

 **TRAINING MATERIALS**
Pictures, flip chart board, clips, sticky tape

Process:

- Explain that most often we accept violence and are afraid to raise our voice against it due to lack of awareness about our rights. Explain that as we have decided to take action against violence, it is very important for us to know our rights. Explain that knowing our rights enhances self-confidence in us and gives us the courage to fight for them.
- Inform participants that as we have decided to take action against violence, we need to know our Rights.
- Ask participants if they have heard the term 'Human Rights'. If they have heard about it facilitate a discussion around the following questions:
 - What are Human Rights?
 - Which are the rights that we enjoy as a citizen of India and what are they called?
 - Why do we need these rights?
- If they have not heard about the term, explain that Human Rights are legal, social or ethical principles of freedom or entitlements, which are inherent to all human beings, whatever their nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status.
- Explain that the Indian Constitution has recognised Human Rights in the form of Fundamental Rights. The major Fundamental Rights include:
 - Right to equality, including equality before law, prohibition of discrimination on grounds of religion, race, caste, gender or place of birth, and equality of opportunity in matters of employment, abolition of untouchability and abolition of titles.
 - Right to freedom which includes speech and expression, assembly, association or union or cooperatives, movement, residence, and right to practice any profession or occupation (some of these rights are subject to security of the State, friendly relations with foreign countries, public order, decency or morality), right to life and liberty, right to education, right to protection in respect to conviction in offences and protection against arrest and detention in certain cases.
 - Right against exploitation, prohibiting all forms of forced labour, child labour and traffic in human beings;
 - Right to freedom of religion, including freedom of conscience and free profession, practice, and propagation of religion, freedom to manage religious affairs, freedom from certain taxes and freedom from religious instructions in certain educational institutes.
 - Cultural and educational rights i.e. preserving rights of any section of citizens to conserve their culture, language or script, and right of minorities to establish and administer educational institutions of their choice.
 - Right to constitutional remedies for enforcement of Fundamental Rights.
- Explain that we need our rights to ensure that every one is treated equally, protected from being exploited and gets



equal access to services.

- Now paste two picture cards on the flip chart board and ask participants to compare them and decide which of them is correct. Discuss what might happen if a woman or man insists that she or he is right. Discuss the advantages that may accrue if both of them decide to lead an equal life. The discussion should include the following points:
 - If one of them insists that he is right, he will violate the rights of the other person. The person whose rights are violated constantly may feel powerless and victimized. The relationship will be based on unequal power relations and hence there is a possibility of violence in the relationship.
 - If both of them decide to accept each other as equal, they can have a healthy loving relationship where both partners would share equal power and hence can lead a life which is devoid of violence.
- Divide participants into five groups and give them two pictures each from among pictures numbered 1 to 10. Ask each group to study the pictures carefully and discuss the following in their groups.
 - Have you ever faced these kinds of problems in life?
 - Why are these kinds of situations faced by women like us?
 - Is this correct? If not what should you do?
- After 5-7 minutes, call the groups back to the plenary.
- Paste the pictures on bigger flip charts so that everyone is able to see them. Ask a representative from each group to present the gist of the discussion with reference to each picture allotted to them. Ask members of the other groups to add their points if they want to. Encourage the participants to share their own experiences of violation of each right. The discussion can include but is not limited to the following points in the pictures:



ವಿಶ್ವಾಸ್ಯತೆ ಪಡೆದವರು ಅಂತ ಪಡೆದ ಅತಿ ದೊಡ್ಡ ನಿರಾಸೆ.

• **Picture 1: Refusing to issue a ration card to a sex worker**

Nobody has a right to issue a ration card to a woman because she is a sex worker. If this is refused she should take help from the CBO/ NGO or her fellow workers and file a police complaint against the officer who refuses to issue a ration card. If the officer refuses as the woman does not have a permanent address or address proof, she should make efforts to provide the required documents.



ಮಾನ್ಯ ದೊಡ್ಡದಲ್ಲ.

• **Picture 2: Inability to find living space**

Nobody can refuse a living space to you just because you are a sex worker. People do it because they fear that you will have a bad influence on their families and children. You should promise them that you will not do sex work from home or bring your customers home.



ಪಾಠಶಾಲೆ ನಮ್ಮ ಮಕ್ಕಳಿಗೆ ಪ್ರವೇಶ ನೀಡಲೇ.

• **Picture 3: Refusal of a school admission to your child**

It is your Right to admit your child to the nearest school of your choice. Yet most of the times, the headmaster or teacher may refuse to admit your child due to fear of pressure from other parents or due to their own prejudices against sex work. You can fight this situation with support of your fellow sex workers/ CBOs / NGOs and by approaching the officials of education department with your complaint.



ಪೊಲೀಸರು ಹಣವನ್ನು ಕೇಳುತ್ತಾರೆ.

• **Picture 4: Abusing the law**

It is possible that police, who are the ‘custodians of the law’ abuse a sex worker in many ways, such as by demanding money or sexual favours. They also beat her even though she may not have solicited and arrest her as a criminal even though she might herself be a victim. If this happens, she should fight the situation with support of support groups/ CBOs/ NGOs and by approaching senior police officers in the police station with a complaint.



ಪೊಲೀಸರು ದೃಷ್ಟಿಯಿಂದ ಹಿಂಸಾಕೊಡುತ್ತಾರೆ/ಕಿರುಕುಳಿಸುತ್ತಾರೆ/ಒಲವಿಲ್ಲ.

• **Picture 5: Humiliation, torture and harassment at the hands of the guardians of the law**

(Same as above)



ಕೌನ್ಸಲರ್ ವಾಸ್ತವ ನಿರಾಚರಿಸುತ್ತಾನೆ.

• **Picture 6: Refusal to respect the right to confidentiality**

The counsellors are supposed to respect your right to confidentiality and not divulge any personal information to anyone. Yet the counsellor may break trust and confidentiality and share personal information such as your occupation or your HIV status. This is violation of your right to confidentiality. Situations such as the above occur as many people do not value sex workers as human beings and do not respect their Human Rights. In case this happens to you, you should discuss this with your fellow workers, CBO members and NGO and influence the counsellor to respect your right to confidentiality.



• **Picture 10: Eviction from a place of residence**

Same as picture 2

- Highlight the emerging learning from this discussion that our constitution gives equal rights to every citizen including the sex workers. Emphasize that our law does not consider sex work as a crime and hence our women are not criminals. The police have to safeguard the public interest which includes protection of sex workers' interest.
- Emphasize that all the fundamental rights guaranteed by the constitution also apply to sex workers. Ask them if they enjoyed these rights that were depicted in the pictures or they were violated any time?
- Explain that soliciting in a public place which is notified as “prostitution-free” is a crime. Facilitate a discussion on which are the places which are notified as prostitution free. These public spaces include places of religious worship, educational institutions, hostels, hotels and hospitals etc.



- Show them the pictures and facilitate a discussion around the following questions:
 - Under which circumstances the police have a right to arrest / call for interrogating the sex worker?
 - If the police arrest a sex worker whose responsibility is it to prove it in the court of law?
 - Is the onus on you to prove your innocence or
 - Is the onus on the police to prove that you are guilty
- Explain that the onus is on the public prosecutor to prove that she is the accused. Add that the onus depends on the type of FIR. If she is booked as a victim she does not have to prove her innocence.



- Show the picture 11. Ask someone to read different rights that are mentioned on the chart such as
 - Right to freedom
 - Right to equality
 - Right against exploitation
 - Right to religion
 - Right to constitutional remedies
- Ask participants what the picture tells them. Explain that every woman (including the sex worker/s) has the right to shape her life, live with dignity, express her views, live wherever she wishes and to pursue an occupation of her choice. But every right comes with its own caveat and exercising your rights may be restrained when it comes to upholding the law.



- Show picture 12 and discuss what message is conveyed through the picture. Facilitate the discussion in such a way that they would know that the human rights are universally advocated and everyone is equal in the eyes of the law. Discuss that equality is not something that one gives the other as charity but everyone enjoys it as a right.
- Now divide the participants into two groups and ask them to discuss one of the following situations based on their experiences and discuss different ways in which a sex worker should respond when she experiences such a situation and present them in the form of a role play.
 1. A police officer arrests a sex worker when she is at her home.
 2. The head master refuses to admit a sex worker's child.
 3. A landlord asks a sex worker to vacate his tenement
 4. A counsellor divulges personal information about a sex worker to her neighbours.

- After each role play, discuss the appropriateness of the responses of the sex workers. Ask them if the knowledge about their rights has brought the change in the sex workers' responses. Consolidate the learning by showing the pictures (numbered 13 and 14)
- Now show the last picture (numbered 15) and conclude that there are innumerable laws in our country. Whatever the nature of your problem the law will allow you to raise your voice against it. You can access the services of a lawyer free of charge from the free legal services mission and fight against injustice or you can complain against anyone and fight for justice in a court of law.
- Ask them if they have heard about free legal services and if any one has ever accessed them. If anyone has accessed the free legal service ask them where they are available and whom should they meet to access the free services.



F2: DV Act and other laws

DURATION
30 minutes

Process:

- Linking with the previous activity, inform participants that if a person is not aware of her/ his rights to equality and freedom or does not demand them, other people around her may violate her rights. The violation can lead to unequal power relations and violence. Refer to the earlier session on violence and explain that when any kind of violence is inflicted on a woman by her family members or relatives it is called 'domestic violence'. Individuals who cause domestic violence within the house are usually family members or relatives, mostly husband, lover, partner or client. Sometimes it may also be caused by an uncle, maternal uncle, mother-in-law, sister-in-law, father or brother.
- Inform them that the Government has passed a Domestic Violence (DV) Act under which the person inflicting violence to the other family member is liable for punishment.
- Explain that the sex workers are also covered under the DV Act if violence is inflicted on the sex worker by her family members or her intimate partners.
- However it is common for some women to endure beatings and pain and accept violence as their fate. Most often, women feel that their husbands/ partners have a right to beat her and hence many instances of domestic violence remain within the four walls of a house and are not visible outside. This makes the woman helpless, dependent, humble and fearful.
- Explain that the provisions of the DV Act give women protection from violence

inflicted by intimate partners and husbands and hence it is important for them to know the act and its provisions. The awareness and knowledge can lead to building their confidence to take firm stand of not accepting domestic violence. You can immediately lodge a complaint against the family members/ husband/ partner with the police. If proved guilty they will be punished under the criminal offences law.

