



IMPACT STUDY ON PROTSAHAN INDIA FOUNDATION'S TRAUMA INFORMED, COMPASSIONATE CARE MODEL FOR WORKING WITH AT- RISK ADOLESCENTS

A report understanding the impact of current model of the organization through a qualitative study of Centre of Excellence and suggesting more programmatic interventions towards building a more robust framework





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Abstract

This report tries to understand the effectiveness of trauma-informed care at Protsahan India Foundation's Uttam Nagar Centre for Excellence (CoE). The findings are based on the analysis of the data collected through in-depth interviews of adolescent girls between the ages of 15-18. The data reflects the girls having gained confidence and resilience since joining the centre. However, they also have trauma attached to family and home that requires professional intervention.

Out of the 13 girls interviewed for the purpose of this report, 10 of them broke down crying while talking about their life at home and two of them preferred either talking off the record about their problems or refused to talk about it at all. Alcohol abuse and domestic violence in their respective families seemed to be the most common cause for trauma and distress among the girls. While talking about their experience in the centre, some girls revealed that they find it difficult to share their feelings and/or problems.

The finding shows that a lack of attention to children's psycho-social needs could have an impact on their development and in turn their futures. Due to lack of funds, the organization has been unable to get on board a therapist/counsellor, which is affecting the performance of the girls. While their scores at school is improving, they are participating and winning in martial arts competition, and becoming independent, it has been observed that a professional intervention for their mental health would show even better results. This research suggests, financial support from donors for mental-health intervention, to all organisations working with at-risk children and adolescents, should be part of their model as well.



A close-up photograph of a hand holding a piece of light-colored, textured paper. The hand is positioned on the left side of the frame, with fingers gently gripping the edge of the paper. The paper has a visible fibrous texture and a warm, slightly yellowish tint. The background is a soft, out-of-focus light brown color.

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“

Effectiveness of Trauma
Informed Compassionate Care
in Enhancing Resilience, Self
Esteem, Self Efficacy and Well
Being in At-Risk Adolescent Girls

”



INTRODUCTION

Childhood experience forms the basis of what we become in our lives- our personality, our perception, and ethics. All of it is impacted by the environment we grew up in. But, not all childhood experiences may be positive in nature as many children grow up in a traumatised environment. Childhood trauma could include a host of factors. According to the National Institute of Mental Health (USA), childhood trauma is defined as the experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects.

These traumatic events can range from something that happened to the child: sexual, physical, or emotional abuse, witnessing or experiencing violence in the family/home and in the community they live in (civil unrest, war, among other things). Childhood trauma can also result from a child's parent or caregiver when they are affected by their own trauma, for example if the caregiver is unable to meet the child's emotional needs. While these parents and caregivers mean well, their own trauma stops them from connecting securely to their child, which limit the child's bonding. These factors can range from parental ill-health, substance abuse or alcoholism,

an imprisoned parent, to separation of the parents.

Various studies have shown that there are both physical and psychological health problems associated with sexual abuse in children. The physical effects of child sex abuse are as follows:

1. Gastrointestinal disorders (e.g. irritable bowel syndrome, non-ulcer dyspepsia, chronic abdominal pain).
2. Gynaecological disorders (e.g. chronic pelvic pain, dysmenorrhea, menstrual irregularities).
3. Somatization (attributed to a preoccupation with bodily processes) (WHO 2003).

EARLY-LIFE EXPERIENCES ALSO HAVE A PROFOUND EFFECT OF THE DEVELOPING BRAIN.

Neurobiological change that occurs in response to untoward early-life stress, can lead to lifelong psychiatric sequelae.

Children who are exposed to physical/sexual abuse or death of a parent are at higher risk of depressive and anxiety disorders later in life.

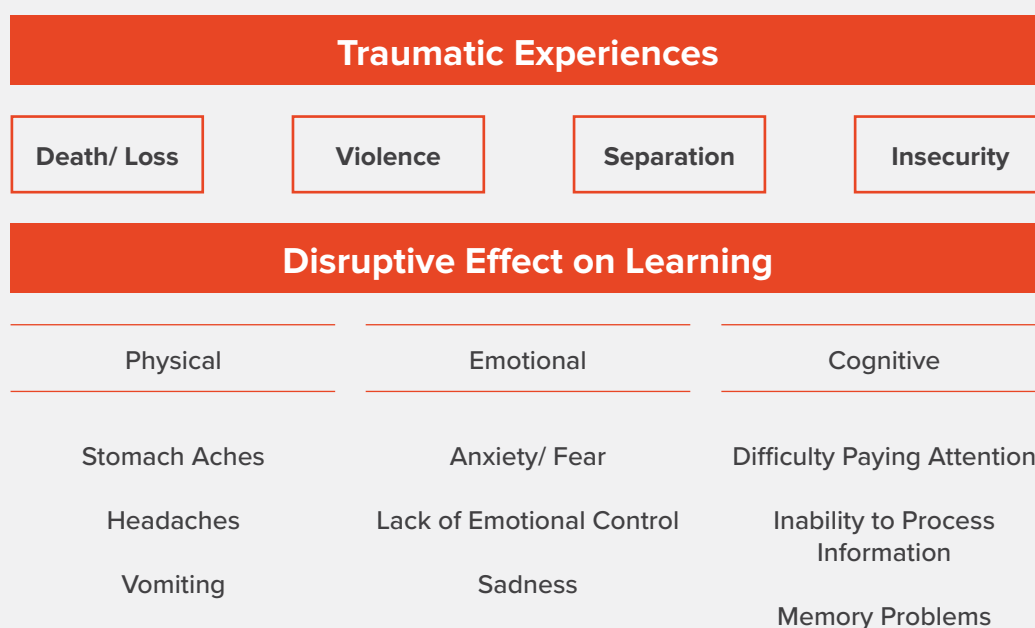
(Nemeroff 2004). Another study (Copeland, Keeler, Angold, Costello 2007) found that while potentially traumatic events are fairly common and do not often result in PTS symptoms,

except after multiple traumas or a history of anxiety. But, apart from Post-Traumatic Stress Disorder (PTSD), which is a disorder characterised by failure to recover after experiencing or witnessing a terrifying event, traumatic events are related to many forms of psychopathology, with the strongest links being with anxiety and depressive disorders.

