

RESILIENCE BASED ON HOPE, HONOUR AND DIGNITY

Lenin Raghuvanshi*
Shaila Parveen**
Shirin Shabana Khan***

Abstract

Torture and police atrocities further aggravate the already dire poverty situation and marginalisation of the downtrodden people in the majority of rural areas in different parts of the country. Torture normally happens in far-flung villages of the country where Dalits, backward social groups and minority are unable to fight effectively to defend their rights. They are the primary targets and victims of police torture. Without the awareness of their rights, these marginalised peoples suffer in silence and brokenness.

The combination of trauma from exposures to individual violence to structural violence and police torture creates significant impact on development, health and wellbeing of any individual. Trauma survivors may be able to describe their experiences objectively, but cannot necessarily address the vital personal issues of helplessness and guilt. Injustice and exploitation remains core to these traumas and therefore development, health and wellbeing cannot always proceed smoothly. Small steps for justice can accumulate and result in qualitative change in due time. The model village processes are based on the resilience theory. Torture free village is a village where every individual is assured of his or her social, political, economic, and cultural rights as per the Universal Declaration of Human Rights and is living together within the society without any form of Torture and Organised Violence (TOV). PVCHR believes in participatory activism, which means collective demand generations through peoples' advocacy and social transformation that could create torture free villages through Testimonial Therapy based on healing, education and empowerment. The whole processes provides protection and minimise risk, there are many opportunity to participate, to make significant contributions to life of the community and to take on the role of full-fledged citizen.

Keywords: Testimonial therapy, Torture, Organised Violence, Empathy and Torture free model village, Resilience

*Founder and Chief Executive Officer (CEO) of People's Vigilance Committee for Human Rights, Banaras, Uttar Pradesh. The author could be contacted at pvchr.india@gmail.com.

