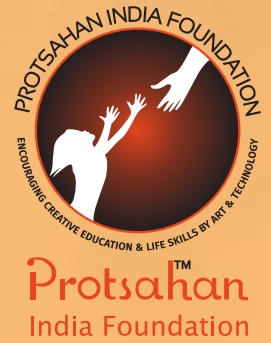
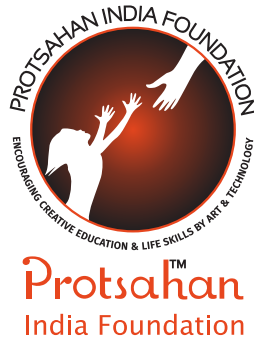


# MONITORING AND EVALUATION STUDY



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



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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

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## Abstract

The present exploratory study attempted to assess the effectiveness of Protsahan India Foundation's current model based on trauma informed compassionate care in enhancing resilience, self esteem, self efficacy and well being in at risk adolescent girls. The sample of the study was selected using purposive sampling, consisting of a group of girls who have been coming to Protsahan India Foundation for the last 3-10 years (N=9), within the age range of 15-18 years. The data was collected using (a) quantitative method in which the participant's level of resilience, self-esteem, self-efficacy, and well being, were measured using the Resiliency and Attitudes Skills Profile by Hurtes (1999), Coopersmith Self Esteem Inventory (1987), Self Efficacy Questionnaire for Children (SEQ-C) by Muris (2001), and Adolescent Wellbeing Scale by Birleson (1981), and (b) qualitative method using unstructured interview. For data analysis, percentages were used. The findings of the study suggest that 89% scored high on resilience, 77% scored high on self-esteem, and 55% scored high on self-efficacy and wellbeing.

**Keywords:** trauma informed compassionate care, resilience, self-esteem, self-efficacy, well being



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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

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Positive and stress-free perinatal environments mark the onset for holistic development. Translated adaptive or healthy behaviors in the growing child further set the stage for social emotional learning and rational coping strategies to be used in times of adversity, as no child or human being is untouched by risk factors. Families that can provide prolific relationships and low familial distress help children develop a pool of internal resources that allow them to adaptively cope with challenges and demands of at risk childhood (Poulsen, 1993).

As children grow, there are certain situational variables that hinder or promote their process of development which are referred to as risk and protective factors. A risk factor can be defined as “a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.” A protective factor can be defined as “a characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes.” A combination of these in turn contribute to their status of mental health.

At risk children or children with risk factors in their environment are those with unhealthy familial, cultural, psychological or physical environments that may range from issues like domestic violence, poverty, substance abuse, forced child marriage, sexual abuse, emotional abuse, crime, threat, malnutrition and neglect, to having a mental or physical disorder. Rutter and his colleagues in 1979 identified five familial variables or “risk factors” that were significantly associated with the likelihood of a psychiatric or psychological disorder or symptoms in the offspring: (1) severe marital discord, (2) low socioeconomic status, (3) overcrowding or large family size, (4) familial or parental criminality, and (5) maternal psychiatric disorder.

These risk factors are the sources that cause trauma and hinders the process of development in childhood. The traumatic event may leave a lasting impact, disturbing the equilibrium of psychological, emotional, physical and social health of a child. The National Institute of Mental Health (USA) defines childhood trauma as: “The experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects.”



## **MAJOR RISK FACTORS/ SOURCES OF ABUSE OR TRAUMA FOR CHILDREN IN INDIA:**

According to the National Survey (India) conducted by the Ministry of Women and Child Development in 2007, 53% of children and adolescents reported sexual abuse, 69% reported physical abuse, nearly 49% reported emotional abuse and 71% reported neglect within the family (MWCD; Kacker, Varadan, & Kumar, 2007).

## **INCEST AND CHILD SEXUAL ABUSE**

In India, incest and child sexual abuse are one of the major sources of child abuse for both girls and boys. According to the National Crimes Records Bureau (NCRB), as many as 15,039 children were identified as victims of assault under the Protection of Children from Sexual Offences (POCSO) Act in 2015. Of these, 8,800 cases were filed under sections 4 & 6 of the Act – dealing with penetrative and aggravated penetrative sexual assaults respectively. In 8,341 cases, the assaulter was known to the child. In a report produced by BBC in 1999, based on a report (Voices from the Silent Zone) by Rahi Foundation, a Delhi based NGO working with incest and

child sexual abuse, 76% of respondents to its survey had been abused when they were children. Of these, 29% were abused by strangers, 31% by person known (not family), and 40% by a family member. Of the 76% respondents, 15% faced the abuse when they were over 16 years of age, 35% between the age of 12-16 years, 28% between the age range of 8-12 years, 17% under the age of 8 and 2% under the age of 4. The report suggests that disbelief, denial and cover-up to preserve the family reputation is often put before the individual child.

The statistics are just one part of true representation as many such forms of abuse does not even get reported. Accumulating empirical evidence suggests “that sexual abuse is a serious mental health problem” for children as well as adults (Grayston, De Luca, Boyes, 1992). Child sexual abuse can impact a child in ways that can hamper their overall growth and may also create hassles in critical periods of development. Low self esteem, high levels of anxiety, and loneliness or isolation are the short term and long term symptoms of child sexual abuse (Grayston, De Luca, Boyes, 1992). These symptoms may also affect the social emotional learning of these children, which may negatively impact the development of intrapersonal (positive mindset, emotional regulation, rational coping strategies, etc.) and

interpersonal skills (perspective taking, social communication, etc.). Keeping in mind the centrality of self esteem in social emotional adjustment (Pope, McHale, Craighead, 1988), it may be essential to understand the relationship between self esteem and abuse. A combination of these may have effects that may persist into adult life, causing a dearth of mental health problems (Mullen, Roman-Clarkson, Walton & Herbison, 1988), depression and suicidal behavior (Briere & Runtz, 1988), low sexual self-esteem (Finkelhor, 1984), and a tendency to re-victimise (Fromuth, 1986). All of this together may lead to poor wellbeing.

