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SANGATH
Healing Minds, Inspiring Lives

SNEHA®
SOCIETY FOR NUTRITION, EDUCATION AND HEALTH ACTION

A Clinical Package of Care for Women Survivors of Domestic Violence

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BACKGROUND

SANGATH

Sangath is a non-governmental, not-for-profit organisation committed to improving health across the life span by empowering existing community resources to provide appropriate physical, psychological, and social therapies.

Sangath's key focus is to continuously innovate solutions to improve access to interventions, so that the treatment gap for mental health concerns is significantly reduced. What sets Sangath's work apart is its incorporation of public health approaches in order to broaden the reach of mental health services across the lifespan by:

- Using the task-shifting approach in mental health interventions.
- Incorporating technology in multiple areas of its work.

THE NATIONAL INSTITUTE OF HEALTH RESEARCH

Our National Institute of Health Research (NIHR)-funded Global Health Research Group works collaboratively towards developing a comprehensive, adaptable package of care to improve the mental health of survivors of violence against women in resource-constrained settings in India, Sri Lanka, and Afghanistan.

At the India site, our aim is to develop a package of care for the mental health impact on survivors of domestic violence that can be delivered by lay health workers operating in low-resource settings.

OVERVIEW

THIS TOOLKIT

WHAT

A counselling manual on providing mental health support for women survivors of domestic violence.

WHOM

For lay health workers seeking to provide psychosocial and mental health support for women survivors of domestic violence.

HOW

Through psychoeducation on the relationship between domestic violence and mental health, and through the implementation of tailored counselling techniques.

Phase 1 Starting Treatment	Phase 2 Addressing Issues	Phase 3 Ending Well
• Recognizing and managing difficult emotions • Self-soothing and body awareness	• Problem solving • Goal setting • Assertive communication • Negotiation • Boundary setting • Conflict resolution	• Consolidating skills • Planning for the future

OVERVIEW

KEY OUTCOMES

- Understand the concepts of mental health and domestic violence.
- Understand the impacts of domestic violence from a mental health perspective.
- Learn basic counselling skills and techniques to provide support for women survivors of domestic violence.
- Learn ways to deal with common challenges when providing mental health support for domestic violence.

ACKNOWLEDGEMENTS

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CHAPTER 1

HIGHLIGHTS

- Mental health is a state of wellbeing by which we can realize our abilities, function productively, and cope effectively with the stresses of daily life.
- Mental health includes positive feelings and actions that contribute to our sense of fulfilment, and thus is not just the absence of mental health problems.
- Mental health is closely related to and affected by our social circumstances, relationships, and life experiences.
- Therefore, understanding related social problems that lead to mental health issues, such as gender-based violence, are important for appropriate counselling and support.

MENTAL HEALTH

What is mental health?

Mental health is defined as a state of well-being where a person:

realizes their own abilities.

can cope with the normal stresses of life.

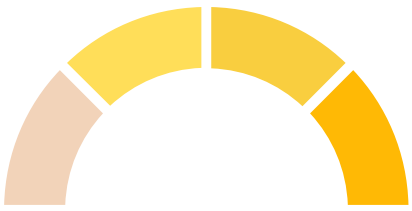
can work productively and fruitfully.

is able to make a contribution to their community.

Mental health is **not only the absence of mental health problems**, but also **includes positive feelings and positive functioning** that contributes to wellbeing.

We all have mental health, but it may vary as we go through different life stages and experiences.

Mental health can be viewed on a spectrum: Everyone experiences a mixture of good and poor mental health, and most of us will experience poor mental health at some point in our lives, even if only for short periods.



MENTAL HEALTH

Why does mental health matter?

Mental health contributes to overall health and wellbeing.

14% Mental health concerns make up a large percentage of the diseases and health risks experienced by people worldwide.

Our relationships and social life both impact and are influenced by our mental health. **Psychosocial counselling** must thus aim to include **mental health and related social problems**, such as gender-based violence.

How common are mental health problems?

Mental health problems affect 1 in 7 people in India.

Depressive (45·7 million people) and **anxiety** (44·9 million people) **disorders** lead to the most mental health risks and related diseases across the world.

Mental health concerns can often lead to suicide, which causes approximately 170,000 deaths a year. **Depressive symptoms** and **suicidal tendencies** often occur together, with more prevalence among females.

MENTAL HEALTH

How can we maintain good mental health?

While steps to promote mental health can vary from one individual to another, there are some measures that we can all take towards our mental wellness. These include:

- Connect and spend time with family, friends, and loved ones.
- Talk about or express our feelings regularly with people we feel comfortable to share with; reach out to a counsellor if further help may be needed.
- Exercise regularly and eat nutritious and timely meals.
- Reduce consumption of harmful substances, such as alcohol.
- Develop new skills, be open to new learning, and challenge capabilities.
- Make time for hobbies and leisure.
- Set realistic personal and professional goals.

MENTAL HEALTH

What are some care options for mental health?

While the steps explored above can help us maintain our mental health to a large extent, it is also likely that at different points in our lives, we may need further support. Some of the care options available in these contexts include:

- Connect with a mental health professional (e.g., therapist/counsellor, psychologist, psychiatrist etc.).
- With the professional, explore possibilities to address the concerns; this can include therapeutic techniques, medication, individual coping exercises, or a combination of all these approaches, depending on our needs.
- In emergency situations, contact the state or national mental health helplines, that can help us through the situation and link us with necessary further supports.
- Join mental health support groups and connect with others facing similar concerns (e.g., support group for people dealing with depression); mental health professionals, NGOs, or online forums can be consulted to learn more about trustworthy and active support groups.

COMMON MENTAL HEALTH PROBLEMS

Common Mental Disorders (CMDs) are highly prevalent in the general population, which means that if someone is suffering from a mental health problem, there is a high chance that it is one of the CMDs.

They can be long-lasting or occur during short periods and/or through particular experiences. CMDs can negatively affect an individual's ability to function at work or home, or to cope with daily life.

1) Depressive Disorders

- Sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, tiredness, and poor concentration.
- Feelings of hopelessness, worthlessness, reduced energy, and thoughts of death.
- At its most severe, depression can lead to suicide.

COMMON MENTAL HEALTH PROBLEMS

2) Anxiety Disorders

- Feelings of excessive worry and fear.
- Includes a range of conditions such as generalized anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, separation anxiety disorder, and selective mutism.
- Feelings of worry also lead to physical health symptoms.
- Key features of GAD include continuous and excessive worry that is difficult to control, along with restlessness, tiredness, difficulty concentrating or mind going blank, irritability, muscle tension, and sleep disturbance.

