

Research Article

The Conversation: Understanding Young Women's Childhood and its Impact on Mental Health at the University Counselling Centre

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ABSTRACT

This article report findings on childhood psychological maltreatment among 50 young women from Delhi University seeking counselling services at the Mind Body Centre of Delhi University Women's Association. This study reveals a powerful association between their emotional experiences as children and the subsequent impact on their adult psychological well-being. We provide a review of selected literature on the nature and extent of childhood maltreatment and place the issue within the societal context of India. Research methods included extensive semi-structured interviews during the counselling sessions ranging from 3-4 sessions. The findings are important and provide remarkable and critical insights into the influence of patriarchal familial structure and the extent to which women are at a disadvantage due to their gender. It also suggests how gender stereotypes still permeates within the family life in India and has a long-lasting impact on the lives of these women.

Introduction

Childhood victimization affects the development of a woman's identity, self-esteem, and belief systems. Hence, if not treated, it can affect her ability to function effectively in some aspects of her adult life.

As a society, we need to acknowledge the abuse and trauma that happens to children, however, due to underreporting of this trauma, the actual number of women who were abused as children is only an estimate. There is a growing literature that is derived from a critical and feminist perspective that emphasizes the social and structural factors of a patriarchal society that shape women's experiences of victimization and trauma and seeks to advocate for social and gender equality to prevent, reduce and eliminate violence against women.

Abuse of any kind (physical as well as sexual) is traumatic mentally, physically, and emotionally to children, and it continues to affect them as they grow into adults. The long-term mental health problems can include depression, anxiety, and other mood disorders. The pattern of trauma can also be repeated in adulthood in the form of negative self-image and belief systems. The women tend to be hopeless and helpless about her life situation. The risk factors of childhood may also contribute to future trauma in her adulthood.

A large number of studies provide strong evidence that gender-based differences contribute significantly to the prevalence of depression and anxiety disorders in girls and women compared to boys and men. Socially determined gender norms, roles, and responsibilities place women, far more frequently than men, in situations where they have little control over important decisions concerning their lives (Geneva: World Health Organization; 2001. World Health Organization. Gender and women's mental health. Gender disparities and mental health: The Facts., 2020).

The prominence of recognizing the effects of childhood victimization in women has laid the foundation for its significance in contemporary society. It has adopted an interdisciplinary and multidimensional model. There is no denying that its

consequences can be in several ways- cognitively, behaviorally, socially, and psychologically. As a result of childhood psychological abuse, individuals also exhibit profound, long-lasting difficulties in their adult lives. These difficulties also manifest in their other aspects of experiences, which eventually significantly affect their mental well-being. Several researchers have shown that the risk of being victimized again is higher with a history of childhood maltreatment (Banyard, Arnold & Smith, 2000). Much of the extant research has found a robust relation between our emotional experiences as children and our adult emotional health. This work relies on retrospective recall of childhood victimization to understand its causal impact on adult mental health. Individuals who report trauma and abuse experience compared to those who do not also tend to report higher rates of psychopathology such as anxiety, depression, personality, and generalized distress.

A significant body of literature supports the association between most forms of maltreatment in childhood and its pernicious difficulties in adulthood. Psychological abuse in childhood is a well-established risk factor for a psychiatric disorder in adulthood (Bifulco, Brown & Harris, 1994; Parker et al.,1979). The link between depression and adverse childhood experiences is also well documented (Weili et al.,2008). It covers a broad range of abusive experiences such as neglect, physical and sexual abuse to cover multiple effects of childhood maltreatment. A recent study on the prevalence of child maltreatment on a community sample of adults showed approximately 14% for women and 10% for men (Scher, Forde, McQuaid & Stein, 2004). Many survivors of childhood psychological abuse continue to show evidence of post-traumatic stress disorder in adult life. Many investigations have also reported how separation and disruption of early nurturant relationships leave individuals vulnerable to their adult lives. They tend to be at a higher risk of psychological damage (Bowlby, 1984). Others have also found relational disruption, resulting in the inability to relate to others, which have found congruence in various other studies (Zanarini, Gunderson, Marino, Schwartz & Frankenburg, 1989).