## **POVERTY**

Chronic poverty, on the other hand, may be another major source of trauma owing to its multidimensionality. It gives a longitudinal account of the totality of stressors that range from poor maternal health, lack of nutrition, overcrowding and neglect to unsafe environments where adolescent girls are at a constant exposure to lack of menstrual hygiene, with no availability of basic sanitary napkins and increased usage of the same piece of cloth by all women in the family. These unsafe environments also encompass poor sanitation facilities, further deteriorating overall hygiene, which may lead to serious sexual and

health diseases. As a result, parents may fail to form secure attachment styles or impart necessary information about living a healthy life, that play an important role in supporting a child in their critical periods of development.

## **PROTECTIVE FACTORS AS OPPOSED TO RISK FACTORS**

Although research over the years has focused more on risk factors and their impact in stressful environments, there is growing need to discover the existence of “protective factors” in the same unhealthy environments that are behind some of those children who have shone bright in the face of adversities. There is a need to look for not only the elements in disrupted families, communities or environments that put children at risk, but also those elements in the same areas that help build their capacities to bounce back or be resilient. In some cases, the problematic parts of a child’s environment helps him or her develop a pool of mental resources that add to their innate resilience and achieve a positive self identity, self esteem and a sense of control over their lives. These protective factors need to be studied more in order to design interventions for children who can further enhance and scale their growth.

## **TRAUMA INFORMED** **COMPASSIONATE CARE**

In addition to protective factors, trauma informed compassionate care is a model of trauma treatment or handling, that can be adopted by families, institutions, or schools, that are a constant part of a child's life. Trauma informed compassionate care includes having an understanding of the prevalence of different types of trauma, as good care is approaching every individual with the assumption that at some point in their lives they must have experienced some form of trauma which can get triggered by any given stimuli in the environment (Massachusetts General Hospital, 2014). Forbes and Post (2006) state:

*"...the use of consequences is not an effective tool for short term altering of behavior and long term development; it is essentially reiterating the fact that children, primarily children of trauma, are reacting from a neurophysiological state in which they only have the power to demonstrate the most minimal degree of control imaginable. If a child is behaving inappropriately, he is not merely behaving inappropriately but rather is behaving out of a state of neuro-physiological upset or stress."*

*"Thus, giving consequences for behavior is merely consequencing or controlling behavior and is not addressing the underlying developmental ailment or cause of the behavior. In many ways this alternative approach [Forbes' model] is a preventive approach because it is working to create the necessary environment for the emotional regulation of stress, setting the neurophysiological stage to correct what the child's regulatory system has learned and experienced. (Forbes & Post, p. 5)"*

Hence, taking into consideration the 'in-the-moment' experience driving a child's behavior and responding with compassion, empathy and active listening, is a key to becoming a trauma informed care personnel.

No source of trauma is big or small. No source of trauma that a child experiences should be trivialised. The way an event affects or impacts a child depends on the biological, temperamental, psychological, social and environmental makeup that is unique to that child or individual. Hence, it is imperative that the early childhood environments be safe and trauma-sensitive where elders can help children and adolescents build positive self identities and self concept, resilience, healthy coping strategies, and overall well-being.









# PROTSAHAN INDIA FOUNDATION

Protsahan India Foundation is a non-profit organization established in 2010. We work against all forms of child abuse and for the betterment of at risk adolescent girls in the underserved communities of New Delhi. The slum neighborhoods where Protsahan is currently working, adolescence or hitting puberty is considered to be the age for getting the girls married irrespective of the fact that neither their mind, nor body are developed to handle such responsibilities and its consequences. They aren't even considered worthy of an education. Poverty is a major risk factor having multidimensional effects on the families. Incest and child sexual abuse are also highly prevalent.

Girls in this underserved community, as others, face all forms of child abuse on a daily basis. Some come from families where they go to sleep after witnessing domestic violence and alcohol abuse every night; some have 7-10 members living in the same room, as a result of which they have grown up in distorted environments which have left them with a warped sense of boundary, experiencing direct scenes of extreme intimacy or violence between parents; some have been sexually abused by their family members; and some are trying to get away with the constant pressure of becoming

a child bride. There is no understanding of menstrual hygiene, reproductive health or nutrition. As a result, they are at high risk of early pregnancies, sexually transmitted diseases, stunted physical growth, and overall hampered health and development. According to UNICEF (2012) adolescents who face health problems tend to be from lower-income households and be nutritionally depleted, with adolescent girls having higher rates of undernutrition than adolescent boys.

In addition, a few of these girls have lost their parents to life threatening diseases or crimes and a few of them have parents that do not care for them or consider them good enough to be loved. Two sisters, Shikha and Saba (name changed) (14 and 8 years old, respectively), have seen their mother struggle with a psychiatric disorder and their father, a beggar, taking care of the entire family despite having a physical disability. Priyanka (name changed) who is just 16 years old is body shamed by her grandmother who constantly puts a pressure on her for marriage. These girls are not even allowed to partake in family decisions. At such young ages they have no voice, choice or freedom, handle all responsibilities of building a



home, help their mothers in the kitchen, take care of their younger siblings and still find the energy to lift themselves up.

Protsahan India Foundation has developed their model of work as the **HEART** principle (**H**ealing, **E**ducation, **A**rt based Life Skills, **R**ecovery and **T**echnology) that is based in the premise of working through the power of

empathy, creativity, life skills, and active listening. Their focus is on healing the broken childhoods using the creative power of various art forms like painting, cinema, design, film making, dance, music, photography and meditation and helping the girls with their education through an integrated after school program, the schedule of which is given below:

**Figure 1. Daily Schedule Followed At Protsahan Uttam Nagar Centre.**

Structure Of The Day at Protsahan Uttam Nagar Centre (2018-19)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
08:30 am - 12:30 am	Learning in Government School - All Protsahan Girls Have Been mainstreamed into Regular Schools						
	<b>PROTSAHAN UTTAM NAGAR CENTRE STRUCTURE (120 girls)</b>						
01:30 pm - 02:00 pm	Circle of Illumination (Music Based Meditations)						
02:00 pm - 03:00 pm	Academic Support to School Curricula	Academic Support to School Curricula	Academic Support to School Curricula	Academic Support to School Curricula	Academic Support to School Curricula	Academic Support to School Curricula	Martial Arts
03:00 pm - 03:30 pm	Bhojanam	Bhojanam	Bhojanam	Bhojanam	Bhojanam	Bhojanam	Academic Support to School Curricula (Extra classes for 9th-12th grade if required)
03:30 pm - 04:40 pm	Academic Support to School Curricula	Academic Support to School Curricula	My Body My Rights (MHM, CSA, SRHR)	Academic Support to School Curricula	Academic Support to School Curricula	My Body My Rights (MHM, CSA, SRHR)	
04:30 pm - 05:30 pm	ABT Session	Play Therapy (I) Library Hour (II & III)	Martial Arts	Vital Voices (Cinema Appreciation)	Play Therapy (I) Library Hour (II & III)	ABT Session (Healing Guilt, Shame, Trauma, Fear)	
05:30 pm - 06:00 pm	DMT/ Photography	ABT Session (Healing Guilt, Shame, Trauma, Fear)	DMT/ Photography		ABT Session (Healing Guilt, Shame, Trauma, Fear)	Meri Awaaz Suno - Theater Class	
06:00 pm - 06:30 pm	Kahani Ghar - Storytelling		Guided Meditation & Talking Circles			Guided Meditation & Talking Circles	

DMT: Dance Movement Therapy  
 SRHR: Sexual Reproductive Health & Rights  
 CSA: Child Sexual Abuse

ABT: Arts Based Therapy  
 PTSD: Post Traumatic Stress Disorder  
 MHM: Menstrual Hygiene Management

Having a model of work as the HEART principle based on trauma informed compassionate care, Pratsahan India Foundation aims at addressing the adolescent girl framework for achieving their ultimate goal of fighting child abuse and healing and empowering girls. **They want their girls to thrive, learn, have access to clean environments,**

**and be protected from violence and exploitation.** Youth programs are more effective when they integrate multiple domains of family, school and community and focus on increasing competency and skills, rather than reducing existing negative behaviors (Browne, Gafni, Roberts, Byrne, & Majumdar, 2004).

**Table 1 - Translating Objectives Into Actions That Lead To Outcomes - Pratsahan India Foundation**

Objective	Strategies	Outcomes	Examples of Action In Relation to Strategies
1. At risk adolescent girls are given platforms and mechanisms that furnish their ideas and creativity, and amplify their voice and complete school education (senior secondary) as a non-negotiable.	<ul style="list-style-type: none"> <li>– Adolescent capacities strengthened for academic achievement, leadership, creative thinking, and exploring passions.</li> <li>– Adolescent multimedia engagement and chance for national and stage performances to raise their voice on issues that matter to them.</li> </ul>	<ul style="list-style-type: none"> <li>– Adolescent girls are developing their ideas and implement them independently with direct mentoring.</li> <li>– Adolescent girls are learning consistently by making use of opportunities that come their way.</li> <li>– Adolescent girls have enhanced self-esteem, self-efficacy and resilience.</li> <li>– Vulnerable adolescent girls bring about positive changes in their thought pattern with respect to their socio-economic independence.</li> </ul>	<ul style="list-style-type: none"> <li>– Integrated after school program, which includes academic guidance, computer literacy, English speaking skills, giving education utmost importance in empowering the girls. This has also helped them improve their school scores. Assistance for college education is routinely provided on case by case basis.</li> <li>– Use of creative art based interventions like filmmaking and photography, to spread awareness about prevalent issues in the community. For example, a film made by the girls at Pratsahan, called Fireflies - <a href="#">YouTube Link</a>.</li> <li>– Participated in 'Innovate4Tomorrow' hackathon for 90 days and experienced their ideas for local solutions to local problems through technology interventions.</li> </ul>

<p>2. At risk adolescent girls and their families engaged in developing positive health practices (menstrual health and hygiene) and social norms, specifically with respect to delaying child marriage, understanding sexual health and reproductive rights and providing them with safe spaces in their own community where they thrive.</p>	<ul style="list-style-type: none"> <li>– Imparting information on their rights and entitlements that empowers them to take part in the local, state and national level governance.</li> <li>– Development of cognitive, emotional, and social skills through martial arts, counseling sessions etc. done in an integrated and holistic manner.</li> <li>– Outreach initiatives to reach out to the vulnerable and excluded at risk adolescent girls through more strategic partnerships each year to have no child left behind.</li> </ul>	<ul style="list-style-type: none"> <li>– Girls make use of the government schemes and exemplary services available, in times of need.</li> <li>– Delaying the age of marriage.</li> <li>– Adolescent girls adopt healthy and protective behaviors especially in sexual health and reproductive rights’ context.</li> <li>– Key community stakeholders come forward with their contribution of help and awareness building, bringing forth a cumulative effect which is truly sustainable.</li> </ul>	<ul style="list-style-type: none"> <li>– For example, use of Childline 1098 through direct interventions and awareness enhancement through cinema and teacher to teacher touch points.</li> <li>– Regular workshops on menstrual hygiene management, safe and unsafe touch, and sexual abuse.</li> <li>– Art based Life Skills Workshops in strategic national partnerships to educate the girls about their rights, policies and laws against sexual abuse and child marriage. Indira Gandhi National Centre of Arts, Vishwa Yuvak Kendra, Sanskriti Anandgram and Triveni Kala Sangam have assisted Pratsahan with venue for some of these workshops in the past.</li> <li>– Workshop on POCSO Act for 780 teachers, indirectly impacting 16500 children up till 2019.</li> <li>– Regular Home Visits to educate families, prevent child marriage, and to reach out to the hidden vulnerable children.</li> </ul>
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Intersectional work that focuses on engaging all relevant areas that are a part of the adolescent girl framework can lead to a decrease in harmful practices against them. The types of trauma experienced by one are multidimensional and so are their

effects. Hence, the approach to heal them must focus on various domains for a holistic healing process that can help build a positive self-identity, enhance self efficacy, strengthen their level of resilience in the face of constant risk factors, and achieve overall well being.