WARNING SIGNS AND SYMPTOMS

An understanding of CMDs may not be sufficient to recognize how mental health problems impact people. Thus, below is a list of warning signs that indicate an individual may be experiencing psychological distress:

- **Loss of interest** in activities that would earlier interest or bring joy to the person, such as hobbies or pastimes.
- Feelings of **hopelessness** and **helplessness**, that things would never improve.
- **Changes in appetite, weight,** and **sleep patterns**, which may also bring about loss of energy.
- **Anger** and **irritability**, with things "getting on the person's nerves" easily.
- **Hypervigilance** or being excessively watchful for threats in one's environment.
- More negative attitudes towards oneself, along with feelings of **self-loathing** (feelings of dislike, disgust, anger, and/or hatred towards oneself), **self-criticism** (feeling that one is not good enough or is a bad person), and **guilt**.

WARNING SIGNS AND SYMPTOMS

- Frequent **physical symptoms** such as a racing heart, heavy breathing, or stomach and digestion related problems (warning signs for anxiety-related disorders).
- Frequently **avoiding** specific social situations or **wanting to be alone**.
- Frequently expressing **thoughts of death**, whether accidental or by suicide, and making 'plans' with regards to one's possessions and responsibilities.
- Expressing feelings of being **trapped**, or in **unbearable pain**, which they want to escape.
- **Re-experiencing** the **trauma**, such as having uncontrollable thoughts/flashbacks, nightmares, and physical symptoms associated with anxiety.
- In complex cases, presence of **psychotic symptoms** such as; **delusions** (the state of believing things that are not true), **hallucinations** (experiences of seeing, hearing, or having sensations of something that is not really there), and **catatonia** (a group of symptoms where a person is awake, but barely moves, talks, or reacts to anything. It may look like mental or physical numbness, and is sometimes accompanied with strange movements and unusual behaviours).

SUICIDE AND SELF-HARM

Self-harm may coexist with suicidal thoughts and actions, but they can also occur independent of each other.

Healthcare workers often hesitate to talk about self-harm and suicide, worrying that it may lead to these actions. However, talking about it could make survivors feel understood, less anxious, and more open to seek help.

A survivor is at risk of self-harm or suicide if she:

is thinking of, planning, or attempting to harm or kill herself;

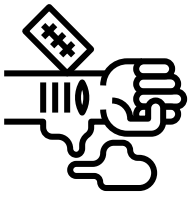
OR

has a history of self-harm thoughts or plans in the past month or self-harm acts in the past year, and is now extremely disturbed, silent, agitated, or aggressive.

SUICIDE AND SELF-HARM

Self-harm

- Range of behaviours that intentionally cause pain or damage to oneself.
- An indication of experiencing intense emotional pain and distress.
- Varies in form (how it is done: cutting, burning oneself etc.) and frequency (number of times it is done: every two hours, daily, during certain situations etc.) across individuals.
- Different life events may lead to more or less self-harm episodes.
- People may engage in it once, frequently, or for several months and years.



Physical signs:

- Cutting, biting, burning, or scratching the skin.
- Picking at wounds or scabs such that they do not heal.
- Pulling out hair, banging the head, hitting or punching the body.

Emotional/behavioural signs:

- Avoidance, withdrawal, and isolation.
- Changes in mood, sleep, and eating patterns.
- Lying about or trying to cover wounds.
- Reduced functioning in daily life (work, household, activities etc.)
- Consuming harmful substances (poison, drugs etc.).

SUICIDE AND SELF-HARM

Suicidal ideation and behaviours

- Continuous thoughts or ideas about ending one's life.
- Planning or preparing ways to attempt suicide.
- Engaging deliberately in actions that can lead to death (reckless driving, misusing medications etc.).

Some facts:

36%

Female suicide deaths globally by women in India, reported in 2016

Women experiencing violence are at much greater risk for suicidal ideation or behaviour

Suicide is a preventable public health problem

What are some of the causes of suicide ideation and self-harm?

- The end of or conflicts in a relationship.
- Death of a loved one.
- Failure in an examination or professional role.
- Domestic violence.
- Unexpected financial loss/losing one's job.
- Mental health concerns for which one has not received support or treatment.
- Loneliness, social isolation, or lack of supportive others.
- Bullying, abuse, or trauma faced in childhood.
- Family history of self-harm and suicide.
- Consequence of natural disasters or communal issues such as riots.

SUICIDE AND SELF-HARM

What are some of the warning signs of suicide ideation and self-harm?

- Threats of ending one's life or making plans to do so.
- Attempting or accessing ways to harm oneself: seeking tools/weapons, poisonous substances etc.
- Hopelessness, feeling purposeless, and expressing no reason for wanting to live.
- Acting in ways that cause harm to oneself; taking risky decisions.
- Expressing feelings of being trapped with no way out.
- Disconnecting from family, friends, and society.
- Anxiety, drastic changes in mood, and abnormal sleep and diet patterns.
- Increased use of drugs or alcohol.
- Sometimes accompanied by physical signs including restlessness, shaking, pacing continuously, or wringing the hands.
- Expressing things such as "*It would have been better if I were not born*" or "*I wish I could just disappear forever*".

SUICIDE AND SELF-HARM

Myth: Self-harm is a form of suicide attempt.
Fact: Many people who self-harm do not intend to end their lives. Rather, they use it as a way to cope with painful emotions or trauma. It may also be a way to feel something when they are experiencing numbness or a sense of emptiness.

Myth: People who engage in self-harm or want to commit suicide never want to talk about these things with others.
Fact: Most often, people engaging in self-harm or those with suicidal thoughts will speak about their concerns to someone they trust.

Myth: Those who talk about suicide or cut themselves are only seeking attention.
Fact: Expressing wishes to commit suicide or attempts at self-harm are responses to severe trauma and must never be ignored.

Myth: If a person attempts suicide and survives, or if others come to know about their self-harm behaviour, they will never make further attempts.
Fact: People may continue to engage in self-harm or attempt suicide even if others come to know. In fact, it is likely that the level of danger will increase if the right support and intervention are not immediately provided.

Myth: Self-harm and suicidal ideation are extreme issues and they cannot be treated; such people cannot be helped.
Fact: Psychological treatment and social support are effective ways to help people experiencing self-harm and suicidal ideation overcome these issues.

TRAUMA AND MENTAL HEALTH

Trauma is an emotional response to a difficult and harmful event, such as an accident, rape, or natural disaster.

- Immediately after the event, shock and denial are typical.
- Long-term reactions include unpredictable emotions, flashbacks, relationship issues, and even physical symptoms such headaches or nausea.
- Hypervigilance, which is the constant (and exhausting) monitoring of the environment for the possibility of threat is also a common response.