- Show them the picture and ask what is happening in the picture. Explain that when you file a complaint the police document the complaint on a sheet of paper which is called as 'first information report' or FIR. Tell them that it is important for them to get a copy of this report as it is most crucial document in the case.



• ದೊರಕಿಸಿ ಕೊಡುವ ಪತ್ರವು ಮುಖ್ಯವಾದ ದಾಖಲೆಯಾಗುತ್ತದೆ (ಅನುಭವಿಸಿದ)
 • Non cognizable (ಕಾನೂನುಬಾಹಿರವಾದ ಅಪರಾಧವನ್ನು ದಾಖಲಿಸಲು ಪೊಲೀಸ್ ಠಾಣೆಯಲ್ಲಿ)

- Explain that under the Indian penal code (IPC) 498 (C) torturing a woman is a punishable offence and if such incidents are reported the police can arrest the offenders without producing a warrant. Explain that IPC 498 (C) - has classified

domestic violence as an atrocity and contextual witness is acceptable. The accused (suspect) will be prosecuted and jailed for such an atrocity. A fine of Rs.20000 may also be levied.

- Explain that apart from the criminal law they can also file a complaint under the civil law which includes the following:

1. *Legal separation*

Permission to live separately without getting a divorce

2. *Divorce*

Permanent separation from husband and right to remarry

3. *Establishing prior state conjugal rights*

Get a ruling from the court to reinstate her right to be his wife

4. *Alimony*

Request alimony to pay for food, clothes, house, education, medical fees and other expenses

5. *Undertaking*

Get an undertaking from the court that the violence won't continue in the future

- The woman can submit an application in court requesting any of the above mentioned compensations as per her choice.
- Explain that while the case is in court, to establish that your husband/ partner is the tormentor you have to produce the following documents:
 1. Wedding card, photograph of the two of you together or a ration card
 2. Medical report confirming your physical injuries / injury marks on the body
 3. A person who has witnessed the violence
 4. A copy of the complaint to the police (FIR) if you have already done so
 5. Letter written to friends or mother by you describing the violence you are experiencing or a diary that details the violence faced by you

- Explain the facilities provided by the state government for assistance to a violence victim such as:
 - **Helplines** set up by the state governments in association with district level social organizations for immediate assistance. Inform that in Karnataka it is called 'Vanitha Sahaya vani' and its toll free number is 1091. (Show picture)



- **Counseling centers:** which provide legal aid, temporary lodging, financial help and vocational training to start an independent life to women facing domestic violence, torture, sexual violence, dowry harassment etc.
- **Free Legal Aid:** which is provided at all district headquarters where experienced lawyers provide detailed consultations to women facing violence and will provide legal assistance free of cost.
- Explore if any participant has any barrier to access the protection of law against violence despite knowing that the law is on their side. If yes ask them what their hesitation is. It could be that they may not wish to access protection against violence because of their overall experience of violence by police etc. Explain that in this case the law is with them and not against them and hence they need not have any anxiety to access protection. But if the hesitation persists, ask the group to help its members to overcome this fear and take help of the law.
- Finally, provide address and telephone numbers where they can access help.

F3: Why do women stay in the abusive relationships?

DURATION

45 minutes

- Divide participants into four small groups. Ask two groups to develop role plays in which the women are victims of violence yet do not leave the partner or take any action against him. Ask the other two to develop role plays where the women tried to seek help from neighbours, relatives, and community members etc. who did not support them.
- On the basis of the role plays discuss factors that make women continue being in abusive relationships.
- Consolidate the understanding as:
 - Perpetrators of violence / the cultural conditioning often influence women to believe that the violence is their own fault rather than of the perpetrators. Hence they may feel ashamed and worried about the shame and dishonour they would bring to the family by accepting that they are victims of partner violence.
 - Violence against women is considered normal in most communities. Hence, victims of violence may often feel that as women, they must simply accept and bear it.
 - They expect their partners to change over time.
 - They fear that their relatives, families or friends will not believe them or listen to them.
 - They focus only on survival for short time and do not think of the long-term implications.
 - They accept that the intimate partner has a right to punish them for their mistake.
- They fear for their safety and of their children's safety if they decide to leave.
- They love the partner and do not want to hurt him.
- They are not aware that help is available.
- Their financial condition is not very good so they fear economic problems if they leave the partner.

F4: Is life without violence possible?

 **DURATION**
20 minutes

- Divide participants in pairs. Ask them to share a real life story describing a situation where partner did not react violently though it would have been his usual reaction. Share your own story if appropriate. Give sufficient time to discuss and then call them back to the plenary.
- Ask them if they had been able to share any story. If the answer is yes... ask them if it means that life without violence is possible. Facilitate in such a way that they are able to look at the value of these small incidents which show that there is a hope for us to believe that life without violence is possible.
- Now in an interactive dialogue, discuss various factors that had led to a different reaction from their partners. Collect responses. Consolidate that if we know some of these factors, we can design appropriate strategies for a life without violence.



F5: About assertiveness ³³

DURATION 30 minutes

- Ask participants to sit in a circle.
- Explain that when people want to influence the behaviour of others they sometimes communicate in ways that are not very helpful. In this session we are going to look deeper at how we try to influence the behaviour of others and at the ways in which we respond when others try to influence us. We are going to start with an exercise in which we think of different ways in which we and other people behave.
- Present a situation through a role play along with a co-facilitator between the FSW and her intimate partner (preferably one negotiating condom use). Present the situation in four different ways where the FSW tries to convince her intimate partner in aggressive, passive, manipulative and assertive behavioural patterns. Ask participants to observe carefully.
- After each role play discuss the following:
 - How did the FSW communicate the message?
 - How were her body language/ facial expressions?
 - What was the response of her intimate partner?
- Introduce the behaviour patterns as 'aggressive', 'passive', or 'manipulative'. Encourage participants to recollect as many behaviour patterns as they can. Take care that they notice the following or else add / probe if these aspects are not shared:
 - **Aggressive behaviour:** Expressing feelings, opinions and desires in a threatening way or as if punishing the other. Insisting on own rights while denying the rights of others. It includes: shouting, demanding, not listening to others, saying others are wrong, leaning forward, looking down on others, wagging a finger, pointing, threatening or fighting.
 - **Passive behaviour:** Giving in to others' wills, hoping to get what you want without saying it. Leaving it to others to guess or decide for you. Putting everyone else's needs before yours. Never saying 'No' to people. Saying I don't mind, don't worry about me. I am OK. etc. Passive behaviour includes talking quietly, giggling nervously, looking down or away, sagging shoulders, avoiding disagreement, hiding face with hands etc.
 - **Manipulative behaviour:** Dropping hints without saying directly, being sarcastic, pretending that you are about to cry or using emotional blackmail. Manipulative behaviour includes: nagging, faking to be upset, showing fake sympathy, moaning etc.
 - **Assertive behaviour:** Expressing in a clear, direct, honest and open way saying what you feel and what effect the other one is having on you. Saying clearly, what you would like and sticking to your request, being able to say no when you mean it and yes when you want something, respecting other

³³ Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

people's feelings but not losing sight on your own needs. This is different from aggressiveness as there is no rudeness.

- Remind the group that we use the passive, aggressive and manipulative approaches which sometimes may be an easy way to deal with situations in the short term. But in the longer run, it may lead one into problems. If you are always passive, people would take you for granted and if you are manipulative or aggressive people may dislike you and avoid you. Aggressive and manipulative behaviour which often leads to negative feelings of anger, guilt or depression. Short term 'gains' were negated by long term 'losses' because relationships with people became strained and life became unhappy.
- Ask the group to split up into pairs. Ask them to think of a time when they behaved in one of these three ways and share that situation with each other. Ask each pair to choose one of these examples to act out. These could include the following:
 - Negotiating condom use
 - Saving money earned
 - Convincing partner to access STI/HIV services
- Re-assemble the whole group and ask for some of the pairs to share their examples with the group (you probably will not have time for them all). Discuss for each:
 - How did the person behave: what did you see them saying and doing?
 - Why did the person behave in this way?
 - What was the effect of their behaviour on the situation?
 - Can you suggest a different way of behaving?
 - How does this change the interaction and its effects?
- Discuss what are the signs that can help us to recognize and even predict others' behaviour? What signs do we need to learn to recognize in ourselves that can warn us that we are embarking on an unassertive approach? How can we alter our pattern of reacting and begin to learn a new response? How does it feel to change our body language? How does an assertive approach help us in sex work?

F6: 'I' statement ³⁴

DURATION 45 minutes

- Introduce the idea of 'I' statements to the participants, including clear and clean 'I' statements that have worked.
- Ask participants to work in pairs. Ask them to prepare one 'I' statement each, relating to a current or recurring difficulty which they are facing in their lives. Partners can help each other to make their statements clear and clean.
- Ask for a few examples from the participants, giving people an opportunity to comment on them and to offer suggestions as to how they might be improved.
- Discuss in what ways the 'I' statement formula could be useful to participants? In what situations could it be useful? What do they think about it? Can they try to use this to convince their intimate partner to use condoms or stop being violent or jealous?

Information for the 'I' statements exercise:

- An 'I' statement is a way of expressing clearly your point of view about a situation. It includes an expression of how it is affecting you, and how you would like to see it change. The best "I" statement is free of specific demands and blame. It opens up the area for discussion and leaves the next move for the other person.
- We should aim for our 'I' statements to be clear (that is, to the point) and clean (that is, free of blame and judgment).

- We should beware of 'you' statements which place blame on someone else, hold them responsible, demand change from them or hold a threat.

Examples of a 'you' statement:

- "You are so lazy, you never keep the house cleanly swept, you are always late with my food and the children are always crying. I don't know why I come home to you. You have to work harder from now on!"
- "You are always so drunk when you crash into the house at night. And you take away money so I can't even buy food for the children. I don't know why I put up with you. You must stop going to that bar from now on!"