***Picture 1: 'Innovate4Tomorrow' hackathon where Protsahan reached out to 225 girls and trained them using technology to find solutions to local problems***



## METHODOLOGY

The objective of the present study is to explore the effectiveness of Protsahan India Foundation's current model based on trauma informed compassionate care, in enhancing self-esteem, resilience, self-efficacy and wellbeing. To conduct the study, two methods were adopted:

1. Quantitative, in which 4 self-report scales measuring the aforementioned constructs were selected. The scales were then administered on the girls who have been enrolled in Protsahan from the last 3-10 years (N=9). Once the data was collected, the scores were calculated, interpreted and combined to take out the percentage of girls who had high self-esteem, resilience, self-efficacy and wellbeing. These girls were randomly selected by the researcher in the given sample pool of 120 adolescent girls, currently at Centre of Excellence in Uttam Nagar community.
2. Qualitative, in which unstructured interview method was adopted which included face-to-face interactions with every individual in the sample.

## TOOLS USED

1. **Resilience Attitudes and Skills Profile:** RASP was developed by Hurtes in 1999, to measure seven dimensions of resiliency: *creativity* (generating of options to cope with hardships), *insight* (the ability to read into a person's verbal or body gestures), *independence* (the capacity to separate oneself from risk factor or negative consequence), *humor* (use of laughter or sense of humor as a healthy coping mechanism for stress), *relationship* (establishing and maintaining healthy relationships with peers, family and role models), *initiative* (self-determination and the ability to take charge), and *values orientation* (decision-making or choices based on a core sense of values, ethics, and morals) (definitions adapted from Hill and colleagues, 2007, p. 62). Items in the questionnaire are scored on a Likert scale, from 1 (strongly disagree) to 6 (strongly agree).
2. **Coopersmith Self-Esteem Inventory:** Stanley Coopersmith developed this Self-Esteem Inventory in 1987. It is a standardized test designed to measure self-esteem in children in personal, academic, family and social domains. There are three forms of

the Coopersmith Inventories -the School Form, the School Short Form and the Adult Form. The School Form can be used with 8 to 15 year old individuals. It consists of 58 self-descriptive statements to be marked either 'Like Me' or 'Unlike Me'. Among these 58 items - 50 are self esteem items and there are 8 items that constitute the Lie scale, which is a measure of a subject's defensiveness or test wise-ness. Scoring is done by using the scoring key. The items of the Lie scale are scored separately and not included in the self - esteem score.

**3. Self-Efficacy Questionnaire:** Peter Muris developed Self-Efficacy Questionnaire for Children (SEQ-C) in 2001. It consists of 24 items containing three domains of self-efficacy (1) social self-efficacy, (2) academic self-efficacy and (3) emotional self-efficacy. Each item has to be scored on a five point scale with 1 'not at all' and 5 'very

well'. Each measure/sub scale of self-efficacy has eight items. Subscale score may range from 8 to 40. Higher scores suggest high self efficacy.

**4. Adolescent Wellbeing Scale (Birlson, P., 1981):** This is a self-report measure to assess both wellbeing and depressive symptoms in children and adolescents. This tool consists of 18 items, which are scored from 0, 1, or 2. How the responses are scored depends on the nature of the statement that is being responded to as well as the response. 0 means that the response indicates no concern, 1 possible concern and 2 that the young person is indicating unhappiness or low self esteem with regard to that item. A score above 13 has been suggested as indicative of possible depressive symptoms; however, the tool is not a diagnostic instrument.



## RESULTS

**Table 2. Result table (2018-19)**

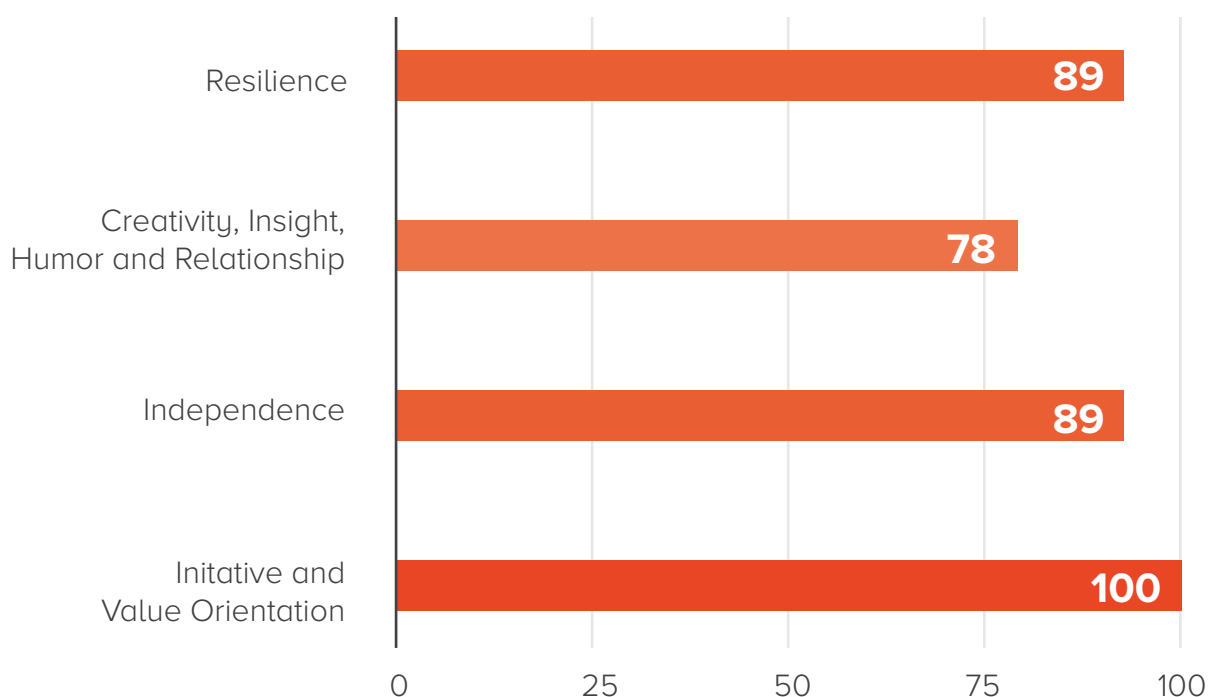
Construct	Percentage of Girls Who Scored High
1. RESILIENCE	88.88%
2. SELF ESTEEM	77%
3. SELF EFFICACY	55%
4. WELL BEING	55%

**1. Resilience** is the ability to stand forth in the face of crisis. It is the potential of overcoming crisis or returning to pre-crisis status. Having high resilience

means that an individual uses his or her mental resources in protecting the self from possible negative stimuli and outcomes.