FIGURE - 1

Traumatic experiences affect the potential to learn

Antecedents and effects of trauma which can affect learners well-being and academic achievement



Source: GEM Report Team

Table 2. Result table

Research has found that early exposure to stress and trauma causes physical effects on neurodevelopment which may lead to changes in the individual's long-term response to stress and vulnerability to psychiatric disorders. Exposure to

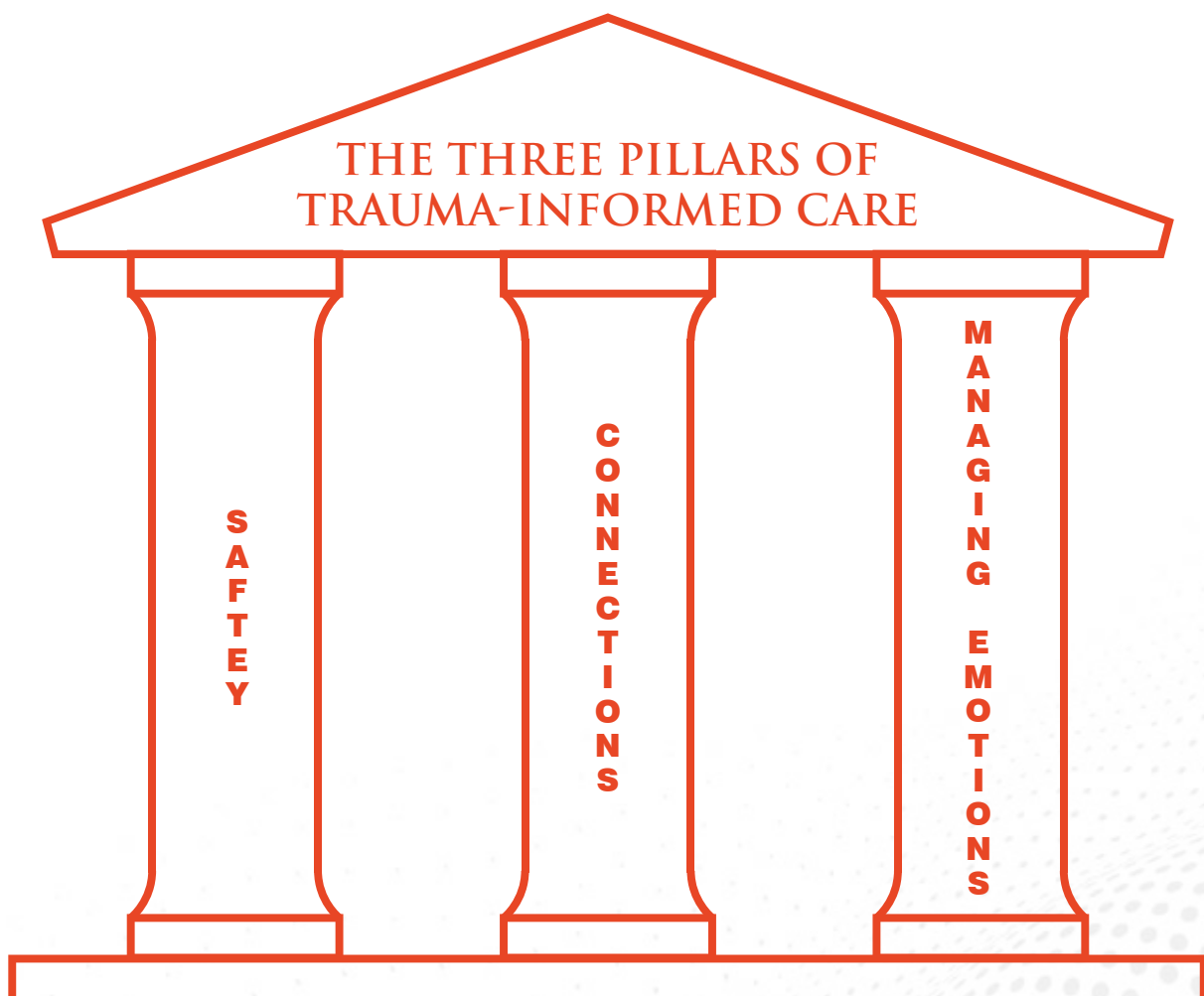
trauma also affects children's ability to regulate, identify, and express emotions, and may have a negative effect on the individual's core identity and ability to relate to others (Lubit, Rovine, Defrancisci, Eth 2003).

BUT IS IT POSSIBLE TO HEAL CHILDHOOD TRAUMA, ABUSE, AND NEGLECT?

The answer is yes, it is possible. Studies suggest a plethora of tools that can help a child process, develop a coping mechanism, and heal from trauma incurred in their childhoods. Trauma Healing Story intervention (Struik 2017) which involves the child's parents as key figures in healing, can help chronically traumatised children to overcome their resistance and engage in trauma-focused treatment. While

some other studies have suggested that cognitive behaviour therapy can help in healing histories of prolonged trauma and PTSD (Trappler, Newville 2007). However, the majority of studies have found that adopting a trauma-informed care approach is the most effective while dealing with childhood trauma. Protsahan India Foundation follows the same approach in it's work with girls who are at-risk of violence and trauma and with this report we aim to explore that.