Trauma can be classified as;

- **Acute:** Immediate result of a one-time event, with a reaction of short duration (e.g., car crash, physical or sexual assault, or the sudden death of a loved one).
- **Chronic:** Caused by harmful events that are repeated or continuing over time (e.g., persistent bullying, neglect, abuse, and domestic violence).
- **Complex:** Experiencing repeated or multiple traumatic events from which there is no possibility of escape, creating a sense of being trapped (e.g., living in a conflict/war zone, surviving human trafficking, being held hostage).

MENTAL HEALTH

Myth: Mental health problems are a personal weakness.
Fact: Mental health problems are experienced by many people, with symptoms largely out of their control. If a person has depression or anxiety, that does not mean that they are 'weak' or 'lazy'. In fact, it takes them greater effort to complete routine tasks, and they should be appreciated.

Myth: All people with mental health problems should be hospitalized.
Fact: Most mental health problems do not lead to danger to self or others, and do not require hospitalization. Often, people experiencing mental health problems can be helped with psychotherapy, psychiatric medication, and a supportive social environment.

Myth: Mental health problems are caused by evil spirit forces.
Fact: Mental health problems are caused by a combination of factors, including stress and tension, as well as problems in physical or social aspects of life. They could also be caused by biological and genetic factors. Once the social and biological aspects are taken care of, the person has a chance at recovery.

Myth: It is impossible to prevent mental health problems.
Fact: Mental health problems can be prevented by taking positive steps to promote overall health and wellbeing, along with minimizing risk factors that can increase mental health issues.

Myth: People with mental health problems are always violent.
Fact: Individuals with mental health problems are often wrongly portrayed as being violent and as a threat to society. However, in most cases, people experiencing mental health problems do not cause violence to others. In fact, people with mental health problems are much more often the victims of violence rather than they are the perpetrators.

DOMESTIC VIOLENCE

Domestic violence refers to a pattern of behaviour in any relationship that is intended to threaten or cause harm to another individual.

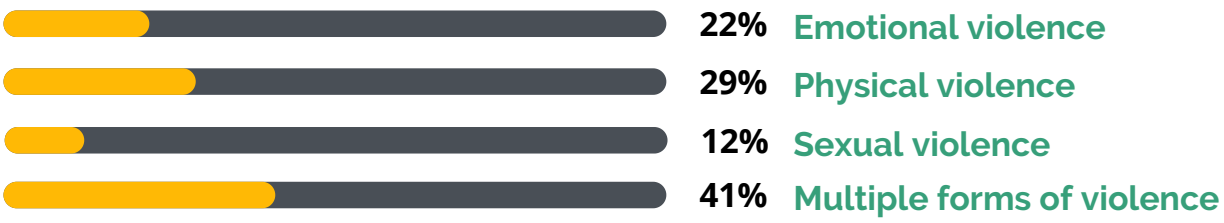
- Domestic violence can be physical, sexual, emotional, or economic actions or threats that influence another person and is used to gain or maintain power and control over them.
- Domestic violence can take place between couples, and within families, households, or communities.
- Along with the survivor, other members of a family may also be affected by domestic violence, such as children and aged parents.

Intimate partner violence refers to patterns of violence and abuse caused by a current or former partner.

- In this manual, we will be focusing on violence caused by male partners on their female partners; however, violence can also occur between same-sex and transgender couples.
- It occurs within many relationships, such as between couples who are married or in a relationship, or those who have separated or divorced.

How common is domestic violence?

At some point in their lives, the following percentages of Indian women have faced these particular forms of violence:



What are the different types of violence?

DOMESTIC VIOLENCE

Physical violence

Physical violence refers to acts using physical force that causes injury or harm to the body. Some examples of physical violence include:

- Hitting or beating.
- Kicking, pushing, or shoving.
- Choking or strangling.
- Hurting with a weapon
- Scratching or biting.
- Throwing things.
- Forcibly feeding or denying food.
- Using physical restraint (such as holding the survivor against a wall, floor, bed, etc.).

Emotional violence

Emotional violence refers to all behaviours that cause emotional suffering or trauma. Some forms of emotional abuse include:

- Criticizing repeatedly or name-calling (calling the survivor "ugly" or "stupid").
- Humiliating in public.
- Threatening harm to the survivor's children or possessions.
- Causing fear and panic by intimidating, bullying, and threatening.
- Rejecting or not valuing the survivor's thoughts, ideas, or opinions.
- Manipulating facts to make someone believe that they are wrong or that their feelings are not appropriate (also referred to as "gaslighting").
- Isolating someone from their loved ones and from sources of support.

What are the different types of violence?

DOMESTIC VIOLENCE

Economic violence

Economic violence refers to acts that lead to financial difficulties for a survivor, including controlling their ability to gain, use, and maintain money or financial resources. The resulting economic dependency of survivors on their husbands or partners, is one of the main challenges for women to overcome domestic violence. Some forms of economic violence include:

- Limiting access to money/bank accounts.
- Forbidding attempts at getting a job or an education.
- Stealing money, ATM cards, gold, property, or other financial assets.
- Gambling jointly earned money.
- Expecting one to pay for bills or other obligations.
- Demanding pay checks and access to passwords connected to financial accounts.

Sexual violence

Sexual violence refers to acts that involve forced sexual behaviours, without the survivor's consent and by taking advantage of them. Some forms of sexual violence include:

- Forcing the survivor to have sex or perform sexual acts against her wishes.
- Harming her during sex.
- Forcing sex without protection from pregnancy or infection.
- Unwanted sexual touching.
- Making sexual comments or remarks
- Voyeurism or observing survivors when engaged in private activities (e.g., bathing, undressing, etc.).

DOMESTIC VIOLENCE

What are some of the impacts of these diverse forms of violence?

Physical violence can lead to conflicts in relationships, increased anger and aggression, and higher risk of mental health and substance use issues. Further, the injuries caused by the abuse can also cause serious physical health problems (such as becoming handicapped) or can even lead to death.

Emotional violence most often has psychosomatic effects, which means that the troubled states of the mind also lead to physical health problems. Feelings of confusion, fear, loneliness, hopelessness, and shame are common impacts of emotional violence, and this is accompanied by physical and behavioural effects including difficulty concentrating, drastic mood changes, muscle tension, nightmares, racing heartbeat, and various (sometimes unexplained) body aches and pains.