**Figure 1. Scores (in percentages) of Protsahan girls on subscales of Resiliency and Attitudes Skills Profile (2018-19).**

### Resiliency and Attitudes Skills Profile of Protsahan Girls



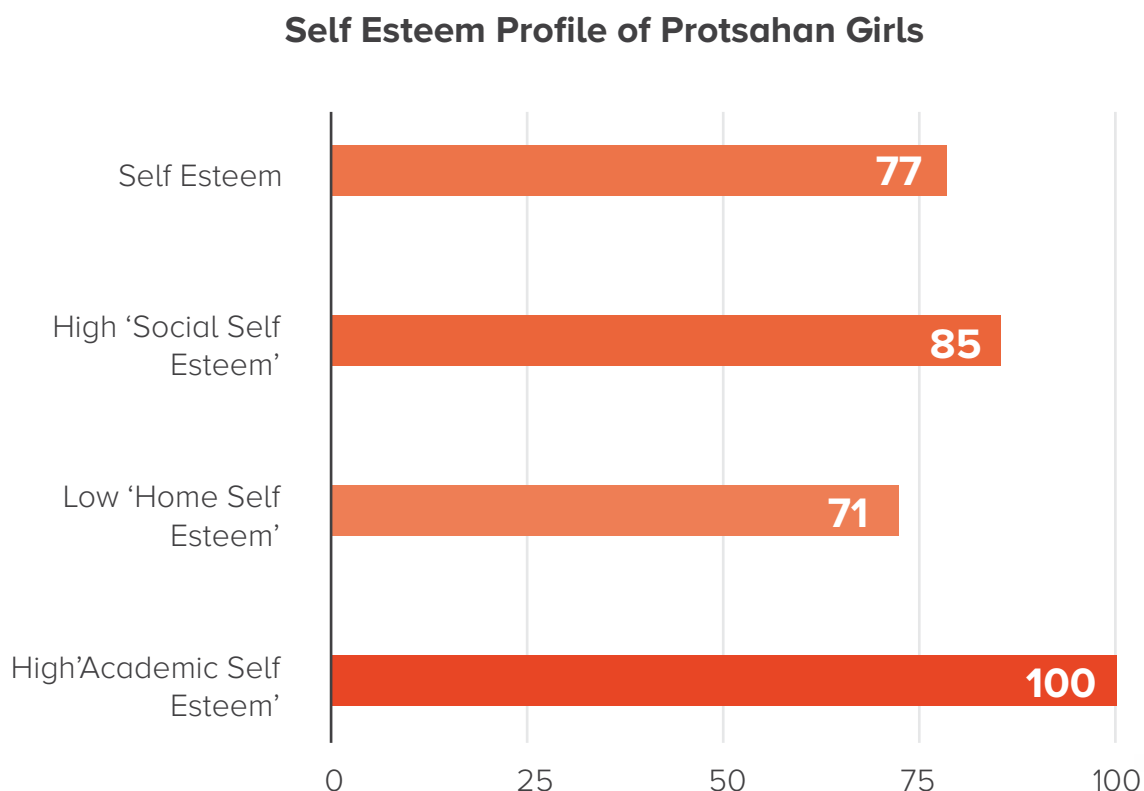
Resilience was measured using the Resiliency and Attitudes Skills Profile by Hurtes (1999).

The results indicate that **89%** of the girls at Protsahan scored above average resilience.

Of these, **78%** of the girls scored high on **Creativity, Insight, Humor and Relationship** subscale; **89%** scored high on **Independence** subscale; and **100%** scored high on **Initiative and Value Orientation** subscale.

**2. Self Esteem** is an individual's subjective evaluation of their own worth. It encompasses beliefs about oneself as well as one's emotional state. People with high self esteem believe in themselves and their abilities, have a high and warm regard for who they are, strive for betterment with hope, are proud of what they do and feel liked and accepted.

**Figure 3. Scores (in percentages) of Protsahan girls on subscales of Self Esteem Inventory (2018-19)**



Self esteem was measured using Coopersmith Self Esteem Inventory (1987) in which 77% of the girls at Protsahan scored an above average self esteem.

Of these, **85%** had high 'Social Self Esteem', **71%** had low 'Home Self Esteem'

**3. Self-efficacy** is an individual's belief in their innate ability to achieve goals. Albert Bandura defines it as a personal judgment of "how well one can execute courses of action required to deal with prospective situations".

- Self efficacy was measured using Self Efficacy Questionnaire for Children (SEQ-C) by Muris (2001), and the results suggested that 55% of the girls at Protsahan scored high overall self efficacy, including high academic, social and emotional self efficacy.

**4. Well being** refers to feeling well. Overall well being includes having positive mental and physical health, prosperity, happiness, satisfaction and having a sense of meaning/purpose/ or direction in life.

*- Well being was measured using Adolescent Wellbeing Scale by Birleson (1981), in which scores of 55% of the girls at Protsahan indicated positive well being inspite of traumatic situations in family setting.*

## **DISCUSSION - IMPORTANT INFERENCES THROUGH EXAMPLES FROM GIRLS' NARRATION**

Children subjected to years of abuse, neglect and betrayal may come to

believe that the world is not a good place to live in. They may stop trusting their caregivers, as a result of which, find it difficult to form relationships with peers or in adult life. Self-perception may take a toll and the idea of self-belief may become hazy for them, negatively impacting their sense of overall well being. In such contexts, there is a need for trauma informed compassionate care to enhance self-esteem and self-efficacy, and prevent environmental stressors from creating hindrance in the development of their innate ability to bounce back.