These statements are very judgmental and make the listener feel hemmed-in and thus defensive.

Examples of an 'I' statement:

- "I feel it will be very good for both of us to have safe sex. I would like us to discuss condom use so that sex is enjoyable and neither of us will worry about getting an infection which can affect us and our loved ones."
- "What I'd like is for us to have an understanding of roles which suits us both. I would like you to help me in keeping good health and protecting me from violence while I am staying in your brothel and sharing my earnings with you."

These statements carry no blame and are phrased not to annoy the listener. The expectations within them are presented in a non-judgmental manner (there is no "you must...") and are not accusing the listener. They state the speaker's expectations or hopes, but they do not demand that they be met.

³⁴ Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'

'I' statement formula

The action: "When..." Make it as specific and non-judgmental as possible, e.g. "When you come home late at night..."

My response: "I feel..." Say "I feel..." rather than "I think..." and keep it to your own feelings: For instance "I feel hurt/sad/happy/disappointed/ignored..." Not: "I feel that you are being mean!"

Reason: "...because..." If you think an explanation helps, you can add one here. But make sure it does not blame. For example, you can say "...because I like to spend time with you."

Suggestions: "What I'd like is..." A statement of the change you would like. It is OK to say what you want, but not to demand it of the other person, e.g. "What I'd like is for us to discuss this" or "What I'd like is to make arrangements that we can both keep". Not "You must stop being so lazy!"

Note: This is a structured format and may seem strange to start with. It takes time to absorb new skills and to begin to use them unconsciously. (Adapt the language to suit your situation.) Try to use it first in an easy context, with a friend over a small problem. You can begin just by saying "I feel happy when..." and see how that works.

Then as you gain practice in using it, you can try it with a friend in harder situations. You can start to try out "I feel unhappy when..." When you feel OK with that, you could try out "I feel happy when..." with your partner.

Finally, you can try out "I feel unhappy/sad/frustrated when..." with your partner. This sounds very daunting but, as the women of Bagalkot found, it is possible to learn and use this formula.

This is a useful way of separating feelings and facts in order to clarify what a problem really is. The formula may seem strange and unfamiliar, but with practice it can become an unconscious reaction rather than a laboured response. It is a tough discipline and needs practice. It is worth pointing out that it can be used at work, at the market or the shops, with friends, on public transport or at any time when you feel that your needs are not being met. It is not just for use with a partner!

CLOSING

- Ask everyone to share a learning each from the workshop.
- Paste the drawings showing the key messages on the wall, making sure all have been covered. Reiterate the messages. They should include the following:
 1. *Women stay in abusive relationships not because they enjoy being abused but they think that there is no other option.*
 2. *Women also stay in abusive relationships for the sake of their children and other family members as they think that if they leave the abusive relationship, their family would suffer.*
 3. *It is important to communicate assertively and not aggressively, passively or manipulatively to get desired results.*
 4. *It is important not to blame anyone while communicating, but sharing ones feelings as a result of a particular action and offering suggestions can bring about the change.*
- Thank everyone for coming.
- Fix with them a convenient time and place for the next session. Ask them to remind one another to come on time.





Workshop G: SUPPORTING EACH OTHER

Now that the participants have decided to end violence and take action against it, they would need an enabling environment so that they would be in a position to garner support and achieve their objectives. This workshop aims at understanding from where to get support and how to offer support to our colleagues and friends.



 **DURATION**
2 to 2.5 hours

 **WORKSHOP OBJECTIVES**

- Understand the importance of support systems.
- Plan support systems to deal with violence and prevent further violence

 **TRAINING MATERIALS**
Chart papers / card sheets, markers and sketch pens, etc.

 **PREPARATION**
Prepare yourself well. If you have planned to conduct the workshop with a co-facilitator, distribute work load in advance and be clear about who is doing what. Check all training material.

TOPICS

G 1: What happens when people do not support us?

G 2: What happens when people support us?

G 3: What is our safety plan?

G 4: Identifying allies

G 5: Mapping our support system

G 6: Join hands to end violence

G 7: 'Jaduki zappi' (magical hug)

STARTING THE WORKSHOP

- Welcome all the participants.
- Ask them how they felt after completing the previous workshop. Ask them if they shared their learnings with anyone? If yes... ask with whom and what their response was.
- Do a quick recap with the help of pictures.
- Explain that in last workshop we saw how life without violence is possible and that nothing should compel us to remain in an abusive relationship. We also saw that if we decide to take action we need to learn to be assertive. In today's session, we will see that to take action, it is important for us to support each other and identify other supports too. During this workshop, we will also discuss why it is important to have a support system, how to identify the support system and plan to join hands to end violence.

G1: What happens when people don't support us?

 **DURATION**
30 minutes

- Divide participants into four small groups. Ask them to develop role plays in which the protagonist are women who are victims of violence but have tried to seek help from the following people:
 - Group 1** - Family members and relatives
 - Group 2** - Neighbours
 - Group 3** - Community members (FSW / *Devdaasi* community, SHGs, other groups)
 - Group 4** - Influential individuals/groups- (Gram Panchayat members, police, doctors, others)
- Tell them to develop and present the role plays showing how the women do not receive support and explaining various factors why these people do not support her.
- On the basis of the role plays discuss:
 - Is it common that relatives, loved ones, or others do not believe a woman who discloses that she is experiencing violence?
 - By remaining silent, do they allow the violence to continue?
 - Is it true that many women feel compelled to stay in violent situations because if they leave, they will not be accepted by their family, friends, neighbors, communities or institutions?
 - Survivors of violence who turn to someone they know and trust for support—whether at home, in the workplace, in a camp, or at school—may still end up facing further violence?

G1: What happens when people support us?

 **DURATION**
30 minutes

- Ask participants to remain in the same groups and revisit the same role plays. This time they have to present the plays in a positive manner where the family members, neighbours etc. offer support. Discuss what could be supportive behaviours. These could include:
 - People could have listened to survivors' stories and shown respect and empathy for their feelings.
 - They could have believed women's experiences and not blamed them for the violence.
 - They could have respected survivors' wishes.
 - They could have reached out to the survivors when they knew that they were experiencing violence.
- Ask the people who played the character of the sex worker to share how differently they felt when they did not get people's support and when they did get supported. Ask what the other participants felt in the same scenario.
- Ask participants whether this supportive behaviour can inculcate courage in them to take action against violence? If the answer is yes... Ask what they could do to get support from people.

G3: What is our safety plan?

DURATION

45 minutes

- Link with the previous session and explain that another step to deal with violence is making a safety plan. A safety plan means things you can do to keep yourself and your children safe from domestic violence. You may not be able to control your partner's violence, but you can ensure safety for yourself and your children.
- In an interactive dialogue develop broad heads under which the safety plan can be developed. Add your inputs only if required but ask probing questions so that they can think about a variety of situations for which they need to prepare safety plans. These could include:
 - If you want to continue to stay in an abusive relationship you need to plan how to deal with an emergency such as a physical assault, or being imprisoned in your own home.
 - If you decide to leave the abusive partner you need to plan how to leave safely and protect yourself and your children after you have ended your relationship.
 - Stress that the plan enables us to think through things more clearly and helps us regain control of the situation for ourselves.
 - Now divide the groups in small groups and ask them to discuss their plan considering their financial, emotional and physical needs and then present the gist in the plenary. Consolidate the learning and add your inputs if required.
- **Safety during violent incident:**
 - How will I avoid getting hurt? (Run away/ call somebody for help/ attack him to shock him/ give my partner what he wants to avoid violence).
 - When you expect an argument that can lead to violence what will you do? (Move to a space where there will be lesser risk such as room that has an outside access/ escape from the situation).
 - If you want to escape which way will you use? (Staircase / back door/ front door).
 - How will you ensure that you will get police help if required? (Tell someone (who?) that if they hear suspicious noises from your house they should call police, teach your children how to call police when required / decide a code word to use with your children, family, friends, and neighbors when you need the police).
 - Decide and plan for where you will go if you have to leave home (even if you don't think you will need to).
 - Remind yourself you don't deserve to be hit or threatened and hence need to protect yourself and your children.
 - Keep all important phone numbers you can call for help (police, hotlines, friends and local shelter/s).
 - Have an extra set of keys and a packed bag ready and keep them in an undisclosed but accessible place in order to leave quickly.
- **Safety after leaving him** (most FSWs stay in their own houses or with parents and hence they might discontinue the relationship but not leave their home. Even if they have to run away to escape from violence, they return after a short while when the partner leaves).
 - Risk to your physical safety can increase when leaving your abusive partner. Hence it is important to plan

for your safety and your children's safety.

- Open a savings account in your own name to begin to establish or increase your independence. Think of other ways in which you can increase your independence.
 - Keep all important phone numbers such as police, hotlines, friends and local shelter easily available to you and your children.
 - Plan how would you raise an alarm if he returns to trouble you.
 - Inform police, SHGs and community members that you have left him and if they see him near your house wandering suspiciously or near your children, they should take immediate protective action.
 - Inform your regular grocery store owner, jeweller etc. that you have left him and are not responsible for his loans.
- Now add that you should also prepare a safety plan for other situations of violence such as blackmail, threat to send pictures on MMS, disclose to your children or family about your involvement in sex work and spreading rumours about HIV status etc. Encourage them to draw a safety plan. Ask them to share it. Add your inputs if required. The safety plan could include:
 - Disclose your livelihood/ HIV status with your family members, it would be difficult in the beginning but it would put an end to all the blackmailing efforts.
 - Take care that your partner is not shooting your intimate moments on his mobile.