Sexual violence can have deep-rooted consequences on survivors' identity, wellbeing, and physical and emotional health. Common effects of sexual violence include anxiety, psychological distress, physical health issues (such as injuries to private body parts or sexually transmitted infections), and inappropriate sexual behaviour. Feelings of shame, guilt, horror, and grief are common, and some survivors report a sense of numbness and disconnection from daily life experiences.

Continuous experiences of **emotional** and **sexual violence** can have serious long-term consequences, including increasing the risk of severe mental health problems, substance abuse, self-harm, and suicidal ideation.

Economic violence can often make survivors vulnerable to further physical abuse. Safety planning to protect survivors from violence or finding safe and affordable housing for survivors who wish to leave an abusive relationship can also become huge challenges when they experience financial abuse and dependency. At its extreme, survivors may even struggle to meet their basic needs such as food, clothing, and transportation.

DOMESTIC VIOLENCE

What are some common responses to domestic violence, and what are their outcomes?

Survivors often receive different responses from others as a result of their violence experiences. Some of these may be supportive but several responses are often problematic and may cause further harm to them. Some such responses include:

Problematic response	Impacts	Thoughts for Reflection
Telling a survivor to leave the abusive relationship or get a divorce.	- Making her feel like her problems can be easily dealt with if she only made the choice to leave the relationship . - Making her feel like she is responsible for the violence that she is facing. - Minimizing the severity of her actual problems.	• *What does the survivor want? Does she want to leave the relationship?* • *Is she seeking some specific help to deal with her issues?* **Note**: The choice of continuing or leaving a relationship must always belong to the survivor and cannot be something dictated by others.
Telling a survivor that all relationships have problems and that she should learn to deal with them like others.	- Showing no concern for her issues and devaluing her violence experiences. - Making her feel like violence is normal and common in society, and thus forcing her to suffer in silence.	• *What are the particular issues that a survivor is facing in her relationship?* • *Are these issues causing harm or injury to her or her loved ones?* **Note**: All relationships may have problems, but dealing effectively with these problems (not denying, negating, or being forced to accept them) is an essential aspect of healthy relationships.

DOMESTIC VIOLENCE

What are some common responses to domestic violence, and what are their outcomes?

Problematic response	Impacts	Thoughts for Reflection
Telling her that her partner does not seem to be "that kind of a person" and that he is always kind and gentle to everyone else.	- Not believing her experiences and indirectly stating that the she is lying. - Taking the perpetrator's side, leaving the survivor to feel even more isolated.	• *How difficult would it have been for a survivor to talk about these deeply personal and painful experiences?* • *How would she like to be helped given the situation, regardless of what others think of her partner?* **Note**: Perpetrators of violence may not be abusive in public. They may be pleasant in front of others and keep their acts of violence a complete secret. Thus, no disclosure of violence should be disbelieved.
Involving the extended family or friends to resolve the issues.	- Not asking her opinion and disregarding her wishes on how to deal with her own issues. - Possibly complicating the issues further by involving multiple other family members and friends, who may not be respectful or understanding of the survivor's wishes.	• *Would the survivor like to involve other support systems to resolve her concerns?* • *If yes, who are they and how would she like them to be involved?* **Note**: Sharing about experiences of violence can itself be a huge step for survivors. Involving more people in the process of coping must only be done with her knowledge, preference, and consent.

CHAPTER 2

VIOLENCE AND MENTAL HEALTH

CHAPTER 2

HIGHLIGHTS

- Domestic violence involves force that is used to cause harm or exercise power and control over another.
- Domestic violence can happen to anyone of any race, age, sexual orientation, religion, or gender.
- Depression and anxiety are the most common mental health problems associated with domestic violence.
- Self-harm and suicidal ideation are also common mental health outcomes of domestic violence.
- There are several barriers to help-seeking among survivors of domestic violence, including stigma, social pressures, poor protective and social support systems, and financial constraints, which lead them to suffer in silence.

DOMESTIC VIOLENCE AND MENTAL HEALTH

How are mental health and domestic violence related?

- Women surviving violence are likely to experience poorer mental health. Further, women experiencing severe mental health problems are more likely to be survivors of violence.
- Thus, the prevalence of violence increases the risk of mental health problems. Similarly, mental health issues, especially if undiagnosed or untreated, can lead to greater risk of violence.
- The risks to these two aspects always occur together and influence each other.

A Vicious Cycle

Domestic violence

Associated with;

- suicidal behavior,
- problems with sleep and diet,
- increase in psychotic symptoms,
- excessive use of alcohol and drugs.

Mental health issues

Pre-existing mental health problems increase the risk of domestic violence, including physical and sexual violence.

DOMESTIC VIOLENCE AND MENTAL HEALTH

This sets a clear direction in healthcare:

Ask any survivor experiencing violence about her mental wellbeing AND ask any woman experiencing mental health problems whether she is facing any kind of violence.

The two experiences are linked, and helping women to deal with one would also help them to cope with the other.

Persistence of the cycle of violence:

It is common for domestic violence patterns to persist and breaking the cycle can take a lot of time and effort. For example, just because a partner says that he will not abuse his wife/girlfriend again, this does not necessarily mean that the violence will stop.

Survivors may often stop seeking help when they hear such promises from their partners or when things get slightly better in their relationship, because they sincerely hope that the relationship becomes more positive.

It is important for healthcare workers to understand the complexity and persistence of this pattern, and continue follow-up even if survivors discontinue from the counselling temporarily, to ensure that they are safe and are continuing to address the factors that are causing the violence.

CASE VIGNETTES

Domestic violence: How common and complex can it be?

CASE 1

Lakshmi is a 42-year-old woman who has been experiencing abdominal pain since a few weeks. When she visits the health centre, she has bruises on her arms and back. She mentions that her husband is prone to drinking and occasionally, she would sustain injuries due to his violent behaviour, including cuts or burns. Often in the evenings, when it is time for her husband to return home, she experiences palpitations and breathlessness, starts to tremble, and feels nauseated. On seeing this, her husband tells her that she looks like she is “losing her mind”.

Case reflection:

- What are some of the violence experiences that Lakshmi is facing?

- Physical violence is evident from her sharing that she sustains injuries due to her husband's violence towards her.
- The violence is causing her serious injuries, such as with bruises on her arms and back, and her experiencing abdominal pain.
- She is also facing emotional and verbal violence, as her husband is telling her that she is “losing her mind”.

- How are these experiences affecting her mental health?

- Due to the violence, Lakshmi is showing signs of anxiety, including extreme fear, palpitations, breathlessness, trembling, and nausea.

CASE VIGNETTES

Domestic violence: How common and complex can it be?

