

**Stress management and burnout
prevention for case workers and
human rights activists working
on issues of gender and sexuality in India**

A Needs Assessment (2019)

A comprehensive summary report

**TARSHI AND
NAZARIYA**

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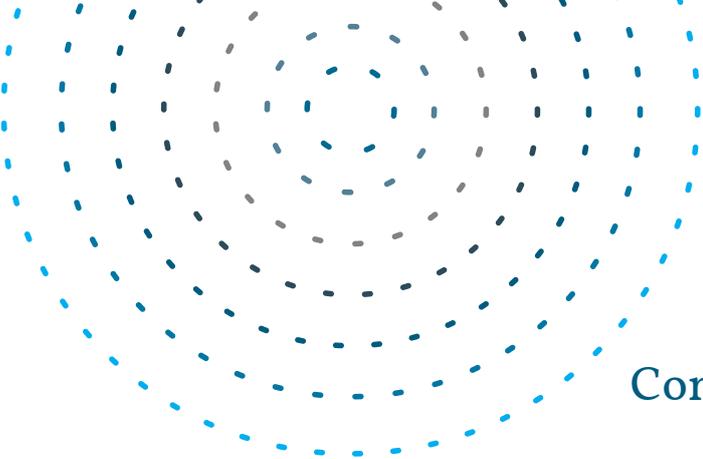
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(2019)

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Participants and Facilitators from the Needs Assessment workshop held in Delhi



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Participants and Facilitators from the Needs Assessment workshop held in Hyderabad



Some Participants and Facilitators from the Needs Assessment workshop held in Guwahati

Foreword

Most people experience moments and phases of stress in their lives. Every profession comes with its own set of stresses and rewards. Though not all stress is harmful, unrelenting stress is a different story. Stress may be basically understood as a layered and interconnected process of responses experienced by an individual. Common and familiar ways of referring to stress are feeling tense, being mentally, emotionally or physically stretched, under-resourced and unsupported, and may be experienced by an individual due to personal, physical, occupational, social, financial, circumstantial, environmental and other such life factors. Often accepted as part of life, or part of the job, the impacts of stress invisibilised in an environment devoid of adequate support systems, makes way for burnout. Burnout may be best understood as the result of prolonged stress, leading to feeling fatigued, not just physically, but mentally and emotionally, a state of exhaustion and an inability to maintain interest, or motivation in areas that were once engaging, or that the individual was deeply committed to. The fields of counselling and other helping professions are perhaps especially vulnerable to this reality (TARSHI, 2003). Being privy to people's struggles on a daily basis coupled with a sense of helplessness knowing that one cannot do much beyond a point can take its toll on the case worker's/human rights defender's health and psycho-social wellbeing.

Stress and burnout are important topics that usually take a back seat with activists, case workers and members of marginalised communities. TARSHI has consistently integrated initiatives on stress management and burnout prevention into its programmes, for internal teams as well as clients/callers/other NGOs etc, for over two decades. Maintaining the focus in this area has resulted in building a base of knowledge and engagement both within the organisation and externally, on a journey of critical learning. These experiences led TARSHI to advocate for the importance of counsellor self-care from the beginning. The organisation has had a strong component of Burnout Prevention as part of helpline counsellor in-house trainings from the early years and has reached out to other individuals and organisations in social services and rights work to focus on this aspect of sustainability.

TARSHI hosted the very first National Meeting of Helplines in February 2003, which was followed by a second National Meeting, hosted by CHILDLINE India Foundation (CIF) in August 2003. The National Helpline Network was established as a collaborative effort between CIF and TARSHI in the same year. Taking this work forward, in 2005 TARSHI organised a National Meeting of Helpline Organisations on Burnout Prevention. There were over 25 participants at this meeting, representing helplines working in critical areas, that included suicide prevention, family counselling, sexuality, children in distress, drug rehabilitation, cancer support, and HIV/AIDS. The report¹ documenting this meeting concludes that the "focus on Burnout Prevention generated valuable dialogue and enriched participants' understanding of burnout and its causes and effects on individuals and the organisation. The meeting provided a platform for helplines to discuss practical and cost-effective strategies to address and prevent burnout in their organisations. The exchange of ideas, strategies, and skills provided participants a with a tool kit to implement simple burnout prevention methods." In 2012, TARSHI and the International Planned Parenthood Federation (IPPF) South Asia Regional Office (SARO) collaborated as partners on a regional initiative to strengthen the capacity of counsellors and service providers working in SRH (Sexual and Reproductive Health). A core part of this work was the preparation of a training manual on integrated counselling. The content

of the manual included specific training components focusing on Stress, Burnout and Self-care as they relate to counselling skills and service provision. Over the years, TARSHI has been invited by feminist organisations to conduct sessions on burnout prevention and self-care for counsellors, activists and NGO staff. In 2015, after the devastating earthquakes in Nepal, TARSHI conducted a five-day workshop for 25 participants from [WOREC](#), and in 2016, a two-day workshop on identifying, preventing and addressing burnout, for ACCESS-UNHCR Livelihood Initiative for Refugees. Participants at these workshops were introduced to Emotional Freedom Techniques (EFT) to manage stress, as well as to other methods of self-care.

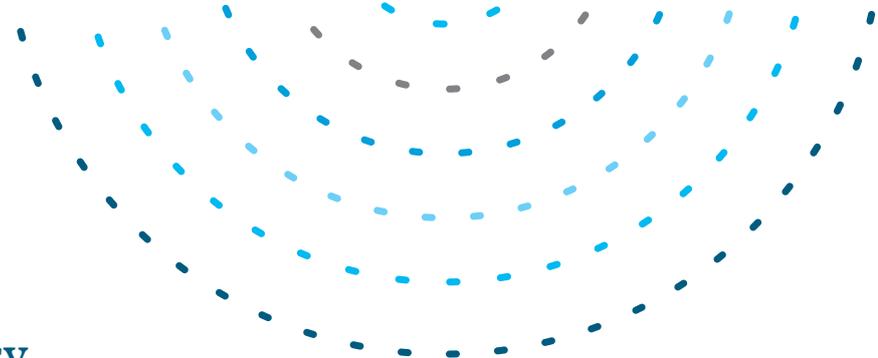
In 2017, TARSHI collaborated with [Nazariya: A Queer Feminist Resource Group](#)² to conduct a series of stress management and burnout prevention workshops, some for members of the queer community in Delhi and one for human rights defenders and activists. Nazariya, working at critical intersections of gender, sexuality and rights, has a strong understanding of the unmet mental health needs of individuals and the mental health issues that emerge in organisational environments across queer spaces of advocacy and services. Participants at the 2017 workshops stated their relief at being able to identify and address these issues on both an individual level and on an organisational one. Feedback from these workshops was strongly positive, reinforcing our understanding that such spaces and opportunities are strongly needed. Therefore, we moved ahead with an in-depth needs assessment exercise, conducting two workshops in 2018, one in Delhi, the other in Guwahati, and another workshop in 2019 in Hyderabad. Over 60 participants, from 52 different organisations, based across 20 different states and Delhi, have been a part of this effort. They have come together to share thoughts, feelings and experiences that are in themselves stressful, challenging, and require each of us to take a moment and re-think personal philosophies and political ideologies.

This collaborative effort has been successful in reaching out to a more diverse group of individuals and organisations. We strongly feel that this much devalued and invisible aspect of the life experiences of those who work on issues of rights and justice requires sharp focus.

Through these efforts we have progressed towards creating:

1. Awareness of the importance of self-care and burnout prevention among activists and organisations
2. Spaces for dialogue and discussion on self-care
3. Practical tips and tools for stress management and self-care that are economical and self-sustaining
4. Crucial documentation on the self-care needs of those working on LGBT*QIA+ (lesbian, gay, bisexual, trans*³, queer / questioning, people with intersex variations, asexual people and others) issues, sex work, gender-based violence and /or SRHR (Sexual and Reproductive Health and Rights)

We hope that the findings and observations that have emerged from this collaborative effort as presented in this report, bring greater attention and recognition to issues that affect our ability to sustain not only our work as activists, advocates, case workers and service providers, but also sustain ourselves and the spirit, values and ideals that motivated us to choose this space of life and work.



Summary

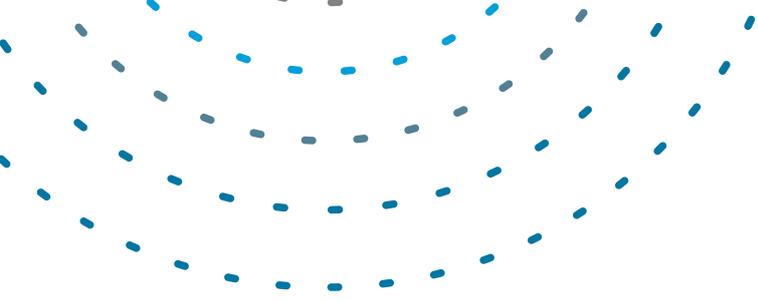
This report is based on documented learning, across three needs assessment workshops focusing on stress management and burnout prevention, organised collaboratively by TARSHI and Nazariya in 2018, in North India at Delhi, and in Northeast India at Guwahati and in 2019 in South India at Hyderabad. Over 60 participants, from 52 different organisations, based in 20 different states and Delhi, have been a part of this exercise. These workshops follow TARSHI's earlier efforts over the years on burnout prevention and self-care, undertaken independently as well as collaboratively, with different groups and in different contexts, and Nazariya's more recent forays into engaging with queer individuals on mental health where we conducted workshops on stress management with LGBT*QIA+ people and human rights defenders in collaboration with TARSHI. The focus is primarily on critical identities based on gender and sexuality, and on individuals and organisations whose work involves human rights activism and advocacy.

In this report, stress, burnout and related concepts are presented for a quick understanding of the territory of this work, along with a short section that explores the Indian context for social work and human rights activism. Three workshops organised in 2017, immediately preceding the current needs assessment exercise, provided crucial inputs leading up to this effort. The findings from these workshops validated the requirement for further and sustained work in this area as they reveal layers of intense, invisible and unacknowledged stress, conflict, violence, under-resourced efforts, and lack of safe spaces to address any of this.

The three needs assessment workshops, spread across three days each, followed a similar session plan with slight variations across sessions. Participants' responses and the takeaway from these sessions are crucial to a qualitative and intuitive understanding of need, and as such, they have been set out in this report in great detail. They include glimpses of actual comments or conversations edited and translated as required, in support of our articulation of findings and suggested way forward. Workshop sessions comprised participants' introductions; understanding stress and burnout; identifying unique stressors; building self-awareness; exploring the impact of stress on self, organisation and the larger cause; working with tools and techniques for stress management including Modern Energy Tapping, art based therapy and the techniques of heart focused breathing, and Jin Shin Jyutsu. Workshops also explored participants' perspectives on possible ways of taking this work forward.

Briefly, based on findings, this report concludes that while some aspects of stress are familiar and shared across communities and contexts, there are crucial differences and complexities emerging from differences in socio-cultural and political environments and the intersectional nature of stress. This has significant implications for the prevention and management of stress because we need to understand and acknowledge that there are certain stressors unique to particular groups, communities and environments. These unique stressors require to be identified and addressed in a variety of different ways, appropriate to the context and open to creative, out-of-the-box thinking.

The suggested way forward is threefold: activating and expanding such intervention programme spaces using this needs assessment workshop as a model, a replicable entry point; developing a curriculum intervention approach to stress management; and, undertaking training of trainers towards sustaining environmental changes that foster psychosocial health and wellbeing.



The Structure of this Report

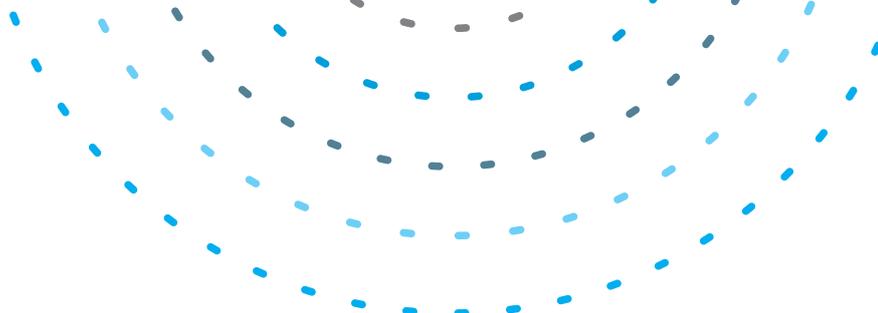
This report is based on desk reviews of literature and studies that include reports of the work undertaken by TARSHI and Nazariya, detailed documentation of the three needs assessment workshops, and debriefing interviews of facilitators who interacted with participants during the workshops. The findings in this report present the results that emerged during the workshop sessions, as well as later reflection, discussion and analysis by the team of facilitators that processed their own experiences and observations at these workshops.

This report comprises an overview of the theme, including introduction, definitions, a perspective on the context in India, and a detailed summary of key findings that emerged from the three needs assessments. As a part of the needs assessments, we also interviewed some of the participants for a deeper understanding of the diversity of personal experiences. These case studies are reflected in the report as brief stories that communicate some aspects of the experiences shared by the individuals we interviewed. All case studies have been interpreted, edited and presented based on understanding of language usage, and translation/ adaptation from the original interviews. We welcome your insights and perspectives and request you to connect with us to share your feedback and observations as well.

Those seeking depth of detail may get in touch with us for a copy of Part Two of this report, where each session at each workshop, including many of the authentic voices of participants, has been organised for review and reference. In the interest of brevity, we have not included it in this report.

M K (27 years old.)

I belong to the Scheduled Caste. My family comprises my parents, two brothers and me. My father is in government service. We are Hindus. I completed my Masters in psychology from IGNOU. Previously I had completed the Bachelor of Pharmacy course from IP University. My family wanted me to opt for a government job, but I knew I wanted to make a difference, bring about change in people's lives. At work I am clear, I say I can give this much time, so I don't do late nights, it's not as if I'm working till 8 or 9 every night, only once in a way it happens. I tell them I can't do it. I try to find a balance, I don't work Saturdays, and Sundays are flexible, sometimes I work half days. At present I work with homeless women in a recovery shelter. It was initially meant to serve patients with physical ailments, HIV, TB, ortho injury cases, but most of the cases we get are of women with mental illnesses. One of the challenges I face at work is around language. Sometimes I am unable to understand the language the patient is speaking. Or for example, there is an HIV patient, she has slurred speech, and once she was crying and I was told by others to get her to be quiet, that because I'm the counsellor so I should be able to get her to stop. I am expected to be able to handle everything as a counsellor. Staff strength at present is a little low. We don't even have enough volunteers. Earlier I used to wonder how I would manage with the hygiene issues. In a room full of patients you will have many who have not had baths, no haircuts, some have open wounds. I have had the help of a nurse, sometimes I have had to use gloves because of the risk of infection – but I can't always do that. Sometimes physical touch is important, say someone asks for a head massage – it is important to understand how they feel, and so you sometimes touch the person with your bare hands, you don't wear gloves. I have felt afraid, that I should not pick up an infection, but I have managed. There are some safety issues in this locality as well. It has happened sometimes that a local boy has jumped over the wall and threatened the women, knife in hand. We don't have a day guard, we have a night guard. So we tell the women not to be scared, pick up a stone and defend yourself. Sometimes when I have a very heavy day, I go home and I just drop. I go to sleep, I don't even eat. I wake up the next morning and get back to the routine. I don't speak too much about my life with anyone.



Introduction

This report is based on documented learning across three needs assessment workshops focusing on stress management and burnout prevention, organised by TARSHI and Nazariya, in North India, and in Northeast India in 2018 and in South India in 2019. These workshops brought together participants from 20 states and Delhi. The interpretations of workshop events and of participants' responses are based on documented interactions between all present at the workshop, and the reflections of team members that were discussed after the workshops. An intuitive understanding based on personal experiences has informed some of these interpretations. Individual bias and the limitations of individual understanding and knowledge are pointed out here as constraints to be noted. Quotations from workshop participants have been translated into English in many cases, and edited for clarity of meaning, before being included in this report. It must be noted that many of the words and articulations were in languages that the participants were comfortable with, and were other than English. After the workshops were completed and facilitators processed the information and observations they had, individually and as a team, additional insights and inputs were brought to the table. Therefore some of the descriptions ahead include not only the voices of participants at the workshop, but sometimes the voices of facilitators sharing an observation based on post-workshop reflection.

Stress, burnout, and related concepts, hold different meanings in the common understanding and style in which these words are used and understood. The implications and intensity of meaning associated with these words are closely connected to the identities, relationships, circumstances, stereotypes, socio-cultural milieu and work environments in which they are articulated. It is possible that if a doctor expresses stress about work at work, or at home, this will be taken far more seriously than if a student of social work expresses stress about an assignment. If the doctor is a woman, her expression of the stress she may be feeling may be curtailed by her need to fulfill multiple roles, so that her professional self does not come under a judgmental or gender biased gaze, either at work or at home. Also, while stress is a familiar and translatable word across languages, this is not true of burnout, and of concepts such as resilience, self-care and vicarious trauma. Yet these concepts have evolved as the result of real, identified experiences of real people, across countries, cultures, and languages.

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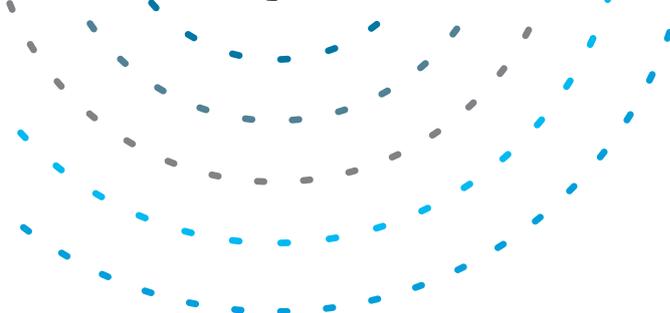
It is important to gain a sense of the scope of meaning and implication of these words and concepts. When writer and activist Becca Shaw Glaser says, "I want to give voice to suffering. I want to warn. I want to console. And of course I want less suffering, less stigma, less suicide", she is saying what many readers of this report may identify with immediately. Further ahead in the same article, *Activism, Suicide, and Survival: Healing the Unhealable*⁴, she also says, "What is more aberrant: to be so hardened that we do not cry, or to cry constantly? Might the healthy response to depressing realities be to become depressed? How do we create hope when so often our world seems so terrible? How much activism is enough?" ... and ... "I learn to live with this broken heart, to cradle it, to ask for support, to face the world as open-hearted as is safe to do."