The present study attempts to throw light in the Indian context. There is not enough literature to look into the societal and cultural reasons for the issue in the familial context of contemporary Indian society. They are essential building blocks of Indian culture, which play out separately in an individual's life. From a victimological perspective, childhood abuse survivors are vulnerable to being victimized as adults. This article focuses primarily on the factors that might have led to the predisposition of being similarly exploited later in life within Indian society. The events that these women in this study experienced shaped their life course, which eventually exposed them to harmful and, to some extent, potentially traumatic events in their adult life. From a life-course perspective, unfavorable experiences such as the loss of a parent or a violent household may have an enduring effect on health throughout adulthood (Felitti, 2002).

Literature Review

The literature review begins with the definition of childhood psychological abuse and its nature and extent. We then move on to use existing literature to understand its impact on adulthood and its inter-connectedness with gender.

Definition

Children have always been the most vulnerable population in the world. According to the latest National Crime Records Bureau report, crime against children has seen a jump of 20 percent in a year (NCRB, 2019). This particular disclosure in itself is alarming for the children of the country. However, these numbers only parade the physical wounds that are meted out to traumatize children. We, as a society, fail to acknowledge the more subtle aspect of wounds inflicted on the children – childhood psychological abuse.

Across cultures, we can see complications in clearly defining what constitutes psychological maltreatment or emotional maltreatment due to the lack of societal consensus between the division of psychological maltreatment and suboptimal parenting (Trickett PK et al.,2009). Since psychological abuse is challenging to identify, thus, it is underreported to authorities (Hibbard et al.,2012).

The American Professional Society on the Abuse of Children (APSAC,1995) defined Psychological Maltreatment as “repeated pattern of caregiver behaviour or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or of value only in meeting another's needs.” These particular guidelines highlighted six forms of psychological maltreatment that fall under the purview of the definition: spurning (ignoring verbal and non-verbal gestures of the child by being hostile and demeaning); terrorizing (behaviours that physically puts the child or the child's love objects in danger); exploiting/ corrupting (manipulating the child to involve in wrong behaviours); denying emotional responsiveness (refusing to provide the child with emotional and positive affection); isolating (refusing the child freedom to interact with peers or adults); and mental health, medical, and educational neglect (avoiding or declining to provide for the child's basic needs). Glaser (1993) provided an alternative and conceptual framework to the APSAC framework by shifting the focus from parental or caregivers' behaviours and interactions to the child's different forms of emotional abuse and neglect. As

proposed by Glaser (1993), he identified five different categories to define the overall emotional abuse and neglect face by children:

1. The first category describes the apathy of the parents or caregivers towards the child in terms of being absorbed in their difficulties and commitments.
2. The second category describes ridiculing the child, being antagonistic, and indulging in portraying the child in a negative connotation.
3. The third category emphasizes on the inappropriate and conflicting developmental knowledge of the parents/caregivers that puts the child in danger.
4. The fourth category targets the failure of the parents/caregivers to take into consideration the child's psychological needs and boundaries.
5. The fifth category labels the inadequacy of the parents/caregivers to provide the social environment of the child by manipulating the child to involve in inappropriate behaviours or not enough cognitive experiences.