**Associate Professor, Mahatma Gandhi Kashi Vidyapith, Banaras, Uttar Pradesh.

***Program Director, PVCHR, Banaras, Uttar Pradesh.

Introduction

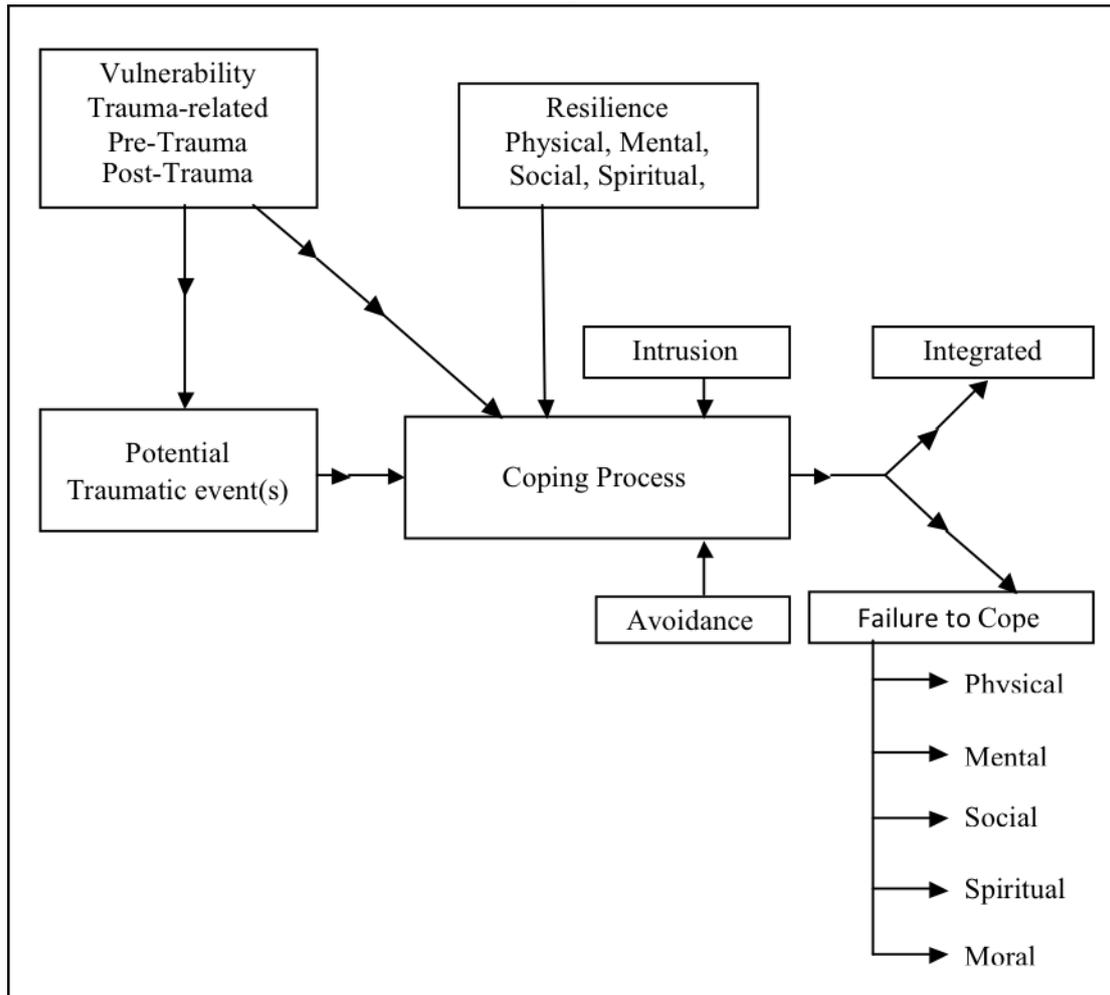
Torture and police atrocities further aggravate the already dire poverty situation and marginalisation of the downtrodden people in the majority of villages in different parts of the country. Torture normally happens in the rural areas, in the far-flung villages of the country where Dalits, backward social groups and minorities are unable to fight effectively for the defence of their rights. They are the primary targets and victims of torture by the police. Without the awareness of their rights, these marginalised peoples suffer in silence and brokenness. Torture is an intentional use of intolerable pain to destroy/damage the physical and psychological integrity of the individual and, by extension, the integrity of the family and community. Survivors of Torture and Organised Violence (TOV) are prone to health disorders such as depression, anxiety, substance abuse and chronic pain. In broader view torture affects five basic human needs.

- The need to feel **safe**
- The need to feel **some control** over ones lives
- The need to build **trust**
- The need to feel **close/connected to others**
- The need to feel **valued** (self-worth)

These five aspects are lacking in the context of this research. The combination of individual trauma from exposures to violence and the trauma from exposures to structural violence and trauma from police torture creates significant impact on development, health and wellbeing. Trauma survivors may be able to describe their experiences objectively, but cannot necessarily address the vital personal issues of helplessness and guilt. They are commonly locked into a cycle in which they re-experience and then attempt to avoid their traumatic memories. This can lead to a loss of one's sense of purposeful identity and to the alienation from others. The relationship between exposure to traumatic events and unhealthy behaviour such as cigarette smoking, alcohol and drugs abuse or high-risk behaviour including fighting, dangerous sexual relationships, and sensation-seeking has been well established. Psychological responses described in survivors of torture are protean. They include impaired memory and concentration, headache, anxiety, depression, sleeplessness with nightmares and other intrusive phenomena, emotional numbing, sexual disturbances, rage, social withdrawal, lack of energy, apathy, and helplessness (Abildgaard et al. 1984; Allodiand Cowgill 1982; Cathcart Berger and Knazan 1979; Ramussen and Lunde, 1980).

These forms and violence of torture leads to unbridled forms of vulnerability with extremely potential traumas. The scope of resilience and coping mechanism under these circumstances are very fragile. The figure below gives details of the consequences of violence and vulnerability.