Stress and burnout are particularly relevant to the life experiences of those who pursue human rights work, and who may have clients across a spectrum of needs and vulnerabilities. The simple reason being that in the roles of the activist, the rights advocate and social worker, the individual is exposed to prolonged and often continuous stories and experiences of trauma, helplessness and injustice without adequate resources or capacity to address these at their root. This is not all. It is also often true that those who take up social work and rights activism, treat it as a 'calling' and are able to connect it to their own lives, both as survivors or as supporters and witnesses to injustice and rights violations. Just as often as the story is somebody else's story, it is also possibly mirroring the experiences of the person witness to it, audience to it.

In the sections ahead, we present an overview, with some of the definitions and diverse understanding of stress, burnout and related concepts, based on a desk review of some of the existing literature. The particular focus of these is anchored to social work, and to rights based activism and advocacy efforts.

M Kr (44 years old.)

I am from Bundelkhand, in Uttar Pradesh. My family resides there. I have a wife and two children. We live as a joint family with my parents but we have two separate kitchens. My father's occupation has always been agriculture and farming. We were five brothers and a sister, but one of my brothers committed suicide about a year and a half ago. I have been in the voluntary sector since 1997. I grew up seeing caste based discrimination very closely. I was born into a non-Dalit family and I always observed how my parents behaved with some other people. One day I attended an event of an organisation working on panchayat issues and I saw something new. People from different castes and religions were all together at this event. They sat together, ate together, there was no discrimination. I've worked since then with other organisations, in different parts of the country, on issues that included men and masculinity, gender equality, violence, caring. I used to feel bad at training sessions, when discussions would happen about male perpetrators of violence, as a man I couldn't deal with it. It took time to realise these things, this violence happens close to us, around us, in our own homes. Cultural differences become very significant. Being Dalit, non-Dalit, being tribal. In families like ours, a girl's virginity is very important, or a girl talking to a boy becomes a big thing. A girl is a burden till she is married and gone to her home and then you are free of that burden. This is not the case in tribal societies. Women have more mobility in Dalit families. Challenges depend on the context. Working with men has its own challenges. The whole issue of masculinity and peer pressure, what friends say about how to deal with a woman or your wife, these things influence the person. We have to understand each individual, and what is influencing them, to be able to work with them. Stress is a part of life. But if you hold on to it, you can't stay alive. Once I used to be so stressed with work that I wouldn't be able to sleep till 2:00 – 2:30 in the night. But now, once I lie down, I'm asleep immediately. If I have stress with anyone, I talk about it with them. It doesn't matter who caused the stress, or whose fault it was, the stress will stay till you talk about it.



SECTION I:

Understanding Terms

Understanding stress and burnout

Stress has no one single definition but has been variously understood from medical and non-medical perspectives. Examples of ways in which people have articulated an understanding of stress include:

"a physical, mental, or emotional factor that causes bodily or mental tension", "a fact of nature in which forces from the inside or outside world affect the individual, either one's emotional or physical well-being, or both"⁵;

"primarily a physical response. When stressed, the body thinks it is under attack and switches to 'fight or flight' mode, releasing a complex mix of hormones and chemicals"⁶;

"a condition or feeling experienced when a person perceives that 'Demands exceed the personal and social resources the individual is able to mobilise',"⁷;

Historically, closely related to our understanding of stress, is the concept of 'milieu interieur', the internal environment of the body, a concept first articulated by Claude Bernard, a French physiologist. According to this concept, the internal body environment must be in a state of dynamic equilibrium, a steady balance. If changes impact this balance, then the body must react. Others after him, expanded on this concept. Scientist Hans Selye first used the word stress, placing it in both a physical and psychological context, while studying physiological responses to stress.

‘...a depletion of energy and of emotional and physical resources due to intensity of feeling about work, and over-commitment to it.’

Stress may be seen as part of a process that has the potential, ultimately, to lead to burnout. Herbert Freudenberger first used the term burnout in 1974. He saw it as a depletion of energy and of emotional and physical resources due to intensity of feeling about work, and over-commitment to it. He connected this to personal traits in an individual, such as intense dedication and a need to

control. As explained in the online article 'Burnout Prevention and Treatment', "Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands. As the stress continues, you begin to lose the interest and motivation that led you to take on a certain role in the first place".⁸

As far back as 2002, in a review of social work literature focusing on stress and burnout, the authors state: "Such empirical research as is available suggests that social workers may experience higher levels of stress and resulting burnout than comparable occupational groups. Factors identified as contributing to stress and burnout included the nature of social work practice, especially tension between philosophy and work demands and the organisation of the work environment. There was some evidence that supervision and team support are protective factors."⁹ It is important to note

that there is a cultural context, specific to country and work culture as it is experienced, playing a significant role in conclusions such as these. Further ahead in this report for example, workshop documentation points to the possibility that supervision, also implying a hierarchical senior-junior mode of engagement, comes with a dose of insecurity and inequality contributing to stress and burnout.

S G (32 years old.)

I am from Goa. I was raised in Vasco, which is a small town, and there were no conversations around sexuality or anything like that. I think my family is very caring and loving, and very dysfunctional also. But there is conversation around love, and caring. I find that a lot of people, older activists, while they are doing a lot of great work, a lot of the focus is on calling out discrimination, or any kind of violence that is happening in our spaces. This is very important, but with this calling out culture, there is discrimination within the space as well. Instead of it feeling friendly and supportive, people can actually move out of these spaces. People don't think that there can be a different way of looking at things. I feel that when it comes to our sexuality, the main thing that we are fighting for is the right to love. But we discuss everything except that. While we fight for these rights, our relationships don't survive because we are not talking about how to manage relationships in queer spaces. Ever since the time I got burnt out, and I've been stressed out, I feel like I want to know, how do we maintain friendships, because we know that in friendships we take things personally, so how do you manage communication? How do you bring this feeling that we will be there for you? I want to not come into a space where I am constantly talking about stress or discrimination. I want to talk about what makes me happy, who, why, does it make me happy. Our collective, came about very organically. It emerged because we were a group of friends, and we said that mental health needs are very strong. It's a group of women who don't primarily speak English. They are coming from backgrounds which are very patriarchal. So, again that silence bit is there. We changed things completely, and we started 'chill out Wednesday', where you just come and chat. What it does is, it builds a solid root of friendship, actually creating a support space.

Much of the literature on stress and burnout that was reviewed in the context of preparing this report refers to the work of Christina Maslach, a social psychologist and pioneer in this area of work. In the 1980s she articulated a commonly accepted definition of burnout, and in the late 1990s, developed the Maslach Burnout Inventory (MBI) along with Susan Jackson. Since then, the MBI has evolved through many versions with collaborations and contributions from others researching the subject.

In 1981, Maslach's definition of burnout was: "a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people-work' of some kind. A key aspect of the burnout syndrome is increased feelings of emotional exhaustion. As their emotional resources are depleted, workers feel they are no longer able to give of themselves at a psychological level. Another aspect is the development of negative, cynical attitudes and feelings about one's clients. Such negative reactions to clients may be linked to the experience of emotional exhaustion, i.e. these two aspects of burnout appear to be somewhat related."¹⁰ Later, Maslach and other collaborating researchers speak of a third dimension to burnout identified as 'detachment from the job'. In a 2016 article published online, Maslach and Leiter point out, "The significance of this

three dimensional model is that it clearly places the individual stress experience within a social context and involves the person's conception of both self and others."¹¹

In a 2015 study, Gorsky and Chen say, "Although people involved in every kind of professional or volunteer work can be susceptible to vocational burnout, research suggests that social justice and human rights (SJHR) activists, whose activist work is fraught with unique challenges, can be especially susceptible to it."¹² In the same study, the authors have referred to the work of Schaufeli and Buunk who categorised manifestations of burnout as affective or mood related, cognitive, pertaining to attention and concentration, physical health issues, behavioural, specifically including substance abuse, and motivational, including alienation.

Hillary Rettig, author of 'The Lifelong Activist' (2006) has focused on activist burnout and ways of preventing this, to sustain lifelong activism. She identifies three key elements of burnout –that it

‘She identifies three key elements of burnout – that it is a process, that it comes from within, and that it happens at a subconscious level.’

is a process, that it comes from within, and that it happens at a subconscious level.¹³ In her view, though a particular event may be seen as precipitating the burnout that is visible, what she refers to as 'a simple cause-and-effect explanation', the reality is deeper and has been building up for a while. She points out that there are activists who are able to sustain themselves and their work, as much as there are those who are not able to do this. The solution she offers is honesty, "about yourself, your situation and your needs."

In a 2017 write-up for the Security of Defenders project, Nah refers to the culture of human rights practice and connects it to themes such as heroism and martyrdom. These are prevalent in human rights narratives, directly and indirectly influencing the norms and value systems activists and rights workers are expected to subscribe to, leaving no space to even think of self-care. Nah writes, "Defenders in our study spoke about the challenges of living with pervasive fear and anxiety; of their inability to sleep; of their feelings of powerlessness in the face of oppression; of feeling 'numb' or emotionless; of being in constant 'fight mode'; and of their fatigue, despair, isolation, and stigmatisation."¹⁴

In a 2016 article, Kimes notes that in 1985 Maslach and Jackson didn't see a relationship between gender and the chance of experiencing burnout. The author refers to a meta-analysis that shows differences in scores on emotional exhaustion and depersonalisation that are gender specific¹⁵.

Advocate of self-care, feminist activist Ginger Norwood says, "...the research is available and clear on who will experience stress, burnout, compassion fatigue, and secondary/vicarious trauma by virtue of their work. What is missing from the existing literature by and large are the complexities of identity in terms of how and why people experience these stresses with regards to socialisation and expectations based on our multiple identities, in particular gender and ethnicity."¹⁶

Internal reports and documentation of the work of TARSHI and Nazariya support the finding that the queer community faces enormous discrimination on the basis of their identity, in addition to the stresses brought on by everyday life. This is referred to as minority stress, understood to be the additional stress individuals experience as a result of their status as a minority.

O H (38 years old. Manipur.)

I work on the rights of trans men, the *nupa manba* community. I am the youngest child of the family and because my parents wanted boys, and among all my sisters there was just one boy, I was raised as a boy though I was born a girl. My parents used to dress me up in pants for school and I always wore the uniform of a boy. From the 6th standard onwards I was shifted to a new school, and I started facing issues with the school uniform. I had to mandatorily wear a skirt. At that time I didn't know what gender is, what *nupi manbi* or *nupa manba* is¹⁷. I used to wear a half pant underneath the skirt. I would also wear it with a suspender because with a suspender it has a male element to it. Just a skirt is purely female and I was scared that I would turn into a woman. The next issue was about my haircut. One day my brother told me not to cut my hair anymore. I still cut it again. As a punishment for cutting my hair against his order, my head was shaved bald. I cried for two days. Sometimes I was told, "So you want to wear pants?! Do you want to come home pregnant?" They would say, "All those girls who wear pants, all of them come home pregnant"¹⁸. After my matriculation, I was told that the family will support me only if I opted to be trained as a nurse. I agreed because I was young and I didn't have any money. There is also a 'male nurse', right? I wanted to get admitted under that category. So I asked my mom to give me a hundred rupees for the form. She told me she didn't have it. There was a lot of mental harassment like this. When my mom refused to give that hundred rupees I attempted suicide. The family saw me and took me to hospital. So I survived that suicide attempt, but it affected my physical and mental health and my intellectual capacity too. When you look in the mirror you get to see your whole body and the frustration builds up for being born in this body. I would close all the doors and windows and I would look at the mirror. Then I would break the mirrors, imitating Bruce Lee and Jackie Chan, as I have seen them kick and punch in movies. I would also punch myself. Like my soul beating up my physical body. When my breasts started developing I would try to punch them in thinking they will go back in but on the contrary, they got more swollen. I don't know how to explain it, but in a way my mind got twisted. As of now there is a fair bit of visibility and voices on transgender rights. We trans men are a little secure in a way. But for our partners, especially after living with a trans man publicly, after that they can't go back to their parental home due to stigma. If a trans man dies then where does she go after that?

Researchers have advocated various measures for preventing and coping with burnout. These include personal and organisational efforts. Self-care suggestions focus on healthcare, relaxation, and learning to identify and work with one's limitations or the limits of one's capacity.

There are detractors, those who are sceptical of the concept of burnout and those who do not consider burnout a significant or real possibility. In 1995, Soderfelt et al. conducted a review of literature on burnout in social workers and were able to find only 18 studies that referred to the subject. In their article¹⁹, they mention Ernest Johnson, who in 1988 stated, as he apparently believed, that there was no such thing as burnout. It appears that researchers based their dismissal of the issue on the fact that they did not find catecholamines, hormones responsible for the fight-or-flight response, in the urine of study participants. This narrow understanding based entirely on a medicalised, physiological understanding of human experience mirrors the approach that has often been taken to psychiatry and issues of mental illness and wellbeing. In the 2014 article, 'Medicalizing Distress, Ignoring Public Health Strategies', the authors say, "social and economic correlates of depression, anxiety and common mental disorders, despite robust evidence, are not

emphasised."²⁰ This theme is of enormous relevance when exploring the health and wellbeing of individuals, organisations and environments within the frame of rights work.

Over the decades, attitudes towards issues of stress and burnout, including as documented in our workshops, have begun to change. While some participants, especially at the initial stages of discussion, reveal a narrow understanding of the subject, others, immediately make the connection to self, self-harm and overwhelming, life-threatening external forces. As self-reflection and discussions proceed to become both personal and intense, individuals begin to come to grips with the vast scope of intensely unpleasant experiences that are otherwise accepted as either part-of-the-job or part of the larger environmental context.

U R (50 years old. Darrang district, Assam.)

I am with an NGO and I work across three *panchayat* areas. I have two daughters, husband, a married nephew and a granddaughter. I have had many personal stresses, and also stress during work. At the personal level, for example, when my second daughter was born, my mother-in-law asked me to throw her away. My husband supported me and said that *even if we have a daughter, I don't have any issue. We will take care of the daughter like a son.* A challenge I took up for myself, was that I decided I will make my daughters equal to boys. I used to do everything alone because my husband did not have time to look after household chores. My husband and I have an age gap. He is older by seventeen years. He allowed me to do social work. But sometimes, we have problems over small issues. My husband gets angry at small things. I break down every now and then. I have looked after my nephew at my home since he was very young. Whenever we need to take any household decisions, my nephew is always consulted by my husband, but my husband does not give any importance to me. I feel that don't I have any say in any matters of the household. Then I feel bad. I feel as if I am no one. Since childhood I have been writing poetry. So when I am alone and depressed, I write. I do social work and it's a stress buster for me. I forget household conflicts. I am a survivor of domestic violence. I have been able to bring back peace in various cases at work. I have done reconciliation of families. Earlier some women may have thought about divorce but after my counselling, they have gone back to their husbands. That's a success I would say. We don't talk about stress in the organisation I work with. We just undergo counselling and share cases.

Understanding related concepts

Self-care

At its simplest, self-care is understood as looking after oneself and doing things of positive value for oneself. This implies making an effort and taking time out from other activities and concerns. Self-

‘Self-care assumes that the self is important and looking after that self is at least as important as looking after anybody else, or addressing concerns outside of oneself.’

care assumes that the self is important and looking after that self is at least as important as looking after anybody else, or addressing concerns outside of oneself. Activists, case workers and human rights workers experience an environment and way of thinking where self-care drops down in the list of priorities, or off the list entirely, as life's purpose and work purpose revolve around caring for another, or others. In their study of Social Justice and

Human Rights activists, Chen and Gorski noted that, "Every participant mentioned, at the very least, reaching a sort of moment of truth in their activism when they needed to decide whether to reject the culture of selflessness and seek self-care (in every case, outside of their SJHR organisations or movements) or continue as they had been working and risk full-scale burnout and, eventually, total withdrawal from their activism."²¹

While self-care is about the self, it may imply therefore, that the responsibility for self-care rests upon the individual. This too has been under the lens for questioning. In a 2008 article, Proffitt speaks of expanding the common understanding to "a critical, collective notion of self-care"²². In a 2013 piece, Ginger Norwood explains such a line of questioning when she says:

While self-care and well-being is personal –making ourselves feel healthier and happier, none of us live in isolation and our well-being is impacted by many factors around us. External factors can either facilitate or hinder our self-care and well-being and understanding the social context in which we live and work is essential. Many of the factors and conditions that enhance or limit our well-being are cumulative and indirect influences that may not be readily apparent. Thus approaches to self-care that only address stress of direct factors like pressures at work can serve to reinforce the dominant notion that self-care is one's personal responsibility and can be managed through some stress relief techniques. Ignoring the larger context and our locations based on identity within it limits the possibility for sustainable well-being.²³

Self-care has a wide scope of connections across individual, environment and relationships. It involves self but also others. It is about the personal, social, physical, work related, psycho-social, and also emotional and spiritual components of life experiences. The exploration of tools and practices that support and contribute to self-care and wellbeing, has therefore included a spectrum of diverse possibilities such as meditation, exercise, self-reflection, recreation, support groups, supportive strategies at work, even including the assistance of animals by providing the space for pets at the workplace. It is important to understand that the strategies for self-care need to be different for different people and personalities, and are likely to vary across environment and culture.

A S (30 years old. From Sindhudurg district, Maharashtra. Lives in Mumbai.)

My caste is Hindu Mahar, so I belong to a Scheduled Caste. I am a Buddhist. I have two brothers, both studying, and a sister who is married. My mother works at an *anganwadi* as a helper. My father expired when I was in school. I'm the only earning member of my family. I did my MA in counselling psychology from TISS. For the last seven to eight years I've been working as a counsellor, and now also as a project manager. Our focus is to support women who are living in institutionalised settings. For example, we are providing psycho-social support to a group of about 40 to 45 women in a mental hospital. Self, shelter and livelihood, these are the three cornerstones of my project. The challenge is that we are working with women who don't have any identity. Some of them know their own names, but many with serious mental illness are not even able to tell you their name. We do rigorous work for months, and you know the cost of a single therapy session? So many funders, those with a corporate perspective, they don't understand this. Raising funds is a big problem. So what happens to our mental health? We need to be available on the phone 24 hours. In any crisis or emergency situation, we are the first contact persons for these women. My stressors are time, and playing the middle role at work. As a Project Manager, I fall between the Project Director and the other employees. I have to manage all sides, even dealing with funders and funding.