Howard Bath (2008) in his study proposes a **three-pillar model of Trauma- Informed Care**.



Bath (2008) says that creating a safe space for a child is the most important step towards healing. While focusing on Maslow's hierarchy of needs, he says that the notion of safety is multi-faceted and has many elements that need to be considered by care providers in addition to the more obvious needs for physical and emotional safety.

The second important factor in trauma-

informed care is comfortable connections between traumatised children with their care providers and mentors. Positive relationships are necessary for healthy human development, but trauma undermines these life-giving connections. Although the importance of positive relationships has long been known, there is now enough scientific evidence, which reflects good relations as a critical ingredient in healing and growth.

Some psychosocial support interventions involve social and emotional learning.
Mental health and psychosocial support interventions by level of severity of mental health problem.

	SUGGESTED INTERVENTIONS	OUTCOMES
	Level 3 Severe psychological problems Specialized services Cognitive behavioural therapy, narrative exposure therapy, testimony therapy, acceptance and commitment therapy, dialectical behaviour therapy Led by mental, health professionals only	Safety Mental health Relationships
Social and emotional learning	Level 3 Mild to moderate mental health problems Focused, non-specialized support Non-focused trauma recovery techniques, art therapy, group therapy, adapted cognitive behavioural therapy Led by mental health professionals / Para-professionals or highly trained and supervised teachers, parents or volunteers	Safety Mental health Relationships Learning and development
	Level 2 Mild psychological distress Supportive generalized activities Executive function games, mindfulness, stress management, psychological first aid, student clubs, community service, positive parenting programmes, life skills classes, art, music, drama, games, play-based interventions Led by trained teachers, parents or volunteers	Safety Mental health Relationships Learning and development
Conditions for social and emotional learning	Level 1 General population affected by trauma Basic services and security Temporary learning spaces, early warning and reporting systems, school safety and security plans, school feeding programmes, school rehabilitation or expansion, disaster risk reduction, positive school climate	Safety Mental health Relationships Learning and development Physical health Material well-being

Source: GEM Report team based on LASC (2007), NEE (2016) and Frisoli, et al (2019)

The third and the last factor is emotion and impulse management. Bath says that a primary focus of work with traumatised children needs to be on teaching and supporting them to learn new ways of effectively managing their emotions and impulses.

Taking cues from Bath's third pillar about managing emotions, another study says that active listening can lay the foundation for self-reflection and thus help children develop "stories" about their experiences, a critical element in the trauma recovery process. For example, in the case of some traumatised children who have not had the benefit of parental figures in teaching them how to calm themselves down. These children may need adults who are willing to "co-regulate" with them when their emotions run

wild, rather than relying on coercive approaches (van der Kolk, 2003)

The common thread that comes out in all the studies about healing childhood trauma is the use of psycho-social intervention. A recent policy paper by UNESCO (2019) says that the engagement of trained mental health professionals is crucial.

Protsahan India Foundation follows a "Trauma-Informed Compassionate Classroom" model that includes ***Creating a Safe Space for Socio-Emotional Development, Building a Sense of Trust and Empathy, Establishing Predictability and Academic Rigor, Offering Choice Based Creative Arts Options, and Steering the Child Towards Socio-Economic Stability.***

CREATING A SAFE SPACE FOR SOCIO-EMOTIONAL DEVELOPMENT

Children who come to Protsahan are struggling with poverty, trauma of broken homes, alcoholism, sexual violence and zero focus on education. A safe space with support, becomes home. We never punish a child for behaviors that are only trauma symptoms.



ESTABLISHING PREDICTABILITY & ACADEMIC RIGOR

They follow routine timetable, schedule for art sessions, karate, photography trainings, computer classes, music therapy, DMT, academic coaching support and more. This builds a sense of security and safety which aids language and socio-academic development.

BUILDING A SENSE OF TRUST & EMPATHY

Children with a broken sense of self-esteem, need constant positive reassurances, healing art therapies that supplement school studies with general awareness & compassionate counselors to build self-expression, critical thinking, sense of belonging with peers & positive coping mechanisms, holistically.



OFFERING CHOICE BASED CREATIVE ARTS OPTIONS

At Protsahan, the basic principle of Creative Therapies is that the process of creating art is immensely healing, which counters stress, trauma, & improves cognition. It enables catharsis of angry, hostile feelings through a non-intrusive, self-initiated process. A girl at Protsahan chooses from a gamut of creative art, what she wishes to take up.



Protsahan's Arts Based Therapy & Care Model

TRAUMA-INFORMED COMPASSIONATE CLASSROOM

Protsahan understands Arts Based Therapy (ABT) as an evidence based use of creative art forms (mandala, theater, photography, visual arts, dance movement therapy, etc.) to accomplish individualized goals with a therapeutic relationship.

ABT was coined by World Centre for Creative Learning Foundation (WCCLF) to represent the use of multiple art forms & their combinations in therapy with arts based education. In Protsahan's context, along with counseling, it is used to heal the trauma of violence & child sexual abuse by positively impacting the emotional, cognitive, physical & social integration of the child with focus on developing a strong sense of self worth, self-expression, emotional stability along with non-negotiable academic support.



STEERING HER TOWARDS SOCIO-ECONOMIC STABILITY

The girls are trained as artists, photographers, drivers, filmmakers, etc. These creative vocations for a girl not only lead her to break stereotypes, they creatively engage her & provide her with an economically sustainable vocation.