The present study aimed at exploring the effectiveness of Protsahan India Foundation's current model of HEART principle (Healing and recovering through creative use of education, art and technology) based on trauma informed compassionate care, in enhancing self-esteem, resilience, self-efficacy and overall wellbeing of at risk adolescent girls and survivors of direct abuse. Data was collected from at risk adolescent girls, who have been coming to Protsahan for the last 3-10 years, using self-report questionnaires and interview method (N=9). The age of the participants ranged between 15-17 years. The sample was from low socioeconomic background, with education backgrounds ranging from 9th-12th grade, who would coherently be able to understand measuring scales

and subscales. The interviews and administering of scales was extremely in depth and hence a small sample was selected as it was a non-funded study undertaken by research associates.

The self-report questionnaires included (a) Coopersmith Self Esteem Inventory (1987), (b) Resilience and Attitudes Skills Profile (Hurtes, 1999), (c) Self Efficacy Questionnaire for Children (Muris, 2001), and (d) Adolescent Wellbeing Scale (Birlleson, 1981). The unstructured interview method was carried out through face-to-face interactions with the girls and included questions like “What is so different about teachers at Protsahan?”, “Name some things that make you feel good about yourself”, “Name some things that make you feel bad about yourself”, “What is the one thing that you have got from Protsahan; something or some change in you that wasn’t there before you came here”, “Is it easy or hard to tell others about your feelings, and why?”, etc. The participants’ results indicate that 89% of them scored high on Resilience Attitudes and Skills Profile (Hurtes, 1999), with 78% scoring high on creativity, humor, insight and relationship subscale, 89% scoring high on independence subscale, and 100% scoring high on initiative and values orientation subscale; 77% scored above average on Coopersmith Self-Esteem Inventory (1987) with 85% scoring high on social self- esteem, 71% scoring low

on family/ home self- esteem, and 100% scoring high on academic self- esteem; 55% scored high on Self-Efficacy Questionnaire, including high social, emotional and academic self-efficacy (Muris, 2001); and 55% scored high wellbeing on Adolescent Well Being Scale (Birlleson, 1981).

***The aforementioned findings suggest that most of these at risk adolescent girls are high on resilience, i.e. there innate ability to quickly return to pre-context situation, or to bounce back, is high. Given the high possibility for these girls to get exposed to various sources of trauma on a daily basis, it was imperative to analyze their level of resilience, a pool of internal resources that make them thrive for a better life condition.*** Wolin & Wolin (1993) define resilience as the ability to rise above adversity. They gave seven traits that according to them reflect high resiliency, which were then operationalized by Hurtes in 1999 in his Resiliency Attitudes and Skills Profile Questionnaire (RASP). These 7 seven traits are: insight, independence, value orientation, humor, relationships, initiative, and creativity.

1. 89% of the girls scored high on Independence subscale which means **having the ability to separate oneself from risk factors or negative consequences.** One of the



- participants, 17, narrated an incident of how she was being harassed by a boy day in and day out. This made her feel unsafe and she started avoiding going out alone. Soon she realized that this is not how she can live her life and hence gathered the courage to confront him with a group of friends. Her fearlessness made him to stop following her.
2. 78% of the girls scored high on Relationship subscale which suggests **having an ability to establish and maintain healthy relationships with peers, family and role models.** This was reflected in the responses of the girls like “whenever anyone seems upset or sad, we can easily go up to them and ask about what’s troubling them”, or “teachers always ask us about how are we doing and if everything is okay”.
  3. 78% of the girls scored high on Creativity subscale, which suggests **having an ability to generate different options to cope with challenges,** which they learnt at Protsahan by engaging in activities that increase their concentration and focus like origami, mandala and warli painting, and guided meditation sessions, etc.
  4. 78% of the girls scored high on Humor subscale, which suggests **having the ability to use laughter as a healthy coping mechanism.** Girls at Protsahan share a profound bond that gives them the space to laugh with each other through their problems, making them feel that they are not alone. They believe they can cheer themselves up when in a bad mood and try to look for the lighter side of tough situations.
  5. 78% of the girls scored high on Insight subscale that suggests **having the ability to read into a person’s verbal or body gestures.** They have high ability to learn from their mistakes, know when they are good at something, change their behavior to match the situation, understand their fault when something goes wrong, and practice perspective taking.
  6. 100% of the girls scored high on Value Orientation subscale which suggests **having the ability to base decisions on values, ethics and morals.** Anisha (name changed), 17, has an alcoholic brother who is also a convicted rapist and murderer, who is against her education because

he thinks that educated girls in their community are difficult to get married off and such girls can also ‘loose’ their charecter. She says, *“I understand my mother’s concern when she tells me to stay away from boys, but my brother says it in a very bad way.”* Anisha (name changed) wished her brother understood that she will always base her decisions and actions on their family values, ethics and morals,

and will stand up for what she believes is right.

7. 100% of the girls scored high on Initiative subscale that suggests having self-determination and the ability to take charge, as most of the girls in their interview mentioned, how coming to Protsahan has increased their level of confidence, their ability to lead and speak in front of others.



***Protsahan teachers and girls***

*On the scale of Self-Esteem, 77% of the girls at Protsahan scored an above average self-esteem. According to Coopersmith, self-esteem is a customary evaluation of an individual about himself or herself. He states that self-esteem “is an expression of approval or disapproval, indicating the extent to which a person believes him or herself competent, successful, significant, or worthy.” According to him, people with high self-esteem have self-respect and consider themselves of worth. It helps children be creative and independent in terms of dealing with hardships, and also get reflected in high academic achievement. This was also suggested in the scores that the participants obtained on the subscales of Coopersmith self-esteem inventory.*

**1. 85% of the girls at Protsahan had high social self-esteem, which means that the social component of the overall self-esteem is high.** According to them, they are easy to like, fun to be with, popular among children their age, do not feel inferior to people their age and consider themselves capable of holding a conversation with unfamiliar people.

