

EVA STALIN IAS ACADEMY

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Violence, homelessness, and women's mental health

The National Family Health Survey (NFHS-5) presents a sobering picture of the pervasive violence against women in India. Almost 30% of women between the ages of 18-49 years have experienced physical violence beginning at age 15; 6% reported sexual violence. Evidence indicates that violence and mental health conditions have a reciprocal, cause-and-effect relationship, and both factors significantly heighten the risk of homelessness. In the three decades of working with homeless women with mental health conditions at The Banyan, we have witnessed this recursive interaction between violence against women, homelessness, and mental health almost universally.

Findings of relevance

A survey of 346 women accessing outpatient services at The Banyan found that relational disruptions, often in the background of violence, predicted homelessness, even when women had accessed care for their mental health – a finding that is mirrored in other studies globally. Another qualitative research that examined user accounts of trauma drawn from women with histories of homelessness showed that descriptions of experiences relating to violence in social relationships, experience of alienation and shame, and poverty did not entirely match with the *Diagnostic and Statistical Manual of Mental Disorders* conceptualisations of trauma.

Qualitative interviews with several women living with mental health conditions detail their journeys into homelessness, not merely as a deficit in access to care but also as an escape and possible liberation from repeated cycles of unremitting violence – whether it was from a predatory father, a husband who controlled all aspects of life or an aunt who issued threats to sell into slavery to pay for meals. A recurrent theme that emerged was the impact of child sexual abuse and intimate partner violence on individual mental health and homelessness.

At age 5, Leela began understanding what it meant to be a (child of a) homeless woman living with mental illness. Her mother, Jaya, fled an abusive family home with only Leela, leaving her older siblings behind. Desperate and hearing voices, Jaya contemplated ending their suffering by jumping from a train but was dissuaded by Leela, who did not fully understand her mother's motives but was consumed by an ominous feeling of desperation and crippling fear. Throughout their homelessness, the duo faced the arduous task of survival, finding food and safe spaces to rest every day. Jaya's deformed hand is a reminder of the violence they experienced on the streets.

Within a multifactorial matrix of structural barriers such as poverty and caste, violence and associated feelings of loss of agency feature prominently amongst reasons that precipitate an exit from typical relational bonds and conventional notions of home assumed to provide safety, a sense of community, and belongingness. Ellen Corrin's work offers a



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nanced perspective on the phenomenon of social withdrawal in the context of schizophrenia that challenges reductionist views around the construction of negative symptoms. Instead of an overt focus on alignment with the social environment, her work shifts the emphasis to considering meanings and personal experiences behind behaviours often labelled as symptoms of the disorder, and situating mental illness and related symptoms within 'a life frame'. The same lens can be used to approach intersecting issues of women's mental health, homelessness, and violence.

An umbrella-like label

Historically, the label of madness has been used to discredit, subjugate, and silence women who are seen as demonstrating undesirable traits – intellectual curiosity, assertiveness, and autonomy. From the witch trials in the Middle Ages to the incarceration of women in asylums, resistance to oppression and refusal to comply with expected norms were labelled as missteps due to a deranged imagination. In contemporary patriarchal society, the social construct of womanhood continues to be carefully curated and enforced, confining women and their value within reproductive roles and docile submission to various forms of violence, routinely normalised and justified. Madness in this context then becomes not an individuated pathology but a response to the continued violence against women.

Some women describe their madness as resistance, as a defiant embrace of what is taboo for women, an opportunity to break free from coerced identities and assume new personas that transcend patriarchal norms. Others describe their madness as a solace in beliefs such as being the mother of 100 male children or transforming into a goddess with special powers by performing a complex ritual. In the process, some lay claim to an elevated sense of purpose and accruing cultural capital that society places significant value on and associates with improved status. While others may find escape in an idea or imagination to battle the shame, fear and devaluation. And, yet, some other women experience their madness as a journey inward, where voice hearing and altered perceptions become portals to alternate realities where they can engage in a spiritual interrogation of who they are without social constraints.

In contrast to these multifaceted descriptions of madness in the context of violence, the mainstream discourse on women's mental health is dominated by a narrow focus on higher prevalence rates of depression, anxiety or eating disorders, or mental health needs associated with the prescribed reproductive role such as postpartum depression. All these deserve attention but not in a manner that isolates these experiences from the larger narrative. Women's experiences of distress are often viewed through a reductionist biomedicine-dominated lens, neglecting the insidious impact of violence that women endure and absolving society of its

complicity. Navigating mental health and social care systems that mirror these biases, in the background of poverty and caste-based marginalisation, takes a profound toll, elevating risks of homelessness. In our experience, women often encounter health systems that dismiss their lived experience, focusing largely on symptoms and diagnoses that are to be treated and eliminated. In contrast, our experience suggests that many of the manifestations of mental ill-health are embedded in the reality of adverse life events. In this context, investments cannot be confined to increasing proximal access to mental health care without collective action that can substantively address deep-rooted violence.

There is an urgent need, therefore, to develop comprehensive solutions based on a systematic unpacking of multiple factors and their interactions that perpetrate violence against women. Recognising and compensating women for their unpaid labour in household roles and creating the space for women to find supportive networks and alternate family structures outside of typical heteronormative relationships may offer security and refuge. Ensuring access to basic income, housing, and land ownership may offer economic independence and reduce vulnerability to homelessness. Embedding in the education environment, a curriculum that helps growing adolescents interrogate and challenge harmful gendered norms may help foster a generation that values egalitarian norms and rejects all forms of violence against women.