G4: Identifying allies

 **DURATION**
30 minutes

- Link with the previous session and ask them if they decide to counter violence (either leave the abusive partner or make him realise that violence is not acceptable if the relationship has to be continued), would they be able to do it alone or would they need support? The answer would obviously affirm the need for support. Inform them that the people who give you backing/ assistance/ advice/ information/ protection and even friendship or are your support base are called allies. Anyone and everyone who can help you is a potential ally.
- These are people who share your aims / interest and can help to influence or put pressure on the decision-makers. These are people/ organizations that are sympathetic to our cause.
- Explain that these people could include opinion leaders, present and former politicians, media personalities, NGOs, community groups (SHGs or youth groups), teachers and of course the members of our own community or other FSWs who also suffer from intimate partner violence or even other housewives who suffer from domestic violence.
- Explain that each group/ individual may give their support in different ways and—at different times, in the form of information, financial help, facilities, protection etc.
- Now put up a chart on the wall. Ask for a volunteer. Draw a circle and write the volunteers' name at the centre. Explain that she is the hub of her existing network. We all know people through other people, and when we think about these links it can be surprising how many routes to potential allies are already open to us. With this exercise we will map out the links we already have to existing allies and start to think about the groups and organisations we could potentially reach.
- Now start adding the names of any groups she is a part of, or an organisations she belongs to, by taking inputs from her. Connect these to her name with a line. Explain that she has a direct link into these groups and this is her starting point for thinking about alliances she could build.
- Ask her about people she knows in these groups and groups that they are part of. She can link them by a line, adding the name of the person who is the link between her groups.
- Keep going for as long as she is identifying groups she is having a connection to, even if they are quite a few links removed from her. Working like this it's really easy to come up with quite a few groups she knows, directly or indirectly. Having this existing route into a group can make it a lot easier to approach them.
- Explain that each one of us can draw a spider chart like this and explore our allies. We can also do it as a group. When we complete our spider chart, we can think about the groups we want to proactively reach out to, and knock out the ones that we don't want to explore.
- Ask participants to share their learnings and consolidate them in the plenary.

G5: Mapping our support system

DURATION

30 minutes

- Divide participants in small groups and ask them to list the specific names of individuals and organisations whose support they would need for ending violence in their lives and decide on symbols for each of them.
 - Ask them to present them in the plenary. Consolidate the supporters they have identified. Add your inputs if required. The list should comprise of the following:
 - Family members
 - Friends and neighbours
 - Community members
 - Gram panchayat/ panchayat members
 - SHGs
 - Women crisis centres/shelters
 - Police / women police
 - Counselling-centres / counsellors
 - Emergency services
 - Hotlines / helplines(*i.e.* 24-hours women's helplines, police hotline, others)
 - Friend, philosopher and guide to share information about available support and training
 - Legal aid/ lawyers
 - Media
 - Special support services for vulnerable groups
 - Shelter and destitute homes
 - Now explain that as all the participants are from the same area, apart from their own friends and family members, all the other support systems would be common. Hence ask them to use *rangoli* and colours and other material and make a sketch of their village/ street and then map the support systems on the map.
- This map will show how close/ far the support is available.
- Ask them whether they know the postal address and phone numbers as these might be needed if we decide to take action to end violence. Stress that mapping of the support system is a part of the planning process that needs to be done well in advance.
 - Ask someone to reconstruct the map on a paper and keep it as a record.

G6: Join hands to end violence

 **DURATION**
35 minutes

- Explain that we think that violence is ok because every woman in the community experiences violence. We think that others in the society expect us to tolerate the violence and hence if we make noise they may think that we are intolerant. This belief creates a norm of tolerance to violence.
- Explain that there is a need to decide to change this norm. Ask them that having realized violence is not right and love and violence do not go alongside each other, should we decide and create a norm where violence is not accepted?
- Divide participants into four groups and state that for creating such a norm and adhering to it, they will likely need a lot of support from each other and so, in this session, groups will discuss different things which would be supportive and would help us end violence in our lives with reference to the following categories:
 - Self
 - Intimate partner
 - Other members of your group / your friends
- Introduce the following as examples and ask small groups to discuss further:
- **Self:** Learn more about how violence affects the community, learn listening skills, learn time management skills, develop better relationships with other colleagues, keep better record of activities, learn more about motivation, learn to share feelings, learn how to speak in front of groups, etc.
- **Intimate partner:** Try to convince your partner to participate in the workshops for intimate partners to end violence.
- **Other members of your group / friends:** Set up a group norm that none of the members of the group will accept violence from their partners and all the other women will support one-another.
- Ask groups to share their learnings in the plenary. By the end of the session, the norm of tolerating violence should change to a norm for not tolerating violence.
- Consolidate the learnings that as a group, we can support each other not to tolerate violence by:
 - Supporting the woman when she raises her voice against intimate partner violence (IPV)
 - Help group members to realise that what they are experiencing is IPV and encourage the need to take action
 - Link them with counsellors, women's groups, police etc. so that they get help.

G7: 'Jaduki zappi' (magical hug)

DURATION

10 minutes

- At the end of the workshop, ask participants to stand in a circle holding each other's hands. Ask them to promise the group that they will address the issue of violence together and support each other.
- Ask them to pass positive energy through their hands to each other and hug the person on their right and assure her of support.

CLOSING

- Ask everyone to share a learning each from the workshop.
- Encourage participants to try drawing out the safety plan and acting on it. Tell them you look forward to sharing of experiences in the next session.
- Paste the drawings showing the key messages on the wall, making sure all have been covered. Reiterate the messages. They should include the following:
 1. *We need support from a number of people and in different areas if we want to end the violence in our lives.*
 2. *We may not know people who can support us directly, but we can get support from a lot of allies through our friends and supporters.*
 3. *It is important to prepare our safety plan well in advance and map our support system so that we can seek and get help when we need it.*
- Thank everyone for coming.
- Fix with them a convenient time and place for the next session. Ask them to remind one another to come on time.

Workshop H: MAKING CHANGE

This is the last workshop of the series. It is therefore important to consolidate all the learning and make a commitment to behaviour change and action, especially in terms of consistent usage of condoms with the intimate partner and ending violence within the intimate relationship.



 **DURATION**
2 to 2.5 hours

-  **WORKSHOP OBJECTIVES**
- Commit to making collective change to reduce risk and violence in our lives.
 - Examine our changed beliefs and how they should translate into practice/ action.

 **TRAINING MATERIALS**
Chart papers / card sheets, markers and sketch pens, blind folds, list of statements, situation cards, pictures for recall etc.

 **PREPARATION**
Prepare yourself well. If you have planned to conduct the workshop with a co-facilitator, distribute work load in advance and be clear about who is doing what. Check all training material.

TOPICS

H 1: How do we want our future and what do we need to do?

H 2: Cycle of change

H 3: New Kinds of courage

H 4: Small actions mean big change

H 5: Developing action plan for individual and for community

H1: How do we want to see our future and what do we need to do?

DURATION 30 minutes

- Link with the previous workshop to remind them how we have seen that life without violence is possible. Now let us see what kind of life we envisage in future. Is it different from the one that we are currently leading?
- Ask everyone to relax with their eyes closed. Ask them to take deep breath and focus on their breathing. (If possible play soothing and inspiring music. Give all instructions speaking slowly in a low voice). Ask them to forget about all worries and anxieties they have and just focus on their breathing. Now ask them to think of a life in future which they long to see for themselves. Ask them not to force any thoughts but to let their mind wander freely over different possibilities. Ask them to experience the emotion and enjoy the feeling of being in that life. Let them be in that state for some time. After a few minutes, ask them to slowly open their eyes.
- Give them time to settle into the present and then ask how they are feeling. Have they enjoyed life in their future? Ask them if they would like to share what the life was like. Let participants respond. Ask if the future they saw had their family, children, themselves or their IP. Ask them if there was violence. If not, that is what they want in future.
- Now in an interactive dialogue, ask them if this has to become a reality, was there anything they need to do? Encourage them to make a list of what they need to do.
- After their list is complete, ask whether actually doing these would be difficult? They may respond with 'yes'. Tell them that the first step would need to be breaking their silence and coming out in the open to accept that they are victims of domestic violence and want to end the violence. But this will require a lot of courage on their part.

H2: 'Jaduki zappi' (magical hug)

DURATION

30 minutes

- Place seven sheets of chart paper labelled with various stages of the motivational cycle of change on the floor. The sequence should be as follows:
 - **Pre-contemplation** – Not thinking about change (Although there may be awareness of the problem).
 - **Contemplation** - Acknowledging the problem, weighing the pros and cons of the behavior, Assessing the potential effect of change, the potential first step (I accept there is a problem; I have some discomfort about the problem and my part in it; I believe that things must change; I can see that I can be a part of the solution; I can make a choice, and I am seeing myself taking the first steps towards change).
 - **Preparation for action** – Making the decision to change and preparing for action.
 - **Action** – Putting the change into practice.
 - **Maintenance** – Continuing the new form of behaviour indefinitely.
 - **Lapse** – Mental lapse or partial retreat to old behaviour. The person has to be aware of it and expect it to recur at any stage.
 - **Relapse** – Complete retreat to previous behaviour.
- Ask for a volunteer who wants to bring about a change in any behaviour of his/ her, giving examples like quitting smoking or managing anger etc. Now explain that we will let the volunteer go through the process of changing his/ her behaviour. Ask the volunteer to stand near the first sheet of paper. State that at this stage, he/she is aware about how the problem affects self and others close to self, but has not yet decided to change it. Ask about his/her feelings and action at this stage. Now lead the volunteer to the next stage where he/she has started contemplating on change. Ask about his/ her feelings and actions at this stage. Ask probing questions and add your inputs if required. Lead the volunteer through all the stages. Explain the cycle of behaviour change elaborating the change in thoughts feelings and actions at every stage.
 - Ask participants if there is a possibility of a lapse. If yes...ask the volunteer and participants what would be his/ her feelings and actions at that stage. Ensure that the participants have understood that the change does not happen instantaneously but undergoes a process. Stress that there is a need to make continuous efforts to maintain the change process and prevent lapses.
 - Explain that as just behaviour depends on thoughts, emotions and beliefs, actions also change when there is a change at the thought/ belief and emotional level.
 - Introduce that we will now see what happens when a person experiences violence and if he/she decides to change his/ her behaviour, what kind of change he/she needs to make at the thoughts or emotional level.
 - Now place eight chairs in two rows of four chairs each. Ask for two volunteers. One volunteer has to play the role of a perpetrator and the other has to play the role of a victim. The four chairs represent the four stages of violence – lead up, just before, during and after the act of violence.