Impact on Adulthood

There have been ample amounts of research to understand the negative relationship between childhood psychological abuse on later adulthood development (Gilbert et al., 2009). Childhood maltreatment is indicative of various childhood developmental losses such as difficulty coping with school functioning, unruly behaviours within and outside homes, and more vulnerable to mental health issues (Cicchetti & Lynch, 1993, 1995; Trickett & McBridge-Chang, 1995). Many longitudinal studies have shown the development of adult mental health problems due to childhood maltreatment (Widom, DuMont, & Czaja, 2007). As it is already evident in the National Crime Records Bureau's latest report (2019), crimes against women have seen a massive increase of 38%. These numbers point to the still persistent structural violence against women in India. The patriarchal mindset of regarding women as inferior symbolises the role of society playing a direct role in crimes against women. However, these are not limited to only crimes against women but also in generating numerous mental health issues in girls and women of the country. There are challenges in understanding the factors that play a role in the broader suffering of women. These factors that play a role are the psychosocial factors that go beyond the individual perspective and paves a way to bring attention to the social-psychological factors that bring about a hindrance to their care. The interplay between gender and mental health has been a demanding factor of mental health concerns (Geneva: World Health Organization; 1997. World Health Organization. Nations for Mental Health: A Focus on Women., 2020).

Feminist Perspective

Patriarchy has notoriously influenced an alliance to perpetrate violence against women by focusing on dominance, power, and gender. A feminist approach leads us to examine not only the connections between gender and mental health but also the complexities of mental health using multiple perspectives and attention to identify the inescapable socio-cultural dimensions of mental health. Gender differences in mental health have been primarily viewed from two explanations (Pugliesi, 1992). The first class of explanation seeks to point out the causation of women's susceptibility to psychiatric disorders because of biological or psychological compositions. The biological explanation uses the role of genetic traits or hormones to this understanding. These explanations could not reap enough empirical support (Merikangas et al., 1985; Noell-Hoeksema, 1987). The second focus of explanation locates the distress of women on the structural differences that exist in society for women. Both these approaches indicated the inferior status of women in society as producing high rates of mental health issues in women. According to one of the earliest studies to analytically explain the gender differences in mental health concerning the social structure was the sex-role hypothesis formulated by Gove and Tudor (1972). Their findings established an interaction between gender and marital status to mental health. They cited a number of features of a married woman's role, which they concluded as potential causes of their distress. For example, married women are expected to fulfil only one social role; the activities and skills required for a homemaker is tedious and discouraging; this role has no relative power or status and is invisible; the dual burden of being a homemaker and a working woman. It is essential to point out the intersectionality of women's lives to emphasize the view of women as a homogenous group. The consequences of the synergy between femininity and psychiatric disorders have significantly affected women's experiences in the realm of psychiatry.

The Intersection of Women's mental health

Throughout history, the paradigms of psychiatric traditions have aggressively maintained women's position in society by having women institutionalized at much greater rates than men. According to a survey report conducted by The Live Love

Laugh Foundation (TLLLF), a charity organization fighting the mental health battle in India revealed interesting insights into mental health. In its commissioned report *How India Perceives Mental Health: TLLLF National Survey Report 2018*, it was found that 71 % of the respondents used stigmatised terms in their awareness about mental illness. It was observed how people with mental health issues face challenges on two levels – on one level; they are struggling with the symptoms associated with the disorder, and on the other level, they are battling with the added stigma that comes about mental illness (Corrigan & Watson, 2002). Thus, the shock of stigma becomes dual as well. Public stigma refers to the universal reaction of the population towards mental illness. Self-stigma is the individual prejudice that people with mental illness have towards themselves (Corrigan & Watson, 2002). In the TLLLF 2018 report, the respondents were asked how to identify a person with mental illness. Around 62% of the survey respondents used terms such as “retard”, “crazy”, “careless”, “irresponsible” to describe people with mental illness. These responses clearly demonstrate the ongoing stigma in our culture. Understanding the dimensions of mental health stigma ignores the role of stigma in the making up of various social structures such as laws, mental health services, and the criminal justice system in our country. It is imperative to recognize further how these social structures maintain stigma. The interaction of specific stereotypical personality standards and gender further anticipates adverse effects on mental health. Research in mental health literature has consistently documented gender differences in mental disorders. In terms of anxiety and mood disorders, women are more likely to be diagnosed with these disorders (Hasin, Goodwin, Stinson & Grant, 2005; Kessler et al., 2005). They are also more likely to be diagnosed with eating disorders than men (Hudson, Hiripi, Hope, & Kessler, 2007). In the purview of personality disorders, men are more prone to have antisocial personality disorders whereas; women are prone to have borderline, dependent, and histrionic personality disorders (Grant et al., 2004; Torgensen, Kringlen, & Cramer, 2001). The underlying sex stereotypes have continued rather to be persistent. In terms of describing psychologically healthy women, people still indicate them as being talkative, nurturing, caring, expressive, and concerned with their looks (Prentice & Carranza, 2002). Women are more perceived than men to be experiencing emotions such as guilt, shame, embarrassment, shyness and, fear (Johnson, McKay, & Pollick, 2011; Plant, Hyde, Keltner, & Devine, 2000; Plant, Kling, & Smith, 2004). Most of us would agree as to how culture shapes the way we perceive or expect other people. Much of culture is learnt through interactions and observations with others in the same cultural group. One prominent feature of culture is the roles that individuals within that society are expected to perform. Traditionally, the distinction between the gender roles clearly outlines responsibilities such as providing for the family, decision-making, disciplining the children consigned to men, whereas nurturing, caring, and looking after the house to women. Cultural factors also determine the way people approach mental health issues and seeking treatment for it. These cultural influences also determine how people with mental illness receive support from their families and communities.

