

community partner more as a moral perspective, than simply as a practical technique. The moral perspective corresponds to the well described concept of "Servant-Leadership" - an approach to leadership and institutions that envisions leading by serving those who are led.\*

Interestingly, Chanakya anticipated the "Servant-Leadership" concept in the 4th century BC in the *Arthashastra*, when he wrote as follows about the proper moral outlook for kings: "In the happiness of his subjects lies his happiness; in their welfare his welfare; whatever pleases himself he shall not consider as good, but whatever pleases his subjects he shall consider as good." (3)

### Summary

GAP/I and INP+ represent markedly divergent cultures and therefore highlight the opportunities and strains associated with professional-community collaborations. I believe, however, that the factors that emerge from studying GAP/I-INP+ are not idiosyncratic and are relevant for other professional-community dyads. Every such partnership is likely to require some form of bridging mechanism to serve the same purposes as Mr Varghese's role did. The task of creating a zone of optimal tension may be less familiar than the need to build bridges

but it is no less important. Tension between partners with significantly different cultural backgrounds has tremendous potential for generating misunderstanding and distrust. Avoiding tension-laden issues is likely to entail significant cost, whether in the form of resentment, distrust, withdrawal, or settling for a lesser outcome than could be achieved. Finally, creating and sustaining the potential for constructive tension typically requires the humble virtues associated with servant-leadership: patience, persistence and understanding.

### References

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### Note

\* Information about Servant Leadership is available from the Greenleaf Center for Servant-Leadership: (<http://www.greenleaf.org/>).

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## CASE STUDY

### Dealing with spousal violence

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#### Case study 1

##### 'Difficult clients': Is such labelling judgemental?

C is a middle-aged woman who came to the counselling centre after reading about it on posters in the crisis centre. She has been living with her alcoholic husband for the last 15 years. She has a daughter who is 12 years old. She told the counsellor that her husband did not contribute any income to the household. He regularly threatened both her and their daughter that he would poison their food and kill them. She feared for her life and that of her daughter. She told the counsellor that many years earlier, her brother had sold the house to her and her husband. However, as she had no proof of ownership of the house, she feared that her husband would throw her out of the house.

The counsellor provided her with emotional support and also developed strategies to ensure that she and her daughter were

safe. The counsellor suggested that C seek the support of her neighbours and refuse to let the husband enter the house when he was drunk. At the next counselling session, C said that things at home had worsened and that she felt unsafe in the house. The counsellor suggested that in such a situation it would be advisable for her to apply for an injunction which would put pressure on the husband to control his violent behaviour. The counsellor asked C to make a police complaint, as an injunction would take some time.

At the next few counselling sessions, C made various demands, asking the centre for monetary help to get an electrical connection, books for her daughter, and so on. It was not possible for the counsellor to provide financial support, though books and a uniform were provided for her daughter through garnering the support of donors to the hospital. It was difficult to convince C that counsellors were paid staff and their role did not include providing economic support to distressed women.

At each counselling session, C reported that the intensity of the abuse was increasing but whenever the counsellor offered her the option of alternative accommodation, she would reject it. The counsellor expressed concern over this, as C had earlier said that there was a threat to her life.

One day C came to the centre with a big gash on her forehead. The counsellor accompanied her to the casualty ward, and ensured that she got treated and medico-legal documentation of the assault was conducted. The counsellor reiterated that violence was clearly escalating, so it was not safe for C to live in that house. A temporary shelter was suggested as an alternative, but C refused to move out of the house saying that she was the rightful owner of the house and it should be her husband who moved out. She was clearly refusing to acknowledge the threat to her life and that of her daughter.

C asked the counsellor to call for a joint meeting with her husband and brother. To this the counsellor responded that several attempts had been made to talk to both of them, but they were refusing to respond. The counsellor had also asked the brother if he could sell the house and provide her with separate accommodation in another place. But C had turned it down because she wanted to stay in the same locality. In fact, when the broker sent by C's brother came to visit her, she told him that he should not interfere in their personal affairs. After this, the brother was annoyed and was not interested in a joint meeting. However, C kept insisting on such a meeting. The counsellor reiterated that past contact made with her family had not led to any support. Therefore, they were unlikely to even attend a meeting. But C insisted that the centre call for a joint meeting. So her family were asked to come to the centre to discuss matters pertaining to her house, as well as to extend support to her against her abusive husband.

At a joint meeting, both C's brother and her sister blamed her for the abuse and took the husband's side. They said that C would always answer back and was quarrelsome. The counsellor tried to explain to the family that if they could not guarantee their sister's ownership of the house, they should at least ensure her safety from any further abuse from her husband. However, no one was willing to take any responsibility for this.

After the joint meeting, when the counsellor tried talking to C, she said that the centre had failed her and left. She returned after a few days and stated that she wanted to file a case for maintenance. The counsellor explained to her that her husband had not been attending to his work regularly, for the past two years. Hence, he had no regular income and it may not be fruitful to apply for maintenance. Further it was her own brother who was providing him with money. However, C felt that her husband had not been dismissed from his job and would be able to pay monthly maintenance. The lawyer helped her to file an application for maintenance in court and after a period of one month she received a court order stating that she should be paid an amount of Rs 600 per month.