Dealing with the system has its own pressures. For example, suppose a woman is attracted to another woman in the female ward of a hospital, people, the staff, use words like 'homo' and are insulting and see the attraction as part of the illness. They see it like a disease. My stressor is not my client, my stresses are all from dealing with the system and with other people. Frankly speaking, before this workshop, the only thing I did for stress relief was maybe a little shopping. Now I do the little exercises we learnt at the workshop. I take small breaks, I talk to my colleagues, and I feel better with these small things. I think it should be compulsory for organisations to have a policy for the mental health and wellbeing of their own counsellors and mental health workers. See, before your workshops, I would never take leave, I would let my leaves lapse. Now I ask for holidays, breaks and leaves. Organisations should make this compulsory.

Engagement

Engagement and burnout have been seen as opposite ends of the same spectrum. Maslach and Leiter refer to this as the Burnout-Engagement Continuum, defining engagement as an "energetic state of involvement with personally fulfilling activities that enhance one's sense of professional efficacy"²⁴. Recently though, researchers have looked at these two concepts as related and overlapping. Taris et al. speak of exhaustion and cynicism as the core dimensions of burnout, with vigour and dedication being the core dimensions of engagement. In their study, they question whether the distinction between the two is really that clear or significant and conclude that such distinction "should not be overestimated"²⁵.

Compassion fatigue

In 1992, Joinson spoke of compassion fatigue in the context of nurses working in medical emergency rooms, referring to feelings of being tired and worn out by their daily work. Since then, the term has expanded beyond that setting and profession to include others who are in 'helping' work and support or serve clients who experience stress and trauma. "Compassion fatigue is a term used to describe behaviour and emotions experienced by those who help people who have experienced trauma. It is viewed as a potential consequence of stress related to such exposure and is understood to be influenced by the practitioner's empathic response."²⁶

In course materials on compassion fatigue available online from the Figley Institute, the concept is explained as referring to:

the emotional and physical exhaustion that can affect helping professionals and caregivers over time. It has been associated with a gradual desensitisation to patient stories, a decrease in quality care for patients and clients (sometimes described as "poor bedside manners"), an increase in clinical errors, higher rates of depression and anxiety disorders among helpers, and rising rates of stress leave and degradation in workplace climate. Helping professionals have also found that their empathy and ability to connect with their loved ones and friends is impacted by compassion fatigue. In turn, this can lead to increased rates of stress in the household, divorce, and social isolation. The most insidious aspect of compassion fatigue is that it attacks the very core of what brings helpers into this work: their empathy and compassion for others.²⁷

Compassion satisfaction

Compassion satisfaction acknowledges the experience of those who practice occupations and pursuits where they work for and care for others, as service providers or as caregivers. This concept allows the opening out of emotional and mental spaces to understand that rights activism and advocacy can bring great rewards in the form of personal wellbeing, sense of purpose and motivation. Stamm first developed the term Compassion Satisfaction in 1999, while researching burnout and compassion fatigue. She explained it to mean, "the pleasure you derive from being able to do your work well."²⁸ Compassion satisfaction comes from a sense of having achieved the goal or purpose towards which energy and activities are being directed.

Resilience

Reviewing the research on resilience in 2014, Kapulitsas and Corcoran present it as a construct, related amongst other factors, to dynamic and shifting psychosocial processes, to personal growth and insight and to connections between individual and environment. The authors define resilience as a "complex construct that refers to a person's capacity to overcome adversities that would otherwise be expected to have negative consequences".²⁹

Survival, through adapting to change, is a key component of resilience, described also "as the difference between individuals' conceptualising themselves as survivors versus victims; that is, the difference between individuals who can take care of themselves and others versus those who become unable to care for themselves when subjected to significant stressors".³⁰

Looking at the connection between resilience and stress, Fox et al. have pointed out that resilience is not about having no stress or experience of trauma, but that "it is the process of adapting to these difficult times, learning from experience and developing an increased ability to anticipate and cope with adversity in the future" ... and that ... "It involves behaviours, thoughts and actions that can be learned and developed in anyone."³¹

Vicarious resilience

Norwood explains vicarious resilience as "the way that exposure to the resilience of the survivors we work with has a positive impact on our experience and understanding of ourselves and our own lives."³² Enhancing vicarious resilience may be seen as a way of building strength within those who help and support others, who advocate for rights in a context where rights violations are frequent and stories of trauma and abuse are a part of daily life and work. In the stories that tell of successfully facilitating support and building resilience amongst the communities and clients served, the positive impact of such stories may effectively help sustain resilience in the helping professional, the activist and rights advocate.

Vicarious trauma / shared trauma

Though these two concepts seem similar, the difference lies in that vicarious trauma relates to the impact on a listener or case worker of the stories that are not their own, but that of the client. This is due to empathy, or an empathetic response and identification with the traumatic experience of another. Shared trauma is often the situation for case workers and activists who share or are a part of the traumatic experience that their clients are undergoing or have undergone. Vicarious trauma

‘Shared trauma is often the situation for case workers and activists who share or are a part of the traumatic experience that their clients are undergoing or have undergone.’

has been defined as “a negative transformation in the self of a trauma worker or helper that results from empathic engagement with traumatised clients and their reports of traumatic experiences. Its hallmark is disrupted spirituality, or meaning and hope” ... and shared trauma is described thus... “As with vicarious traumatisation, these reactions have the potential to lead to permanent alterations in the clinician's existing mental schema and world-view, the difference being that having experienced the trauma primarily, these clinicians are potentially more susceptible to posttraumatic stress, the blurring of professional and personal boundaries, and increased self-disclosure in the therapeutic encounter.”³³

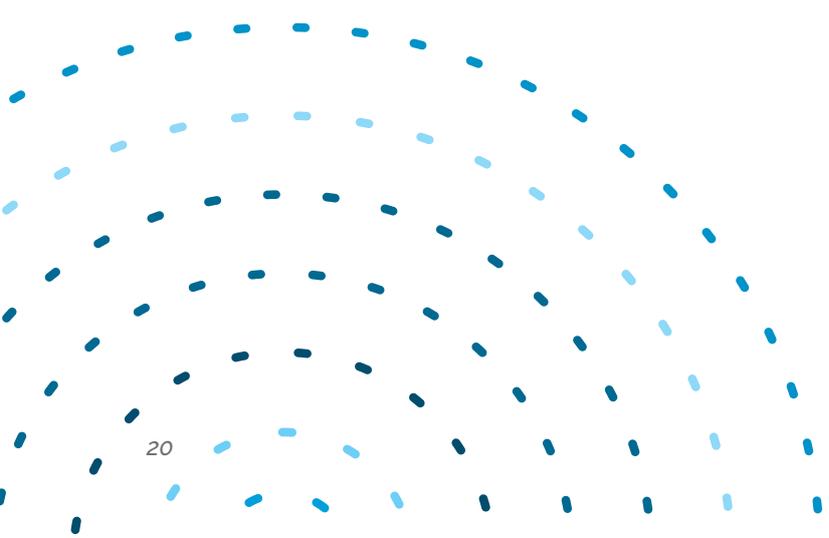
While these references speak of 'clinicians' and mental health professionals, the scope of vicarious and/or shared trauma can be expanded to include the experiences of many activists and rights workers who deal with psychosocial issues of their own and that of their clients, often connected by similar if not the same distressing experiences and environments.

‘Pathological altruism refers to self-neglect and self-harm caused by always taking care of the needs of others.’

The work of Roshi Joan Halifax is important to refer to here. She identifies 'Edge States' for clinicians, therapists and caregivers, that include, along with burnout and secondary trauma, pathological altruism, moral distress, horizontal hostility and structural violence. Each of these concepts is deeply relevant to the work of rights activists. Pathological altruism refers to self-neglect and self-harm caused by always taking care of

the needs of others. Moral distress is a familiar experience for most activists, where the individual is unable to do the right thing or unable to go against harmful systems and processes, including corruption. Horizontal hostility is the anger, resulting from a sense of helplessness, and lack of control, that is misdirected towards colleagues or others, even clients. Structural violence refers to the complex and entrenched injustice and discrimination in society and social institutions, that include the influence of such factors as gender, caste, community, race, sexual orientation, religion, and other such.

Given such a wide scope of causative factors and impact, we may well re-visit the concept of self-care. Self-care has been restricted by some to a superficial level that skips understanding grave issues such as vicarious or collective trauma. Symptoms of a problem, rather than root causes are addressed through deft strategies that may or may not show sustained result. Such strategies have included time off, reward systems at work, reduction of workload or work hours, access to exercise or recreation within the work space³⁴. However, these, while being of value in themselves, fail to address the deep and layered themes that comprise self-care. As Proffitt asks, “When we experience vicarious trauma, does the ache generated by empathetic engagement with people not also encompass our knowledge about the enormity of social injustice?”³⁵ How do we, as individuals, and collectively, deal with the impact of this on the human spirit?



SECTION 2:

WHY CONDUCT A NEEDS ASSESSMENT?

Exploring the Indian context for human rights activism and social work

Rights based work and activism in India has to contend with constraints and threats particular and unique to country, as well as in-country, region-based contexts. In the 2018 World Report from Human Rights Watch, the India chapter begins with a description of violence, vigilantism, government or political sponsored targeting of sections of the people, silencing of dissenting voices and targeting of NGOs³⁶. The report proceeds to give an account of diverse events of 2017 in India, across a spectrum of conflict areas and themes. These include abuse by security forces, as well as violence by militant and insurgent groups in different parts of the country. Extremism, mob violence and caste-based conflict have been common occurrences. There have been threats, violence and violations of rights, including of fundamental rights such as freedom of expression, and there were 60 blanket internet shutdowns by state governments during 2017.

The 2019 World Report³⁷ gives details of the events of 2018, where the ongoing themes of conflict, violence, abuse, silencing dissent and targeting human rights activists, lawyers and journalists, continues. Also, big bucket issues such as the draft of the National Register of Citizens (NRC) published in July 2018 by the Assam

government, which excluded 4 million people, caused enormous distress and outrage. The final list was published in August 2019, and excludes over 1.9 million people.³⁸ Other parts of the country are joining the highly political NRC debate as political leaders speak of following up on the Assam exercise with a pan India exercise.³⁹ At the time of finalising this report, the issue continues to snowball in different directions as there are media reports of rights activism from within the transgender community and transgender persons from the community have filed a plea with the Supreme Court as 2000 transgender individuals have been excluded from the final list of the Assam NRC.⁴⁰ In September 2018, the Supreme Court ruled on Aadhaar, the biometric identification system, declaring it constitutionally valid.⁴¹ The Aadhaar system has been controversial and debated for multiple reasons⁴² including possibilities and potential for data breach and the negative impacts on the rights of poor and marginalised communities when linking Aadhaar identification to services and benefits such as healthcare and government subsidies. On 2nd August 2019, the government abrogated Article 370 of the Indian Constitution, changing the constitutional special status of Jammu & Kashmir and creating two Union Territories, Jammu &

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Kashmir and Ladakh.⁴³ This was followed by a lockdown – what is reported in sections of the media and including social media as an immediate communications blackout with no phone or internet services, detentions, restrictions on media, protests, arrests, deployment of troops, evacuation of tourists, family members living in different parts of the country being unable to contact each other, and essential supplies and services being affected.⁴⁴

This is a brief, swift enumeration of just some of the rights issues that engage large numbers of social workers and activists, individuals and organisations, across India, some based in urban, cosmopolitan cities, others working in remote, inhospitable, isolated regions, and many located somewhere in between these extremes of social and geographical settings. In this period of time, there have also been a few positive changes. With effect from 31st March 2018, AFSPA was revoked in Meghalaya and in some of the police stations in Arunachal Pradesh.⁴⁵ The 2017 Supreme Court ruling on privacy, labelling it a fundamental right, paving the way for the milestone changes in other laws, such as reading down of Section 377 in September 2018 by a five-judge bench of the Supreme Court.

‘...what is even more significant is the abusive response and threat of violent backlash against those who raise their voices against such happenings.’

The fact remains that a swift and random review of daily news as available across media platforms within any given week or month, is likely to yield reports of current, distressing and violent happenings that connect to long standing battles in rights movements, especially related to sexuality, gender and sexual identities. While this in itself is significant to the history of these movements, what is even more significant is the abusive response

and threat of violent backlash against those who raise their voices against such happenings. Around the time that this report was being drafted, a news piece reported that 34 schoolgirls were thrashed together inside school premises by a mob that broke into the school grounds and injured the children enough to necessitate hospitalisation⁴⁶. The reason was that some of the girls had actively resisted sexual harassment by the local boys. In the same month, reports and distressing images of blood and violence surfaced across social media and news platforms about parents clashing with police in Kolkata during protests at a school over the sexual abuse of a six year old girl⁴⁷. Posts about this shared on Facebook reveal a mix of intense feelings that include a sense of tired cynicism, along with expressions of horror and anger.

In India, the #MeToo movement has resulted in high profile individuals, from the entertainment fields and others, coming out with their stories of sexual abuse⁴⁸. Many of the reactions to these stories reflect anger and dismissiveness^{49 50} against those speaking up and telling their stories. For example, when actor Tanushree Dutta named a high-profile, well-known actor, referring to an incident in 2008 where she was harassed on the sets of a film, not only did many from the Bollywood fraternity steer clear from supporting her, a politician and minister actively came out in support of the actor she accused. He was quoted in the news as saying, “He is not just an actor. He is also a social activist who has done tremendous work for the state. You just cannot level allegations against anybody”.⁵¹ This is typical of an attitude that jumps to protect the bubble around powerful personalities, and the acceptance of sexual harassment and abuse by entire institutions and industries. In the face of such attitudes and behaviours, standing up for self or another, for investigation, or for justice, is to invite threat and re-traumatisation. Meanwhile, the phrase ‘civil disobedience’ is being used to describe the #MeToo movement in India⁵², with strong voices suggesting that where law and administrative institutions have let down citizens, these methods become ways of living resistance.

Many individuals threaten and actively attack those who stand up against abuse and rights violations, in support of deep-rooted, unjust power equations. Political, community and socio-cultural institutions, and widely-accepted injustice, inequality, dynamics of dominance and hierarchies, create an environment where rights activists, as well as ordinary citizens who may not be a part of any organisation or citizen's movement, live through real experiences of fear, extreme stress, violence and threat to life. When rights issues and movements relate to certain subjects, gender and sexuality for example, with the wide scope of coverage that includes marriage, gender stereotypes, sexual and gender identity, sexual offences, even sexuality education, the intensity of both activism as well as negative, abusive and traumatising environmental responses is both overwhelming, and oddly expected, even accepted. It has engendered its own cynicism in the social, personal and professional environment. This is mirrored in social media as well.

Yet, as mentioned above, 2018 was a year of milestone, progressive, Supreme Court judgements, changing the legal environment and legal perception of gender, sexuality and rights in India. Section 377 of the Indian Penal Code that criminalised non peno-vaginal sexual activity (which was often interpreted in a limited way as same-sex sexual activity) has finally been read down by the Supreme Court⁵³. This landmark achievement has been the result of sustained effort and activism by multiple groups, individuals and organisations. Adultery has been decriminalised⁵⁴, and Section 497 of the Indian Penal Code is struck down as being unconstitutional⁵⁵. Under the old and discriminatory law, women were effectively treated as property and the 'crime' of adultery was viewed as a crime being committed by a man against a married man⁵⁶. So a husband could file a complaint under the law, but a wife could not.

A judgement such as this not only raises issues such as of gender, sexuality, equality and rights, but questions the institution of marriage. The fact that these questions are in the public domain allows traditional viewpoints to be critiqued and challenged. One of the responses to this judgement came from the Delhi Commission for Women, disagreeing with the judgement on the grounds that it gave licence to people to commit adultery while married⁵⁷. Other arguments against these judgements come from political quarters that refer to concepts such as Indian and Western family systems and the 'fragility of marriage'.⁵⁸ Such responses are significant in that they indicate the sustained, intense tension and conflict around (sexual and reproductive) rights and gender justice work that enables continuing inequality and abuse within social, cultural and legal environments and institutions.

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Another verdict of tremendous significance that was caught in the midst of intense public debate, is the 2018 Supreme Court verdict that lifts the ban on women between the ages of 10 to 50 (the menstruating age-group) from visiting the Sabarimala Temple in Kerala. Justice Chandrachud stated, "Prejudice against women based on notions of impurity and pollution associated with menstruation is a symbol of exclusion. The social exclusion of women based on menstrual status is a form of untouchability which is an anathema to constitutional values."⁵⁹ As may be expected, given the context that religion and religious sentiment have always been powerful reasons to argue for or against any practice, discriminatory, unjust, or otherwise, the judgement has not gone down well, with review petitions filed in court.⁶⁰ One of the groups filing such a petition has said, "If the general ground of equality under Article 14 is resorted to and essential religious practices are

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tested on the principle of rationality, many essential religious practices may be rendered void or irrational or unjust, unfair and unreasonable and religion itself may be rendered out of existence".⁶¹ Inherent to the meaning of this statement is the clear assumption that justice, equality and rationality hold less value than religious practice. This would mean that there is no room for reform or change of any kind if it goes against traditional religious practice, including a discriminatory or abusive practice. In 2017, the Supreme Court had also issued a verdict on the practice of triple talaq, by which Muslim men could divorce their wives by simply saying the word 'talaq' thrice in succession. In 2018, the Union Cabinet passed an ordinance by which triple talaq is a punishable offence with jail term of up to three years^{62 63}. These legislative actions have been criticised and challenged on various grounds, including questioning the necessity for an ordinance after a Supreme Court verdict has already been passed.⁶⁴ Community or religious and political leadership commenting on such issues seek ways to defend and strengthen long-held positions against changing the status quo. On the matter of triple talaq for example, a key stakeholder has been quoted as saying, "Two crore [20 million] women had signed a petition and sent it to the President of India saying that they did not want any intervention in the Islamic law and that they were happy about how triple talaq existed in society. What the Centre has done is that it has changed a civil law into a criminal one"⁶⁵.