CASE 2

Shanti is 28 years old and has been married for less than a year. For three months, she has been experiencing loss of appetite, has difficulty remembering things, and does not feel like doing anything. Shanti reveals that six months after her marriage, her husband lost his job. He started staying at home and they would fight a lot, blaming her and her mother's family for their financial problems. He was supported by his mother, which often made things worse. She sometimes finds herself agreeing with her husband's allegations.

Case reflection:

- What are some of the violence experiences that Shanti is facing?

- Shanti is experiencing emotional violence, with her husband blaming her for their family problems.
- Since she has no other source of support and the other family members are also taking her husband's side, she is being forced to believe that she is the one to blame.
- It is also possible that she is facing some form of economic violence. Since her husband lost his job and blames her and her family for their financial problems, it is may be possible that he is using her financial assets without her consent or threatening her to give access to it.

- How are these experiences affecting her mental health?

- Shanti is feeling isolated and confused. With nobody to understand her perspective, she is beginning to believe others' false blames about her. This can severely damage her self-esteem and sense of identity.
- Shanti is also having issues with memory and concentration, and with her diet. She is generally feeling a lack of motivation and interest in daily life. Some of these may be considered as depressive symptoms.

CASE VIGNETTES

Domestic violence: How common and complex can it be?

CASE 3

Sunita is a 27-year-old woman, who attempted suicide recently. She mentions that since the birth of their first daughter, she has been sustaining bruises and wounds as a result of her husband's violent behaviour, as his family expected a male child and holds her responsible. She has started feeling the pressure to get pregnant again, even though she finds herself not interested in taking care of her daughter. Further, she fears for her own safety as well as that of her daughter. A few days ago, feeling too guilty and stressed, she tried to end her life.

Case reflection:

- What are some of the violence experiences that Sunita is facing?

- Sunita is facing physical violence from her husband.
- She is being emotionally abused for giving birth to a female child. Instead of receiving more care and support after childbirth, which is usually a time that women's health can be more vulnerable, she has instead been experiencing violence and harassment.
- She is also facing sexual violence as she is being forced into getting pregnant, to have a male child as per her husband's wishes.

- How are these experiences affecting her mental health?

- Sunita is having suicidal tendencies. She is in what can be called a 'crisis situation', where there is serious danger to her life if the right support and intervention are not immediately provided.
- She is feeling numb and disconnected from her daughter, and does not feel inclined to look after her. This is again a matter of serious concern as this is an essential time where the attachment between a mother and child forms.
- Her physical health may be suffering too because of the mental health trauma that she is enduring and the lack of suitable care after childbirth.

CASE VIGNETTES

Domestic violence: How common and complex can it be?

CASE 4

Pooja is 34 years old and works as a domestic worker. She mentions that her husband forced her to sleep with him a few days ago. Since then, she has been in a lot of pain and has been experiencing flashbacks of the event in her dreams. She went to the police, but they refused to lodge a complaint and told her that this was a family matter. Her husband got to know that she went to the police and told her to leave the house. She has been living in a shelter home ever since and her dreams have become more violent.

Case reflection:

- What are some of the violence experiences that Pooja is facing?

- Pooja has been experiencing sexual and physical violence by her husband, which has led to her having severe pains.
- She is facing emotional violence as she is being forced into sexual acts against her wishes. Her sense of control may be negatively affected by such experiences, which can lead to feelings of powerlessness and hopelessness.
- The lack of support from the police could also be making her feel like her problems are not important enough or that they are common. It may also make her feel alone and helpless.

- How are these experiences affecting her mental health?

- The violence experiences are leading her to have nightmares of the event. She is continuing to have flashbacks even after living away from her husband, and they have become more violent, suggesting that she needs urgent mental health support.
- She is experiencing severe stress and is seeking some form of support, which she attempts to by contacting the police.
- The police telling her to go to a shelter home without first inquiring what she would like to do could again reinforce her feeling of lacking control over matters of her own life. This can harm her self-esteem and coping abilities.

STIGMA

Why do women find it difficult to seek help?

Stigma refers to feelings, attitudes, and behaviours that may be connected with how we judge or label someone who is different from us.

Case example:

Bharti was diagnosed with an anxiety disorder at the age of 15. She often found herself uncomfortable at home, in school, or with friends. As her symptoms got more difficult to manage, her social circle stopped interacting with her, fearing her response to their behaviours or feeling like she is "seeking attention". Her family too did not support her and refused to pay for her treatment after a certain point. After a few years, her family begins to arrange her marriage, and she is asked not to reveal her condition. Despite this, her apparent symptoms make it hard for her to find a match, and she begins to question whether she is worthy of a partner, since her family, friends, and society make her feel like a burden.

Bharti's experiences show that stigma consists of;

- opinions about a certain group of people **(stereotypes)**,
- negative emotional reactions about that group **(prejudice)**,
- hostile behaviors towards them **(discrimination)**.

STIGMA

Why do women find it difficult to seek help?

The dynamics of stigma can be better understood in the following case example;

Case example:

Nafisa is a 32-year-old woman who has been married for 12 years. A few years into her marriage, she started sustaining injuries from being pushed and hurt. However, her family discouraged her from reporting it, saying that it was normal and a part of marital life. Over the years, her family, friends, and husband convinced her that she was being abused only when she committed 'mistakes', and hence if she did not do so then she would not be abused. She started to believe that she was at fault, and followed her husband's demands, including not stepping out of the house. Eventually, she tried to visit the hospital under some pretext, but the healthcare provider never asked her husband to step outside, or whether she experienced any violence. Her husband realized that she was trying to complain, after which his abusive behaviour increased in intensity. This made Nafisa more afraid of speaking out, and doubt whether she would be believed by the system, as everyone made it seem like things were as they should be.

Questions for reflection:

- *What are some of the violence experiences faced by Nafisa?*
- *How are these experiences affecting her mental health?*
- *In what areas of her life is she facing stigma? How does this stigma make her feel?*
- *What could be the outcomes of such stigma in her life?*

STIGMA

Why do women find it difficult to seek help?

- Nafisa's example shows the numerous barriers that a survivor faces in accessing help for domestic violence and the resulting mental health impacts.

- Complaining about the abuse may lead to more violence, or increase the risk of survivors being confined by the perpetrator. This causes them to experience **'double-stigma'**.

Mental health workers must consider these aspects of stigma when supporting women survivors of violence.

Common false social ideas and prejudices:

- Being made to believe that "a marriage is for life" and that one must accept whatever happens within the marital relationship ("*Since we are married, I have no choice but to be with him*").

- Feeling a strong sense of identity to the role of a "carer" (this can be for the husband, children, or the larger family) and that they must take care of their duties as a carer regardless of their violence experiences ("*I cannot leave my in-laws and children, they need me*").