- Ask the group for an incident of violence and then ask the perpetrator at each stage – what happened? What is he/ she thinking? What is he/she feeling? Where is the feeling happening – in head, stomach? What is he/she actually doing?
- At the same stages, ask the victim the same questions.
- Now take the other four chairs... Tell the participants that this time, it is the same person trying to make a change. While going through the same cycle what changes would he/she make in his thoughts and feelings and how would these influence his/her actions? Ask him/ her to stop the wheel of violence at each stage by making effort and stopping himself/ herself from committing violence. Ask for the victims reactions each time.
- Congratulate the volunteer for successfully intervening in his/ her thoughts, emotions and action.

Discussion on the experience during the exercise

- Discuss what the observers felt when they observed the changes in the perpetrator and victim. Discuss the positive impact of the violence ending on both people involved- the perpetrator and the victim.

Relating the experience with real life experiences

- Discuss what other strategies could be used to stop the violence and whether it would be possible for us to make this change in ourselves.
- Discuss what kind of support they might need for making this change.

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- Behaviour change is a slow process and takes time and effort.
- Before the actual change is visible in one's behaviour, there are a number of stages that go through the sub-conscious mind.
- It is important to maintain the changes in behavior. There is always a possibility to relapse into the earlier pattern of behaviour if support mechanisms are not built and conscious efforts are not made to maintain the changes.

H3: New kind of courage

DURATION

20 minutes

- Link with the previous session and say “we will now see what change requires most courage and what requires least courage and where we stand.”
- Distribute the situation cards to participants. Post the ‘least courage to most courage’ continuum signs on the wall from left to right.
- Ask them to examine the situations and determine where they fall on the ‘least courage to most courage’ spectrum. After all the cards have been posted on the wall, review each and discuss with the entire group whether they agree or not with the placements of the cards.
- Divide the participants into small groups of approximately 5 participants each. Handout three to four cards to each group and ask them to come up with a role-play that depicts one of these situations. Ask them to be clear about what they would say, and do, to promote gender equality, respect for others, end violence and have healthy relationships.
- Once each group has presented its role-play, discuss the strategies used and action taken to prevent/end violence.
- Discuss learnings from the session and ask if they think they can take action to end violence sooner or later. Re-iterate that it requires a lot of courage to take steps to make change in the behaviour. But one can play a critical role in setting a positive example for other people by treating everyone with respect and challenging oppressive attitudes and behaviours.

Situation cards ³⁵

- In front of your home there is another home where the FSW is being beaten by her intimate partner. You ignore it.
- Your friend is beaten by her partner. You tell her that you are concerned that she might get badly hurt.
- A man who you don’t know very well is telling jokes relating to women’s bodies. You tell him that you don’t appreciate him doing so.
- Walk up to a FSW who is getting verbally abused to see if she needs help.
- Call the police if you hear noises of violence from a neighbour’s house.
- Tell your partner about your HIV-positive status.
- Walk up to a group of men and tell them to stop harassing girls walking by.
- Let your partner have the last word in an argument.
- Encourage your son to always treat women with respect.
- Speak to your intimate partner about using condoms.
- Accept to have sex with your partner even though you are running high fever and feeling weak.
- Support a women’s group that protests violence against FSWs and their children.
- Encourage a neighbor to seek counseling for his abusive behavior.
- Insist that that you will have sex with your intimate partner only if he is ready to use a condom.

³⁵ You can add other situations that are relevant to the local area

H4: Small actions mean big change ³⁶

DURATION

15 minutes

- Explain to participants that often we think that the small things we do cannot really bring big change, and yet it is often the small things that have the largest impact. In this exercise, we will do a calculation to demonstrate this.
- Give them an example of an environmental activist who saves water by washing her dishes in a basin, instead of under the running tap. Tell them that in this way she saves around 5 litres of water which is not much! Is it really worth making the effort to use a basin, only to save 5 litres?
- Ask questions to get answers from them. Ask “how many times a day does she do the dishes?” (Answer: 3 times) “How many litres does she save in a day?” (15 litres per day). Now say; “multiplied by 365 days, that makes her save 5,475 litres a year. That is approximately 27 drums of water.”
- Discuss if that’s already a lot, which she can accomplish alone, through a small action and ask what if others also started saving water? Let’s say she can convince 10 people to save water when washing dishes. Let’s say she can convince her mother, her mother-in-law, two neighbours, her two relatives, her son and daughter and two friends. That way, 54,750 litres would be saved a year, or 270 drums of water—just because of her!
- Can you imagine the change if the 10 people she convinced went on to convince 10 others and so on?
- Now debrief this calculation by asking the following:
 - What can we learn from this calculation?
 - Can this idea apply in our work to prevent violence against women?
- Consolidate the learning stressing that everybody has a role to play in the community. This role can seem very small on its own, but if we imagine all the people in the community playing their small role, we see that eventually this becomes a big change. We can not only change ourselves but encourage others also to create change.

Ask participants to consolidate their learning. As they share, capture the points as drawings on a chart paper and display it on the flip chart board. Ensure that the consolidation includes the following points:

- Small change in all can trigger big change.
- We have to begin to make the change in which we believe. We need to translate the change into behaviour and practices and help others if they need any support.

H5: Developing action plan for change

DURATION

25 minutes

- Explain that we are very close to the end of the series of workshops. During these workshops, we have gained a lot of information, equipped ourselves with knowledge and skills that are needed for changing our lives for the better. We have also learnt to question our attitudes and mind-sets that we were conditioned to due to our upbringing and socio-cultural environment.
- Let us do a recap and consolidate what we have learnt and then develop an action plan to protect ourselves from violence and unsafe sexual practices.
- Divide participants into small groups of approximately 5 participants each and give them chart papers and markers. Ask them to consolidate their learning under three columns. Knowledge, skills and attitude.
- Ask the groups to present their learnings. Probe if they have left any points. Ensure that they recall the learning. Paste all the drawings on the wall and ask participants to take a look at all pictures. With the help of the pictures fill in the gaps if any and consolidate the final learning from all the workshops.
- Now ask participants to work in the same groups and prepare an action plan for themselves and as a group.
- They can use the following format:

Sl.No.	Brief description of action	Objective of the action	Deadline to complete the action	Responsible person	Support needed

FINAL CLOSING ³⁷

- Ask participants to stand in a circle. Start by pretending to give an imaginary gift to the person on your left which she can use to ensure a safe and secured future. Ask the person to accept the gift saying thanks and telling the group how she will use it. Then she should give a gift to the person on her left. Continue the 'gift-giving' until everybody has given and received a gift.
- Say thanks to everyone who participated and helped conduct the training workshops and remind them that though the workshops are over they have committed to keep meeting and supporting each other.
- Ask them to join hands and take an oath to remain committed to making their lives safe and free from violence.



³⁷ Adapted from 'Stepping Stones: A training package on HIV/AIDS, communication and relationship skills'



BACKGROUND MATERIAL

Background Material 1: GENDER TERMS

Gender

Socially-constructed roles and responsibilities of women and men in a given place or culture are called gender. These roles are influenced by perceptions and expectations arising from cultural, political, environmental, economic, social, and religious factors, as well as custom, law, class, ethnicity, and individual or institutional bias. Gender attitudes and behaviours are learned through socialization and are changeable.

Sex

The biologically-determined differences between men and women are called 'Sex'. These differences are generally unchangeable and universal.

Gender norms

Gender norms define what society considers male and female behaviour, and it leads to the formation of gender roles, which are the roles males and females are expected to take in society. These, as you might surmise, have changed significantly over the years and they continue to evolve.

Gender roles

The activities ascribed to men and women on the basis of perceived differences. "Division of labour" is a term used in gender literature to mean the roles and tasks assigned to women and men on the

basis of perceived gender characteristics and attributes, instead of ability and skills. Gender roles and responsibilities vary among cultures and can change over time.

Gender relations

Gender relations refer to the division of power between women and men in their family lives, education, in the labour market, in politics, etc. Gender relations are not static but are constantly changing due to the economic development, legislative or political changes, and social or cultural factors.

Gender division of labour

The roles, responsibilities, and activities assigned to women and men based on gender.

Gender analysis

Gender analysis is the examination of information on gender differences and social relations in order to identify, understand and redress gender inequalities. A gender analysis poses at least two broad questions: How will gender relations affect the achievement of sustainable results? How will the proposed results of a project affect gender relations and the relative status of women?

Gender disparities

Gender disparities refer to differences in men's/boys' and women's/girls' access to education, health, services, resources, status and power. Gender disparities often favour

men and are institutionalized through laws and customs. Gender disparities may contribute to or result in de facto or de jure gender discrimination.

Gender discrimination (CEDAW)

Any distinction, exclusion or restriction made on the basis of sex, which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, of their human rights and fundamental freedoms in the political, social, civil, cultural or any other field is called as gender discrimination.

Gender equity

Gender equity is the process of being fair to women and men. Gender equity refers to the condition in which women and men participate as equals, have equal access to resources, and equal opportunities to exercise control. Gender equity strategies are used to eventually gain gender equality. Equity is the means; equality is the result.

Gender equality

Gender equality permits women and men equal enjoyment of human rights, socially valued goods, opportunities, resources, freedom of choice and the benefits from development results. Gender equality also means that nobody can impose any gender roles on women or men. Gender equity is a process and gender equality is an outcome.

Gender integration

Gender integration means taking into account both the differences and the inequalities between women and men in programme planning, implementation and evaluation. The roles of women and men and their relative power affect who does what in carrying out an activity and who benefits.

Women's empowerment

Women's empowerment refers to women acquiring an ability to control their own lives, enabling them to take advantage of their rights and skills and to improve their access to and control over various resources (political, economic, information, etc.).

Gender mainstreaming

Gender mainstreaming is a strategy which is aimed at achieving gender equality. It means mainstreaming a gender perspective at two levels: as a cross-cutting issue into all policies, programmes, and projects; and through specific activities aimed at achieving women's empowerment.

Gender sensitive

Awareness of the differences between women's and men's needs, roles, responsibilities, and constraints is being gender sensitive.