There is considerable scope for conflict and confusion in an environment where legal provisions are known to fall short of achieving the avowed intent behind them due to enforcement inadequacies, lack of focus on social and behavioural change on the ground, and also due to a debatable approach taken to issues of crime and justice in a highly charged political context. So, despite the reading down of Section 377, ground realities do not change to keep pace with the

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law. Rights violations and a complete wilful ignorance of law, social and psychosocial issues remain prevalent across key sections of society including health professionals. In January 2019⁶⁶, a Pune based LGBTQIA activist spoke of the presence of doctors offering 'cures' for homosexuality on a well-known online medical services platform. 'Coming out' has had the risk of serious negative consequences upon family and social relationships as well as on employment, and while this is changing slowly in some spaces, the risk remains a real

issue for many others. As Rumi Harish, a research consultant at the Alternative Law Forum says: "We tell families that being homosexual is no more a criminality. But they keep raising the issues of morality, Indian culture and family prestige."⁶⁷ So also, on the child rights and child protection front, for example, in April 2018, the government had promulgated the Criminal Law (Amendment) Ordinance, including provisions that amended the Protection of Children from Sexual Offences Act, 2012 (POCSO Act) incorporating the death penalty to be included as maximum punishment for the rape (and gang rape) of a child under the age of 12 years. This ordinance was passed in August 2018 though activists and rights workers argued ⁶⁸ that it may go against the intent and objectives of child protection.⁶⁹ Then the POCSO Act was again amended and the amendments passed on 01st August 2019⁷⁰ despite opposing views from multiple quarters ⁷¹. The amendments include a maximum punishment of the death penalty for "aggravated penetrative sexual assault", the definition of which has been amended to include two new aspects, one being "assault resulting in death of child". The POCSO Amendment Bill was passed despite rights advocates and activists questioning⁷² the on-ground reality and outcomes of such a provision. Since the passage of this amendment, up to the time of finalising this report in late 2019, there are media reports of four death penalty judgements being pronounced by a POCSO court in just one state alone.⁷³

Reactions to the Sabarimala judgement from various political quarters clearly reinforce negative attitudes and behaviours around women, sexuality and menstruation, at a time when many others seek to question and challenge these. This sort of backlash adds to stress and burnout in an overwhelming way. The Sabarimala story took a turn for the worse quite soon. 39 year old Kanaka Durga and 40 year old Bindu Ammini became the first women to enter the temple, on 2nd January 2019⁷⁴. This was after multiple attempts by different people, protests, violence, burning effigies, massive police deployment, the images widespread in media, disturbing and representative of the many different levels of stress and conflict marking this situation. For her act, Kanak Durga was later beaten up by her mother-in-law and thrown out of her marital home. She was forced to live in a government shelter home and filed a complaint with the district Violence Protection Officer. The Supreme Court then ordered round-the-clock police protection for her and Bindu. Kanak Durga was only able to return home in February. Her husband however, moved out with their children and the rest of the family. The court case is in progress, at the time of this being written. One is left to wonder what forms of invisible, indirect emotional and psychosocial abuse remain in the environment of home and neighbourhood that she contends with now.⁷⁵ It was also reported that Bindu's mother received death threats. The layers of violence in this situation are influenced also by the fact that Bindu is a Dalit, Hindu woman.⁷⁶ Political figures take advantage of the complex reactions and volatility inherent to socio-cultural and religious debates, to catalyse potentially incendiary emotions and actions, adding to the buzz of stress at a vast level, across social groups.

‘Political figures take advantage of the complex reactions and volatility inherent to socio-cultural and religious debates, to catalyse potentially incendiary emotions and actions’

The reality of the lived experiences, some known, many unknown, are a part of the visible and invisible history of the sexuality rights movement in India. In 2018-19, at the time of drafting this document as news reports focus on recent events, increasing space for stories of gender rights and feminist activism is visible in some of this reporting. For example, an article such as *'The Female Activist'*⁷⁷ that appeared towards the end of December 2018, speaks of "the year that women in diverse situations made significant strides in the wider battle for justice and equality". It presents the stories of nine individuals, including amongst them an artist who identifies as non-binary gender fluid, a disability rights activist, both in their twenties, a woman in her fifties who has spent a lifetime struggling for justice against political muscle in the context of the 1984 anti-Sikh riots and is a prosecution witness, an anti-caste activist, and a nun, who with four other nuns, broke their vows of obedience to protest against a bishop accused of rape and sexual abuse. The untold stories are perhaps reflected in some of the narratives, such as these, that have emerged over the decades, yet the full depth and magnitude of rights violations, abuse and injustice is still not mapped. The impact on survivors, those who did not survive, on families, friends, co-workers,

‘The untold stories are perhaps reflected in some of the narratives, such as these, that have emerged over the decades, yet the full depth and magnitude of rights violations, abuse and injustice is still not mapped.’

rights advocates and activists is still not assessed. There is only an indicative, narrative based understanding of some of the experiences shared by some people. That there have been suicides, honour killings, rape including 'corrective rape' (better understood as a hate crime), forced marriages, physical, psychiatric, psycho-social and emotional abuse, fear and anxiety, denial, self-denial, stigmatisation and self-stigmatisation, is known, and has been reported, increasingly so, only as the movement for rights has slowly gained ground.

In particular, the workshop we conducted in October 2018 in the Northeast has brought the impact of living life in this context to the fore in a way that cannot be dismissed and requires far greater study and intervention than currently exists. These issues are at the core of violence and rights violations that many in the region have become routinely familiar with, influencing all decisions, personal, family and social. Socio-political, cultural identity and economic factors related to migrant populations cause conflict at deep levels amongst vast sections of the population. Most of the North Eastern states, particularly Assam, have witnessed and continue to experience wide-scale protests and violent conflict between public groups and police, the shutdown of government, educational and financial institutions and offices. Clashes over citizenship definitions, inclusion and exclusion are complex and have established a daily environment of high tension in the region⁷⁸. The sources of extreme stress are deeply entrenched and institutional, representing restraints and limitations to choice and personal decisions by religious and governmental authority, tribal law and narrow social norms implemented by groups of bigots with violence and zeal. Some of this is described ahead.

Again, the consequences of dealing with these issues at a personal and professional level have not received enough focus. Such focus has taken a back seat in the face of the overwhelming issues themselves. It is possible that the time has come to take a breath and consider the importance of a healing response.

Pavel, one of the organisers at these workshops, said upon later reflection:

"As a participant at an earlier stress management workshop, I know that there is this assumption, that stress is something that strengthens you and adds to your confidence. I saw the same thing happening with participants here. Now I am able to see where I was wrong. I see stress as a negative thing. Only a few participants were able to get this perspective initially. Some participants were defensive about their stress. Some were dismissive about stress. Someone said, "I don't let it affect me. I try to keep myself happy". It's about seeing oneself as having to be tough to deal with things."

Some participants said:

"Till now we felt that we, ourselves, are responsible, or are the reason for our own stress."

"We can't say 'No'. This is the reason for our burnout. Say there is a person who is on the verge of committing suicide. Counselling is needed, but one is already feeling tired and almost burned out. I can't refrain from giving counselling because I'm already burnt out. I have to - have to - do it."

"The way we are taught to perceive or interpret emotion is very linear and one dimensional."

"Stress comes in many forms and one has to think if any kind of stress is good at all. Literally speaking it is not, but since we all live in a world where we might not be able to avoid the stress, the effect of stress on our body needs to be understood."

"The environment and atmosphere, is it a place or space where you can express your thoughts or opinion?"

"Stress is an indicator [that one has] to slow down. It is a sign that one needs to take a break."

"The session was reassuring and acknowledged the radioactive space that we all have."

Stress management and burnout prevention – A background to this Needs Assessment

In 2017, TARSHI and Nazariya conducted a series of burnout prevention sessions in September and October, some for members of the queer community in Delhi and one for human rights defenders and activists. The response at these workshops was positive and encouraging. We identified much that required more attention and study as a result of the formal and informal conversations at these workshops. As a result, we felt that a needs assessment exercise should be undertaken towards a deeper understanding of the particular, context specific aspects of some of the rights work being undertaken by individuals and organisations in India.

TARSHI and Nazariya along with our associates, and resource persons, worked to articulate the right questions and identify gaps, to guide the planning of this Needs Assessment and arrive at a suitable design for the exercise. This by itself was a valuable process as it helped us collate information, knowledge and experiential learning in a focused way. Some of the take-aways⁷⁹ from this exercise are shared here:

Stress and burnout may not be approached in a narrow, medicalised way, focusing only on physical / physiological elements, or on the familiar understanding of illness, pathology and diagnosis. This area of work requires a comprehensive approach, looking at the individual as whole, integrating and connecting physical, emotional, mental and spiritual dimensions, then looking at the environment and interactions across individuals and organisations, as well as the issues that are the focus of human rights work. At the simplest level of understanding today, stress and burnout may be seen as impacting mental health. "Mental health care is not addressed in the comprehensive manner that it needs to be in India, and the system suffers from a paucity of resources as well as unequal access to what little resources do exist. Despite rising numbers of people who require mental health care services, there is overwhelming stigma that prevents individuals from seeking care and help. In addition, mental health care practitioners in India are largely unaware of the intersectionality and complexities of identities and lived realities. The mental health care system seldom addresses how and why people experience stress that stems out of socialisation and expectations that the larger society has from individuals."⁸⁰

The work of Human Rights defenders, activists, and caseworkers, defined by service to others, is often marked by opposition from the larger society. They also face harsh criticism from the communities they cater to and, at times, their allies. Further, there is structuralised and internalised violence as well, where caseworkers often end up ignoring the consequences of the emotional and physical toll that counselling, advocacy, and caregiving work has on their wellbeing.

Additionally, there are some critical identities, for example gender and sexual identities, which have a significant impact on mental health, yet remain largely ignored. Individuals on the LGBT*QIA+ spectrum face access and availability barriers to resources, while also dealing with stigma, self-stigmatisation and lack of awareness and support. They face significant familial, societal, and legal

‘This area of work requires a comprehensive approach, looking at the individual as whole, integrating and connecting physical, emotional, mental and spiritual dimensions, then looking at the environment and interactions across individuals and organisations, as well as the issues that are the focus of human rights work.’

discrimination in addition to the stresses of everyday life. The additional, unique stress is termed minority stress, the stress individuals experience as a result of their status as a minority.

By initiating conversations on issues such as these through needs assessment workshops, we want to reshape how feminist spaces working on gender-sexuality issues operate, so that we do not mirror the oppression, discrimination, and violence that we challenge through our work and adherence to human rights principles. Therefore, it becomes important that organisations do not only focus on their programmes and work goals, but also consciously invest in the overall wellbeing of their staff.

D M (27 years old. Mumbai based.)

I'm an intersex person. I've used different media to speak about being intersex. I believe in creating an equal world with equal opportunities, with inclusive and safe spaces for all genders. I had a difficult childhood, in the sense that I didn't know whether I was a trans person, because where I come from there's no such word as intersex. People are confused about the concepts trans and intersex and view them together, as the same. I've gone through a lot of trauma. We are Roman Catholic. Religion has played a very important role in the discrimination I have faced. Also, we come from a very poor background, I grew up in a slum with my parents. It was not easy to gain acceptance. I have completed my graduation now, but there was a time when I had not completed my education. I had to take up begging work on the streets of Mumbai. Then I had to join a prostitute to earn my livelihood with the kothi community. As time passed, I started working at different things, like massage centres, or washing people's clothes, and finally, I was able to complete my education. Today I am a social work graduate. I want to tell the community, the heterosexual community, especially parents, that if you have a child born with an intersex variation, even though you worry about what society will say, do not opt for surgery to assign gender to the child. Let the child grow up and choose their own gender. One of the struggles of intersex people is lack of medical knowledge and resources available, that talk about intersex variations. People don't understand, doctors don't understand and this is damaging for persons with intersex variations. I developed suicidal tendencies, I didn't want to live because, well, I didn't fit in the binary, of male and female. Today I'm stable because I'm accepting myself the way I am. This is who I am. My stress, and agony, was basically from society and people around me. Now I think that I am healing. It feels good when people come up to you and appreciate the work you're doing and for coming out. I thank God I didn't keep my mouth shut, I came out as who I am. Sometimes I feel burnt out; I just don't want to talk, about intersex issues. I just want to be spoken to as a human being, ask me something about my life, ask me something normal rather than just about being an intersex person.

Building on our findings

We have observed, as participants too have pointed out, that many stressors are unique to a situation, an environment and even an individual or a community. Any approach to stress management and burnout prevention must create a space and a process for identifying these unique stressors, exploring their interaction with other significant, more universally familiar stressors, and then arriving at various optional strategies to mitigate the impact of stress.

Topping the list of take-aways and learning from these workshops are these aspects:

- ◆ The identified and acknowledged importance of non-judgmental, safe spaces where stress and burnout can be discussed.
- ◆ The additional role of these workshops being that they provide such a space, sometimes for the first time, for individuals to even identify and acknowledge that these issues exist, and their impact on their own lives.
- ◆ The composition of a group of participants at such a forum is significant. Groups where critical identities based on gender and sexuality were the core of the participant profile, appeared to share a greater personal experience with mental health issues and diagnosis, than participants who shared a different profile, based not on gender or sexual identity but on occupational identity as human rights defenders. Also, in the former groups, there was particular focus on feelings of anxiety and the unique stresses that are presented by family, including the need to hide or be silent about one's gender identity, or the pressure of conforming to family and social norms, to get married etc.
- ◆ The interconnections across identity groups are significant too. Participants from the LGBT*QIA+ groups spoke of isolation, of the difficulties of work-life balance, of misogyny, homophobia and transphobia, in the work environments they inhabit. Human rights defenders may include amongst them the invisible, not-out individuals from queer communities, or may be case workers working with clients who are silent about queer identity or identity conflicts and stresses. This area needs to be explored in greater detail. Watertight compartments may not allow a comprehensive view of these complex interconnections.

J M (42 years old. Grew up in Bhilai.)

There are two distinct aspects of my life. One, that I was living with my family and this has a huge impact on who I am. Two, once I came out to myself, I found another family. My dad was the bread winner, my mom took all the decisions. She didn't interfere with what we were wearing, eating anything. So I had all that independence. I knew that some day I had to also get married, but growing up it was okay to go and play with boys, or play cricket, but you should know how to chop an onion also. In this scenario it took me 30 years to come out to myself and to my family. This is primarily because, no matter how much love and affection you get, you also know that women are not supposed to express their feelings. Soon, the pressure to get married was increasing in my life. I gained weight, and I believe that I continued to gain weight, even though I had always been very fit and active in sports, because I knew that this, being fat, will be a hurdle in my marriage. Now I live with two very close friends who have become family. We speak so much about how we are feeling, so openly, without thinking of who's around, or thinking that I might not be in a safe space to speak. So all this happened when I came to Hyderabad. Here I was, roaming around, doing my job, and, living a very heterosexual life. After work I would go home, and I would check online, go to Yahoo chat, try to talk to someone, and have fantasies of a life where I will come home, and someone will sit beside me, serve me tea. The heterosexual life, but with a woman. After I came out to myself, I met a group of LGBT people who live in Hyderabad. My friends used to treat me like a guy. Not that I consider myself a guy, but I have a masculine part to myself, which is why I like to be called "J" But not he; I have a problem with he. I don't want to box myself in. I'm 42. Still exploring. My issue is that I come from a very loving family. Now, how do you come out to a loving family? The guilt is there because you're lesbian.

Based on participants' feedback, we learnt that most participants found that the workshops helped them understand the core reasons behind their stress. Most participants also appreciated the variety of tools presented to address stress, with each of them listing a different technique that stayed on with them and they will use in the future/share with their colleagues. We also learnt that participants took away larger messages that some of these tools propagate, such as self-awareness, equality, being non-judgmental, etc. Several participants also mentioned that they wished there was more time to learn more tools or counselling techniques. This is one of the reasons that we feel encouraged to work more on this area – people want to learn how to manage their stress and to learn to thrive. Another important learning is that a variety of tools/techniques needs to be provided because each participant listed something different that remained with them.

Moving ahead, we see the requirement for a long-term engagement on self-care challenges and the wellbeing of advocates and activists working on intersecting issues of gender, sexuality, marginalisation and violence. The desired outcome of such engagement would be:

1. Awareness of the importance of self-care and burnout prevention among individuals, activists and organisations.
2. Safe spaces for dialogue and discussion on self-care.
3. Practical tips, tools and strategies for stress management and self-care that are economical and self-sustaining. These need to operate both at individual, as well as at organisational and community level, to create an environment, an ecology, that is supportive of such needs and efforts.
4. Documentation available on the self-care needs of those working on issues of sex work, issues of LGBT*QIA+ people, gender-based violence and SRHR issues.

R K (32 years old)

S M (33 years old)

RK and SM both both work in the same organization, a sex workers' collective. They know each other well and are based in Maharashtra.

S M:

I was born in Sangli. I am a Harijan⁸¹. My mother, who is from Karnataka, is a sex worker and a devdasi. I too am a sex worker and devdasi. I have also worked as part of a target intervention project, and now I work for capacity building on leadership skills for the members of a sex workers group. I was still a small child when I got into sex work, because there was a lot of discrimination against me in school. Also my teacher abused me for being late to school and threatened me that he will burn me alive. The next day I stopped going to that school. Then after a few days MC⁸² happened for the first time, then the whole ritual of putting turmeric on the body and bathing of the body happened and I was made a devdasi⁸³. There is a race for business. There is stress. I have partners to share responsibility, to bring ration and pay students fees, sometime when there is no money. Partners are regular customers, but it means we are having a relationship with them. But sometimes he will beat me, if in the timing kept aside for him I am with another customer. Or if he suddenly arrives and sees me with someone else. The customers who come to us are both types, nice and bad. To tackle the bad situations in our work we have to be united. Things happen. Once, a goon held a knife to my throat and had sex with me without my consent. So when hoods come we are united.

RK:

I have a mother, three brothers and three married sisters who stay with their husbands. My papa passed away. I too was married and lived at my husband's house. After my husband passed away, I couldn't make ends meet. During that time I met a woman, a 'gharwali'⁸⁴. She offered me a job. So, whenever I had money problems I would go to her. I would hide and do this job so nobody found out. After about six months of this, a woman from an NGO heard about me, and she started meeting me. She even told me she was a sex worker too, but I didn't open up to her for two years. She asked if I will work with them. I told her that I wouldn't want to. The fear was that if I sit with them people will think of me as another sex worker, that society will reject me, that nobody would like to mix and mingle with my children. After my husband died, and I was in a relationship with someone, my older brother fought with me and abused me over it, almost came to beat me. I used abusive language back and I broke my relationship with him. He did not speak to me for ten years. I don't change partners. My partner is home based. There is a difference. I haven't told my partner that I am doing sex work. Recently I had a fight with my boyfriend and went to complain to the police. Even though I told them I work with this organization, they refused to take my complaint saying the relationship was not of marriage and nothing could be done. They did not know that we have learnt about DV and the law and I told them I would get the other women to the police station. Then they said to me they will speak to him and sort him out. So when we come together like this, as a collective, we find solutions.