Present Study

The study employed the frameworks of both feminist criminology and psychology which has gained popularity in both the disciplines to understand and illustrate how gender and other social inequalities shape women's experiences of trauma and victimization. Women have been mainly ignored and invisible from the mainstream criminological theories, which focused only on explaining male's criminality. However, apart from that, it was only in the 1960s and 1970s that feminist scholars such as Rita Simon and Freda Adler maintained that because of patriarchal sexism, women and girls have often been excluded or marginalized in criminology, both as professionals as well as subjects of study, be it for criminal offending, victimization and other criminal justice processing. Feminist criminology is not a single theory; instead it is derived from multiple perspectives on the causes of gender inequality, thus offering a different explanation on the source of women's oppression and a different account of women's victimization (Burgess-Proctor, 2006).

Many feminists have also argued that violence against women was not just an individual problem, but a problem at a community level in which the entire society is burdened by it. The core principle in both feminist criminology and feminist psychology is to include the female perspective in all research and practice. It emphasizes the importance of acknowledging the realities of victimization in women's lives and address their challenges associated with that experience.

From the feminist standpoint, sexual violence against women is one of the primary means by which patriarchy aims to keep women in their place (McKinnon, 2005). The main tenets of feminist psychology include the cultural, social and political context in regard to a person's issues, the aim to bring a positive impact on society and not just the individual, the need to welcome varied perspectives, and the fact that it recognized that oppression is harmful to all people.

Methodology

The research methodology employed a feminist approach and was qualitative. Primary data was collected from a sample of 50 females, aged 18-35 years, enrolled in full-time Bachelors and Master's programs, faculty, and staff of Delhi University who came to seek psychological services at the counseling centre (Mind Body Centre) of Delhi University Women's Association in the National Capital Region of India. Interviews were conducted with women who had come to the centre for counselling for a minimum of four sessions from the period of January 2018 to June 2018. Proper informed consent took

place. It was ensured that the participants have understood all the information and a voluntary choice was made. Women were asked about their childhood experiences, their experiences in college, office, and family, their perception of what their struggles were, and their recommendations for change.

This article unites perspective from feminist psychology and feminist criminology to identify distinctive patterns from the dominant Indian culture that accord a significant impact on the lives of these women. Feminist critiques were influenced by the need to reorient the research agendas within the specific discipline to topics relevant to women's lives. From the narratives of the woman, our application to the narrative analysis was to identify specific life experiences- which might have compounded challenges associated with any behavioral, social, and cognitive changes during any critical juncture of their lives. Finding "storylines" is crucial to make an analytical sense of how people make meaning of their lives (Carbone-Lopez, Gatewood Owens, & Miller, 2012). The literature review also called our attention to understand the construct with the intersection of gender norms in the Indian society. The experiences of these women are not to be taken as isolated events because the forms of discrimination and sufferings of a woman have both structural and contextual components that produce similar themes but, at the same time, qualitatively different realities (McCall, 2005).