Figure-1
Overview of consequences of violence



Some of the biological, visible indications of physical abuse include injuries such as bruising, cuts, fractures and burn. Head injuries, loss of hair from violent pulling, subdural haematomas and detached retinas are also indicator of concern. Experiencing the level of aggressions associated with being injured is frightening at any age. The reaction to fear may involve aspects of fight or flight response.

The flight or fight response to a critical event or perceived threat includes an intense stimulation of the sympathetic nervous system and the adrenal gland. The physical

components of the flight or fight response entail a rapid, yet elaborate process involving brain, the emotions, the autonomic nervous system (ANS), central nervous system (CNS) among other organs. The brain communicates the message of alarm through the CNS, travelling through pituitary gland, which then produce adrenaline. The subsequent secretion of the neurotransmitters serotonin and nor epinephrine then result in a mobilisation of the fats and an increase in oxygen and blood to the necessary cell, which fortifies the body's capacity to withstand the challenges it is facing (Lawrence and Zittel-Palmar, 2002). Those physical reactions also raise heart, blood-pressure and respiratory rates, along with blood flow to the muscles, in either to facilitate the body for fighting or fleeing from the situation. It may be also be associated with higher level of aggression (i.e. fight) among people who have exposed to trauma (Teicher 2000).

There are countless ways in which people are overtly and covertly exposed to trauma. People who have experienced trauma are referred to as 'survivors', rather than 'victims'. This is an intentional word choice, meant to emphasise strength, and to reflect empowerment rather than victimisation. Silence in the face of potentially crucial conversations – conversations in which the stakes are high, emotions run strong, and there are sharply opposing viewpoints – is typically the path of least resistance. It goes to extraordinary lengths to counter the natural pressure that people feel to remain silent, relationships will suffer, performance will reduce, quality will be effected, will not be working to its full potential, because more problems will be created as people try and 'work around' the initial problem.

The Constitution of India also covers health and healthcare, but does not explicitly recognise right to health as a fundamental right. The **Mental Health Care Bill**, introduced in parliament of India in August 2013, is a first step in expanding the country's mental health infrastructure. There may be around 3000 adequately qualified psychiatrists and 1000 clinical psychologist in the entire country of more than a billion populations. In Uttar Pradesh alone, there may only be less than 100 psychiatrists and 100 psychologists. This situation led to the collaborative efforts of PVCHR with DIGNITY.

PVCHR – A Different Approach

The Model Village Experiment

Danish Institute developed Testimonial Therapy (TT) as a brief narrative therapy for the healing and rehabilitation of the survivor, which was later, used in Sri Lanka, Cambodia and

Philippines. This method represents a brief cross-cultural psychosocial approach to trauma, which is relatively easy to master. TT was first described in Chile in 1983 and has since been used in many variations in different cultural contexts. TT involves the narration of survivors' traumatic experiences, jointly edited therapists and the survivor.

But injustice and exploitation of the people cannot always proceed smoothly unscathed. Small steps for justice can accumulate and result in qualitative change in due time. The model village processes are based on the resilience theory. Torture free village is a village where every individual is assured of his or her social, political, economic, and cultural rights as per the Universal Declaration of Human Rights (UDHR) and is living together within the society without any form of torture and organised violence (TOV). PVCHR believes in participatory activism, which means collective demand generations as peoples' advocacy and social transformation creates torture free villages through Testimonial Therapy based on healing, education and empowerment.

The strategy for implementing various activities (folk school, testimony, intervention – legal and meta-legal, campaign and advocacy) is made in the light of their capacities, talents, competencies, possibilities, visions, values and hopes, however dashed and distorted these may have become through circumstance, oppression and trauma. The strengths approach requires an accounting of what people know and what they can do, however inchoate that may sometimes seem. It requires composing a roster of resources existing within and around the individual, families and community.