Needs Assessment Workshops: 2018 - 2019

This report presents the findings from initiatives in 2018 and 2019, expanding on our efforts in 2017 as described in the previous section. The focus of this collaborative work between TARSHI and Nazariya, was to identify the self-care and burnout prevention needs of caseworkers who work on gender and sexuality issues, and community members, with a particular focus on issues of sex work, LGBT*QIA+ issues, gender-based violence, and/or Sexual and Reproductive Health and Rights (SRHR). Through mapping and documenting the unique stressors faced by people working in areas related to sexuality, across different socio-political and regional contexts, we are aiming to create resources that can be shared with other organisations and used to inform future programmes.

Three workshops were organised, one in North India, at Delhi, the second in the Northeast, at Guwahati and the third at Hyderabad in South India. The participants for these workshops were drawn from lists of peer organisations and activists working primarily on issues of sex work, LGBT*QIA+ issues, gender-based violence, and/or SRHR issues. While the purpose of these workshops was needs assessment, we understand that this was also the first step, and a key part, of intervention. It required participants to process thoughts, feelings and experiences that focus on stress. This in itself, while necessary, is potentially stressful, to varying degrees for each individual. Therefore, participants were also introduced to simple stress management and burnout prevention techniques with the objective of increasing self-awareness and to create and enhance resilience to stressors that induce burnout.

Our attempt has been to:

- ◆ Gauge the existing stress levels of caseworkers by adopting a qualitative approach, using assessment tools, self-reflection and group activities, discussion and self-reporting;

- ◆ Identify the particular stressors faced by virtue of working on issues of sex work, issues of LGBT*QIA+ people, gender-based violence, and/or SRHR issues;
- ◆ Introduce stress management and burnout prevention techniques to manage everyday stressors and tips to initiate conversations on self-care back in their organisation;
- ◆ Document our findings.
- ◆ Keep building on our own understanding of strategies and the competencies required to organise and facilitate such assessments and interventions.

Sessions for these workshops were planned to follow a similar pattern, while some activities, resources and resource persons were different across them. Each session was designed to identify the needs of these groups in their work and life contexts, in a participatory way, that could possibly help expand our understanding of the needs of a wider circle. A brief outline of session descriptions, workshop activities, participants' responses and our findings is given here as a quick reference to aid understanding of the basic process.

- ◆ The workshops began on the first day with participants' introductions. The early sessions catalysed discussions on stress and burnout, and enabled participants to reflect on the mind-body connection. The workshops then progressed towards identifying the unique stressors of community members and caseworkers. Participants undertook group work to identify unique stressors followed by presentations of their understanding of stress, the unique stressors identified, and the significance of intersectionality.
- ◆ The workshops proceeded with participants working on self-awareness and understanding their own relationship with stress. The next session examined the impact of stress at three levels, self, organisation and the larger cause or movement.
- ◆ This was followed by a session of capacity building inputs to enable participants to begin dealing with stress. Stress reduction techniques and stress management tools were introduced to all as the second day progressed and continued into the third and final day. These included Modern Energy Tapping [formerly known as Energy EFT], Arts-Based Therapy and managing day-to-day stress through the techniques of Heart-Focused Breathing and Jin Shin Jyutsu. Participants at Delhi also worked on strategies for building awareness of stress and of the importance of self-care, creating tools they could use with the communities they work with.
- ◆ The workshops ended with a session looking ahead, focusing on a way forward, and wrapping up with key takeaways from the experience.

Breaks and energisers were built into the schedule to ease the deep dive into emotional and experience sharing processes.

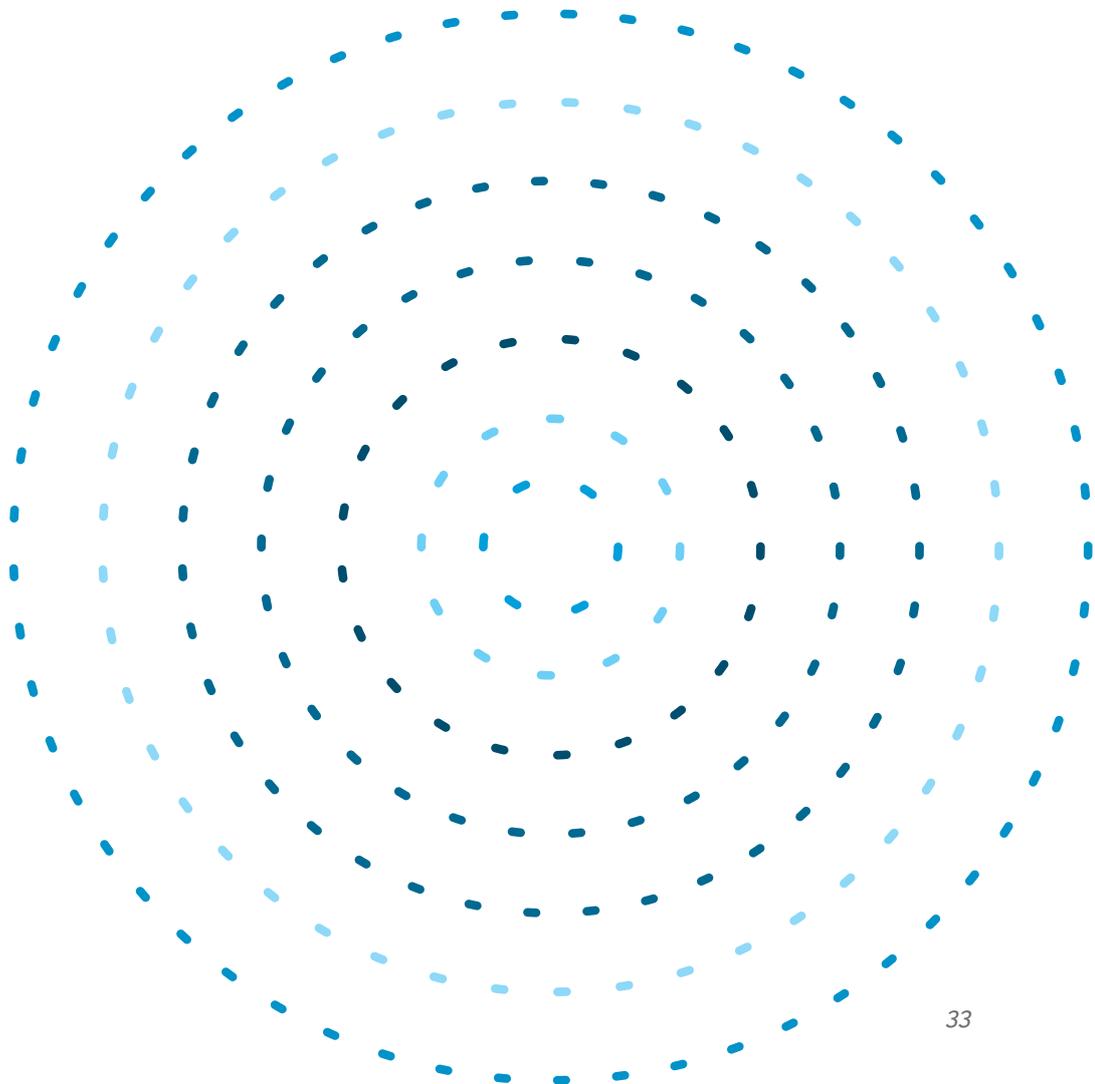
Energy therapy modalities formed a key part of the self-care techniques introduced at these workshops.

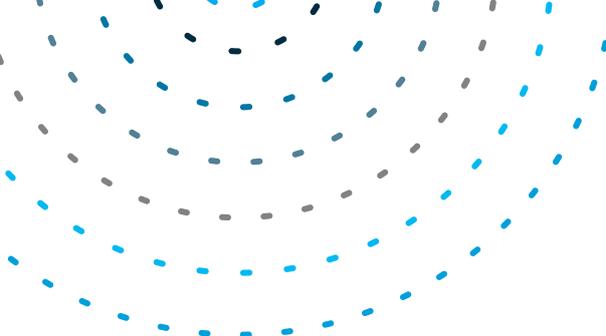
Participants at all three workshops have given positive feedback, some by mail after the workshops were over, expressing their appreciation of the process and the opportunity to talk about stress and self-care in an atmosphere of safety and solidarity. The third workshop at Hyderabad reinforces the positive response from participants, not just through feedback shared, but in the actual strengthening of relationships and exchange that has continued beyond the workshop space. Dipika, speaking of her observations as facilitator, notes, "A WhatsApp group with all the participants was formed for logistical planning during the workshop, because the property was large and coordination was difficult. This group was supposed to be temporary, but the participants decided they wanted to continue it as a support group. The conversations are ongoing now amongst them,

on current issues and responses to happenings such as the contentious Transgender Bill." With such unintended happy consequences, the outcome of these intervention efforts has turned out to have deeper potential than was expected.

Reflecting on these experiences, Ritambhara feels that "The workshop theme made a difference. There could be different, possible scenarios in such a space, there could be hostility, a sense of competition, or calling out, while making presentations etc. , but here, this space was to be a healing space and we were able to create a space that was calm and comforting for all. So, the theme, stress and burnout, makes a difference. The fact of creating a healing space influences the interaction. So perhaps including such a session in other conferences focusing on other issues may help reduce the potential for conflict and tension. While feeling anger about injustice is important, how do you create a healing space? This is something to think about, as a potential intervention to integrate into other events, no matter what the theme of those events."

“...there could be hostility, a sense of competition, or calling out, while making presentations etc. , but here, this space was to be a healing space and we were able to create a space that was calm and comforting for all.”





SECTION 3

FINDINGS FROM THE NEEDS ASSESSMENT

Unique Stressors

This is a brief presentation of unique stressors identified during these needs assessment workshops, in the effort to facilitate a swift sharing of learning and experiences. Those seeking depth of detail may contact us for Part Two of this report where each session at each workshop, including many of the authentic voices of participants, has been organised for review and reference.

Our understanding of the processes and learning that emerged as a result of the needs assessment workshops clearly points towards a framework of stress prevention and management that identifies and addresses a complex interplay of stressors. As we proceed to list the unique stressors that have emerged from the current process, it is important to state, on the basis of our learning, that if one were to assume that two or more individuals or communities would share similar situations, or stress, by virtue of some common factor shared between them, such as identity, for example the LGBT+QIA+ community, or two individuals who are both transgender men, this would be an erroneous assumption.

K (41 years old)

M S (25 years old)

K and MS both identify as trans men. They work in the same organisation, know each other well and are based in Gujarat.

K:

At a surface level there was an indication that my family accepts me, but the acceptance is not from within. There was discrimination at home because I am born female. My brother and I had fought over a girl who eloped with me. I had got her home to live with me. He didn't want her there. This girl and I, we were together for five years. In the beginning her family complained to the police. Our relationship ended over many things. I later realised she was becoming interested in boys, or becoming involved with some boy. I stopped feeling connected to her, or feeling sexually attracted to her. I told her this. She got angrier and angrier and would beat me. I've taken a beating from her many times. I would cry. She would abuse me, call me names, and say I didn't have a penis and that she was going to cut off my breasts. One day I'd had it. I took her to the bus stand, gave her some money, and told her to leave. The beatings, the torture, the sadness, these are things I've lived through, for other people they are just stories they hear.

MS:

My family has always been very supportive. About five or six years ago, I told my mother that I am a trans men and I like girls. When I was in the 10th Standard I had attempted suicide over a break up with one of my girlfriends. At that time my mom had said not to ever again put my life at stake for someone else. I feel very good that my family understands me. The other side of the story is that for the past seven years I have stepped out and am living away from the family for further studies. Somehow I also feel that they have stepped back from their responsibilities. So sometimes I feel that loneliness.

The fact is that personal, family, socio-cultural, political, religious, educational, economic, health and occupational factors, and many other layers of human experience, such as living in a conflict zone, disability, violence and abuse, having or lacking support, financial independence, access to resources and to social capital, multiple marginalisation and even the invisibility of an individual, an identity or an entire community, are all contributors to the creation of unique stressors. We do note that there is a distinctly different set of narratives and concerns emerging from the three workshops. We attribute this to wide regional differences in the socio-cultural and political environment, and also to the number of years of work experience of participants. This was a strongly felt factor particularly at the third workshop where the majority of participants were in an older age group, in the range of 50 to 65 years, and a number of them had decades of work and a long history of personal journeys behind them.

Environment:

1. In the North Eastern region, the socio-political environment of deep-rooted conflict, tribal law and custom, and cultural and religious influences on individual life and decisions, creates an overwhelming situation of multiple sources of stress. There is a strong sense emerging from these three needs assessments that the impact of living each day in almost constant fear for one's life from organised groups that threaten and carry out violent acts against anyone seen to be transgressing their rules, as well as the overall situation of conflict and volatility as experienced in the Northeast, leads to a completely different understanding and experience of the meaning and intensity of stress, as compared to participants who were at the Delhi and the Hyderabad workshops. There is a sense that the group at Guwahati had a more immediate and clear understanding of their own limitations connected directly to working as case workers with clients and the families of clients.
2. At Delhi, it seems that interpersonal relationships are the frame within which violence, and abuse are primarily experienced. Some participants used the word 'torture' to express the intensity of the rights abuses and violence that they spoke of, in this context, during the workshop. At Hyderabad, violence was mostly referred to in the context of queer lives and relationships. At the Guwahati workshop, participants spoke of socio-cultural and political factors as the frame for a macro environment of overwhelming violence and abuse. This has been referred to as the macro politics of the region and includes the dominance of religious institutions such as the Church, which controls and effectively polices the lives of the congregation. It also includes underground and student groups that specifically target critical gender identities for abuse, lynching, and violence, including murder. Rituparna observed later, based on her experiences as a workshop facilitator, "We were able to identify some stressors unique to the Northeast. In theory we knew that religion was a big factor, and it came up very strongly. The Church plays a big role in Meghalaya and

Nagaland. We didn't know it could govern people's lives so much. So if one member of the family does something against Church principles, the whole family can be ostracised."

3. Also at Delhi, participants identified one of the impacts of stress on the work environment as building hostility, conflict and aggression. At Hyderabad too, this found mention as the creation of a toxic environment as a consequence of stress. In other words, stressed out people could create an uncomfortable work environment, due to their actions, behaviours and attitudes, causing an increase in the overall stress level, and potential for stress, in the environment. This did not find space in the discussion at Guwahati, where violence, hostility and aggression were spoken of as huge and overwhelming aspects of the larger socio-political environment. Perhaps a matter of intensity and degrees plays a role in the importance given to this by one group but not by the other.
4. At Hyderabad many new ideas entered the conversation. Some of these were particularly relevant to understanding stressors in the environment of activism and rights work. Participants spoke in particular of the existence of an activism of discrimination, of engaging with the world with hate and violence, and responding to violence with violence. While these observations and insights require greater space for discussion, they indicate a growing awareness of the fact that those in social work and human rights work have the capacity and potential to impact the stress quotient in the environment of this work, as much as a stressful environment impacts them.
5. The sense of being disconnected as activists, from the national and mainstream narratives of activism, due to what is felt to be a lack of understanding of the situation in the Northeast, is another significant source of stress for activists from the region. Participants pointed out that issues specific to the region are not part of the agenda of rights activists in the mainstream rights discourse. This is a hugely demotivating factor when considering, specifically, the situation of activists from the Northeast, who are committed to the same causes as activists who are part of the larger people's movement in the country.
6. Similar observations were made by participants from Mizoram, with particular reference to the judgement reading down Section 377. The church reacted negatively to the judgement (with church officials using words such as 'abnormal', 'abomination' and 'perversion')⁸⁵ and the larger national LGBT*QIA+ movement remained silent about this. They also spoke of a uniquely different, volatile and threatening situation they face vis a vis the underground rebel groups. This has not received national attention.
7. For Khasi transgender persons in Meghalaya, inheritance rights are threatened as tribal custom and law raises barriers and supports disinheritance. Participants from Meghalaya pointed out a unique stressor, relating to the Khasi Lineage Amendment Bill, which states that under Khasi tradition, the third gender will not be recognised.⁸⁶
8. Another unique situation in the Northeast is the influence of ethnicity based power groups. The lack of national attention on this is another obstacle that human right defenders and activists struggle with. This issue of ethnic identity politics has multiple consequences. For example, women's voices cannot be independent because they remain entrapped within the context of ethnic binds and are appropriated by the larger agenda of ethnic preservation. So they remain trapped in the traditional roles of wife, mother, and so on.
9. One of the most interesting observations made was that, despite the existence of human rights focused groups, organisation and projects, the human rights agenda has not been able to infiltrate the socio-political fabric of the North Eastern region. The human rights front is still struggling to put itself firmly on the agenda of stakeholders and influencers who have a say over the socio-political situation in the region.

10. Workshop participants from the Northeast, who work as counsellors, social workers and activists on multiple interconnected issues including violence against women, child rights and LGBT*QIA+ issues, have to contend with complex social norms dictated by tribal loyalties, the lack of acceptance of 'outsiders', and additional layers of mistrust created if case workers and clients happen to belong to different religions.
11. In the Northeast, media reporting that was insensitive and unaware of LGBT*QIA+ issues, was identified as another stressor. Related to this is another factor, the lack of detailed and accurate documenting of the trans* rights movement, making it difficult to access knowledge and content for building awareness or communication and advocacy.

I K (25 years old. Assam.)

I do not really identify as queer. I am a cisgender, bisexual woman. So I have had this empathy with the community because I have also been questioning my own sexuality, and my gender. One day at a college event, I had to speak about the LGBT community, and I don't know from where I spoke, but I spoke from my heart. I was surprised, because I thought how can I be so empathetic towards a community that I did not know? I have always loved the way I walk, and my mannerisms, which are like those of a traditional boy. At home also they have always questioned this and said, Don't walk like that, or Don't talk like that or Don't sit like that. Later, after meeting some new people and getting to know more about the community, people started reaching out to me. Also I began to fall for some people. I told my close friends. Then suddenly I felt the urge to talk to my parents as well. It has been really hard for me to accept myself. My mom is willing to learn. But my father is different. I had a very heated argument with him, about Section 377, and he said it would never change under this government. The day Section 377 was read down I made sure that I said this to my father first. And he laughed and said So what?! Right now, I am trying to do an awareness programme on gender, sex and sexuality in colleges. Again I am targeting colleges because colleges are the easiest way to target youth. I work with a Feminist Collective. We want to open up a space where people can come and access the research work of the founder of the collective, and also put forward their research idea so that we can do something together with a feminist ideology. We are also trying to create a safe space in Guwahati for queer people.