Feminist criminological approaches seek to uncover the specific experiences of women into a broader representation of the discipline and draw upon their insights to paint a better picture of their challenges. Given the dynamic and multi-faceted nature of the issue, we used narrative interviews. It aims to understand life from the participant's perspective and is interpreted in the participant's words. It enables the take of meanings that are inherently personal, social, and political (Hammack & Toolis, 2015) and, therefore, a strong method to investigate gender and social justice (Brown, 2012). One of the crucial aspects of the present study was to dig deeper into the cultural and societal context through the narratives, which was made possible with the cross-examination of the specific features from the participant's interviews. This scholarship best captures the rich descriptive accounts through the local social and cultural forces (Baca Zinn et al., 2005).

In the present study, thematic analysis was used to identify patterns across the interviews. The thematic analysis provides flexibility, which can potentially provide a detailed and rich account of the data. It also helps the researcher to take an active role in identifying and selecting patterns/themes of interest and report them to the readers (Taylor & Ussher, 2001). Since we used multiple theoretical frameworks for the study, the thematic analysis offered a more accessible form of analysis. They helped us search for particular themes across an entire data set, rather than within a data item (Murray, 2015). The 'keyness' and 'prevalence' of the themes mentioned in the study were counted in terms of how many times it appeared in each interview (Braun & Clarke, 2006). We also decided to look into only the semantic level of the themes, i.e., the themes were identified within the explicit or surface meanings of the data. The data was then organized and summarized for interpretation (Knafl, 1991). Interviews were transcribed into written form.

The study addressed three research questions:

How are the childhood experiences in the context of the patriarchal society?

How are the experiences of the gendered victimization that these women faced common concerning each other?

What is the impact of that victimization in their adult lives?

We used intersectional frameworks of both feminist psychology and feminist criminology in order to understand the diverse experiences of victimization.

Qualitative methods are particularly well suited to feminist research, as well as to research sensitive topics and vulnerable populations (Lee, 1993).

Results and Discussion

The counselling sessions' findings resonate with past research, and some of the experiences are potentially specific to the Indian context. Understanding how those contextual realities intersect with the young women's identities is crucial to develop better insights into the issue. At the core of each detailed session, the preponderance of how these young women's childhood impacted their adult lives was astounding. We focus more on expansively on the following themes:

1. Women in Patriarchal Culture

Patriarchy, as a concept, refers to an ideology that is socially constructed wherein women are considered inferior to men. Throughout history, it has been seen that the nature of patriarchy is changing (Ray S, 2006) in India as a society is still a

patriarchy dominated system. The Indian culture embodies specific roles that are expected to be fulfilled by both men and women from birth. Through socialization during their childhood, men learn to dictate and monopolize the females, and females in return learn to abide by the desires of the men, respectively (Mitra and Singh, 2007). The social pressure on women affect influence, and shape their life decisions and choices. The experiences of women who went through mental health issues point directly to the role of patriarchy in the mental world of these women and not just their physical spaces. In order to maintain their identity within the culture, women have to pay the price wherein violence against women is seen as a socially acceptable norm (Brownridge, 2006). The prevailing cultural norms and traditions justify the subordinate position of women (Hayaat, 2002). Research evidence shows that a history of childhood trauma is a significant risk factor for adult victimization in the general population (Roodman and Clum, 2001). A majority of women who came for counselling reported having depression and anxiety disorders. Most of them were under medication from the psychiatrists. Through psychotherapy, the majority of the women reported how their mental well-being had been a product of the patriarchal society. In a patriarchal society, women are expected to act in a certain way for them to be classified as a 'woman.' For example, women are expected to be caring and nurturing mothers. Women are asked to aspire to get married. They are expected to be sensitive, vulnerable, crying, being responsible for caring for others, behave in a certain way in social gatherings, and not to show anger. Such rigid gender roles and cultural stereotypes deep-rooted in patriarchy limit the women's personal, professional, social, and physical freedoms. These women's narratives during the interviews brought to light how patriarchy affected women's mental health. Feminist psychology scholarship argues that we need to see women's mental health through the lens of social structures and by adopting an intersectional view in its approach.