Women's triple roles

Women's roles in most societies fall into three categories: productive (relating to production of goods for consumption or income through work in or outside the home), reproductive (relating to domestic or household tasks associated with creating and sustaining children and family), and community management (relating to tasks and responsibilities carried out for the benefit of the community). Women must balance the demands of these three different roles and should be recognized for their contributions.

Sources:

Gender and Development, The CEDPA Training Manual Series Volume III. Centre for Development and Population Activities, 1996.

Gender Mainstreaming in Development Cooperation. Open Society, p.b.c. – ProEquality Centre, July 2010.
http://al.odu.edu/gpis/docs/gender_in_development_matters.pdf

Background Material 2: GENDER AND VIOLENCE

Gender-based violence (GBV) is used to distinguish common violence from violence that targets individuals or groups of individuals on the basis of their gender. The majority of GBV cases are directed towards women and girls, but boys and men can also be victims. GBV is based on women's subordinate status in society. It includes any act or threat by men or male dominated institutions that inflict physical, sexual, or psychological harm on a woman or girl because of their gender.

Gender-based violence includes physical, sexual and psychological violence such as domestic violence; sexual abuse and harm, including rape and sexual abuse of children by family members; female infanticide, forced pregnancy; sexual slavery; traditional practices harmful to women, such as honour killings, burning or acid throwing, female genital mutilation, dowry-related violence; violence in armed conflict, such as murder and rape; and emotional abuse, such as coercion and abusive language and other discriminatory practices based on gender.

In most cultures, traditional beliefs, norms and social institutions legitimize and therefore perpetuate violence against women.

Trafficking of women and girls for prostitution, forced marriage, sexual harassment, spousal abuse and intimidation at work are additional examples of violence against women. Gender violence occurs in both the 'public' and 'private' spheres. Such violence not only occurs in the family and

in the general community, but is sometimes also perpetuated by the state through policies or the actions of agents of the state such as the police, military or immigration authorities. Gender-based violence happens in all societies, across all social classes, with women particularly at risk from men they know.

Gender-based violence is violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. While women, men, boys, and girls can be victims of gender-based violence, women and girls are the main victims.

Acts of gender-based violence have been grouped into five categories:

- Sexual violence;
- Physical violence;
- Emotional and psychological violence;
- Harmful traditional practices;
- Socio-economic violence.

PHYSICAL VIOLENCE

TYPE OF ACT	DESCRIPTION / EXAMPLES	CAN BE PERPETRATED BY
Physical assault	Beating, punching, kicking, biting, burning, maiming, or killing, with or without weapons; often used in combination with other forms of sexual and gender-based violence	Spouse, intimate partner, family member, friend, acquaintance, stranger, anyone in position of power, members of parties to a conflict
Trafficking, slavery	Selling and/or trading in human beings for forced sexual activities, forced labour or services, slavery or practices similar to slavery, servitude or removal of organs	Any person in a position of power or control

EMOTIONAL AND PSYCHOLOGICAL VIOLENCE

TYPE OF ACT	DESCRIPTION / EXAMPLES	CAN BE PERPETRATED BY
Abuse/ Humiliation	Non-sexual verbal abuse that is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts, whether in public or private; denying basic expenses for family survival	Anyone in a position of power and control; often perpetrated by spouses, intimate partners, or family members in a position of authority
Confinement	Isolating a person from friends/family, restricting movements, deprivation of liberty, or obstruction/restriction of the right to free movement	Anyone in a position of power and control; often perpetrated by spouses, intimate partners, or family members in a position of authority

SEXUAL VIOLENCE

TYPE OF ACT	DESCRIPTION / EXAMPLES	CAN BE PERPETRATED BY
Rape and marital rape	The invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, threat of force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine consent (International Criminal Court)	Any person in a position of power, authority and control, including husband, intimate partner, or caregiver
Child sexual abuse, defilement, and incest	Any act where a child is used for sexual gratification. Any sexual relations/interaction with a child	Someone the child trusts, including parent, sibling, extended family member, friend or stranger, teacher, elder, leader or any other caregiver, anyone in a position of power, authority and control over a child
Forced sodomy/ anal rape	Forced/coerced anal intercourse, usually male-to-male or male-to-female	Any person in a position of power, authority and control
Attempted rape or attempted forced sodomy/ anal rape	Attempted forced/coerced intercourse; no penetration	Any person in a position of power, authority and control
Sexual abuse	Actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions	Any person in a position of power, authority and control, family/community members, co-workers, including supervisors, strangers
Sexual exploitation	Any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the sexual exploitation of another	Anyone in a position of power, influence, control, including humanitarian aid workers, soldiers/officials at checkpoints, teachers, smugglers, trafficking networks

	(IASC); sexual exploitation is one of the purposes of trafficking in persons (performing in a sexual manner, forced undressing and/or nakedness, coerced marriage, forced childbearing, engagement in pornography or prostitution, sexual extortion for the granting of goods, services, assistance benefits, sexual slavery)	
Forced prostitution (also referred to as sexual exploitation)	Forced/coerced sex trade in exchange for material resources, services and assistance, usually targeting highly vulnerable women or girls unable to meet basic human needs for themselves and/or their children	Any person in a privileged position, in possession of money or control of material resources and services, perceived as powerful, humanitarian aid workers
Sexual harassment	Any unwelcome, usually repeated and unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favours, sexual innuendo or other verbal or physical conduct of a sexual nature, display of pornographic material, when it interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment	Employers, supervisors or colleagues, any person in a position of power, authority, or control
Sexual violence as a weapon of war and torture	Crimes against humanity of a sexual nature, including rape, sexual slavery, forced abortion or sterilisation or any other forms to prevent birth, forced pregnancy, forced delivery, and forced child-rearing, amongst others. Sexual violence as a form of torture is defined as any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession, or punishment from the victim or third person, intimidate her or a third person or to destroy, in whole or in part, a national, ethnic, racial or religious group	Often committed, sanctioned, and ordered by military, police, armed groups, or other parties in conflict

HARMFUL TRADITIONAL PRACTICES

TYPE OF ACT	DESCRIPTION / EXAMPLES	CAN BE PERPETRATED BY
Female genital mutilation (FGM)	Cutting of genital organs for non-medical reasons, usually done at a young age; ranges from partial to total cutting, removal of genitals, stitching whether for cultural or other non-therapeutic reasons; often undergone several times during lifetime, i.e., after delivery or if a girl/woman has been victim of sexual assault	Traditional practitioners, supported, condoned, and assisted by families, religious groups, entire communities and some states
Early marriage	Arranged marriage under the age of legal consent (sexual intercourse in such relationships constitutes statutory rape, as the girls are not legally competent to agree to such unions)	Parents, community and state
Forced marriage	Arranged marriage against the victim's/survivor's wishes; often a dowry is paid to the family; when refused, there are violent and/or abusive consequences	Parent, family members
Honour killing and maiming	Maiming or murdering a woman or girl as punishment for acts considered inappropriate for her gender that are believed to bring shame to the family or community (e.g., pouring acid on a young woman's face as punishment for bringing shame to the family for attempting to marry someone not chosen by the family), or to preserve the honour of the family (i.e., as a redemption for an offence committed by a male member of the family)	Parent, husband, other family members or members of the community

Infanticide and/or neglect	Killing, withholding food, and/or neglecting female children because they are considered to be of less value in a society than male children	Parent, other family members
Denial of education for girls or women	Removing girls from school, prohibiting or obstructing access of girls and women to basic, technical, professional or scientific knowledge	Parents, other family members, community, some states

SOCIO-ECONOMIC VIOLENCE

TYPE OF ACT	DESCRIPTION / EXAMPLES	CAN BE PERPETRATED BY
Discrimination and/or denial of opportunities, services	Exclusion, denial of access to education, health assistance or remunerated employment; denial of property rights	Family members, society, institutions and organizations, government actors
Social exclusion/ostracism based on sexual orientation	Denial of access to services, social benefits or exercise and enjoyment of civil, social, economic, cultural and political rights, imposition of criminal penalties, discriminatory practices or physical and psychological harm and tolerance of discriminatory practices, public or private hostility to homosexuals, transsexuals or transvestites	Family members, society, institutions and organizations, government actors
Obstructive legislative practice	Denial of access to exercise and enjoy civil, social, economic, cultural and political rights, mainly to women	Family, community, institutions and state