The organization deals with at-risk adolescent girls who are (or have been) dealing with various levels and types of trauma and therefore adopted its current trauma-informed care approach in order to ‘heal’ them. The organization believes in a “Theory of Change” that rests on three pillars:

Empathy:- It involves delivering emotional and psychological support, supplemented with formal school education. It empowers young adolescent girls to take charge of their lives.

Creativity:- Creativity of art, theater, dance, music, film-making, and photography not only provides healing to childhoods broken by abuse, but also ensures improved long term learning outcomes in formal school education, and a better quality of life through higher self confidence for young adolescent girls.

Life Skills:- Life Skills training needs an ongoing systematic approach towards imparting soft skills and entrepreneurial skills that have a direct impact on the life of an at-risk young adolescent girl. It is essential to ensure that the girls understand the importance of their voice and their thoughts in everyday life situations.

Life Skills Training at Protsahan includes personal safety education (good touch bad touch and training against child sexual abuse), critical & creative thinking, everyday problem solving & decision making, effective communication & social skills, interpersonal relationships, coping with emotions & stress, self awareness & self-worth, greater participation in governance, entrepreneurship development, leadership building & social enhancement, ease of accessing digital services, awareness of rights & entitlements, financial inclusion, mentorship & career counseling etc.

A baseline survey conducted by the organization in 2017-18 showed that 78% girls in at risk slum communities typically dropped out of school after primary education. Less than 19% actually ever made it to high school. The organization believes that education, delivered with an intersectional (Crenshaw 1990) approach is a major tool that can help the girls out of intergenerational poverty. Currently, over 80% of the girls who are enrolled in the after-school program of the organization are continuing their high school education, and are preparing for higher education in colleges and recognized government universities.

While the organization makes sure every single girl that is enrolled with it goes to school as a non-negotiable, they also ensure that every girl is aware of menstrual hygiene, child protection laws, and the rights she is entitled to. Eventually, the girls apply their knowledge to understand and partake in local governance and issues where their voice finds a platform to represent not only them but also their community. Since inception in 2010, a total of 828

girls have been directly impacted by the work of the organisation. With a creative-arts approach, the girls, in addition to receiving educational support in an after-school programme get access to nutritious food, and life skills training, also engage in activities like daily meditation, art, photography, filmmaking, dance, martial arts, among others. The impact of this work has been holistic and Protsahan girls are a proof of that.

2010-2018 Impact

828 girls (7-16 years old) that Protsahan
has directly worked with at Protsahan Community Resource Centre.

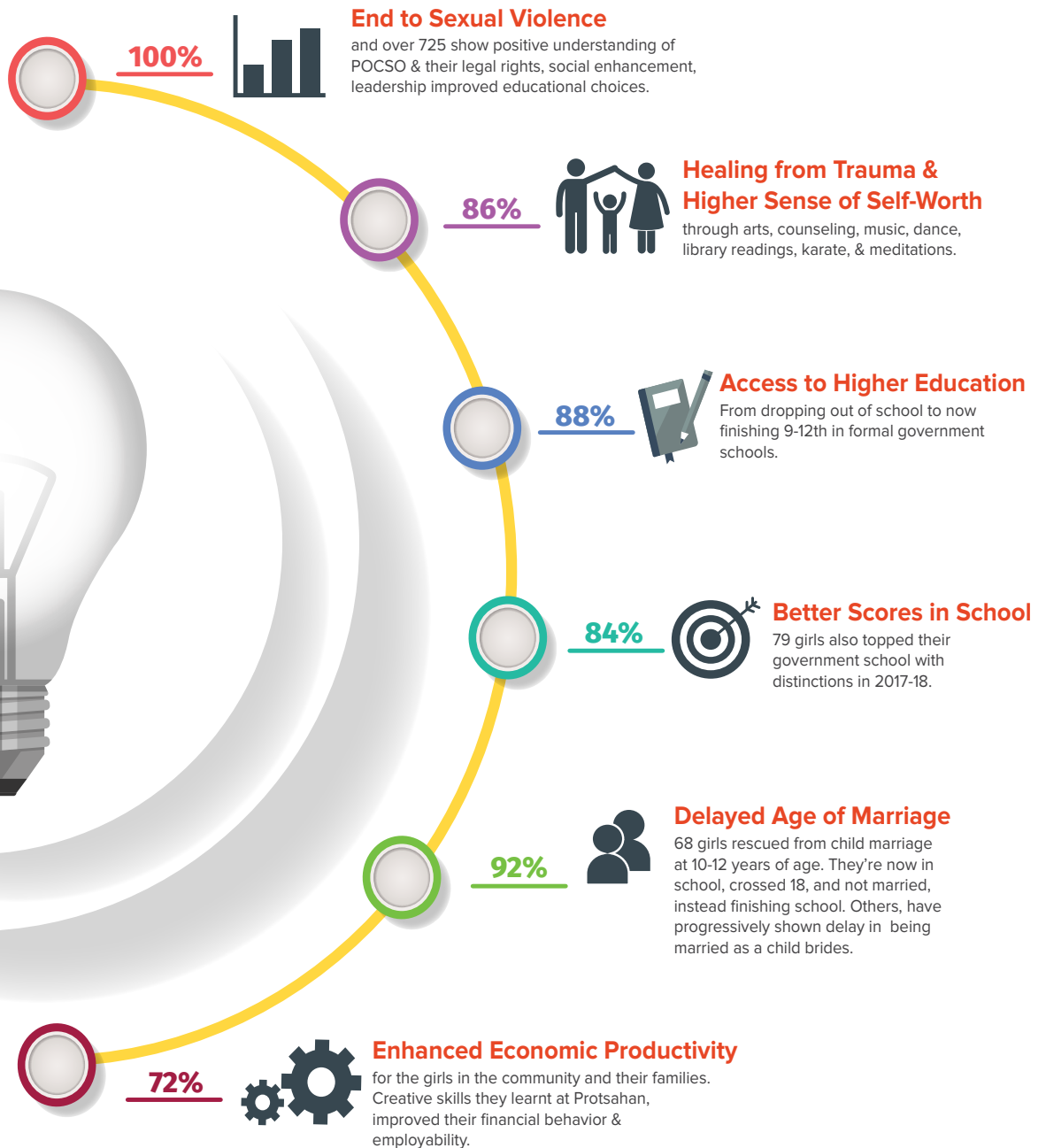


reported abuse and sexual violence before they turned 12.