- Being made to believe that they are to be blamed for the violence and that they deserve it (commonly referred to as "victim-blaming") ("*He tells me that he beats me because I keep making mistakes and that he wants to correct/make me better*").

- Violence between couples being viewed as "inside matters", so seeking help from "outsiders" (seeking external or professional help) is not acceptable ("*How can I speak with others about this? These are family matters and I should keep it private*").

STIGMA

Why do women find it difficult to seek help?

Various forms of stigma prevent survivors from reaching out for support:

Stigma in society

- The family dynamics in society often reinforces and normalizes violence against women.
- Mental health problems are mistakenly connected with supernatural causes, which prevents appropriate treatment.
- Shame associated with mental health problems stops people from seeking treatment.

Stigma in healthcare

- Survivors may not be believed or may suffer further negative impacts by having to narrate their experiences.
- The health professional speaking with them may not provide the privacy they need.
- Healthcare workers may fail to ask survivors about violence experiences.

Internalized stigma

- Violence may make survivors feel shame, guilt, or fear, which makes it more difficult for them to access help.
- Survivors may sometimes start to believe the common prejudices about mental health problems and experience low self-confidence, leading to self-stigma.

STIGMA

What steps can healthcare workers take to reduce such stigma?

- **Always reassure survivors that they are not at fault or responsible for the violence that is happening to them.**

(For example, her husband and mother-in-law made Shanti believe that she was the one to blame for all their problems, which she eventually began to feel is true).

It is essential to keep reminding survivors that they are not to blame, to avoid self-stigma and challenge societal ideas that quickly place the blame on survivors of violence rather than perpetrators.

- **When doubting a possible case of domestic violence, ask if something is wrong rather than waiting for the person to share their concerns.**

(In Nafisa's case, the healthcare worker should have asked her husband to step out and inquired in private about her general health and safety).

- **Show genuine concern to want to help and support survivors, and never blame or judge them for their experiences.**

(For example, avoiding thoughts and statements that Bharti's friends and family were having about her "seeking attention" and not neglecting her actual mental health concerns).

- **Do not pressure the survivors of violence to act and do not make decisions for them.**

(For example, as the police officers suggested Pooja to act immediately and leave her house; this may not have been what she wanted, and she may have been forced to take the decision in a confused and scared state of mind).

Instead, listen to their perspective, acknowledge their feelings, and support them to explore and make the best possible decisions to overcome their difficulties.

BARRIERS TO SUPPORT

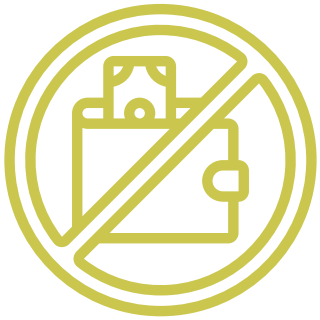
What are some other common social barriers to help-seeking?

1) Lack of or poor protective systems

- Disclosure can lead to even more violence, from which the survivor has no other source of protection (*"He will kill me if he comes to know I spoke to someone about this"*).
- External supports such as the police discouraging women from filing a complaint or not believing the survivor's experiences ("*The police told me that such things happen in every house and that my problem is not big enough to file an official complaint"*).
- Healthcare workers avoiding conversations about the violence, even when they know that the survivor's injuries/mental health concerns may be caused by domestic violence ("*I was given some medicines for my anxiety; I wanted to share what was happening to me but the nurse showed no interest in speaking with me"*).
- Fear of losing children ("*He will take away my children from me because he knows I will suffer the most without them"*).
- Fear of being abandoned or becoming homeless (*"If he tells me to leave, I have nowhere to go"*).

2) Financial difficulties

- Lack of financial resources to support oneself or one's children independently without husband ("*There is nobody else who can support me"*).
- Fear of losing home and joint property ("*He will not give me any money and will take away our home if I leave"*).
- Continuing the relationship for the sake of the children's future (*"I want my children to have a good education; I have no choice but to keep quiet for their sake"*).



BARRIERS TO SUPPORT

What are some other common social barriers to help-seeking?

3) Lack of other social support systems

- The perpetrator and the related family members are the survivor's only social contacts ("*My family lives far away and I know nobody here expect for my husband and his family*").
- Possible loss of relationships with other family members and mutual friends (*"I am afraid that his parents will hate me and will not talk to me if I openly speak about our issues"*).
- Not aware of or lack of access to professional help, such as mental health professionals, social workers etc. ("*I don't know who can help me from this situation"*).
- Not having a place to go if they choose to leave the relationship; lack of information or support on possible residential and shelter care facilities for women in distress (*"I will be on the streets if I leave this house"*).

CHAPTER 3

BASICS OF COUNSELLING

CHAPTER 3

HIGHLIGHTS

- Sensitive communication and responding effectively to a survivor's concerns are crucial in domestic violence counselling.
- It is important to address both the emotional and practical needs of a survivor in counselling; resolving one strengthens her ability to deal with the other.
- Counselling involves discussing options and possibilities survivors have for help and support, and empowering them to make decisions.
- The counselling process involves core values and techniques that are present throughout, as well as a structured approach.

COMMUNICATION STRATEGIES

How to ensure basic psychosocial care?

Mental health issues are common among women who are subjected to domestic violence. Some methods and techniques can help survivors to cope with mental health distress and enable healing.

A. Initial psychosocial support

- Reassuring her that it is possible for her to cope, recover, and feel better over time.
- Teaching and demonstrating stress reduction exercises (e.g., grounding techniques, breathing exercises, visualization, etc.)
- Making regular follow-up appointments as necessary.
- Screening and assessment for mental health problems as relevant.
- Providing referrals to specialist care as necessary (e.g., psychologist or psychiatrist).

COMMUNICATION STRATEGIES

How to ensure basic psychosocial care?

B. Positive coping methods

- Encouraging small, simple steps to restore routine life.
- Helping her develop healthy plans for nutrition, sleep, and exercise.
- Asking her about things that are going well in her life and that have helped her cope through difficulties.
- Engaging in relaxing and interesting activities to reduce anxiety and tension (e.g., art, music, gardening etc.).
- Cautioning against the use of self-prescribed medications, alcohol, or illegal drugs to cope.

COMMUNICATION STRATEGIES

How to ensure basic psychosocial care?