Numerous studies have indicated that children who are exposed to psychological maltreatment are more at risk of cognitive, emotional, and social impairments (Hughes et al., 2017). One of the participants said during their session:

"When I was a young girl, I was constantly reprimanded at home and in school to sit properly. I was always asked to serve my brother and remain silent during conflicts. I also remember that the first time in school, girls were being told what to do, while boys were not. In retrospect, I believe my childhood really made me self-doubt myself throughout my life. I still feel scared to raise my voice at home or at work."

Another participant gave the following account:

"With just three years of working at a company, I was promoted as Project Head. The day my promotion was announced, I messaged my husband about the good news. He did not reply. After two hours he called and before I could tell him about my promotion, he shared how he has been promoted and hence we have to move to Germany. I have to give up my job and follow my husband to Germany. It is always the man's job which is more important than a woman's job. Isn't it?"

As evident from these young women's narratives, patriarchy has shaped the beliefs and attitudes of how women think and behave. Consequently, it can be seen not just how it operates outside us (e.g., caring for family members is still seen as a woman's role), it is also within us (e.g., self-doubt, lack of confidence).

2. Gendered social construction

According to the World Development Report 2012: Gender, Equality, and Development, gender refers to the 'social, behavioral, and cultural attributes, expectations and norms associated with being a woman or a man'. Gender equality is the resulting difference between these three aspects that determine how women and men relate to each other. Women do face pervasive disadvantages, and change for them remains an aspiration even in the 21st century. Gendered norms and roles permeate the multitude of norms that structure the lived experiences. There still exists an element of subordination. From the narratives of the woman in the study, it was found that most of them experienced certain norms such as being married at a certain age or maternal/parental norms trumping over their professional goals and aspirations.

One of the participants expressed the following:

"I was forced not to pursue my higher studies after graduation. I was asked to marry and my dream of becoming a teacher was shattered. I felt angry and frustrated but could not show any of these emotions".

Another woman conveyed similar disadvantages concerning her academic life:

"Whatever I do, I always need to think twice before doing it because I don't want to hurt my parent's expectations and feelings. I chose science during my high school just because my parents wanted me to. My brother had a say in whatever he did. I never enjoyed such a privilege in my family".

The ambience of a family setting has a significant impact on an individual. Unusually for a woman- marital distress, the decision to have children or not to have children, to work after marriage or not to work after marriage and joint family settings can become major stressful events for them. The majority of the women have reported how their parental relationships have developed negative interpersonal relations and provided a negative view of their family. This negative view can lead to the feeling of lack of control and having a high risk of conflict, rejection, and low self-esteem (Asarnow, Carlson, & Guthrie, 1987). The lack of family support has acted as inducers for their mental health issues. In Indian society, the traditional roles of women have always been homemakers and caretakers, and the integration of women's dual responsibility to manage work-home balance has become a challenge for women. The immediate family has always played a role for women in making decisions and choices and creating values for them. The majority of the women reported how their career ambitions were influenced by the responsibility they feel they have for their families. There is a strong sense of family obligation in their narratives. The above narratives show how certain norms dictate how we ought to act. Sometimes these norms also become a tacit habitual way of doing the normal day-to-day things. They have become socially embraced and established, which is why most women are conditioned to behave the way they do. That is when the psychological and subjective understanding of gender as an individual highlights how the social context in India is still oppressive to women. In recent times, there have been many novel social roles for women in terms of changes in the norm for marriage and family, which could create shifts in the normative structure of the social world. However, they still linger on.