Promoting Resilience

among girls experiencing sexual violence through creative arts therapies

Around the world, girls face barriers to safety & education that boys don't. But when you holistically empower a girl survivor or at risk of abuse and sexual violence through Education & Creative Arts, it makes a lasting impact on her, her family and the community she lives in.





METHODOLOGY

In almost a decade of its existence (2010-2019), Protsahan India Foundation has been working directly with girls from the area of Uttam Nagar's Hastal Village. As a part of this report in organization's 10th year, conducted over a period of two months, girls from the age of 15-18 were observed and interviewed in depth, to understand the efficacy of trauma-informed care they experience, and understand if it has resulted in their overall development.

For the purpose of this report, 13 girls from the age of 15-18 were interviewed in depth. The girls were first divided into two groups:

- 1) Interventional group:** Adolescent girls who have been with the organization for over three years.
- 2) Control group:** Adolescent girls who have been with the organization for 0-1 year.

There were a total of 9 girls in the intervention group, out of whom three

girls had been with the organization since the beginning, two girls had been for six years, three for four years, and one for three years.

In the control group, there were a total of four girls, out of whom two had been in the organization for six months, one had been for two months, and one for a little over a month. It was assumed that the control group, since it had spent lesser amount of time compared to the intervention group, would not have experienced the same impact of trauma-informed care.

A qualitative approach was taken to gather data involving two tools:

- 1) in-depth interviews
- 2) participant-observation

To ensure that the participants do not hesitate while sharing their narratives, rapport building was done involving activities like dance, music, and games.



FINDINGS

13 adolescent girls from the age of 15-18 years were interviewed from May 2019 to June 2019. All of the participants showed high confidence and resilience level, which they attributed to their experience at the organization.

All of the girls reported that since they joined the center, they have observed an increase in their confidence level. When asked how they interpreted ‘confidence’, a majority of them (11 girls) said that they could participate in class discussions better than before, while two of the participants said that confidence gained at Protsahan helped them in standing up for themselves.

All the girls reported change observed in themselves since the time of joining. One of the participants, Sonia (name changed), who’s 16-years-old remarked,

“When I first came to the organization, I was a very shy and quiet child. Over the years I have learned that I have nothing to feel shy about and it’s important that people hear what I have to say as well. So now not only do I participate in every class activity and discussion, I also make sure that I talk to volunteers who come to Protsahan as well. Gone are the days when I used

to hide behind other teachers in front of strangers”

- Sonia*

It is pertinent to note here that Sonia, was raped at 6 years of age by her paternal uncle in her own backyard. She is now in 11th grade, learning and growing up to be a confident young woman.

Another respondent, Mita (name changed) who’s 14-years-old said that she loved going to martial arts classes in the morning and that had given her the strength to walk on the streets without fear.

“I am not afraid of anyone anymore. I know that if a boy harasses me on the street I can definitely give it back to him. I make sure I hold my head high every time I step out of my house,”

- Mita*

Resilience also came out as another common thread among the participants. One of the respondents, Usha (name changed) 17-years-old shared how she had dealt with a young man who used to stalk her in broad daylight.

“I slapped him one fine day when I had just had it, but he still didn’t stop

following and stalking me. The next time I asked one of my friends from the centre to help in this matter and she actually went and beat him up. He never followed me after that.”

- Usha*

When asked how her family reacted to the incident, she said her mother was extremely proud of her for standing her ground. She informed that a family member had witnessed a man stalking her and in one instance holding her hand forcefully. The family member took the picture of the event. She added that when she learnt of this, she made sure she destroyed the picture by throwing the sim-card and the memory card from the said phone in the water while visiting the relative.

Two of the respondents, Priya and Lalita (name changed) who are 18-years-old and have cleared senior secondary exams shared their experience of their first job and how they decided to quit because of the manager's extreme and abusive behaviour.

“Our manager told us that he would raise his hand if we don't listen to everything he says. I told him straight away that he can't threaten us like that and it's abusive. We both told him we can't stay in the job any longer and quit on the spot. I wouldn't have

recognized that his behaviour was abusive if it wasn't for all the things I have learnt at Protsahan”

- Priya*

Another respondent, Divya (name changed) 16-years-old said that she now stands up for herself in front of her grandmother whenever she is dissuaded from studying further, coming to the centre, or even participating in the sport activities that she likes. When asked how has the centre helped in doing so, she remarked that before joining the centre she could only protest in situations arising outside her home, but now she has developed the strength to stand up for herself inside her home as well. She said that she has learnt not only to ignore things people say to demotivate her, but also retort when required. However, during the course of the interview she requested the audio recording of the conversation be paused so that she can share something personal. She shared that she often gets sad thinking about the trauma her mother had endured at the hands of her paternal grandmother who was extremely physically abusive.

One of the respondents, Juhi (name changed), who's 18-years-old shared her experience of defying her parents at the age of 12 by not letting them force her for marriage. Subsequently she went on to

negotiate with them to let her complete her school education.