**2.** 100% of the girls at Protsahan had high academic self-esteem. This was reflected in their interview when asked about what are the qualities they like most about themselves, to which

they said their ability to understand subjects in school and performing to the best of their capability at school and Protsahan. **They also mentioned how interesting they find solving problems in mathematics, and how their favorite class at Protsahan is English.** One of the participants, 15 years old, who had recently lost her mother mentioned, “I love studying and want to work hard so that I can educate my younger siblings.” **After coming to Protsahan, they feel they have understood the importance of education and have found their inner ability to fight for it as it can help them brighten their future.**

**3.** 71% of the girls at Protsahan scored low on Home/Family self-esteem. Low on this subscale indicates unhealthy family environments like neglect, marital discord, domestic violence, crime, lack of resources and nutrition, etc. Many of these girls fight everyday to have the allowance to pursue their education. Their families just want to get them married off, as they believe that girls are not their responsibility. **Each participant broke down during the interview when asked about family environment.** They all had different stories and experiences to share, but the common element was a stressful family environment. Some spent their days happily at school and Protsahan only to witness their mothers getting beaten by their alcoholic fathers every night. Whereas some had their



brothers putting conditions on their education and constantly threatening them with marriage. A participant, 15 years old, recently lost her mother to a life threatening disease and found solace at Protsahan, as it was here that

she found the space to mourn for her lost mother. She added, ***“Protsahan gives us the space to talk, share, express and cry our hearts out as teachers here listen to us, help us understand the good side of things and give us perspective.”***



**Picture 3: Learning computers at Protsahan with employee volunteers from Cisco and Intel**

On the Self-Efficacy Questionnaire, 55% of the girls at Protsahan scored high self-efficacy. Self-efficacy, according to Bandura (1994), “is the belief in one’s ability to influence events that affect one’s life and control over the way these events are experienced.” High score on self-efficacy suggests exerting sufficient effort that, if well executed, leads to

successful outcomes in academic, social, and emotional domains of life. This was evident in the interview responses of the participants. Simran (name changed), 18 years old, has never been given a chance to contribute in family decisions. She said, ***“I can now express my opinions even though people around may disagree with them”***. Anisha (name



changed), 17 years old, has an alcoholic brother who thinks that educating girls in this community will lead to difficulty in finding them a suitable boy for marriage. She says, *“My mother was initially against me and my sister’s education, but with Protsahan’s constant efforts she now understands and supports all of us. Her support is enough. I am not scared of my brother and I am confident that I’ll do something good with my life”*. In a group activity conducted with the girls as a part of rapport formation, everyone was given a chance to

showcase a talent of their choice. Many of them sang, danced, and expressed themselves in front of everyone with full confidence in their ability. Most of the girls mentioned that they now have the confidence to speak in front of everyone in class. **Despite having constant familial discords, they are certain that they will be able to push boundaries, explore themselves through various activities and opportunities available at Protsahan and achieve their highest potential.**



**Picture 4: Safe space at Protsahan-Freedom to choose their education and learn with academic rigor everyday after school hours**

On the adolescent Wellbeing scale, 55% of the girls at Protsahan scored high wellbeing. Wellbeing is the overall feeling of being happy and satisfied with life. Good living conditions are fundamental to well being. According to the interview responses, it can be concluded that the girls who have scored high on wellbeing may have come to terms with their living conditions, accepting them the way they are to be able to put in efforts in changing or improving them. For instance, a participant, 17 years old, who shared about witnessing domestic violence at home everyday, was asked if she ever

feels like leaving home, to which she firmly said ‘no’. On probing further she recounted *“I want to make things better for my mother. I want to be with her to be able to do that, and I know I will.”* Other responses to questions like, what is so different about Protsahan, she said, *“I wouldn’t be this happy if it weren’t for Protsahan, it feels like life gets better here. The love, affection and hugs we get from teachers during meditation sessions makes me feel satisfied and calm. Everyone here is always ready to listen, so I know I have Protsahan to rely on.”*



**Picture 5: Learning with academic rigor**



Higher scores on resilience and relatively lower scores on self-esteem, self-efficacy and wellbeing can be explained by what Garmezy (1993) once stated. He said that signs of emotional distress, which may be contextual, do not necessarily suggest a breakdown in resilient behavior. Resilience is an innate ability, which, yes, due to constant stressors in the environment may reduce, but this does not necessarily mean that it can't be prevented from happening. **It was seen Resilience is a major 'protective factor', which combined with other positive elements in the environment, may have the potential to contribute to overall well being and healing..**

Protsahan's model based on H.E.A.R.T principle based on Trauma Informed Compassionate Care has been directly effective in enhancing and helping girls with resilience, self-esteem, self-efficacy and wellbeing. The schedule followed at Protsahan (refer to Table No. 1), which includes academic guidance to improve scores at school, creative art based activities as therapeutic recreations, and guided meditations to contribute in overall healing is also similar to **Benefits Based Programming**. Benefits Based Programming (BBP) is advancement to recreation programs, which includes intentionally creating recreational experiences for at risk adolescents to