3. Relational disruption due to childhood abuse

According to the 2030 Sustainable Development Goals by the United Nations, gender equality and the empowerment of women and girls have been agreed by all the countries to achieve. Although there has been overall progress in gender equality in recent years, the reality check says something else.

Gender-based violence is an umbrella term for any harmful act perpetrated against a person's will, and that is based on socially ascribed (gender) differences between men and women. With this backdrop, in the present study, we found out that violations of any kind, physical, sexual or mental, tax a victim's mental capacities. Furthermore, eventually, in the aftermath, the social context where this violence occurs can affect the narratives and how we reconstruct our stories.

One participant during counselling sessions said:

"I was around nine or ten years old, when I was sexually assaulted by my uncle. I lacked an understanding of the event back then. I didn't know how to describe the event. At that time, I didn't tell anyone. I still get scared and anxious now. I think I still have trauma related to it".

The multi-faceted view of the victimization also shows the fear of reciprocity among its victims. Tolman (1992) was one of the first researchers to include many different aspects of such abuse in one's childhood. Tolman described specific categories of abuse, such as psychological destabilization, interpersonal withholding of love, and rigid sex role expectations. His assessment was based on self-reports and checklists. A similar finding was also observed in the narratives of the present study. Some of the women also had issues with their self-concept, where they talked about their interpersonal competence and confidence in dealing with the opposite gender. Issues of self-esteem were also found in the interviews.

During the interview sessions, one participant vocalized the following:

"In school, I always had more female friends and at my home as well, we weren't allowed to go out as much apart from with my mother and other relatives. This definitely created problems later in college where I never felt comfortable around males and even now, I don't feel confident. We were always expected to have lady-like demeanor around them".

The family environment of these women was not appropriately supportive of their narrative accounts. The controlling of their behaviors led to enormous difficulties in their self-image and identity and also predisposed them to form unhealthy interpersonal relationships. More than half of the women who came to the counselling centre reported facing gender-based violence, discrimination, and sexual harassment at one point in their lives. The majority of women have been victims of childhood sexual abuse. Such traumatic experiences at childhood lead to a detrimental impact in realizing their potential and aspirations. These women reported having panic attacks and anxiety and depression in the later years of their lives. There is immense guilt and self-hatred and self-blame because of their childhood experience. They also reported having Androphobia, which is the abnormal and persistent fear of men. The women who faced sexual abuse at childhood reported having difficulty sustaining jobs or establishing interpersonal relationships. They had difficulty trusting people in the future. It took a long time for these women to realize that they faced abuse and violation. Since the abuse was subjugated by someone who was trusted

in the family, it went unreported. All these factors affect the mental well-being of a woman and limit her dreams and aspirations to a great extent.

4. Women's perception of their mental health

Understanding how young women perceive their mental health is increasingly becoming imperative to help direct effective interventions. A meta-analytical review of 119 studies analyzing stress levels in both men and women has found that females scored higher than males (Davis et al, 1999). They also tend to report more psychological distress than their male counterparts (Rickwood & d'Espaignet, 1996). The transition from late adolescence to adulthood may be particularly stressful for most women, and when it juxtaposed with the existing culture, it tends to create more conflicts, predicaments, and ambiguities. In the present study, it was seen that women expressed their shortcomings in assessing mental health issues. They believed that it was more likely their fault. During the sessions, a range of life events from close personal relationships with family members and other people were discussed. The societal stigma associated with the issue was more than their personal stigma.

One of the participants expressed the following:

"I believe its my own fault that today I have such difficulties in my life. I can not keep long term interpersonal relationships. At my office as well, I am afraid of confrontations with my colleagues and my boss. I haven't told my parents about me seeking professional help. I don't know how they will react to it. I am just glad that something like this is available for us. I know I need to make certain changes in my life".

One of the most important underlying themes that evolved during the sessions was that these young women viewed themselves as a burden in their family and that their views were always undervalued, which ultimately affected their self-esteem. It also led to internalizing all those feelings, which always made them obligated to blame themselves for anything that went wrong.