The communities may be experiencing problems or difficulties but within the community there are strengths, resources and abilities that are not being used, or are underused or are currently being blocked from outside sources, which once uncovered, unblocked and acknowledged, can be used to combat problems and promote positive growth and development (Greene and Lee, 2002). There are six basic principles of the strength perspectives as described by Saleebey (2009: 15-19), which include the following:

- a) **Every individual, group, family and community has strength**
All communities are full of strengths and resources and have the wisdom and ability to transform and improve.
- b) **Trauma and abuse, illness and struggle may be injurious but they may also be source of challenges and opportunity**

Communities may experience traumatic events, but communities can also be resilient and can overcome adversity, growing stronger in the process.

c) **Assume that you do not know the upper limit of the capacity to grow and change, and take individual, group and community aspiration seriously**

We should not confer with stereotypes or labels placed on communities, but rather encourage the community to define themselves and to reach for their goals without restrictions.

d) **We best serve client by collaboration with them**

All voices within the community should be sought, heard and valued, with the social worker working 'with' the community and 'not' on them.

e) **Every environment is full of resources**

Communities already possess strengths and resources, yet these may not always be recognised. Social Worker should access available strength and resources to communities to fully participate in soliciting change.

f) **Caring, caretaking and context**

Human wellbeing is seen as related to caring. Relationships are often present within communities and communities should be encouraged to build on these relationships and to care for one another.

Based on these principles, the strengths perspective encourages identifying, acknowledging and searching for strengths and resources in order for the community to grow and to develop and use such strengths and resources to combat future problem and difficulties. As such assessments generally attempt to (1) focus on capacities rather than problems/needs; (2) actively seeks community participation and develop collaborative partnerships; (3) seek to tap and enhance community competencies; (4) seek to equalise power between residents and professionals; (5) be proactive rather than reactive to problems and (6) stress community contributions and ownership of the process and are thus empowerment driven.

The whole process of torture free model village is community based on psycho-social rehabilitation through human rights based approach. Psychosocial rehabilitation refers more specifically to restoration of the psychological and social functioning. It is based on two core principles.

- People are motivated to achieve independence and self-confidence through mastery and competence.

- People are capable of learning and adapting to meet needs and achieve goals (Cnaan et al. 1998).

Psychosocial Rehabilitation System (PRS) exhibits principles of hope, change and recovery. Psychological rehabilitation of the survivor leads to a certain degree of restoration of physical and mental states. This opens the possibility of his/her participation in a community movement and ultimately becoming a human rights defender.

Reorganising and Recognising Hope

Jacobson and Greenley (2001) refer that hope lays the groundwork for healing to begin. Hope is an essential principle to the treatment process. Psychosocial rehabilitation (PSR) is all about hope for the future. It offers optimism to be a wanted member in society and feeling accepted. Hope can be powerful in that it promotes self-esteem and self-worth (Baron and Salzer 2002). Professionals ascribe to a core set of principles within PSR. The client and all transaction within the service must evolve around these principles: hope, empowerment, self-determination, healing, recovery, and person centred plans (PCP). The process in model village is focussing on survivors and institutional reforms through

Healing through Testimonial Therapy

The testimonial therapy is a short psychological approach to trauma that utilises the testimony method. The testimony is the truth telling and emotion-pain sharing of the survivors with which truth is an important aspect of the justice process. The testimony is viewed within the broad framework of social construction and provides valid information of human rights violations without humiliating the witness. More often than not, it resulted in the survivors overcoming of depressive symptoms and coping with difficult situations. Survivors rediscover self-worth and dignity. They regain self-esteem through the recording of their stories in a human rights context, as such; private pain is reframed with a political meaning.

The survivors come back and share that they felt good when their stories and testimonies were published. They value its significance in the pursuit of advocacy. They understood that their case stories are important for advocacy in various villages. They realised that it is very important and helpful to share their stories to peers. It was clear to them that their testimonies are hope for justice.