“Almost everyday they talk about my marriage, the only way I get away with it is by convincing them that they should at least let me finish my senior-secondary exams. It has taken me years to convince my mother that she should let me pursue the things that I want to pursue, I feel that there has been a change in the way she sees things now”

- Juhi*

She also added that her brother, who has been accused of rape and murder doesn't allow her to wear jeans and t-shirt outside the home and forbids her from going outside if she is dressed a certain way.

“I wear whatever he asks me to, even if it is a salwar-kameez. See the main thing is that I get to step out, it's fine if I don't get to wear what I want like other kids, but these are just clothes, they aren't more important than my education and I would do whatever I can to make sure that I have access to it no matter what”

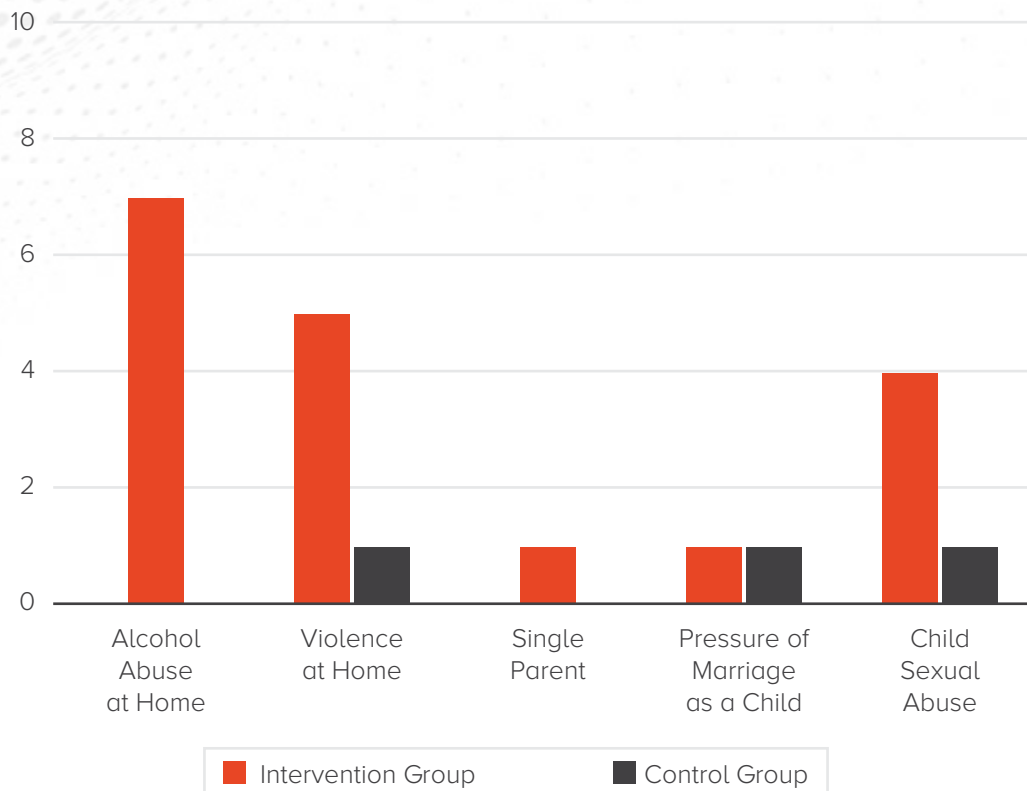
- Juhi*

All of us negotiate with patriarchy in our own way, especially for a country and society like ours where patrilineal-patrilocal systems are followed, young girls and women develop their own strategies to navigate through it. Kandiyoti (1988) in her study says that women strategize within a set of concrete constraints, which she identifies as patriarchal bargains. Different forms of patriarchy present women with distinct “rules of the game” and call for different strategies to maximize security and optimize life options with varying potential for active or passive resistance in the face of oppression.

Juhi with the help of Protsahan, developed the strategies to navigate through the patriarchal systems to bargain for her freedom and maximise her learning opportunities.

However when the girls were asked about their family and home environment, it was observed that 10 girls showed/hinted at family issues, 7 of them broke down crying while two respondents either preferred not talking about it or going off-the-record on the subject.

Background of the Child (2018-19)



It was observed that issues like alcohol abuse, domestic violence, child sexual abuse, constant pressure of being married before 18, and violent home environment were a major cause of concern for the participants.

The information on abuse in the above figure (Fig. 8) was obtained directly from the child, in addition to the information given by the organization. It was found that some of the children have taken a significant amount of time to come out with their disclosures of sexual abuse, with some even after three- four years of being enrolled in the after-school program of the organization. It should be noted here that every child has their own way of processing, understanding,

and accepting their trauma of abuse, which affects when they disclose it and seek support for it.

It was also found that there was a correlation between alcohol abuse and violence at home. One respondent, Sunita (name changed) who is 16-years-old wished that her father who's actually supportive of her and her sister's education, do not come home drunk every night.

"I don't like it when dad comes home drunk every night and fights with mom. Alcohol changes him and he doesn't realize the things he says in that condition. I sometimes wish I could just run away from the house to avoid

the daily drunken fights. I can't even say anything to him since he doesn't remember anything the morning after."

- Sunita*

Intergenerational poverty has an impact on mental health of children as well.

Studies in neuroscience and developmental psychology suggests that poverty, early in a child's life may be especially harmful because of the rapid development of a young child's brain, which leaves them sensitive to environmental conditions.

Developmental vulnerability and the dependence of very young children on their family context makes them especially susceptible to the effects of poverty in their household

(Duncan & Magnuson, 2013). In a review done on child poverty and its impact on psychosocial outcomes, Davies et al. (2010), it was found that poverty has its greatest impact on the well-being of young children, leaving them more susceptible to abuse, neglect and lack of positive social interaction.