Another participant expressed feelings of exhaustion and detailed her experience in the following words:

"I guess I feel marginalized most of the time. I always feel like I need to explain a lot to other people. I feel tired most of the time. My family is pretty orthodox and there has always been hierarchies just like most other Indian families. And the lack of social support definitely affects everything".

In a patriarchal society, the primary roles of women have always been childbearing and child-rearing. More women are carers for their children and other relatives. They also often juggle caring and vocational roles. This means that more women suffer from the strain that it has on mental well-being. The majority of the women at the centre internalized their difficulties, which in turn, fuelled conditions like anxiety and depression. They often feel 'not good enough' and no sense of self-worth and self-appreciation in not being able to fulfil the expectations of these gender roles. This, in turn, fills these women with immense guilt and self-hatred that are detrimental to their mental health. The majority of the women reported that being a 'good' daughter or wife or mother, they must provide love, care, and emotional support to their family and, they also believed that they do not have economic obligations to their families. Most of the women have reported the problematic implications of combining multiple roles for them. The majority of the women reported how aspiring for a career or decision not to get married threaten their identity of being a 'good' daughter. Such pre-determined roles limit a woman's dreams and aspirations. These stressors in their daily lives is intricately linked to their psychological well-being. Their influence was apparent in both personal as well as interpersonal levels. This further created feelings of anxiety and helplessness to navigate through other aspects of their lives.

Conclusion

In the context of India, four thematic areas have been highlighted in this article. Using narratives from counselling sessions, it contributes to the literature on young women's mental health and how the dominant egotism of the traditional patriarchal culture's 'constant control' to 'fix women' has significantly shaped how since childhood, they have viewed themselves and continue to do so even in adulthood. It is crucial to understand that these experiences are not necessarily traumatic; however, they do illustrate the circumstances of surface-level mental health issues in the present sample, which may eventually lead to more psychological severe impairments. What also stood out during the counselling sessions is the fundamental and significant influence of the patriarchal culture within the family structure. They were, in large part, responsible for the young women's psychological problems. Childhood maltreatment and abuse also formed a part within a broader landscape of hardships and challenges. Those were the two main things that were working against them. There were gross differences during the early years of socialization, highlighting the conventions of patriarchal manners. This represents

how crucial conditions needed for healthy adaptive childhood were to sorely lack in these young women's' lives. It is also important to note that these women were asked to take the lead by addressing whatever seemed relevant to them during the sessions. Our conclusion is that there was deprivation, abuse, lack of affection, and attention during their growing-up years, which left them unable to navigate various stressors in their later adult lives. They were overwhelming and exceeded their ability to cope. It also hindered their social development. From a contextual perspective, these proclivities explain the findings in their narratives. This psychosocial understanding conceptualizes the firmly rooted patriarchal structure within Indian society.

Through the present study, it was observed how childhood victimization affects the mental health of women. As a counsellor or psychologist, it should be our concern to recognize those factors that are currently acting as a hindrance to women's mental health. Addressing those issues would promote gender-sensitive mental health-care services in India. Therapy works effectively when the counsellor or psychologist is listening with an intent to understand and in a non-judgmental approach. It is crucial to understand where these women and their issues are coming from – deeply rooted in how women are viewed socially and culturally in society. Through patience and empathy, every woman's narrative experience has to be dealt with uniqueness. The traditional bio-medical model disregards the influence of social and cultural factors in understanding the mental well-being of women. Thus it is vital to understand the grave influence of childhood victimization to design interventions. University counselling centres represent the possibility to add inclusive mental health services by remaining pertinent to the students, faculty, and staff and responsible within the far-reaching societal conditions. University counselling centres can, therefore, become an effective intervention in a powerful way to deal with emerging psychological distress within University contexts. There is a greater need for effective and low-cost counselling services, including outreach and mentoring programs in the Indian University setting.

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