Along with testimonial therapy, public ceremonies are organised to honour the survivors of torture. These ceremonies provide an opportunity to bring back the survivor to the same community/society that has isolated him/her for being tortured. The testimonies are read out in the presence of the villagers, invited guests, local politicians and elected representation. The local media is invited with a view to generate a debate and discussion at the local level because it contains human sufferings, institutional malpractices and failure of constitutional guarantees. Testimonies can be used as urgent appeals and for the advocacy work. The narratives that were read during the testimony ceremonies appeared to promote community support and symbolic reparations (Hamber 2009) and facilitated self-awareness and spirituality (Fogel 2009).

The testimony ceremonies also seemed to function as rites of passage (Van Gennep 1960), marking a transition from the role of victim (Wilson 2004) to an empowered survivor (Wilson 2007) who can support others. These new types of ceremonial interactions transform the form and content of the testimonial therapy to include broader healing activities: the organisation of pilgrimages to historical sites in which serious human rights crimes have been committed, and the denunciation of human rights violations.

From a strictly therapeutic perspective, the process of giving testimony may create a kind of forum in which there is a possibility for both an individual and collective introspective process. This can facilitate learning to tolerate feelings and sensations related to the traumatic memories (van der Kolk 2006), and restructuring the traumatic memories by linking them to new and positive sensations (Hinton, Howes, and Kirmayer 2008).

Application of Folk School

The folk school is the key participatory learning methodology for mobilising action. The meetings are issue based. In some cases upper caste and community leaders also participate. More villages may also participate in larger folk school meetings. The meetings follow a specific structure and process of problem identification leading to plans for advocacy objectives. The meetings are opened by songs and closed by slogan and songs. Folk schools are often combined with TT ceremonies.

There are two types of folk schools. The larger meetings discuss common problems and bring different people together to ensure diversity and to create a united approach for action. Smaller meetings are held where the maximum number of participants would be around 20-

25. The small meeting is issue based for the survivors mostly the survivors of domestic violence or police torture. The facilitator from PVCHR invites the participants to share their stories and own experiences. The meeting is therapeutic. Often PVCHR invite a survivor-activist from another area to these meetings. The purpose is to share how he/she was transformed from a victim to an activist.

Legal Redressal

PVCHR combines a bottom up rights based empowerment approach with a top down advocacy and lobby strategy to cooperate, collaborate and coordinate which includes an opportunity to engage various government agencies including the National Human Rights Commission (NHRC) at the district and provincial levels and an opportunity to raise and represent the voices of the communities. On the other hand, it is also an opportunity for PVCHR to combine the strength of the communities in a convention where various representatives of the villages meet and learn from one another.

a) Creating Legal Awareness

The 'torture free' model villages within the selected blocks stand as a symbol of concrete expression of protective space for the community people in continuity and raise the awareness of the local population in a sustained manner against the prevalence of torture and organised violence (TOV) asserting their rights to be free from TOV. The awareness is done through poster, pamphlet and flex-banners on various Acts, directives and guidelines issued by Supreme Court of India, National Human Rights Commission (NHRC), D. K Basu guideline, Scheduled Caste/ Scheduled Tribe (Prevention of Atrocities) Act, 1989, Domestic Violence Act 2005, Right to Education Act 2012, Right to Health, etc.

b) Capacity Building Workshop

PVCHR regularly organises capacity building workshops of the community on various government social schemes and its implementation procedures including law and interventions. The community leaders are trained to write complaint and RTI application. Now they have accessibility and their complaints are heard by the various concerned authorities.

Solidarity and Protection

Solidarity is not a matter of altruism. Solidarity comes from the inability to tolerate the affront to our own integrity, passive or active collaboration in the oppression of other and from the deep recognition of our most expansive self-interest. From the recognition that, like it or not, our liberation is bound up with that of every other being on the planet and that politically and spiritually in our heart of hearts we know anything else is unaffordable.

The most important knowledge is of the difference it makes for people. PVCHR inspires people through the processes of testimonial / honour ceremonies of testimonial therapy. With a view to create solidarity across social and economic boundaries, it has also successful organised ceremonies with victims of different types of violence such as bomb blasts, police torture, bonded labour and domestic violence.