About stress and distress:

1. At the Delhi workshop, there was complete clarity and agreement about the mind impacting the body, or of their being a strong relationship between both. On the experience of sadness or distress, participants described manifestation more in terms of body experiences. At the Guwahati workshop too, while participants showed a similar understanding that covered a wide spectrum of life factors, violence stood out as an overwhelming and distinct factor. It emerged in descriptions of aggression in different forms, all of them traumatic and again life threatening. Participants also spoke of exposure to stories of violence happening elsewhere to others, and the impact of that exposure. Understanding the requirements of persons exposed to trauma and vicarious and shared trauma becomes crucial to the discussion at this stage. Participants at Guwahati approached questions about the mind by trying to connect it to tangible doing, such as decision-making or processing feelings. One may ask if this set of participants was eager to come to grips with mind issues in a way that could give a much-needed sense of control, agency and understanding. Participants

described distress more in terms of thoughts and feelings, unlike at Delhi. Thoughts of death and dying alone emerged strongly and this theme of death and life-threatening factors runs through the discussions at Guwahati. Participants at the Hyderabad workshop were quite familiar with the concept that stress may be experienced or expressed in a variety of different ways, physical, mental, behavioural and emotional.

2. At the Delhi workshop, participants identified 'working with a client who is suicidal' and the death of a client, as stressors. While this did not find mention in this way in the Guwahati workshop, there was a completely different perspective with regard to suicide and suicidal ideation amongst those participants, as many of them mentioned experiencing thoughts of suicide when sad, depressed or distressed. Particularly, participants from Manipur, members of the collective of trans men, spoke of feeling devastated by the suicides of young trans men, the effect of the death of a close community member and how it caused a sense almost of frustration amongst the ones left behind, as if the person who committed suicide did not think about the impact it would have on others. At Hyderabad, during the third workshop, suicide and self-harm were swiftly and simply identified as symptoms of stress.
3. At Hyderabad, participants said that those who've been working for 15 years and more in this sector, on these issues, should come for these stress and burnout interventions. This group immediately related to the subject of the workshop, it did not take them time to understand or engage with the issues raised. This may be a consequence of having 'been there' and experienced the outcome of prolonged exposure to stressful events and situations for, on average, a longer period of time.

Gender and sexual identity:

1. Workshop participants who have lived experience of their own non-binary gender and sexual identity related challenges, often work through their own issues of stigma, discrimination, violence and abuse, psycho-social and emotional vulnerability, even as they support clients and members of the communities they work with. In such cases, there is a heightened sense of stress as personal feelings and experiences may or may not be acknowledged, understood or shared, even while the stress and trauma clients are going through is, in a sense, taken on by the individual.
2. With LGBT*QIA+ people and issues, in the Northeast, substance abuse came up as a specific concern. In this group, the stress of over-compensation efforts with family and at work, also found its way into the discussion.
3. Related to LGBT*QIA+ lives in the Northeast there is another distinct factor that has been identified. The invisibility of LGBT people follows a hierarchy, with those who are female assigned at birth being on a spectrum of high invisibility. The most visible are those who identify as trans women. Less visible than trans women are persons who identify as gay, followed by those who identify as lesbian, then those who identify as bisexual. The least visible of all are those who identify as trans men. Workshop facilitators have made another observation related to this – the fact that the categories intersex and asexual were not even mentioned by the participants indicates that concerns regarding these two categories hasn't even materialised in the region. The priorities still focus on the perceived 'main categories' within the queer ambit.
4. At Hyderabad, aspects of life experiences of people with intersex variations were revealed from the personal vantage point of a participant who openly identifies as a person with intersex variations. It was pointed out that, in India, being a transgender person and being

a person with intersex variations are treated as being the same, when this is not the case. There are many differences, some of which were identified during the course of the workshop, and it was stated that it is only recently that people have begun to understand how people with intersex variations are different from transgender people.

5. Also, at Hyderabad the group spoke of the difficulties faced by cis women in coming out. This perspective throws light on the difference in the situations of cis men and cis women who may identify as anything on the sexual identity and orientation spectrum, primarily due to the gendered approaches cis women may adopt towards questions of sex and sexuality.
6. The queer narrative appeared to be primary at the Hyderabad workshop, while at the Delhi workshop, the queer narrative was not the primary one; there was a mix. So for example, participants at Hyderabad discussed issues such as VAW mostly with respect to the queer movement. There was a strong sense of critiquing the human rights movement from the queer perspective. Facilitators also noted that young people participating at this workshop spoke fearlessly, without shades of a victim narrative, sharing interesting insights and critiques of the movement. This is significant because it underlines the fact that universal issues, violence for example, are perceived differently and impact lives differently, depending on the contextual frame within which they operate. This is what makes a stressor unique sometimes, the context and not the overarching issue.

M R (37 years old. Nepalese. Born and brought up in Meghalaya.)

I was assigned male at birth, (AMAB). I am the only son and have four sisters. I identify as a woman.

My family was accepting of me behaving like a girl or a woman. After my education, it was difficult to get a job so I became a security guard. People would make fun of me, saying that I look like a hijra. I was very used to these comments growing up, and I did not mind. In 2008 I was approached by R to join their project. I had to do door to door awareness work promoting safe sex practices. Sometimes I would be blamed by some family members who said that because of me, their son has come out and is openly behaving like a woman. I pity those who do not have any support. Some of them, because of being rejected, live in Delhi, or Bangalore, and whenever they visit Meghalaya they come straight to my house and in the night go and meet their close family members. I am comfortable the way I am and continue to dress like a man or a woman. I have had a boyfriend for the past 23 years, who is bisexual and is married. His family, including his wife, know about our relationship. I ask my boyfriend's wife whether she is angry because her husband is sleeping with me. She says she is not, because if he was having an affair with a woman, that woman might get pregnant, and the property might have to be shared with that woman's children also. I also have other partners and my boyfriend knows about this too. I do face some violence from my boyfriend. Once I had to face physical violence as my boyfriend thought that I was in a relationship with another man. After the 377 judgement, a lot of people from the community think that marriage has become legal. They also think that one can do sex work openly and it is legal. So our work involves counseling related to issues of law and health. Our hope after the 377 judgement is that the law will allow same sex marriage and make it legal. So we will have the right to be with the partner of our choice. The religious background of a majority of the people from our community is Christianity, and therefore there is a lot of resistance from the religious quarter. Our future plan is to advocate with the church authorities, sensitise them and reduce the stigma.

7. The attempted homogenisation of different gender identities is a source of stress in itself, as the approach does not have room for unique requirements and circumstances, or the identification of unique stressors.
8. Individuals who do not conform to accepted models of sexuality or sexual behaviour, personally or professionally, share some key stressors and consequences of stress across regions. At Hyderabad, participants connected this to health circumstances, speaking of disability and of psychosocial disability and institutionalisation, highlighting the high levels of discrimination and the multiple marginalisation of individuals in such cases.

Occupation:

1. Social workers suffer the consequences of having to meet unrealistic expectations about their role in life and in the lives of others. They are expected to be committed to supporting others, or to be driven by passion for the cause alone. Any hint of self-care, or feeling of stress caused by being overworked, or being underpaid / unpaid, is met with cynicism and accusation from clients and communities, who question the commitment and motivation of the individual concerned. Therefore the lack of money, of resources such as time for family and a personal life, of energy, ability and time for tasks at hand, carry the additional burden of being unshared, unspoken and often causing the additional stress of guilt. Money, personal value systems and work ethic, a perceived sense of the role that money should play in the larger scheme of life, is a factor requiring awareness and introspection, particularly when approaching questions of stress and burnout. The absence of this theme at the Hyderabad workshop is notable.
2. The concept of Boundaries, or maintaining a separation between self and other, personal experiences and the problems faced by a client, was not familiar to many participants. Initially, participants did not appear to relate to the subject at the Delhi workshop in particular. The concept perhaps was something new to think about for many, and only as an outcome of this workshop. Boundaries turned out to have multiple and different meanings and implications for participants at the Hyderabad workshop, including negotiation and the barriers of formality in a workspace.
3. Sex workers deal with deep social stigma and self-hate. Married women sex workers spoke of the added stress of having to comply with the sexual demands made on them by their husbands.
4. Lack of physical hygiene at the living place was identified as a stressor at Delhi, in connection with sex workers. At this workshop, this group of participants also spoke of self-blame and stigma, thinking of themselves as 'dirty'. The impression received from these responses is that both physical hygiene as well as a psychosocial sense of stigma come together as interconnected stressors. Amongst the participants at Guwahati and at Hyderabad, there were none who specifically focused on sex work, or the issues of sex workers.

S G (28 years old)**K B (28 years old)**

SG and KB are colleagues in the same organisation, working on issues that impact the lives of women and children, particularly from marginalised and poor communities. They are based in Kalimpong, West Bengal.

SG:

I've been in the development sector for four years and worked in seven organisations on short term projects and consultancies. My family is my mom, a homemaker, my dad, who retired recently from government service, and an older brother who was a bank manager. I am Hindu, but I don't believe in orthodox rituals, though I believe in God. I have always been interested in women's issues, children's issues, and, I don't know whether it's ok to say so, but I am an ardent believer of feminism. I won't say I am a feminist, but I believe, in feminism. I've worked on different projects, maternal health and nutrition, eradicating kala azar, the Swachh Bharat Mission and later on trafficking. There were frequent cases of trafficking. I was there for a while, but then, somewhere, being a woman, conflicted with the work I was doing. It wasn't safe. The sad part was, the organisation wasn't concerned about my safety. I shifted jobs again, to the organisation I am now working with. When I joined organisations in Kolkata or Delhi, there were policies, like child protection policies. But when it comes to employees, somewhere it gets neglected. In some organisations even labour law norms and wage and salary norms are not followed. Right now, where I'm working, we never have such problems. We get our money on time – that is the thing we are working for right? To get paid. So, even if the funder doesn't provide money to the organisation, the organisation has some backup plan. Right? I don't know exactly what my parents think about my profession; they consider a government job is okay. Or being an air hostess. They think, with my height, being an air hostess is an option always open to me. I did my social work course because I was obstinate and wanted to do it. Social work is not considered a profession in our Indian society.

KB:

I'm Christian, Protestant Presbyterian, and my family is basically my dad, mom and my older brother. My dad is schizophrenic, epileptic, and also has amnesia. We have one more disease. Both of my parents were ex-leprosy patients. In my early twenties, I worked with children for three years, in an organisation that was associated with my Church. Then I did my MSW [Masters in Social Work] and joined the social sector. I've never been to a session like this, a workshop like this. There are so many things that are very contradictory to what I've been taught. When I go back I'll read my Bible and I will try to seek what the Bible says exactly, about many things. When I was in college, my family's financial situation was not that strong. I heard about the MSW course and I applied and got in and learnt a lot of things there. I don't feel any stress working with children, except sometimes, when there is a child from a difficult or a dysfunctional family.

Additional factors of significance to stress prevention and management

Stress and distress:

1. Self-harm is a very specific stress-related experience mentioned in the Northeast, specifically for those who identify as LGBT*QIA+, and in the North, it found mention as a concern amongst sex workers. At Hyderabad participants enumerated it amongst a general list of symptoms of stress.
2. A significant point that requires thought and understanding emerged during later review of workshop documentation. While suicide and suicidal ideation was referred to often at Guwahati by participants with reference to themselves at earlier sessions that explored their responses to distress and sadness, these themes did not appear as strongly at Delhi. Oddly however, in the session where participants had to focus on the impact of stress on an 'other', one step removed from the self, person, organisation or movement, suicide was mentioned as a consequence of stress at Delhi, but not at Guwahati. This leads to certain questions. The experience of suicidal ideation may be so intense and immersive that the person experiencing it does not connect it easily to causes, context or consequences of stress and burnout. Those immediately outside of this experience may be better able to see the bigger picture and therefore identify suicide as a possible consequence of stress and distress in another individual. This has implications that must be further explored in the next step to this needs assessment.
3. At Hyderabad, in the context of discussing the mind-body connection and the experience of stress, a participant spoke of 'the father(s) in the family' as being 'dysfunctional' and this being a stressor for the other family members. This observation and a question about whether family members should 'send the men for therapy' allowed some reflection on issues of patriarchy and the links between patriarchal systems and mental health. This theme was repeated more than once during the workshop. It does also, by implication, ask for a focus on the impact of living with a person with an invisible disorder or ill health, or who subscribes to unjust and repressive socio-cultural norms.

Occupation:

1. Participants consider stress to be a given, and prior to these workshops, perceived stress as being a good thing, to varying degrees, particularly in the Delhi group. Stress was seen by some to be an indicator of a situation or status, such as employee commitment, it is not perceived to be a consequence, or an impact of stressors.
2. At the Guwahati workshop, stress was recognised as being negative, but it is also perceived as something that needs to be closeted. In other words, as long as stress is neither visible, nor affecting 'functioning', it can be accepted or ignored. This is a task-focused approach that creates a space where it is okay to ignore stress. This is slightly different from a reward-focused approach, as was more apparent during the Delhi workshop, which appears to treat stress as a necessary precursor to feeling good, or to achieving a positive outcome. At Hyderabad, there was an overall sense that participants understood stress was a negative experience.
3. The issue of being visibly acknowledged, being seen, as an important part of bolstering self-image and self-concept, is another point that was brought out at the Delhi workshop.

Lack of recognition at work has been researched and is recognised as a reason for burnout, mentioned often across studies and articles on the subject.

Gender and sexual identity:

1. The lived experience of individuals with critical gender identities, those who do not fit within the gender binary of male and female, presents a range of sources of stress. These include self-blame and self-stigma, as well as social stigma and vulnerability to violent reactions from social and religion-based groups.
2. At the Hyderabad workshop, a participant with intersex variations shared their story of traumatic past experiences of surgery and intense physical, mental, emotional, and sexual and reproductive ill health and distress. Issues of health, access to medical care and counselling support are crucial. This area requires greater exploration, documentation and understanding for the purpose of designing support strategies that coordinate multiple resources and resource people.
3. Discrimination in schools and a hostile school environment for gender non-conforming individuals at school was another significant theme discussed at the Guwahati workshop. This was connected to lack of livelihood opportunity since education and skilling is absent. Again, this mirrors discriminatory and abusive social factors in the North against the children of sex workers right from the school stage, mentioned in the Delhi workshop. Individuals who do not conform to accepted models of sexuality or sexual behaviour, personally or professionally, share some key stressors and consequences of stress across regions.
4. Ideological conflicts especially between feminist and queer lives also cause stress. Trans women facing violence in their relationship with their partners, take pride in it and treat the violence as validation of their status as women. In the Northeast, many trans women are associated with the glamour industry conforming to patriarchal perspectives and stereotypes. However, it may also be noted here, that some facilitators at the workshop, being also familiar with the community and culture represented by this group, felt it possible that trans women activists would perceive this situation quite differently, considering it a way of 'queering' the patriarchal construct. Essentially, the complex layers of perspective inherent to these lived experiences are a potential source of stress.

M (I am 40 years old, but still, I look young. I am today's Rekha!)

I belong to a middle class family from Punjab. Biologically I was born male but as I grew up, little by little I realised that inside me is a girl. I identify as transgender. I also follow the hijra culture. There was no acceptance from my family. There was a lot of bullying, I was beaten and told that you are a boy so behave like a boy. I used to go and lock myself in a room and cry. I used to think of committing suicide. There are a lot of people like me. Committing suicide is not the solution. I completed my graduation from Patiala University in Punjab. Now I work as project manager in an organisation for the hijra and transgender community, focusing on human rights and health issues. Today, I am who I am because of my confidence. I go to many corporate organisations and conduct sensitisation workshops. I go to colleges and universities and conduct sessions. I even do this with police. We sensitise them and we tell them that we are also part of the society. What is society? Society didn't make us, we have made society. See what I mean is, if our parents accepted us for who we are, accepted us at home, said that, yes, this is our child, the society too would accept this quietly. I am also a sex worker. The salary I earn is not enough for me to live on and after I finish my day job, and I am on my own personal time, I earn through sex work. I use applications like Facebook, WeChat, WeTalk, and I get clients from here on a daily basis. I have the usual health problems that come with stress; body aches, headaches, fever, feeling angry. These are normal things. After these workshops with Nazariya and TARSHI, I have learnt a few things to apply when there is stress. So I practice all this tapping-napping, on myself and on family members too. My first relationship was with a boy and it was deeply serious. We could not live without each other and when we were apart, we would cut ourselves. As the relationship became more intense, we were together for nine or ten years, he began to get jealous and possessive and he would beat me if he saw me with anyone else. Slowly we drifted apart. When it ended I cried more than I had ever cried over anything in my life before this. Now I am in a relationship with someone else, this is my second relationship and I am very serious about him. We are intensely involved, emotionally and sexually. If he gets irritated with me and stays away for a while, I feel dead inside.

SECTION 4:

LOOKING AHEAD

Some pointers to the way forward

A possible direction towards future work in this area is presented by approaching this needs assessment exercise as a model for initiating conversations across organisations and areas of social development and rights work. It is clear from the current findings that:

- ◆ There are many shared and familiar aspects to the stress experienced by workshop participants who work with people in contexts that may be described as critical, impacting psychosocial health and wellbeing at the level of all the individuals involved, and the larger community.
- ◆ It is important to adopt a perspective that identifies the differences in context, type and intensity of stress, and the differences in the degree of support available or that is possible to build, allowing for a nuanced approach to developing stress management tools and strategies for different individuals, organisations and environments.