***Picture 6: Shining faces after a craft session on safe and unsafe touch***





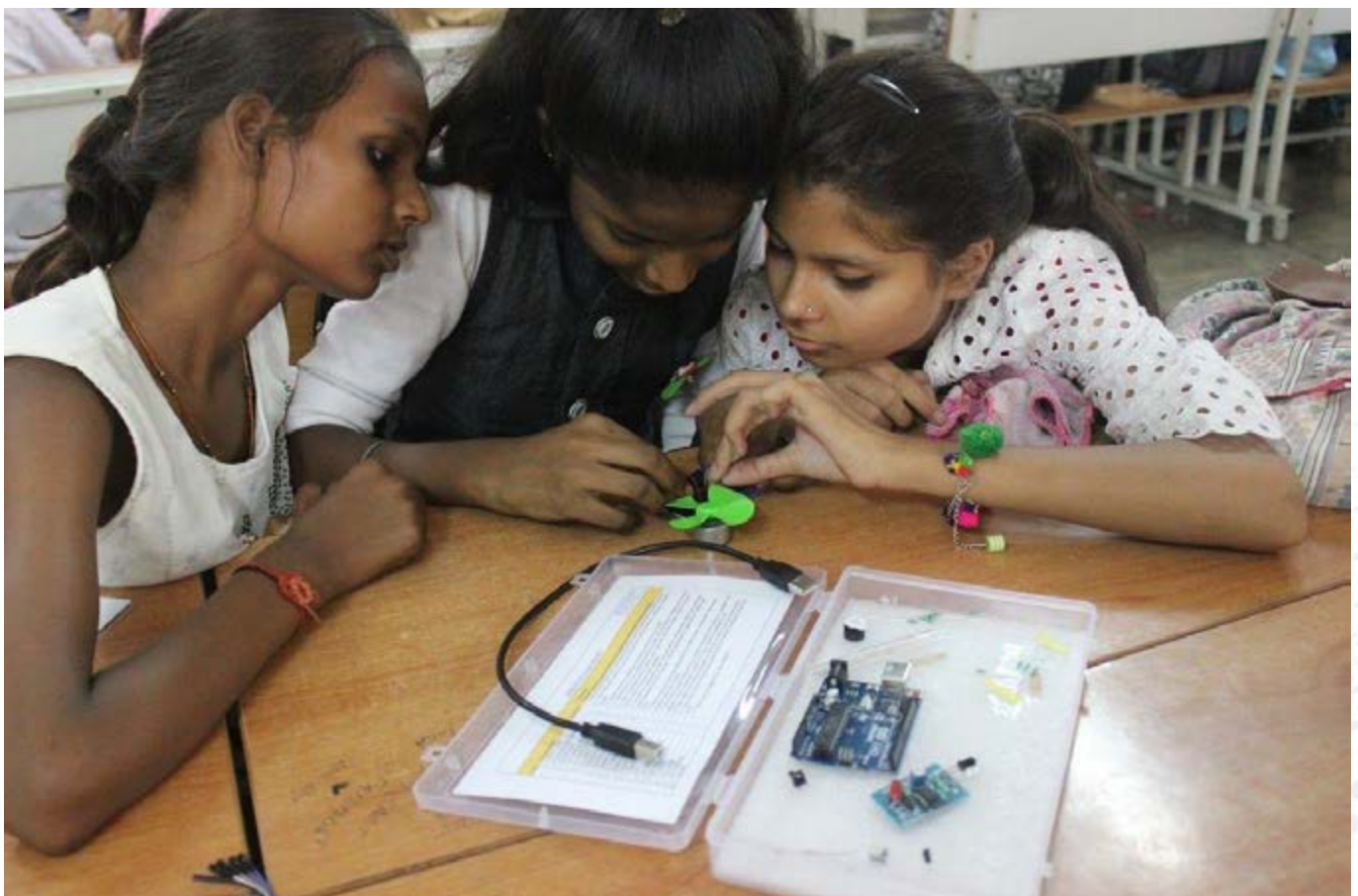
help shape and prepare them for the future (Williams, Gomez, Hill, Milliken, Goff, & Gregory, 2013). This programming also includes providing opportunities for supportive relationships that can allow at risk adolescents or children with lack of social support and caregivers, to build bonds and a sense of cohesiveness (Hill, Brown & Cosnett, 2011).

Another model called the **4-H Thriving Model**, developed at Oregon State University by Dr. Mary E. Arnold, Professor and Youth Development Specialist with the Oregon 4-H Program, works closely to contribute to the positive development

of youth. It is based on the finding that the youth thrive where they feel like they belong and have relationships with supportive adults, which is exactly what Protsahan India Foundation works to build. **Thriving youth further achieve important developmental outcomes, like personal responsibility, confidence, academic motivation and high self-esteem and self-efficacy.**

To better and scientifically understand the effectiveness of the model in use, it is suggested that a longitudinal study to assess the impact on more girls that Protsahan has impacted may be carried

**Picture 8: Technology Hackathon for Protsahan Girls with Nasscom Foundation trainers**



out as Protsahan envisions to scale further starting this year. Longitudinal studies are beneficial to study constructs that are related to developmental and lifespan issues. Development of psychological constructs like resilience, self-esteem and self-efficacy are majorly influenced by childhood experiences. Therefore, it is imperative that they are studied over a period of time as it can provide unique insight that may not be possible any other way.

## **LIMITATIONS:**

1. The scales used for the present study have their origin in the American nations, which may act as a difficulty in many ways, like understanding the language or applying the set norms.
2. Since the questionnaires were many and lengthy, there may have been incidents of tiredness or fatigue, which may have led to disparity in the responses.
3. The sample size for the study was small to generalize results. This is because the study was conducted at almost zero cost.
4. The sampling technique used for the current research was purposive sampling, which has its own disadvantages such as vulnerability to errors in judgment by the researcher, low level of reliability, high levels of bias to fulfill the purpose of the study and the inability to generalize the findings.

5. The method of data collection may include errors due to the language barrier, although the scales were duly translated closest to the dialect of the respondents and maximum care was taken to not adversely affect their reliability and validity.

## **FUTURE RECOMMENDATIONS:**

1. Regular administration of these scales may be carried out for continuous evaluation of the adopted model and post data collection for the longitudinal study (after a time span of one year).
2. Scales on happiness and life satisfaction may be administered as they may not be necessarily related with high resilience (Werner 1989; Werner and Smith 1982, 1992).
3. Assessment of support structure and its availability over time may enhance results. Hence assessment of social support may be included for holistic results.
4. Level of intrinsic and extrinsic motivation may also be assessed for better understanding of resilience, well being, self esteem and efficacy.
5. Strategies to build coping mechanisms may be employed as they increase children's ability to respond to adversity and benefit overall wellbeing and future lifestyles.

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