C. Available social support

- Identify people and places that make her feel safe and comfortable. These could include family members, friends, neighbours, or other supportive persons in the survivor's life. Always ensure to seek permission from a survivor before initiating contact with other supports.
- Provide her with contact numbers of state and national helplines for immediate help in case of crisis situations.
- Explore her individual needs and identify referral options that can be of assistance through her difficulties (e.g., contact details of a lawyer for legal support or shelter home details for short-term housing needs).
- Share referral details of mental health professionals and NGOs supporting women survivors of violence. Ask if she would like to be helped or would like you to accompany her when contacting these support sources for the first time.
- Reassure her that she is not alone. Discuss other options to socialize and connect with others, based on her interests, needs, and level of comfort (e.g., self-help groups, revenue-generating activities, further education, religious support groups etc.).

How to interact sensitively?

COMMUNICATION STRATEGIES

Don'ts	Dos
Solve her problems	Discuss and understand her needs and concerns
Tell her to leave a violent relationship	Provide options to deal with the situation and ask her what she would like to do
Ask detailed questions that force her to relive painful events	Ask questions only when she is comfortable and willing to answer; respect her space
Ask her to analyse what happened or why	Reassure her that she is not to blame and that violence is not justified in any context
Ask leading questions, such as *"That would have made you feel guilty, right?"*	Ask open-ended questions; *"If you are comfortable to share, could you tell me how that made you feel?"*
Hurry her to talk, talk fast, write, or be distracted when interacting with her	Be patient and calm; attentively listen by nodding or with brief acknowledgements such as *"I see"*, *"Okay"* or *"Hmm"*
Do not pity her; *"I'm so sorry this happened to you, you poor thing"*	Express your concern about how the violence affected her; *"I'm sorry that you had to experience this. It must have been extremely difficult."*

COUNSELLING VALUES

What are some of the essential values to be practised in counselling?

Showing support, acceptance, and affection are central to the counselling process. The core counselling skills that help to build rapport and a supportive therapeutic relationship are as follows:

Warmth, acceptance, and support

A sincere concern for her problems and wanting to provide help to your best ability, no matter what she shares and what decisions she chooses to make.

Good practice

- Always maintaining a calm and accepting state of mind before starting the session with her.
- Understanding one's limitations in providing support and connecting her to referrals that may be able to assist her better.

Poor practice

- Trying to solve all her problems immediately and being in a hurry to do so.
- Forcing her to take certain decisions that the counsellor thinks may help.

Empathy

Understanding the concerns from her perspective and supporting her to feel better and overcome her problems.

Good practice

- Trying to understand her problems as experienced by her, and not based on one's own ideas.
- Supporting her to come up with solutions she believes would be best.

Poor practice

- Being distracted or doing other tasks while she is talking.
- Saying things like "*You could have avoided this if you were more careful*", which conveys a complete lack of understanding.

COUNSELLING VALUES

What are some of the essential values to be practised in counselling?

Congruence

Making sure that the discussion and action plans shared with her are carried out properly.

Good practice

- Discussing counselling goals together, and also discussing any changes to this plan every step of the way.
- Reviewing each session and clarifying any doubts before proceeding to the next session.

Poor practice

- Changing the counselling goals without asking her permission.
- Cancelling sessions suddenly and without informing her in advance.

Genuineness

Saying things that might be helpful to the survivor in a real and honest manner.

Good practice

- Recognizing one's important role in helping her deal with her problems, and taking steps to do this as best as one can.
- Saying things such as "*I am glad that you have taken the step we previously discussed. It clearly shows your courage and motivation to overcome your difficulties. I hope we can continue to use these strengths as we progress with the next important steps*".

Poor practice

- Helping her only because it is part of one's job to do so.
- Saying things such as "*I promise to help you solve all of your problems*"; domestic violence experiences can be very complex, and false promises of resolving all concerns should never be given.

CORE TECHNIQUES

What are some core techniques practiced in counselling?

Active listening

Active listening is the process of carefully listening to what someone is saying as well as paying attention to the non-verbal ways by which they express themselves. It also includes providing reassurances and feedback which conveys that what they are saying is understood appropriately and from their perspective. Active listening involves the following key steps:

- Pay attention to what is being shared, with minimum distractions, both internal (e.g., having other distracting thoughts in one's mind) and external (e.g., noises in the background).
- Pay attention to their body language (e.g., when their voice chokes when sharing something very painful or when their hands tremble when speaking about violence experiences).
- Reassure that she is being heard, with nods and brief affirmations such as "hmm", "yes", "okay" or "aha".
- Avoid interrupting when she is speaking. Allow her to finish each point before asking questions for further clarification.
- Respect silences. Sharing about violence experiences can be very difficult for many women, and they need time to be able to do so. Respect their silences and assure them of support until they feel ready and comfortable to share.

When active listening is combined with the values of acceptance, empathy, and genuineness, the counsellor is demonstrating non-judgemental listening.

CORE TECHNIQUES

What are some core techniques practiced in counselling?

Reflection of thoughts and feelings

In addition to listening, reflection is a process by which the counsellor can check their understanding of a survivor's concerns, what they have expressed, and what these experiences mean for her. Reflecting can be done through the following steps:

Reading the body language

For example, if a survivor is sitting with her shoulder slouched, head bent, and hands clasped, it may be indicating her feelings of fear, shame or guilt; it would be helpful to say reassuring statements to make her feel comfortable to share, such as: *"I understand that it can be very difficult to talk about these things. It can even be scary to do so. Let me assure you however that I would like to know more and see if there are ways in which we can make things better".*

Repeating the main points that she has shared

For example, if a survivor shares: *"He is always beating me for no reason. Sometimes, he even hits me in front of the children. There is nobody to help me. Before, I used to try and stop him but now I am completely fed up and let him do whatever he wants. He becomes calm more quickly and hits me less when I don't fight back"*.

You can reflect this share in the following manner: "*From what you have shared, I see that your husband has been hitting you regularly and sometimes in front of your children. I also see that while previously you used to try and stop him, now you have stopped fighting back because you feel that this makes him hit you lesser*".

Identifying and sharing the emotions behind her statements

For example, in the narrative shared above, a reflection of feelings and emotions could be as follows: "*You feel that your husband has been hitting you for no reason and does so sometimes in front of your children. I can imagine how frustrating and hurtful this must be for you. I also see that you feel quite alone and over time, a little hopeless too, as you feel that there is nobody to support you and that fighting back has not been helpful".*

CORE TECHNIQUES

What are some core techniques practiced in counselling?

Prioritize her safety

Making the survivor feel safe is important in every session.

- When working with survivors of violence, we must be aware of the risks of them harming themselves, or being harmed by others.
- It is healing and comforting for survivors to know that the counsellor prioritizes their safety, which we demonstrate by conducting risk assessments at the beginning of every session:

Saying "*I am concerned about your safety. Let us discuss a plan by which we can make sure that you are not harmed*".