Based on our findings, the immediate needs are:

- ◆ To continue to activate programme spaces that enable people and organisations to talk about stress, question existing value systems and to understand how to mitigate the impact, as well as tackle the root causes of stress. Workshops such as these create an evolving discourse, identifying particular factors relevant to particular groups and contexts. This is the preliminary, necessary step to co-creating preventive and mitigatory methods and systems to manage stress. The importance of creating policies that address these issues has emerged strongly, in particular from the discussions at the third workshop. Creating safe spaces and accepting and addressing diversity are crucial aspects mentioned in this context. At the Hyderabad workshop, participants also felt that younger people, even those in school, must be given the opportunity to engage with these issues so they can look after themselves and grow up healthy and stress free.
- ◆ To develop a curriculum intervention approach to stress management. This would involve calling out stress, and creating awareness and building diagnostic and problem solving skill sets that develop the capacity of individuals and environments to deal with stress. This approach would entail creating academic intervention for students of human rights and social work, as well as professional training programmes that may be delivered to organisational staff.
- ◆ To deliver this curriculum through focused programmes that include a component of Training-of-Trainers, to help sustain and expand the environmental changes needed for psychosocial wellbeing.

Conclusions

This needs assessment is potentially the beginning of an unfolding intervention for stress management and burnout prevention for rights activists and case workers who work in critical areas of social development, including in particular, gender and sexuality rights. Participants across the workshops spoke of the willingness and interest their organisations have in exploring stress and burnout prevention intervention. This provides an immediate direction for possible follow-up with individuals and organisations who accept and acknowledge the need, but lack some of the skills and resources required to plan and articulate policy and implement sustainable stress management and burnout prevention systems. There are some key points of conclusion that can help expand on our findings.

Significant points of learning for future intervention planning:

1. Participants at the third workshop in Hyderabad articulated a three level strategy for awareness building and management of issues of stress and burnout that involved (i) engagement with the individual at a personal level, followed by (ii) an organisation level intervention mapping, and finally (iii) movement level work for collaboration and solidarity around issues of self-care, stress and burnout. This articulation reinforces our approach and understanding of this area of work. This is a big picture reference for all planning and design of resource investments and initiatives focusing on stress and burnout.
2. Looking for words and a vocabulary to articulate thoughts about stress in an unfamiliar language can be a barrier, not only in guided interaction spaces such as these workshops, but also likely in an organisational setting. At a very basic level, it is important to build a vocabulary across languages to raise communication and expression around stress and burnout. For example, at the Hyderabad workshop, Boundaries as a theme led to an interesting variety of perspectives. Boundaries as a concept in the framework of self-care, mental health and personal and professional well-being, implying that which may allow an individual to compartmentalise issues, or distinguish between work energy and away-from-work energy etc., were discussed. However these were not the only meanings brought forward by participants. (i) Boundaries appeared to be seen by some participants as barriers to achieving effective interpersonal engagements. (ii) Similarly, boundaries were also seen as some part of the etiquette of interaction in different spaces. (iii) Boundaries as a negotiation issue, framed the word in the context of politics and power dynamics. An entirely different perspective was presented by a participant who shifted the focus from 'self' to 'other', stating that 'one should treat people the way they want to be treated'. All those who are marginalised on the basis of gender identity, sexuality orientation, sex characteristics, and choice of work have their own unique realities and needs. It is important to acknowledge the lived realities of diverse people and create spaces that accommodate diverse needs.
3. High levels and sustained intensity of stress were reported particularly at Delhi and Guwahati across the workshop sessions, by participants who also spoke of their inability (in various ways) to deal with stressors in their lives. The overall mind-set of participants at the Hyderabad workshop was to view stress and burnout related issues at the broadest level, in the context of the rights movement. This enabled varying degrees of discussion about the crucial intersections across rights issues, such as for example, between gender identity, health and disability, gender identity and sexual orientation, mental health and marginalisation within mental health institutions, sexuality, identity and social norms. The

importance of choosing one's issues at any given point in time was particularly highlighted. Clearly, intervention is a crucial need. How much of this situation requires self-care tools and how much is dependent on external factors that may or may not be changed may only be understood through sustained programme engagement.

4. At the third workshop in Hyderabad, a positive attitude towards sexuality, and sex as something enjoyable, was articulated right at the introductory session and located thus, before all participants, by one of the groups. Also, one of the most significant and engaging ideas articulated at this third workshop was unusual because of the words and feelings invoked – where one may expect a sharp focus on 'stress' and 'burnout'. The keyword used here was romance, as experienced within the queer community. Participants also communicated a sex positive approach at different points of the discussions and spoke of sex and sexuality not necessarily as stressful or stress causing aspects of life, but as stress relieving factors as well.
5. Some workshop themes focusing on unique stressors and the mind-body connection, appear to progress swiftly putting participants in touch with personal stressors. In the Guwahati workshop, this led to thoughts and talk of suicide, destruction, a fear of dying alone and other such. Claustrophobia and a sense of feeling trapped are a part of the discussion on stressors. While at one level these are just part of a discussion in a guided setting, at another level, they may be triggers of varying intensity for individual participants.
 - ◆ The capacity and readiness of participants to tackle these head on at the initial stages of an intervention also varies. All interventions must create a buffer zone for safety using activities and processes that recognise and reduce immediate distress. Perhaps creative stress relievers could be converted into personal tools and practiced prior to or during sessions.
 - ◆ On the second day, a few of the participants reported stress and headaches during the discussions of the previous day, while others seemed relieved and positive about the opportunity the workshop provides.
6. At the Guwahati workshop, multiple 'life threatening external forces' were a significant and sustained theme. In itself this does not stand out in the context of a review of global studies and documents on stress and burnout in human rights work. Violence is a familiar concept for many people, experienced in different ways, directly, and also indirectly through reading and hearing stories about the perpetrators and survivors of violence. Violence at every level, experienced through politics, religion, family, local traditions and self-harm are integral to any conversation about stress as experienced by people in the Northeast. This is significant to our understanding of the differences in the intensity and content of stressors across the three workshops. Clearly, needs assessment tools as well as solutions and strategies for self-care and environmental change must take an approach that is able to be inclusive of enormous diversity. It is likely that a robust programme for stress management and burnout prevention means the willingness and capacity to customise to context. The need is for a long-term perspective and work plan based on this understanding.
7. Differences in approach and perspective across, gay, lesbian, trans and other gender and sexual identities, and conflicts in ideology, particularly conflicts between trans perspectives and feminist ideologies, were strongly apparent. For example, the normalising of violence within an intimate / sexual relationship, was not acceptable to those subscribing to feminist ideology, but seemed to help bolster legitimacy in those with lived experience of being a trans person. Again, strategies that facilitate a constructive approach to spoken and unspoken ideological conflicts need to be integral to the content and facilitation of

such interventions. This theme emerged organically also at the Hyderabad workshop, where the clash between ideologies seemingly in opposition was approached in a completely different way. Looking at the big picture of a movement, a participant who identifies as a trans woman suggested that such divides may be bridged by returning to a point of commonality on a rights platform. This implies that rather than get caught up in the conflict, find common ground, which in this case, is the fight for the right of all people, including trans* persons and feminists, to wear what they want, a right they are being denied.

8. Particularly at the Delhi and Guwahati workshop events, participants expressed acceptance of stress, to a degree, as a 'good' thing, considering it a sort of moral validation of their attachment to their work and values, a motivator, part of the territory. Just shifting from this thought was in itself a big shift.
9. The concept of reward as achievement, not money, repeated itself often at the Delhi workshop. This was in the context of discussions on stress – accepted as, beneficial, as a part of the territory, by most participants. It is interesting that money, or the lack of pay, salary, as not being important for social activism was a clear focus point amongst this group – but not so amongst the Guwahati group. At Guwahati, salary is only referred to as a consequence of stress on the organisation. Participants spoke of stress on the organisation hindering smooth functioning at different levels, causing salary delays and irregular payments, as well as impacting relationships with funders. Money is important to the discussion, no matter what approach is adopted by participants. It is important to ask what the role of burnout prevention interventions should be, when it comes to an issue such as this, which is at the core of personal, organisational and multiple environmental dynamics.
10. On comparison, it seems that the Delhi group had a greater shared feeling about stress as being a valuable part of their work, almost in denial of the negative impact of stress on their selves and lives – while the Guwahati group showed a greater sense of feeling trapped by negative stressors and external forces over which they had no control. The two contexts at this stage were very different. At Hyderabad, facilitators noted an entirely different approach to the workshop and the theme emerged strongly, as participants took a broad, movement level perspective in their discussions and reflections. These are three very different experiences of workshop environment, indicating the diversity of contexts and responses that influence, and emerge from these interventions.
11. It is significant that some participants showed a clear split, in their responses, between the 'personal' and the 'professional' in their lives, with a compartmentalised understanding of these two aspects. This disconnect may be a reflection of the boundaries created by these individuals, keeping work at the workplace so to speak. It may also be indicative of a lack of understanding of how stress may be caused by the impact of personal and professional experiences upon each other, or the relationship between the two. This is particularly true of human rights work that involves issues of marginalisation and systemic violence, quite possibly experienced by many of these participants themselves. Some important questions need to be asked around this. Is this denial or is this boundary-setting? How does it impact stress management and burnout prevention? In what ways may boundaries be investigated and re-designed so as to serve the purpose of self-care at a deeper level?
12. Unlike the Guwahati group where thoughts of death, suicide, and feeling trapped, emerged during a discussion on sadness, the Delhi group described sadness in terms of feelings such as worry, helplessness, anger – and body experiences such as breathlessness,

chest pain and even change of facial expression. It is important to note this distinction as it provides a necessary perspective on the variation in context, intensity of stressful emotions such as sadness, and capacities of individuals to practice self-care.

13. Workshop interventions such as these provide evolving models of intervention activities. They create space for taking forward the discussion in these and other ways. Alternatively, follow-up workshops or methods may incorporate such discussions. In these sessions there was a positive response to the question of carrying this work of stress-reduction and self-care into the organisational environments that participants belong to, as well as the communities they work with. This next stage of work is ready for programmatic intervention with organisations and for Training of Trainers.
14. After the workshops at Delhi and Hyderabad, some participants, reported that they took some learnings back and organised a meeting for LGBT activists to talk about stress in their own community, and introduced stress management activities in their workplace. This was an immediate outcome of these workshops which highlight the impact potential of such interventions and indicate the environmental readiness for this work.
15. Substance abuse was mentioned at Hyderabad (as well as in Guwahati), described there as a manifestation of stress. This area needs focused attention to understand possible non-medicalised, non-pharmacopoeia approaches in a supportive environment where peers, colleagues, friends and family are also able to engage.

There has been expanded learning useful in the specific context of organising and facilitating programmes on Stress and Burnout:

1. While the need for these workshops was universally acknowledged by participants and facilitators, team members experienced a significant difference in the way behaviours and emotions were expressed across the three workshops. They also experienced significant differences in their own responses and understanding of this work.
2. One of the key differences in participants' approach and attitude at the Guwahati workshop was expressed through difficult behaviours, such as unpunctuality and tendency to distraction through out-of-workshop get-together activities. This leads to some questions that need to be addressed as they impact the design of future intervention activities or events. For example: Would gendered behaviour play a part in participants' approach to such programme activities? Do regional and socio-cultural differences impact attitudes and interactions at workshops such as these?
3. Each of the team members experienced their own inner struggles while attempting to understand and gain perspective on aspects of their own engagement with participants. This was a large part of personal and professional learning journeys, a consequence of these workshops even for practiced and experienced trainers. The team, as a cohesive unit, acted as a support group resource for each team member. Since the territory of such intervention involves engaging with unfamiliar, often deeply personal, possible traumatic life experiences of other people, the ability and sensibilities of trainers and facilitators is crucial to implementing intervention. After the third workshop, and for the purpose of this report, a member of the organising team described this from their own personal experience. They spoke of a sense of feeling that aspects of the environment and interactions had the potential to impact them in an emotionally disorienting way. At the workshop, as soon as they had identified this, they shared the feeling with the rest of the team, and received the back-up and support that was necessary. This cleared up some time, space and

personal distance, required for self-care practice, while allowing the flow and focus of the intervention to remain steady.

Therefore, one of the most actionable possibilities that may be used as a preparatory and preventative measure is to prepare organisers and facilitators, across organisations, to work with a vast diversity of responses and contexts, some of which may be unknown and unfamiliar to those outside the participant group. These preparatory measures need to address the same aspects of individual experience that such interventions attempt to mainly engage with, i.e., mental, emotional, relationship and social aspects. This requires thought so that simple, self-learning and self-preparation tools and techniques may be part of a facilitators' / organisers' capacity building and training plan.

- ◆ The immense learning from this lies in the understanding that intervention team members require to build their exposure in different ways to the diversity of contexts that participants bring with them. These contexts cut across the personal, political, and regional, and across issues of identity.
 - ◆ Self-awareness and personal tools that help facilitators and organisers swiftly identify their own responses while conducting such interventions are important and require focus.
 - ◆ Team members of such intervention and organising teams must also be practiced and skilled in formal and informal support strategies that help sustain them, as individuals and as a team.
 - ◆ Every single participant brings their own personal ecosystem to the workshop. This sometimes involves difficult situations, complex realities and charged coping methods (including substance abuse), and what may appear to be behavioural issues, lowering efficacy of personal engagement. While planning such workshops, teams need to leave room for such unknowns and at the same time, improve their personal preparation for dealing with such challenges.
 - ◆ In the effort to respect what each individual says, feels, or brings to the table, to create a safe space for a personal exploration of stress, it is possible that the ground rules of participation generally associated with capacity building programs may need to create space for flexibility.
4. A Training of Trainers programme has to be integrated into any future plans that may involve expanding the scale of this work. This is important because many individuals and organisations may be unfamiliar with dealing with issues of stress and burnout. They would require capacity building to understand concepts and ground level complexities, and to develop the sensibilities required to facilitate intervention with others.
 5. As the ending note on learning gained: One of the most significant and engaging ideas articulated at the third workshop in Hyderabad was unusual because of the words and feelings invoked – where one may expect a sharp focus on 'stress' and 'burnout'. The keyword used here was romance, as experienced within the queer community. It was discussed as an important factor towards focusing on the positives and the support system available within the queer community. It is a crucial output of this workshop that words and concepts of this nature – romance, learning to talk about romance, compassion, apologising for mistakes made, solidarity – emerged as the building blocks for creating a new system. For curriculum builders, intervention organisers and programme facilitators, this may be a valuable insight that helps create a positive approach, frame of mind and spirit, and environment.

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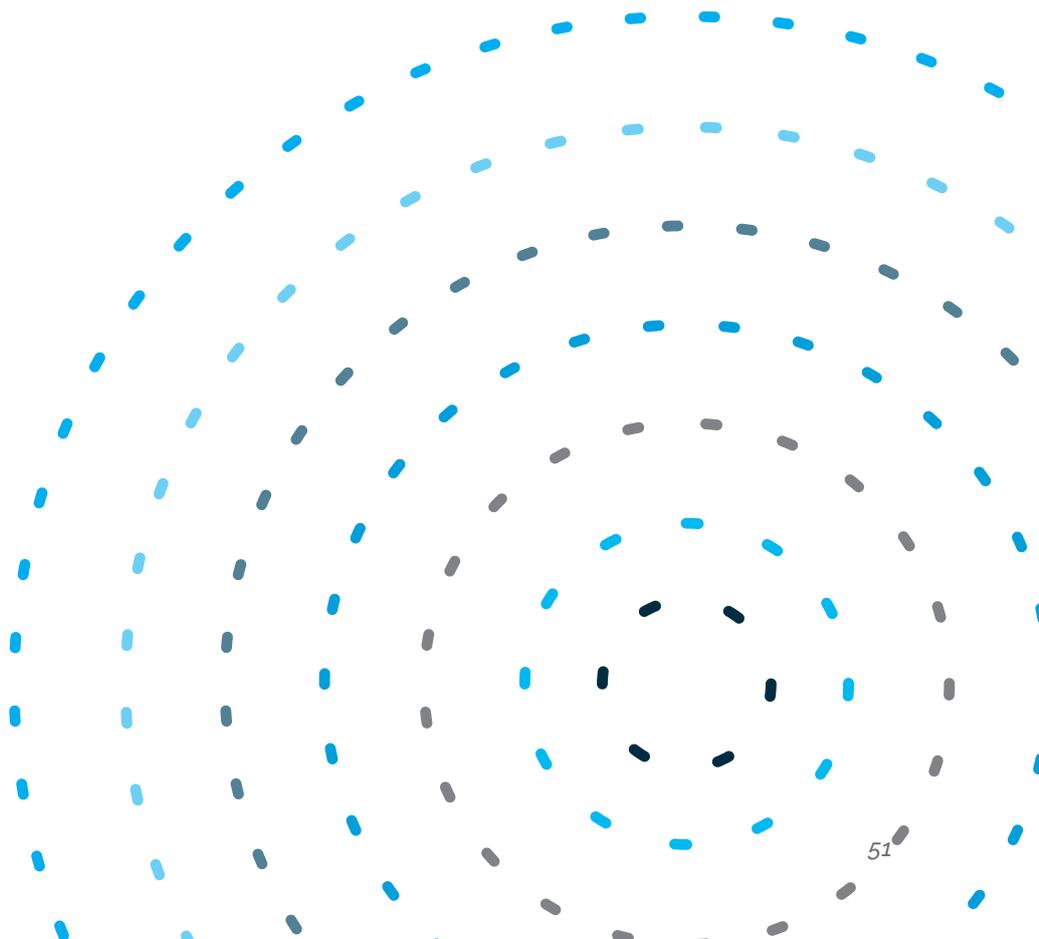
A big thank you to all individuals and organisations who participated in these workshops – Aarti, Abhishek, Amla, Amreen, Anahita, Anindya, Arpana, Ashwini, Avdesh, Avinaba, Bahunlang, Bandana, Bobo, Celine, Daniel, David, Diana, Ditilekha, Dolly, Dona, Elvis, Emanuel, Eva, Hemabati, Indrani, Jayati, Jijo, Joseph, Junomoni, Kalpana, Kanaklata, Karthik, Kavya, Kiran, Kiran, Kshema, Mahendra, Mamta, Maneka, Mann, Manpreet, Merrie, Mickey, Minakshi, Namithaa, Nasreen, Nirala, Prakash, Priti, Raju, Rebina, Renukha, Rituparna, Sadhana, Sajeev, Sangeeta, Shekar, Shivalal, Sonal, Soni, Souvik, Sudeb, Sudha, Sweta, Usharani, Vinnu, Vijaya Kumari, Vyjayanti – the honesty, perspectives and lived experiences brought by each individual is at the core of this needs assessment.