Various studies have noted that particular aspects of poverty like inadequate housing (Evans 2003), poor nutrition (Kleinman et al., 1998), parenting under stress (Olson et al., 2003), adverse events such as violence, discrimination and so on (Bradley, Corwin 2002), and poor neighbourhoods (Leventhal,

Brooks-Gunn 2000) also affect the mental health of children.

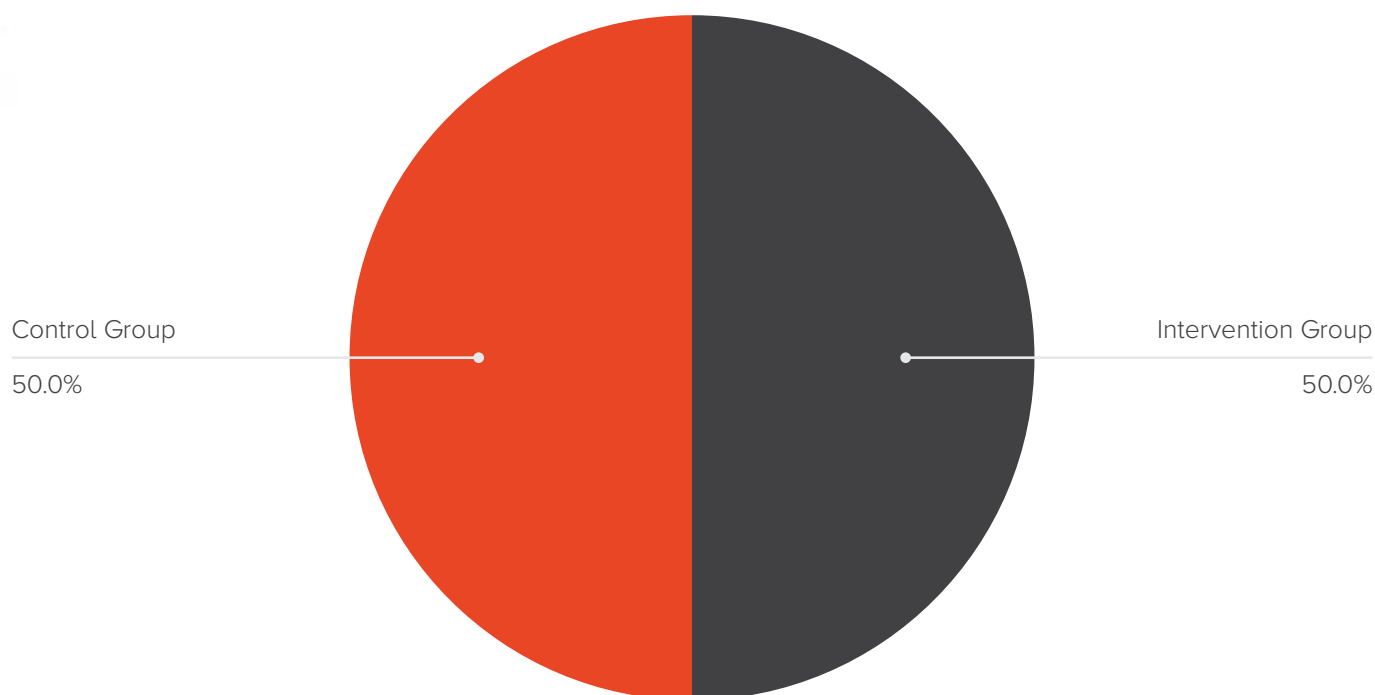
One of the respondents, Charu (name changed) who is 15-years-old and had recently lost a parent, reported experiencing memory issues ever since the sudden death of her mother owing to stomach problems. A variety of studies have shown that the stress of PTSD can have severe effects on the hippocampus, causing problems with transferring short-term to long-term memory (Denton 2005). Lena Jelinek et al. (2007) found in her study that PTSD impacts both short-term and long-term recall, affecting both verbal and nonverbal memory.

Many studies also suggest that anxiety and depression, in this girl's case (Charu) which could have emerged due to loss of her mother, can impair memory. One study (Kizilbash, Vanderploeg, Curtiss 2000) found that depressive symptoms (without anxiety) have an adverse effect on immediate recall of new information and the total amount (but not rate) of acquisition; however, **retrieval and retention were unaffected. On the other hand, high levels of anxiety did not have significant detrimental effects on any aspect of memory functioning assessed including immediate recall, total amount acquired, retention, and retrieval of novel information.** However, when depression was

compounded by anxiety, there was not only an adverse effect on immediate recall and amount (but not rate) of acquisition, but also on the retrieval of newly learned information. We conclude that the presence of comorbid anxiety may, in part, account for the variability in previous research findings regarding the effects of depression on memory functioning.

One of the respondents, **Sujata*** (name changed) who is 16-years-old shared her experience of getting body-shamed by her grandmother at home. She added that it causes her great distress whenever she overhears her **dadi** talking about her body in a negative way. She said that hearing such things makes her feel ‘fat’ and she often skips meals to make sure she won’t have to hear such things again.

Resilience, Confidence, Ambition and Sense of Independence (2018-19)



It was observed that the participants in the control group, even though had been with the organization for less than a year, had experienced the same change in themselves, especially with respect to confidence, resilience, ambition, and a sense of independence, mirroring the participants in the intervention group.

It was observed that the girls were ambitious and determined to fulfill their dreams at all costs, even in the face of adversity.

All of them wanted to be independent in life and have an identity outside of their family/home.