After some time, C reported to the counsellor that her husband had not paid the amount. The counsellor explained that it would be difficult to get him to pay the amount, but he could be charged with contempt of court, so the police should be asked to take the necessary action. The counsellor also suggested that C should start some work as well. But C felt that if she started working the chances of her husband providing maintenance would be reduced further. The counsellor asked C to reflect upon her own life. She appreciated the way in which C had handled her own life and her daughter single-handed. She also said that C needed to move on in life because various options had been tried by the centre as well as herself, but there had been no improvement in her husband's behaviour. But C stated that she would now file a criminal case against her husband. After a lot of effort, the counsellor along with a lawyer was able to file a case under Section 498A. Her husband was arrested on the charge of posing threat to the life of C and her daughter; and references were also made to various non-cognisable complaints that had been filed in the past. After a few days, C heard that her husband was ill in the lock-up and went to the police station to withdraw her criminal complaint.

In C's case, various strategies and alternatives were tried in order to reach out to her and provide her with support, but the counsellor faced numerous difficulties. These issues were discussed at one of the case conferences, and it was decided that another counsellor would take over. But after a short period, the other counsellor faced the same difficulties, as C's actions followed the same pattern.. At this point it was felt that C could have developed a mental health problem due to the abuse she had faced and should be given mental health support. She was referred for an assessment but the assessment found that she did not have any underlying mental health condition.

C, for most counsellors, remained a difficult client.

### Questions:

1. Is there anything else that the counsellor could have done in this case?
2. Is it appropriate to call a client "difficult"?

### Case study II

#### Violation of abortion rights: Does it escalate violence?

S, a 31 year old woman came to the crisis centre after reading the board that had been put up near the entrance. She wanted to know about the services that the centre provided. She stated that her husband had been abusing her ever since they got married. He had also been having an affair with another woman. The husband would even stay with the other woman and not come home for days together. He worked as a mason but did not contribute money to the family on a regular basis. She had three children: two sons and one

daughter. The youngest son was mentally challenged. With the increasing neglect, it was becoming impossible for her to continue. The day before, when she asked for money, the husband had created a scene. He abused and physically assaulted S in the presence of his mother, who joined him in the verbal abuse. S had come to find out if the centre could help her file a claim for maintenance and divorce. She also wanted to file a criminal case so that he would not dare to touch her again.

The counsellor helped S draft a letter to the police and file a first information report. A lawyer was consulted, who advised her on the future course of action. After she filed the police complaint, the police called her husband to the police station, beat him up and threatened to put him behind bars if he ever beat up his wife. This episode made her story known to the entire community. The *jamaat* (community governing body) called a meeting and the husband was warned again. S did not follow up with the lawyer, hoping that the censure would change his behaviour. After a month, she came to the centre following a visit to the gynaecology outpatient department (OPD) for a medical termination of pregnancy (MTP). She told the counsellor that she did not want the child at all but the doctor had stated that as she "does not have blood", an MTP could not be conducted. She said the doctor had advised her to take iron tablets for a week and then return for the abortion. The counsellor advised her on a diet which would help her increase her haemoglobin. S came back after 10 days but the doctor refused to do the MTP, on the same grounds. By then, S was 6-8 weeks pregnant. The counsellor went to the doctor and spoke to the unit about the urgent need for abortion. The doctor told the counsellor that they would try the iron tablets once more and if the haemoglobin did not increase, they would give her local anaesthesia and carry out the MTP without further delay.

S came back after a month but because she came after the OPD was closed, the doctor refused to admit her. She was now desperate, as her pregnancy was progressing. She came to the centre and reported what had transpired. The counsellor traced the doctor from the gynaecology department. Their team gave her a date during the following week. The date was communicated to S but she did not come on that day. The counsellors thought that she might have taken admission directly, without coming to the centre. But they soon found out that this was not the case.

S came to the centre after 14 days and informed the counsellor that her community had found out that she was pregnant, as her bulge was now obvious. They were pressurising her to continue the pregnancy. She was completely distraught. She did not want to continue the pregnancy but her mother-in-law, along with other older women, had called a meeting to convince her not to commit this "sin". S told them that she was seeking a divorce and did not want to have another child at this stage. They called her husband and told him to behave himself.

S told the counsellor that she did not think that she is committing any sin but at this point, if she had an abortion she would be isolated in her community. She kept saying "*Kaash, jaldi ho jaata*" ("I wish it had happened earlier"). She finally decided to continue the pregnancy but did not follow up at the centre until her eighth month when she was admitted as she had gone into premature labour. She had a stillbirth. She had become very weak; her situation had worsened in the last three months as she could not go to work due to her advanced pregnancy and fatigue.

S continues to live with her abusive husband. A woman who had made up her mind to leave her abusive husband despite all the pressures on her, was forced to continue in the same relationship. The delay in carrying out an abortion had severe consequences on her life. The counsellors were struck by the fact that the medical fraternity and health services have little or no understanding of the patient's social realities. This case history was taken up for discussion during meetings with doctors and nurses of the hospital. It was disheartening to learn that almost all of them agreed with the line of treatment. Some of them also felt that the delay ensured that she did not have a broken marriage and compromised with her husband. Very few seemed to understand the contradiction in asking a woman with a low haemoglobin level to proceed with a pregnancy but denying an abortion on that very ground. One thought that troubles the counsellors is that it would have been possible for S to have a different life had the counsellor intervened more promptly and ensured a timely abortion. For the centre, it was a lesson learnt, albeit late.

### Questions:

1. Do you think the medical procedures followed by hospitals for abortion services are women-friendly?
2. Do you think the doctor and other staff are fully aware of the social reality or circumstances of their patients? Do you think this is necessary? Why?
3. Could the counsellor have ensured timely medical assistance? What steps should she have taken?

**Note:** The author of case study 1 is Sangeeta Rege. The author of case study 2 is Padma Deosthali.

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