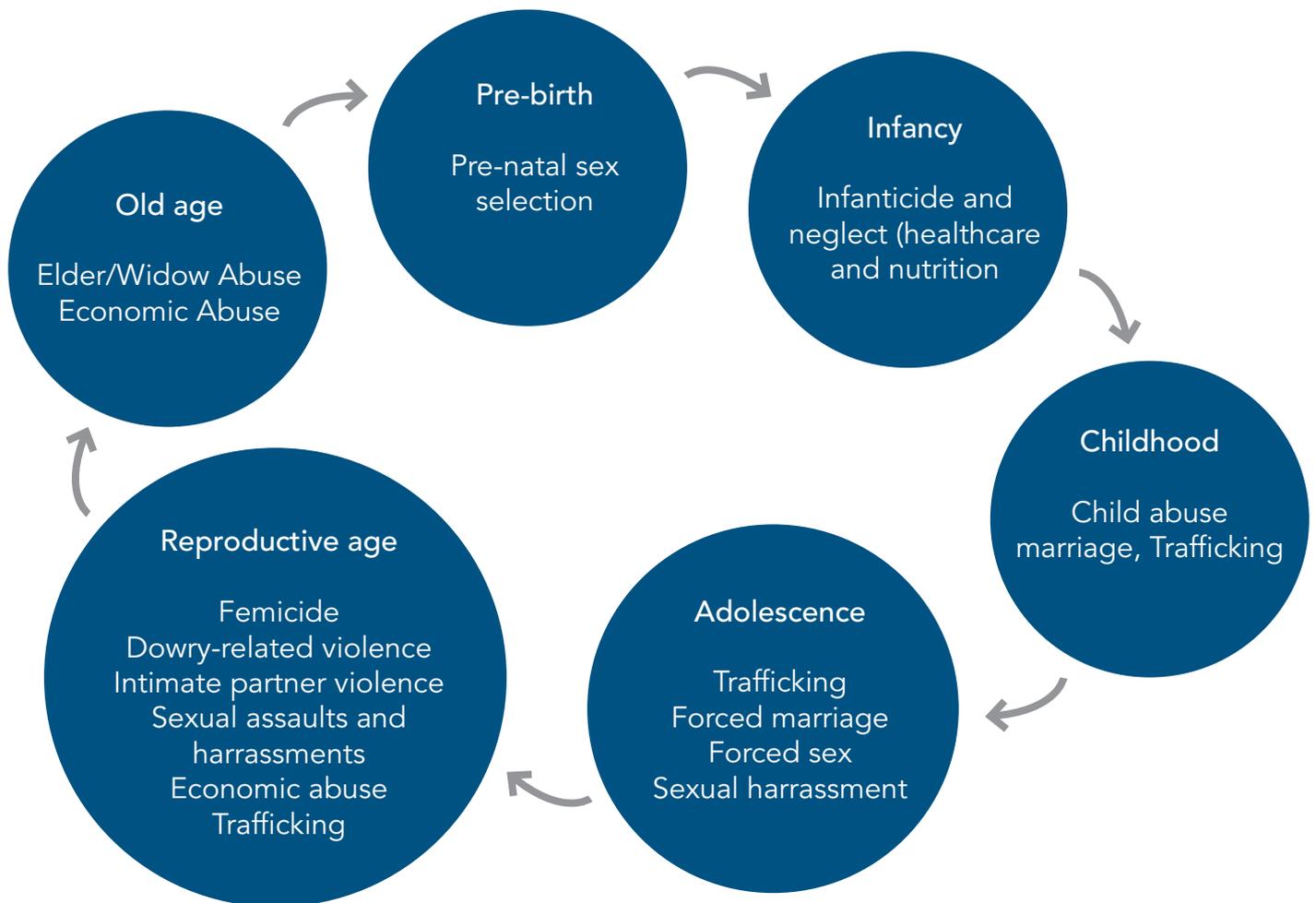
Background Material 3: VIOLENCE FACED BY WOMEN AND GIRLS THROUGHOUT THEIR LIVES



Women are often stigmatized and subjected to violence even before they are born and the violence can continue till the day they die. From sex selection and female foeticide (aborting of female foetuses) to intimate homicide, girls and women may encounter numerous oppressions during infancy, childhood, adolescence, adulthood, and as elders. Some of these are confined to one stage in the lifecycle, some continue into subsequent stages as well.

Women and girls face victimization through different types of violence, vulnerabilities, and harm. During their life cycle, women and girls are likely to be abused by several abusers who can range from a grandmother who denies her nutritious food, a brother who perpetrates incest, a father who forces 'marriage' to colleagues/ bosses who sexually harass her and a husband that batters her even during her pregnancy. She faces different types of violence that include physical, sexual, economic and emotional abuses and a compulsion to live in a climate of fear, shame, coercive control, and devaluation.

Violence against women is regarded as acceptable – a normal thing. Men think they have the right to beat their wives and poverty and unemployment worsens stigma and violence against women. It also makes her vulnerable to HIV infection. Due to the fear of being stigmatized and beaten, women who suspect of being infected by HIV hide their symptoms and avoid getting tested. Without being tested, they cannot access HIV services such as treatment or counselling and this can increase the transmission of HIV. The fear of violence makes women too afraid to demand safer sex from husbands/ partners, even though they suspect that their husbands are sexually promiscuous.



Source:

Adapted from Ellsberg and Heise, 2005. Researching Violence against Women: A Practical Guide for Researchers and Activists. WHO and PATH, Geneva: 10; adapted from Watts and Zimmerman. 2002. - Violence against Women: Global Scope and Magnitude, Lancet 359 (9313): 1233, and Shane and Ellsberg. 2002. Violence against Women: Effects on Reproductive Health, Report No 20 (1), PATH, UNFPA, Washington: 2.

Background Material 4:

COUNSELLING

Counselling is a process which aims to help people cope (deal with or adapt to) better with situations they are facing. This involves helping the individual to understand their emotions and feelings and to help them make positive choices and decisions.

Counselling is an approach for assisting people to reduce initial distress resulting from a difficult situation, and to encourage short and long-term adaptive functioning (positive coping). Counselling is not giving advice, taking decision for the client, telling or directing, conversation, encouragement and information giving.

Counselling is centered on each individual client's needs, issues and circumstance, and empowers the client to help himself through an interactive and collaborative process of eliciting information, reviewing options and developing action plans. It is also based on the socio cultural context and readiness to change.

Counselling is based on certain fundamental assumptions.

A. Every individual in this world is capable of taking responsibilities

B. Every individual has a right to choose his/her own path, based on the principles of democracy

Counselling for addressing relationship issues among FSWs

Counselling is used with individuals, families and couples to address the issues pertaining to the individual, interpersonal relationship and familial issues effectively. Counselling in the context of working

with FSWs can be used in addressing relationship issues among FSWs, reducing the risk of violence, reducing the risk of HIV/ STIs, promoting safe sex practices, enhancing their skills to address relationship issues effectively, for empowerment of FSWs and so on.

Characteristics of counselling

Effective counselling is a two way street. It takes a cooperative effort by both the person receiving counselling and the counsellor. And it takes a commitment to make sometimes difficult changes in behaviour or thinking patterns.

Following are the important characteristics of counselling.

- Counselling is not the same as giving advice.
- It emphasizes thinking with; not for the individual.
- It helps clients to make their own decisions (you are guiding them to a solution by helping them to see different options and making their own choices) and is centered on the difficulties of the client.
- It is a learning situation which eventually results in a behavioral change and it depends largely on the readiness of the client to make changes and the therapeutic relationship with the counselor.
- The counseling relationship is confidential.

Difference between Counselling and information sharing and advice

Giving advice has been a common way of providing help for other people. The advice

offered was frequently instrumental in helping people to consider their future. In many instances, the extended family was the main source of advice for girls and boys. There was usually no shortage of people willing to share their wisdom with others. Giving advice often promoted the dependence of the young person on the advice given. In most cases, it was largely subjective and would not promote the personal development of young people.

Information sharing means providing information in small or large groups of people to increase their knowledge and educate them regarding a subject. It need not be one to one interaction and focuses on the content and not emotions.

The following table explains the **difference between counselling and information sharing and advice**

Sl.No.	Areas	Counselling	Information Sharing	Advice
1	Confidentiality	Essential and Maintained	Not necessarily	Not necessarily
2	Setting	Usually a "one-to-one" process or small group	Small or large groups of people	Participant (receiver and giver) s are not fixed
3	Understanding about the client	Holistic understanding of client is very crucial	Complete understanding is not required	Not necessary
4	Information	Information used to change attitudes and motivate behaviour change	Information used to increase knowledge and educate	Advice is given with the expectation that what is told will be done
5	Emotions	Evokes strong emotions in both counsellor and client	Emotionally neutral in nature	Emotions do have a role
6	Target	Focused, specific and goal-targeted	Generalized	General
7	Outcome	Self-sufficiency of individual and decision making is by the client	Need not be intended to develop self sufficiency	Promotes dependency and person who gives advice takes decision for others.

Counselling is a profession, where trained personnel help people in order to resolve their problems and strengthen their abilities. Following are the **essential qualities of an effective counsellor**:

1. **Acceptance:** Acceptance is the first and foremost quality which every counsellor should have. Accepting the client as he/she is. The nature of a counselling relationship is defined and set by this principle of the counsellor regarding the client unconditionally, as a person of worth. The counselling relationship is also a kind of social relationship and the parties, namely, the counsellor and the client, may approach each other with different degrees of acceptance. A counselling situation reveals acceptance of client's gestures, postures and how in return the counsellor expresses his/her feelings, being unconditionally liked, respected and understood.
2. **Unconditional Positive regard:** This is a very important quality of a counselor. Un-conditionality refers to acceptance of the client's experience (feelings, fantasies, thoughts, and desires). Responding to the client as a worthy human being more concretely. Selecting positive aspect of clients' stories and selectively attending to positive aspects of clients' statements. One must distinguish the client's inner experience from his or her external behaviour. The counsellor should try to understand the behaviour from the perspective of everything the client has experienced in his or her life.
3. **Respect and Warmth:** Each client should be treated with respect and warmth by the counsellor. Clients should not feel insecure, frustrated or inferior in front of counsellor. Respect and warmth must express through nonverbal behaviors

such as open posture, smile, and vocal qualities. The comments need to be congruent with the body language.

4. Counsellors are able to **maintain healthy boundaries**. They know how to say no, which allows them to keep a balance in their lives.
5. Counsellors **abide by the code of ethics** and have required theoretical orientation and skills to work with individuals.
6. An effective counsellor can **identify negative thinking patterns and encourages each client to build upon personal strengths**, suggesting skills that can overcome self-inflicted feelings of hopelessness and help to develop a more positive attitude.
7. A good counsellor **assists in making positive changes** in relationships with others, helping to recognize behaviours that may be contributing to a troublesome relationship. Counsellor teaches effective ways of communicating, clearing the way for honest exchanges with people in life who may be causing emotional pain.

Following are the **important principles of counselling**:

- **Acceptance:** it means accepting the client as he/she is. The nature of a counselling relationship is defined and set by this principle of the counsellor regarding the client unconditionally as a person of self-worth. The counselling relationship is also a kind of social relationship and the parties, namely, the counsellor and the client, may approach each other with different degrees of acceptance. A counselling situation reveals acceptance of clients gestures, postures and in return how counsellor express his/her feelings

being unconditionally liked, respected and understood.