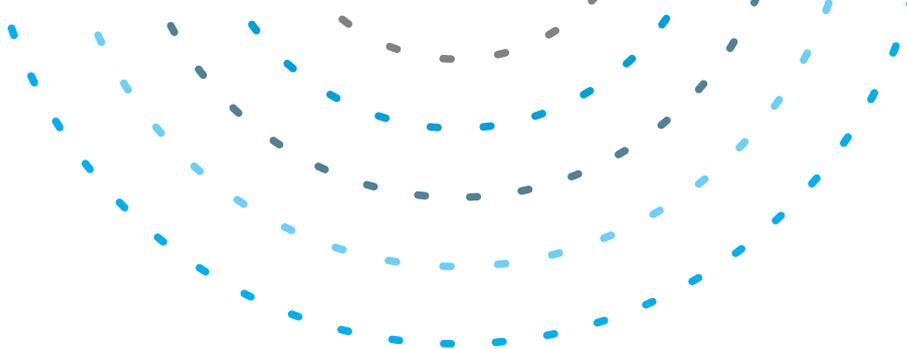
We thank our own team members at TARSHI (particularly Dipika and Ramya) and Nazariya (Pavel, Ritambhara and Rituparna) for the depth and quality of inputs and insights that have been brought to bear on every aspect of this work.

A big thank you to Shikha Aleya for her in depth research and painstaking work in putting together the notes from various facilitators into this cogent report, all done with good cheer. We would also like to thank Sharanya Rao who worked on the research and documentation of 2017 stress management and burnout prevention workshops that TARSHI and Nazariya conducted that led to this needs assessment exercise.

Thank you to Neelima P Aryan for her patience and diligence while designing this report.

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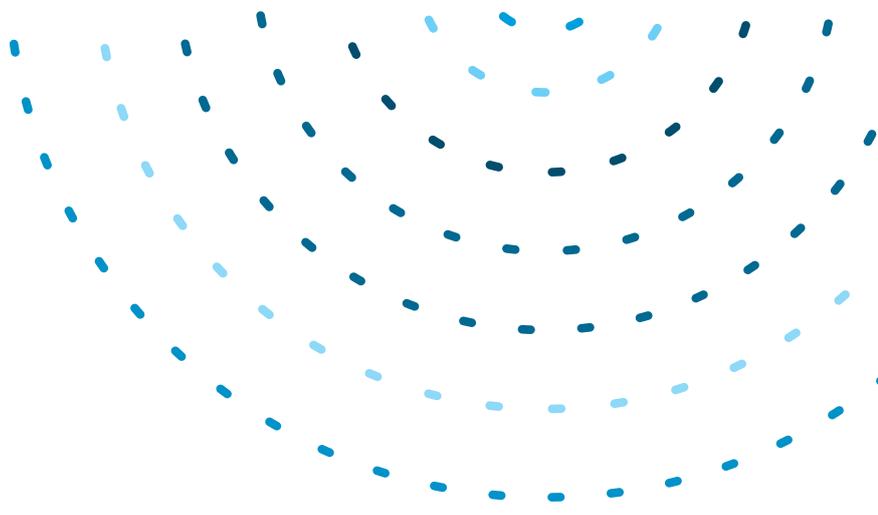
Participants' profiles

DETAILS	JULY 2018	OCTOBER 2018	JULY 2019
No. of participants	21	24	23
Self-identified, critical gender and/or sexual identity	6 Trans men, TG, queer, gay, hijra, and kothi	8 Trans men, TG, queer and gender fluid	10 Trans men, trans women, TG, gender queer, gender fluid and person with intersex variations
M/F/Cis/Other	<p>F: 15 1 person self-identified as Queer and 1 person as a Trans man.</p> <p>Trans: 2 1 person identified as a trans man and 1 person as transgender.</p> <p>M: 4 1 person self-identified as Kothi, 1 as Hijra and with 1 person self-identification appeared to have (there was a sense of) other possibilities.</p>	<p>F: 7</p> <p>Trans: 7 1 person identified as a trans man and 5 people as transgender. 1 person identified as 'trans in affidavit'.</p> <p>M: 6 1 person self identifies as Queer.</p> <p>Cis male: 1</p> <p>Gender fluid: 2</p> <p>Cis female: 1</p>	<p>F: 7</p> <p>Trans 6 1 person identified as a trans woman, 2 persons identified as trans men and 3 persons as transgender.</p> <p>M: 4</p> <p>Cis female: 1</p> <p>Gender fluid: 1</p> <p>Queer: 2</p> <p>Person with intersex variations: 1</p> <p>Heterosexual: 1</p>

<p>Age details</p>	<p>Age range: 24 to 53 years</p> <p>Mostly in their 20's and 30's.</p> <p>(6 people in their 20's and 7 people in their 30's)</p> <p>4 people in their 40's and 2 people in their 50's.</p>	<p>Age range: 24 to 50 years</p> <p>Mostly in their 20's.</p> <p>(16 people in their 20's and 4 people in their 30's)</p> <p>3 people in their 40's and 1 person was 50.</p>	<p>Age range: 25 to 67 years</p> <p>Mostly in their 30's and 40's.</p> <p>(9 people in their 30's and 6 people in their 40's)</p> <p>4 people in their 20's, 2 people in their 50's and 2 people in their 60's.</p>
<p>Work experience</p>	<p>A majority of the participants had between 5 to 10 years' work experience.</p> <p>A large number of them had less than/ equal to 5 years of work experience.</p> <p>Some participants had more than 20 years of work experience.</p>	<p>A majority of the participants had between 5 to 10 years' work experience.</p> <p>A large number of them had less than/ equal to 5 years of work experience.</p>	<p>A majority of the participants had between 10 to 20 years' work experience.</p> <p>A large number of them had between 5 to 10 years' work experience. (1 person had 9 years of advocacy and activism experience, but 18 years of full time work.). An almost equal number of participants had less than/equal to 5 years' work experience.</p> <p>Some participants had more than 20 years of work experience.</p>

No. of organisations	16 <ul style="list-style-type: none"> • Child in Need Institute (CINI) • ATMA • Chinky Homo Project • ZDRB MSM TI Project • North East Network (NEN) • Empowering Trans Ability (ETA) • LoneStar • TurbuDaleh Multipurpose Society Naharlagun • Shamakami • SAATHI Shillong • LamjingshaiManbha Foundation • Good Will Welfare Organisation • All Manipur NupiMaanbi Association • (AMANA) • Foundation for Social Transformation • Xukia • Nething 	16 <ul style="list-style-type: none"> • Queer Abad • Aakamksha Seva Sadan • Sadbhavna Trust • Vikalp • VAMP Collective • AALI • Gramin Evam Nagar Vikas parishad • Vanagana • Sangini Mahila Kalyan Samiti • Transgender Welfare Society Samiti • Life Line Person Living With HIV/AIDS And Tuberculosis Welfare Society • Badlaav Samiti • CHSJ • Pahal Foundation • Centre for Equity Studies • Shakti Shalini 	23 (Some participants represented more than one of the organisations listed below.) <ul style="list-style-type: none"> • Queerala • South India Aids Action Program • Women in Cinema Collective • Solidarity Foundation • Vimochana • Tamil Nadu Rainbow Coalition • Umang • Varta Trust • SAATHI • TARASHA, TISS • Sappho for equality • Pratyay Gender Trust • Telangana Transangana, • Queer Swabhimanya Yatra • Telangana Hijra Intersex Transgender Samiti • Karnataka Vikalachetana-rasavasthe KVS • STAR - Telangana and Andhra Pradesh • Aneka • Wajood exclusively inclusive • Sakha • KISS • Law and Sexuality Clinic • Asmita
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Work focus	<p>Women's rights</p> <p>Child rights</p> <p>Gender, sex and sexuality</p> <p>LGBTIQ</p> <p>Community spaces</p> <p>Sex work</p> <p>VAW</p> <p>Counselling</p> <p>Crisis intervention</p>	<p>Child development</p> <p>Gender, sex and sexuality</p> <p>Queer activism</p> <p>LGBTIQ</p> <p>Trans men</p> <p>MSM</p> <p>VAW</p> <p>Counselling</p> <p>Media</p> <p>Law and the social sector</p> <p>Health and nutrition</p> <p>Livelihoods</p> <p>Rural development</p> <p>Youth development</p>	<p>Women's rights</p> <p>Child rights</p> <p>Gender, sex and sexuality</p> <p>Queer activism</p> <p>LGBTIQ</p> <p>Sex workers rights</p> <p>VAW</p> <p>Counselling</p> <p>Crisis intervention</p> <p>Mental health</p> <p>HIV/AIDS</p> <p>Trans persons</p> <p>Sexual health and rights</p> <p>Sexuality and disability</p> <p>Tribal populations</p> <p>Intersections between law and sexuality</p> <p>Censorship</p> <p>Peace-keeping</p>
Locations	<p>6 states:</p> <p>Uttar Pradesh, Madhya Pradesh, Bihar, Jharkhand, Gujarat and Maharashtra.</p> <p>Delhi</p>	<p>7 states:</p> <p>Manipur, Mizoram, Assam, Meghalaya, Nagaland, Arunachal Pradesh and West Bengal.</p>	<p>7 states:</p> <p>Kerala, Tamil Nadu, Karnataka, Telangana, Maharashtra, West Bengal and Orissa.</p>



Team

Dipika Srivastava

Dipika's strong interest in the field of gender, sexuality and rights, and her passion for trainings, puts her often in situations where she gets the chance to deconstruct how sexuality is approached and understood, at both, an individual and systemic level in India and in the Global South. She sees herself a strong advocate for self-care, and considers mental and emotional health to be priority issues. At TARSHI, Dipika's role includes managing teams, coordinating and conducting trainings and workshops, developing Hindi IEC materials, documentation, networking and representing TARSHI at national and international fora.

Ketki Ranade

Ketki is currently Chair, Center for Health and Mental Health, School of Social Work, TISS, Mumbai. Ketki has completed their graduation in psychology from Mumbai University and later studied at TISS and the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore. Ketki's research, writing and teaching is in the areas of mental health law, policy, programmes and advocacy, LGBTQ mental health, clinical social work and research methodology.

Papari Medhi

Papari has specialised in acting from National School of Drama, New Delhi and her ardent love for understanding the human psychology by exposing herself to several ontological studies. She has performed at several theatre festivals has also worked with international directors. She conceives most of her performances through personal experiences and drawing from the socio-political realities occurring around, and projects them onto multiple platforms.

Pavel Sagolsem

Pavel is from Imphal, Manipur. Currently, Pavel is associated with Nazariya - A Queer Feminist Resource Group in Delhi and is also a co-founder of The Chinky Homo Project - a digital anthology project on lived narratives of queer from northeast India. Pavel has also worked with Centre for Health and Social Justice, Delhi in the field of 'Engaging Men and Boys for Gender Justice' and with Breakthrough India as a consultant for College Youth Networking and Engagement towards 'Creating a Safer and Shared Space for Women and Girls in Delhi'. Pavel is a vagabond at heart and a Queer Feminist by Practice. Storytelling is their passion. Pavel has written on Beauty, Sex and Sexuality for InPlainspeak, a digital magazine by TARSHI.

Ramya Anand

Ramya is a Post Graduate in Social Work and a Masters in Human Rights. She has worked with communities on women's sexual and reproductive health issues and also worked on mental health issues from a rights based perspective. She also has experience working with children on sexuality education. Ramya is currently working at TARSHI and her role work includes planning

and facilitating trainings on gender and sexuality, coordinating the elearning courses, networking, documentation and representing TARSHI at diverse fora.

Rashmi Balakrishnan

Rashmi is a learner, trainer, writer, movement facilitator and a women's circle facilitator. Words, gender, music and movement are an integral part of her work. She works with various groups of people. She works with one intention – to begin dialogues to engage and empower people, in and about spaces that are ignored. She uses body wisdom as the foundation of her work. She has done her PG Diploma in Journalism and Masters in Gender Studies. She is a facilitator in Creative Movement (certified by CMTAI in association with the International Dance Council). She is Ex-member of the International dance council.

Ritambhara Mehta

Ritambhara has over 10 years of work experience and interest in education, gender, and sexuality. She is co-founder and co-director Nazariya. One of her key responsibilities at Nazariya is to conduct trainings on issues of gender and sexuality with school and college students, and organisations. Before Nazariya, she was with ASER Centre-Pratham and Planning Commission. She has a bachelor's degree in Political Science, a post graduate diploma in Conflict Transformation and Peace building from Lady Shri Ram College for Women (Delhi University). She graduated with a Master's degree in International Relations from School of International Studies at Jawaharlal Nehru University. She is an International Visitor Leadership Programme (IVLP) fellow of the United States Department of State, United States of America.

Rituparna Borah

Rituparna is a queer feminist activist working on issues gender and sexuality; she is a Co-Founder and Co-Director of Nazariya. Before Nazariya she worked with Nirantar on gender and sexuality. Her expertise lies in planning and conducting training sessions on sexuality with organisations, collectives, rural communities, gender trainers, lawyers, students and government officials. Rituparna has also been extensively involved in multiple collectives including Voices Against 377, an Indian collective which played a key role in the decriminalising of homosexuality in India.

Shreshtha Das

Shreshtha is presently pursuing a masters in Gender, Violence and Conflict at the University of Sussex. Shreshtha is also a sub-editor at Mad in Asia, an online portal aimed at changing the narrative of emotional and mental distress away from the bio medical model. Shreshtha has previously worked with a feminist human rights NGO in New Delhi around gender and sexuality, especially with regard to marginalised identities of being disabled and/or queer and/or a sex worker. Over the last year, Shreshtha has also been working extensively around care and healing for activists, stemming from Shreshtha's work as an Arts Based Therapist. A lawyer by training, Shreshtha is now exploring arts-based approaches as a participatory way of community building-making sense of our experiences mediated by our different identities and translating these experiences into inclusive and self-led advocacy strategies.

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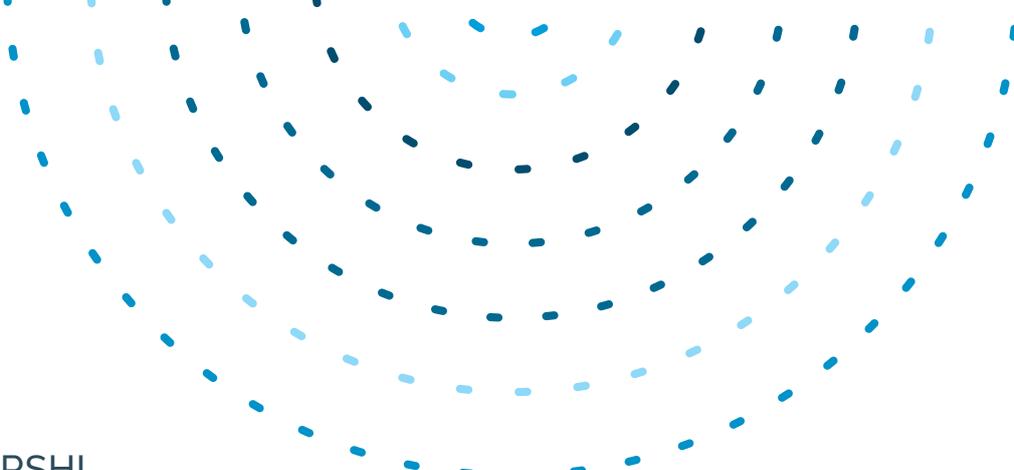
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- ⁸¹ Dalit. Of a lower caste. The word Harijan was used and made popular in the past by Mahatma Gandhi.
- ⁸² Referring to menstruation.
- ⁸³ A centuries old practice in India, strongly debated, associated with dedicating a girl to a temple deity, and also with child sex slavery. Over the years there have been legislations banning the custom, but it is still practiced.
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TARSHI

TARSHI, founded over two decades ago in 1996, has firmly held an affirmative and rights-based approach to sexuality. Our perspective is sex-positive, non-heteronormative, pleasure-affirming, and not fear-based. We strongly believe in each individual's right to make their own choices in freedom and dignity. We work in the best interests of all, aim to be as inclusive as possible, remain non-judgemental, maintain boundaries and confidentiality, and treat each other with respect, in terms of the people we work with, directly and indirectly, or when it comes to reporting about people and incidents related to our work. We strive for high quality in our work, making sure that the information we give is both accurate and easily accessible – that is, readily available to those it is intended for, easy to understand, inclusive and audience-oriented.

Vision

TARSHI believes that all people have the right to sexual wellbeing and to a self-affirming and enjoyable sexuality.

Mission

TARSHI supports and enables people's control and agency over their sexual and reproductive health and wellbeing through information dissemination, knowledge and perspective building, within a human rights framework.

Nazariya

Nazariya was formed in October 2014 by a group of queer feminist activists. Located in Delhi/NCR with a South Asian presence, Nazariya was started to sensitise the work and culture of groups and individuals that are working on issues of gender based violence, livelihoods, education and health from a LBT perspective through research & evaluations, capacity building and advocacy. We believe that queer perspective with a focus on LBT issues will help build linkages between issues of people marginalised on the basis of gender and sexuality with the existing work on violence, livelihoods, education, health etc. and thereby impact the discourse on pleasure, desire, rights and entitlements.

Mission

Nazariya is a queer feminist organisation that believes all LBT* people have the innate capacity to understand, demand and access their rights. The organisation works towards affirming the rights of queer people (LBT) by making visible their lives and creating an enabling environment where queer lived realities is a non-negotiable and informs the work and discourse of organisations and institutions.

Nazariya: A Queer Feminist Resource Group

Address: Pocket L 18C Sheikh Sarai Phase 2
New Delhi - 110017, India

Phone numbers: +91-9818151707 (10 am to 6 pm)

Blog: [NazariyaQFRG on WordPress](#)

Facebook: [Nazariya: A Queer Feminist Resource Group](#)

Instagram: [Nazariya.QFRG](#)

Twitter: [Nazariya QFRG@NazariyaQFRG](#)

YouTube: [NazariyaQFRG](#)

eMail: nazariya.qfrg@gmail.com

TARSHI (Talking About Reproductive and Sexual Health Issues)

Address: C-29, Basement, East of Kailash,
New Delhi 110065, India

Phone numbers: +91-11- 26324023, 26324024

eMagazine: www.tarshi.net/inplainspeak

Facebook, Instagram, Twitter: [@tarshingo](#)

YouTube: [@tarshingo](#)

eMail: tarshiweb@tarshi.net

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