Campaign and Advocacy

In order to strengthen the efforts of Solidarity and Protection, PVCHR continuously undertook the freedom from TOV awareness and campaign in the covered villages and blocks in more sustained manner on the basis of need basis analysis. Another important aspect is the consistent efforts to sensitise and engage in institutional reforms through advocacy efforts. Social intervention is used to refer to an alternation in intra societal relationships planned or unplanned, natural or intended, which leads to social change. Intra societal relationship exist between individuals, individuals and groups, organisation and institution, which get affected through mediation process (interventions) or the agency (individual or institutions who are involved in the process). Social intervention has effective impact on the quality of life in a society or on a large number of individuals and groups. Change occurs as a result of three interlinked processes.

1. First, we expect a change in the distribution rights, resources and services.
2. Second, the development of life sustaining, life enhancing activities and resources ensure minimum quality of life, and to improve quality of life.
3. Third, the allocation of the statuses, within society, family, or work involving tasks, roles and associated privileges, that ensures an equal scope for upward mobility to all, without discrimination.

In order to ensure these to victims both individual and group level interventions are very necessary. But these efforts alone cannot change communities and their value chains that surround the victims. Even if change occurs, it is difficult to sustain unless supported by the

peer group social norms, relationships environment and supportive public policies. Hence, the focus of change in community based interventions is on changing the social milieu than just the individual. It also recognises the lasting change in this process that begins within a community. The United Nation Development Programme (UNDP) acknowledged an emerging global endorsement of human rights-based approaches to development, based on the PANTHAR principles referring to participation, accountability, non-discrimination, transparency, human dignity, empowerment and the rule of law. UNDP emphasises these to be the core of the post-2015 agenda. Community participation at all levels of implementation is an integral aspect of community empowerment approaches.

Empowerment Approach

The empowerment approaches aim to challenge those systems that are preventing individuals, group and/or communities from having the power of control over their lives or environment that enable them to meet their own needs and rights (Teater 2010). The benefits of empowerment include improved self-image, self-efficacy, confidence, and hopefulness, as well as increased ability to cope with daily life, greater satisfaction with treatment, and higher likelihood of reaching treatment goals (Linhorst, Hamilton, Young and Eckert 2002).

Linhorst and Eckert (2003) discuss seven factors that promote empowerment. First, some degree of symptom control is needed so that individuals are able to engage in decision-making. Second, the individual must possess decision-making skills required to make meaningful, thoughtful, and deliberate decisions. Third, the individual needs access to resources (emotional support, advocates, and logistical resources). Fourth, concrete incentives for participation in decision-making promote empowerment. Fifth, the setting or environment must have structures and processes through which individuals can participate in decisions. Sixth, individuals should have meaningful and plentiful information about their options when making choices. Finally, a supportive culture that welcomes and nurtures involvement in decision-making promotes an individual's empowerment.

Impact of PVCHR's Efforts

The model village has been evolving a new culture, which is driven by knowledge and spirit to deal effectively with human rights violations and prevent potential unrest by embracing positive attitudes. The community members discuss such issues more gently and respectfully with one another. Now the community leaders organise community meeting. During the

meeting they are mindful of resolving disputes that are happening in the village. As best as possible, they try to manage such problems. On the whole, people's fear of the police has greatly decreased.

Table-1
Observation of Behavioural Changes of Police in the
Pre and Post Intervention Phase

Before	After
Afraid of going to the any police station. They thought that they would be punished and cops will arrest them and put them behind the bars. Even if they could enter were not entitled of any attention.	Now without any fear they go to police station to file complain. The cops too speak to them in a good manner.
They were caught and made to clean the floor of the police station without any wages in return.	Now getting wages to clean the police station or doing disposal of the dead body.
Not aware about the D. K. Basu guidelines.	The guidelines of D. K. Basu committee are being followed though not fully.
People did not know about the phone number '100'.	People are now aware how to dial 100 on telephone and when to dial. They dial 100 and tell their problem that calls police on the spot.
Earlier the behaviour of policemen was very bad towards women and children. Cops used to enter the homes without information or knocking and used to push women with canes and abuse them. The children were abused and asked to tell about their parents. Women were even dragged to police stations.	There is a shift in the attitude of the police. The cops now speak softly and show respect towards women. The police now provide them space to sit and ask them to narrate their problems.
Police used to register fake cases.	Now there are much lesser instances of fake cases.