- **Individualization:** Every individual is unique. Though the problems are similar between two individuals each individual's needs and concerns are different. Each care plan should be tailor made.
- **Non-judgmental attitude:** It means suspending one's own opinions and attitudes and assumes value neutrality in relation to the client. It can be expressed through vocal qualities and body language and by statements that indicate neither approval nor disapproval. Decisions must left to clients. The Counsellors have to guide clients by enabling their strengths.
- **Purposeful Expression of feelings:** It means counsellor responding to the client's expressions of sorrow or worries or difficulties. For example if the client is crying helping her to relax by saying 'it's alright' 'calm down' 'don't worry' etc. If both client and counsellor both belong to same sex then the counsellor can make the person calm down by holding the shoulder or by gently patting on the back.
- **Confidentiality:** It means keeping issues confidential which are expressed by the client. Counsellor should take consent from the client before revealing to others. To discuss regarding the case within the organization is allowed. In case of threat to the client/ others after explaining the need for informing significant person confidentiality can be broken.
- **Controlled emotional involvement:** It means that counsellor needs to control his/ her own emotions during the session. Because many times counselling sessions are emotionally drained and clients express their intense emotions. During that time, counsellor needs to reflect the feelings of clients by having control over his/ her emotions.
- **Client's self-determination:** This principle explains the right of the client to choose his path. Counsellor should not take decisions for the client; rather need to empower the client to choose better options for his life.

Source:

HEALING THE WOUNDED SOUL, A counselling training manual for counsellors dealing with relationship issues among Female Sex Workers, Department of Psychiatric Social Work National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru and Karnataka Health Promotion Trust (KHPT), Bengaluru.

Background Material 5:

CO-COUNSELLING

Co-counselling is a form of personal or psychological counselling in which two or more people alternate the roles of therapist and patient. In co-counselling people usually work in pairs taking equal time to be “counsellor” and “client” in turn. This exchange is called ‘having a session’. You can have a session with any co-counsellor at any time that suits both of you. A session can last an hour each way, or five minutes. This distinguishes it from other types of counselling and therapy. In the co-counselling session, the counsellor is expected to listen to the clients’ sharing without being judgemental. In co-counselling, you as the client are in charge of your part of the session, while the counsellor is there for support. Then you swap roles. The more you understand how it is to be a client yourself, the better you will understand how you, in the counsellor role, can provide good support for your client.

Co-counselling does much more than help mop up distress, by allowing you to search for and confront its root causes. It can help you to

- Accept your feelings and recognises that appropriate expression of emotions can be healing;
- Come to terms with your past and your present;
- Get in touch with underlying self-limiting thoughts, and lift you out of your worries;
- Harness your emotions to help inform your lives rather than being overwhelmed or driven by them;
- Relate with others more clearly and effectively by communicating your

emotions in ways that improve rather than impair interpersonal relationships.

Principles of co-counselling

1. Co-counselling is usually practised in pairs with one person taking on the client role and the other person facilitating as the counsellor. Then they reverse these roles. In every session each person spends the same time in the role of both client and counsellor. A session is usually on the same occasion, although sometimes people may take turns as client and counsellor on different occasions.
2. When co-counsellors work in groups of three or more, members take an equal time as client, each client either choosing one other person as counsellor, or working in a self-directing way with the silent, supportive attention of the group. For certain purposes, the client may request co-operative interventions by two or more counsellors.

Background Material 6:

HUMAN RIGHTS AND WOMEN'S RIGHTS

Human rights are those minimum rights which are compulsorily obtainable by every individual as he/she is a member of human family. The Constitution of India also guarantees the equality of rights of men and women and hence Women's Rights are Human Rights.

Human Rights are rights which a person enjoys by virtue of being human, without any supplementary condition being required. Regardless of ethnic origin or nationality, everyone is entitled to enjoy the same rights without any discrimination.

What are Human Rights?

- The basic standards people need for a life in dignity as human beings;
- The foundation of freedom, justice and peace;
- A guarantee for the full development of the individual and the community; and
- The norms for the state that set down what the state should do and what the state should not do in relation to securing the dignity and human rights of persons.

Main Characteristics of Human Rights are:

- They are inherent: Human rights are inherent to each individual: Human rights do not have to be bought, earned or inherited. They belong to people since the moment of their birth simply because they are human.
- They are universal: Human rights are the same for all human beings all over the world regardless of race, sex, religion, political or other opinion, national or social origin. We are all born free and

equal in dignity and rights.

- They are indivisible: People shall live in dignity; all human beings are entitled to freedom, security and decent standards of living concurrently. They are all interconnected and interrelated.
- They are inalienable: Human Rights cannot be taken away or sold. No one has the right to deprive another person of them for any reason. People still have human rights even when the laws of their countries do not recognize them, or when they violate them.

Women's Human Rights in India:

- Right to equality
- Right to education
- Right to live with dignity
- Right to liberty
- Right to politics
- Right to property
- Right to equal opportunity for employment
- Right to free choice of profession
- Right to livelihood
- Right to work in equitable condition
- Right to get equal wages for equal work
- Right to protection from gender discrimination
- Right to social protection in the eventuality of retirement, old age and sickness
- Right to protection from inhuman treatment
- Right to protection of health
- Right to privacy in terms of personal life, family, residence, correspondence etc. and
- Right to protection from society, state and family system.

Ten Legal Rights Every Woman Must Know:

1. Free legal aid

Exercise your right to free legal aid. Often, women go to the police station unaccompanied by a lawyer to get their statement recorded, and they stand the risk of being misquoted or their statement being tampered with. The police may also treat the entire episode lightly and not lodge an FIR. So, it is necessary to have a lawyer with you while you lodge the FIR. "According to a Delhi High Court ruling, whenever a rape is reported, the SHO has to bring this to the notice of the Delhi Legal Services Authority. The legal body then arranges for a lawyer for the victim," says Saumya Bhaumik, women rights lawyer.

2. Right to privacy while recording statement

Under section 164 of the Criminal Procedure Code, a woman who has been raped can record her statement before the district magistrate when the case is under trial, and no one else needs to be present. Alternatively, she can record the statement with only one police officer and woman constable in a convenient place that is not crowded and does not provide any possibility of the statement being overheard by a fourth person. The cops have to, by law, upkeep the woman's right to privacy. It's important for the person to feel comfortable and not be under any kind of stress while narrating the incident.

3. Time doesn't matter

The police cannot refuse to register an FIR even if a considerable period of time has elapsed since the incident of rape or molestation took place. If the police tells you that they can't lodge your FIR since you didn't report it earlier,

do not concede. "Rape is a horrifying incident for any woman, so it's natural for her to go into shock and not want to report it immediately. She may also fear for her safety and the reputation and dignity of her family. For this reason, the Supreme Court has ruled that the police must register an FIR even if there has been a gap between the report and the occurrence of the incident," says Tariq Abeer, advocate, Supreme Court.

4. Email to the rescue

According to the guidelines issued by the Delhi Police, a woman has the privilege of lodging a complaint via email or registered post. If, for some reason, a woman can't go to the police station, she can send a written complaint through an email or registered post addressed to a senior police officer of the level of Deputy Commissioner or Commissioner of Police. The officer then directs the SHO of the police station, of the area where the incident occurred, to conduct proper verification of the complainant and lodge an FIR. The police can then come over to the residence of the victim to take her statement.

5. Cops can't say no

A rape victim can register her police complaint from any police station under the Zero FIR ruling by Supreme Court. "Sometimes, the police station under which the incident occurs refuses to register the victim's complaint in order to keep clear of responsibility, and tries sending the victim to another police station. In such cases, she has the right to lodge an FIR at any police station in the city under the Zero FIR ruling. The senior officer will then direct the SHO of the concerned police station to lodge the FIR," says Abeer. This is a Supreme Court ruling that not many women are

aware of, so don't let the SHO of a police station send you away saying it "doesn't come under his area".

6. **No arrests after sunset**

According to a Supreme Court ruling, a woman cannot be arrested after sunset and before sunrise. There are many cases of women being harassed by the police at wee hours, but all this can be avoided if you exercise the right of being present in the police station only during daytime. "Even if there is a woman constable accompanying the officers, the police can't arrest a woman at night. In case the woman has committed a serious crime, the police has to get it in writing from the magistrate explaining why the arrest is necessary during the night," says Bhaumik.

7. **You can't be called to the police station**

Women cannot be called to the police station for interrogation under Section 160 of the Criminal Procedure Code. This law provides Indian women the right of not being physically present at the police station for interrogation. "The police can interrogate a woman at her residence in the presence of a woman constable and family members or friends," says Abeer. So, the next time you're called to the police station for queries or interrogation when you have faced any kind of harassment, quote this guideline of the Supreme Court to exercise your right and remind the cops about it.

8. **Protect your identity**

Under no circumstances can the identity of a rape victim be revealed. Neither the police nor media can make known the name of the victim in public. Section 228-A of the Indian Penal Code makes the disclosure of a victim's identity a punishable offense. Printing

or publishing the name or any matter which may make known the identity of a woman against whom an offense has been committed is punishable. This is done to prevent social victimisation or ostracism of the victim of a sexual offense. Even while a judgment is in progress at the high court or a lower court, the name of the victim is not indicated, she is only described as 'victim' in the judgment.

9. **The doctor can't decide**

A case of rape can't be dismissed even if the doctor says rape had not taken place. A victim of rape needs to be medically examined as per Section 164 A of the Criminal Procedure Code, and only the report can act as proof. "A woman has the right to have a copy of the medical report from the doctor. Rape is crime and not a medical condition. It is a legal term and not a diagnosis to be made by the medical officer treating the victim. The only statement that can be made by the medical officer is that there is evidence of recent sexual activity. Whether the rape has occurred or not is a legal conclusion and the doctor can't decide on this," explains Bhaumik.

10. **Employers must protect**

It is the duty of every employer to create a Sexual Harassment Complaints Committee within the organisation for redressal of such complaints. According to a guideline issued by the Supreme Court, it is mandatory for all firms, public and private, to set up these committees to resolve matters of sexual harassment. It is also necessary that the committee be headed by a woman and comprises 50% women as members. Also, one of the members should be from a women's welfare group.

Source: *Hindustan Times*; December 28, 2012.

Published by:

Director - Communications,
Karnataka Health Promotion Trust
IT Park, 5th Floor, No.1 - 4
Rajajinagar Industrial Area
Behind KSSDC Administrative Office
Rajajinagar, Bangalore - 560 044

Phone: 91-80-40400200

Fax: 91-80-40400300

www.khpt.org