CONCLUSION AND SUGGESTIONS

All the adolescent girls at Protsahan are doing excellent academically and in extra-curricular activities, but the issues they have to face at home is hindering their progress and their emotional well-being. The girls aren't equipped with the kind of coping mechanism that would help them in dealing with the trauma they incur because of these problems. Some of the girls exhibit behavioural problems which could be corrected through behavioural therapy tailor-made for them. The researcher strongly suggests two things:

► **Appointing a counsellor or therapist who can help the girls deal with their individual trauma:**

Appointing someone at the centre, with whom the girls can talk to, preferably a professional trained in dealing with the place of trauma the girls come from, someone who will help the girls in their day to day functioning and will provide non-judgemental listening with empathy. While appointing, it needs to be kept in mind that the professional be aware and mindful of the girls' individual socio-economic background, someone who understands the intersectionality of challenges and issues that intergenerational poverty brings to the lives of these girls.

► **Teachers and Staff at the Centre to be trained further in handling psycho-social needs of the girls even more adeptly:**

The teachers and staff at the centre can keep a few questions "How are you feeling today?" "How has your day been?" and "Is there something bothering you?" in mind that they can ask everyday so that the girls understand that they have a safe space where they can share their problems.

Protsahan India Foundation's programs are designed to make education and well-being accessible to girls from slum neighbourhoods of Uttam Nagar. With the help of education, technology, and creative arts like photography, film-making, classical dance, theater, folk arts, martial arts, they have been able to help young girls become independent as they grow up.

In their almost a decade of work, the outcomes of their programs have been incomparable. All of the girls enrolled at their Centre of Excellence (CoE), who have appeared for their board exams, have cleared with excellent scores, some scoring as high as 80-90% in most subjects. **88% of the girls that they currently work with have not only been able to receive higher education, but**

have also shown an improvement in their annual school scores.

Instead of being forced to get married at a young age, they have been able to find employment opportunities in their areas of interest as their age of marriage is now delayed. But there's still a lot of work that needs to be done that will help the girls achieve much greater heights. Due to lack of funding, Protsahan India Foundation hasn't been able to get a therapist/counsellor on board who can look after the girls' emotional and mental health. While the organization makes sure that the girls take part in guided meditations every day, the research has found that it is important that the girls also have professional guidance to help them deal with their traumas and problems. While the researcher understands that there's a dearth of conversation around mental health in India, it doesn't dismiss the fact that it is in fact a much needed one. Thus, the researcher strongly feels that CSR and government funding also needs to cover mental health. Organizations like Protsahan India Foundation that work closely with at-risk children, especially girls, need adequate funding so that they can cater to the emotional well-

being of children in a wholesome way. This will help Protsahan evolve an even more robust model that can be taken to scale to impact more at-risk children being catered to through other non-governmental organizations, child care institutions, etc.

Therapy is rarely ever affordable in the country, not to mention the fact that finding a good therapist is difficult for many as well. It's important that the girls at Protsahan are able to receive therapy that is in accordance with their socio-economic needs. Thus, in conclusion the research proposes an approximate budget of Rs. 80,000/month in the appointment of two counsellors or equivalent creative therapeutic programs for sustainable mental health and support. Going forward it will become even more imperative as the organization's CoE aims to scale its current strength from 120 to 180 girls in the next 18-24 months. It has been observed while interviewing the girls at Protsahan India Foundation that a holistic approach, that also includes a component of mental health, can lead to an overall improvement of their childhood.

Proposed Cost Break Up of Mental Health Component to Existing Programmatic Interventions at Protsahan India Foundation (Recommended Budget)

Resources	Impact Numbers	Monthly Cost (INR)	Approx. Monthly Cost (\$)	Yearly Cost (INR)	Approx. Yearly Cost (\$)
Clinical Psychologist cum Counsellor (Grassroot Experience of at least 3-4 years) strengthened for academic achievement, leadership, creative thinking, and exploring passions.	120-180 girls at Protsahan's CoE	40,000	571	4,80,000	6857*
Creative Art Therapy Workshops (Cost of the art therapists, art stationery, digital documentation)	250 at-risk girls per month from shelter homes/ NGOs/ child care institutions, etc, i.e. 3000 girls/ year.	15,000	214	1,80,000	2630*
Monitoring and Evaluation		25,000	-	3,00,000	4383*

*For the purpose of this evaluation, the cost of 1 US Dollar = 68.45 INR

INTENDED IMPACT (HUB & SPOKES MODEL OF HEALING):

This budget in addition to catering to the girls enrolled with Protsahan, is also meant to evolve a robust ecosystem that builds the understanding of psycho-social care and creative art based therapeutic intervention in care-homes,

shelter-homes, and non-governmental organizations working with at-risk children/adolescents.

- 1. Hub:** *Currently (as of 2019), Protsahan has 120 at-risk girls, including survivors, enrolled at Protsahan. In the next 18-24 months, the organization envisions to scale the capacity of their CoE at Uttam Nagar to 180 at-risk adolescent girls. This

support will enable them to have access to an experienced clinical psychologist cum counselor at all times, who will cater to their emotional and mental health needs eventually leading to their healing and all-round development.

**Update (as of 2021): Protsahan scaled up its direct interventions from 1-center to 4 grassroot centers reaching about 600 + at-risk girls, including survivors.*

2. Spokes: The creative art therapeutic workshops (HEART model) will be conducted in a partnership and collaborative model approach to achieve scale and to reach out to credible organizations working in the field of education, health etc. of children, where psychosocial health is often overlooked.

Disclaimer

1. *Small Sample Size: A limitation of the study was the relatively small sample size, which is why the findings may not be applicable to the broader community based on this study alone.*
2. *Short-term Study: Considering that the study was a short-term project (2 months), a longer study (2-3 years) would have yielded more perceptible and in-depth changes.*

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