Institutional Discrimination – The Real Challenge

At some levels institutional discrimination is reinforced through the social practices of dominant group member. Bringing an end to institutional discrimination is not an easy task. The long standing prejudices that have lingered over many generations are difficult to extinguish overnight, despite efforts to enlighten the people about the consequences of

maintaining false beliefs and practices. These prejudices are a set of values internalised through the process of the socialisation.

This is in particular with the government institutions. To understand the means and methods of discrimination, we would like to refer to a narrative by Chinta Musahar, who reached the health centre when she was about to deliver a baby. She said, *‘the Auxiliary Nurse and Midwifery (ANM) was an upper caste (sawarn). Apart from that ANM and a dai (help/maid) there was no one in the health centre. I was made to relax on the bed and having done so I saw the ANM going out and followed by the dai, with a cloth veiling her face. My mother-in-law was beside me and I was in pain. For some time I changed position in pain and cried but the ANM did not care. When my mother-in-law went pleading for medicine the ANM chased her away.*

At around 8.30 in the night the hands of the foetus were out and I was in the advanced stage of labour pain. Still, the ANM did nothing. I begged her for help and at 9 PM, she informed me that it was a serious case and I should go to Banaras city for treatment. I got frightened and said, “I have no money sister where should I go and what should I do now”. Such institutional non-cooperation is one of the biggest difficulties being faced at the field level.

Challenges in Accessing Different Schemes

Despite all these difficult situations, all efforts have been aimed to draw support and benefits from the existing schemes and programmes run by the government. The idea is to engage with the government institutions at all possible level and utilise the schemes and programmes meant for poor and marginalised sections. However there were several hurdles at the institutional level. The below given table provides some of the key difficulties faced and the efforts made by us.

Table-2
Difficulties and Efforts

Difficulties	Our efforts
No accessibility of Government hospital and apathy from various health workers.	<ul style="list-style-type: none"> ➤ Adjournment with various Government health centres such as PHC, CHC, district hospital and regional hospital. ➤ Getting benefitted with various Government schemes related to the health such as

	<ol style="list-style-type: none"> 1. Janani Suraksha Yojana 2. Regularising the visit of ANM in Musahar lanes 3. 46 Musahar children enrolled in ICDS centre of which 30 children are regular. 4. Less discrimination in health institutions due to continuous broader advocacy and pressure building.
Accessibility to Government school	20 children enrolled in Government school and 10 children are going school regularly
No accessibility to tehsil office	People go in groups instead of individually to the tehsil office for work such as ration cards, land allotment, land measurement and other such issues.
No accessibility to various Government schemes	<ol style="list-style-type: none"> 1. 51 people got INR 6000 each under Samajwadi pension schemes of Uttar Pradesh State Government 2. They received 5 red ration cards, 42 white ones 3. 40 houses proposed under Lohiya Awas Yojana. 4. Two hand pumps installed 5. Two electrical transformers

In communities that amplify individual resilience, there is awareness, recognition and use of the assets by most of the members in the community. Informal network of individuals, families and groups; social network of peers and inter-generational mentoring relationships provide succour, instruction, support and encouragement (Benard 1994; Kretzmann and McKnight 1993). These communities can be understood as ‘enabling niches’ (Taylor 1993), place where individuals become known for what they do, are supporting in becoming more adept and knowledgeable, and can establish solid relationships within and outside the community. The whole process provides protection and minimise risk, there are many opportunity to participate, to make significant contributions to life of the community and to take on the role of full fledged citizen (Benard 1994; McLaughlin, Irby and Langman 1994).

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