Biological scientist Robert Sapolsky contends that our inclinations, actions, and choices are not products of an autonomous, conscious process of free will but rather shaped by biological factors such as our genes, neural circuitry, and brain chemistry. His work emphasises the role of childhood adversity – abuse, neglect, and poverty – and the profound effects these have on the developing brain, underscoring the need for policies and interventions that reduce violence beginning in the formative years.

Adopt a multifaceted approach

While the two-way relationship between homelessness and mental illness is recognised globally, we need to scrutinise the nuances more closely. Violence against women is one factor that may not receive enough attention in this context. Instead of addressing root causes rhetorically, we should examine the complex strands surrounding mental health. This journey requires opening up to new avenues, involving diverse professionals, innovative research, and meaningful involvement of those with lived experiences. Prioritising a range of robust responses can better address the plurality of needs, especially for high-priority groups such as homeless women. No single narrative makes for a complete response. Greater exploration of phenomena and their influence on mental health, the role of intersectionality, power asymmetries, and the use of feminist standpoint theory in advancing science and ways of knowing are needed. The absence of such a multifaceted approach represents the greatest lacuna.

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The MIRV leap that fires up India's nuclear deterrence

The Agni-5 ballistic missile test dubbed the "Dhryastra", that was conducted by the Defence Research and Development Organisation (DRDO), is strategically consequential. With a range of over 5,000 kilometres, the Agni-5 is the longest-range missile India has tested so far. But it is not simply its range but, equally, its potency which represents a watershed moment for India's nuclear deterrent. The potency of India's nuclear deterrent is enhanced because this variant is integrated with Multiple Independently Targetable Re-entry Vehicles (MIRVs).

A comparison with China

Though MIRV technology is not new, it is to India. The five designated nuclear weapons states – the United States, Russia, the People's Republic of China, France and the United Kingdom – already possess MIRV capable projectiles which are integrated into their respective nuclear arsenals. India has joined a very select group of countries to develop an MIRV ballistic missile.

MIRV-tipped missiles are a necessity simply because they strike multiple targets simultaneously and help evade ballistic missile defences such as the Hongqi (HQ-19) ground-based ballistic missile interceptors, which have been tested, but their capacity to intercept Intermediate Range Ballistic Missiles (IRBMs) such as the Agni-5 is still suspect. It is, nevertheless, progressing steadily. The HQ-19s would eventually have the range to intercept the earlier variants of the Agni IRBM, especially when configured to carry only a single warhead. Ballistic missile defences paired to a growing Chinese nuclear arsenal would have significantly eroded India's nuclear striking power as it would bequeath to China a strong damage limitation capability, especially if the Chinese were to carry



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As a China-specific missile, the successful test of the Agni-5 MIRV missile enables India to reach a milestone

out a nuclear first strike against India. Now that India has integrated the Agni-5 with multiple warheads, greater balance has been restored in the Sino-Indian nuclear deterrent relationship. To be sure, more testing of the MIRV-capable Agni-5 will be required to render the Indian nuclear ballistic missile arsenal more credible as the end-user – the Indian armed services are unlikely to be satisfied with a single test.

Demanding requirements

Building MIRV-capable ballistic missiles is not easy. This is because it requires meeting some very demanding technical criteria, such as nuclear warhead miniaturisation, ensuring that the receptacle that carries the warhead or re-entry vehicle is of low weight or mass before its release from the Post Boost Vehicle (PBV), and also having the re-entry vehicles configured precisely to fit into the missile as well their separation from the PBV, which has to be manoeuvrable. Guidance and accuracy are a necessity as re-entry vehicles have to be spin stabilised during atmospheric re-entry. A MIRV-based missile can only strike multiple targets that are within its ambit or geographic footprint. With the recent Agni-5 test, India has met these demanding technical requirements. In India's case, this MIRV development is all the more significant and impressive because it has come against considerable odds stacked against the country's missile and nuclear engineers.

First, inadequate nuclear testing by New Delhi compromised the extent to which it could miniaturise warheads and MIRV them to strike multiple targets. Second, the lack of sufficient testing also undermined the extent to which the re-entry vehicles could be designed to carry the warheads. The DRDO and all its key associate agencies such as the Terminal Ballistics Research Laboratory (TBRL) responsible for integrating

warheads with missiles and the Advanced Systems Limited (ASL) as this test of the Agni-5 visibly demonstrated, have overcome these challenges. The opacity surrounding this MIRV missile is about the number of warheads it can carry, which in all likelihood would remain classified. Going by speculation, it is improbable that it can carry more than three warheads. Further, the yield of the nuclear warheads is likely to be limited due to the small number of atomic tests India has conducted. In addition, it is unclear whether the Agni-5 can carry decoys and chaff, especially during the boost and intermediate phase of the missile's flight. Agni-5 will in all probability be launched from a road mobile platform.

Other projects ahead

Chinese missile defence interceptors will likely subject the Agni-5 to mid-course interception. Nevertheless, the Atomic Energy Commission of India, especially the Bhabha Atomic Research Centre (BARC), which is directly responsible for core Research and Development (R&D) with respect to nuclear devices, have done a good job in designing sufficiently compact nuclear warheads for MIRV capability. This is a China-specific missile. There could be more to come from the DRDO and AEC with India adding more punch to its nuclear arsenal when it tests a long-range Submarine Launched Ballistic Missile (SLBM), which India's nuclear ballistic missile submarines can launch. The Agni-5 with MIRV capability bolsters India's nuclear capabilities vis-à-vis China. It puts China on notice – that India is preparing itself to counter the advances Beijing has made with its missile and missile defence programmes. With the successful test of the Agni-5 MIRV missile, India has crossed a key benchmark in its march to become a highly credible nuclear and missile power.