- Exploring options for: safe places she can go to (parent's home), other affected family members (children), transport (means to reach the safe space), items to take (essentials and personal belongings), finances (ensuring sufficient money), other supports (in case of emergencies or other help).

Respect ambivalence

- Allow space for the survivor's ambivalence (i.e., mixed or confused thoughts and feelings).

For example, a survivor may experience violence from their partner and express the need to leave the relationship; however when the violence reduces, she may express interest in continuing with the partner.

- Be comfortable with information which may seem contradictory, even if the survivor cannot do anything about it.
- Avoid confronting the survivor about these contradictions, instead, empathetically describe these observations to her.

FIRST SESSION

What do we cover in the first session of counselling?

At the first meeting, before starting the counselling process, it is important to clarify the reason for counselling, the identity and job of the counsellor, and the nature of the counselling relationship.

Counselling is a process in which people share personal and sometimes difficult concerns. Thus, beginning with these steps can help women survivors of domestic violence feel more comfortable to get involved in the counselling process:

- Create a warm and welcoming environment.
- Greet them with a smile, tell them your name, and ask them their name.
- Offer them a comfortable seat.
- As relevant, ask them which language they would be comfortable to speak in.
- Introduce yourself and briefly explain your role in the counselling process.
- Briefly explain the purpose of counselling, from the point of view of how it could be helpful to her.
- Explain the terms of anonymity and confidentiality in the counselling process, as well as her authority in making the decisions related her to counselling goals.
- Ask and understand what her goals are from doing a course of counseling with you.

FIRST SESSION

What do we cover in the first session of counselling?

The details to be shared in the first session can be conveyed, for instance, in the following manner:

"Hello, my name is …. I am working as a counsellor in this clinic. I have received training in providing counselling for people facing mental health concerns. I work with supervisors from this clinic, who have been trained by experts in this field. They will supervise my work. I appreciate that you have come to visit us today. In this counselling process, we will be working together as a team. Thus, your participation as an equal team member is very important.

I understand that you have been facing some worries recently. We could together try to understand your concerns and discuss possible ways to manage them. I am here to support you to understand these concerns more clearly and make decisions that you feel are best to deal with them. I am also keen to learn more about your goals as part of this counselling course with me; understanding this can help guide the process for both of us.

Let me assure you that what you share with me will not be discussed with anyone else expect my immediate supervisor, who I hope to introduce you to after our meeting; my supervisor will be supporting us in the process. You can be assured that privacy will be maintained, unless in emergency situations that can cause serious harm to yourself or close others.

Also, while I will be documenting our interactions so that we have a record of all the important discussions and our actions plans for the way forward, this information will be kept strictly private and all your identifying details will be completely protected".

FIRST SESSION

Identify survivor's goals

To ensure that survivors remain focused on the specific goals that they want to achieve through counselling and keep track of their progress, it is important to identify their goals.

The following questions could be considered for discussion:

- *What are some of my main goals?*
- *What are my plans to achieve these goals?*
- *Are there any challenges at present in my being able to achieve these goals? If yes, what are they?*

Identify goals of counselling

Similar to identifying survivors' goals, identifying those of the overall counselling process is important to link the discussions and plans that are developed through counselling to the actual actions and outcomes that are achieved.

Along with guiding the counselling process in the right direction, identifying counselling goals helps both the counsellor and the survivor recognize any obstacles that may prevent the accomplishment of some goals. It also provides motivation and encouragement, helping the survivor recognize and appreciate the counselling goals that can be successfully achieved.

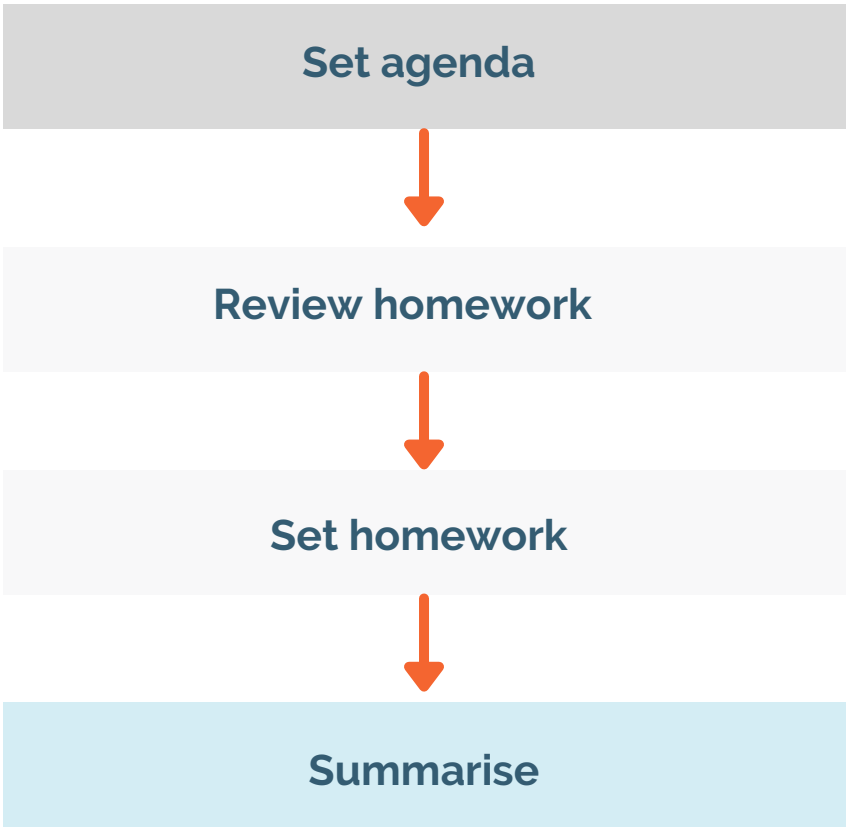
The following questions can help assess the goals of counselling:

- *What do I want to achieve through the counselling process?*
- *What are some of the steps that can be taken to achieve these counselling goals?*
- *Are there any difficulties that prevent me from achieving these goals? If yes, what are they, and what are some of ways to deal with them?*

Note: The goals may change as the counselling process moves forward, depending on the changing needs and circumstances of the survivor. The counselling process should be flexible to consider such changes along the way, such that the survivors' goals can be met in ways that are most helpful to them.

SESSION STRUCTURE

What does a counselling session look like?



SESSION STRUCTURE

Set agenda

At the beginning of each session, setting an agenda with the survivor helps us give structure to our counselling session, and ensures that it remains different from a friendly chat.

A clear agenda will guide the counsellor and the survivor to focus on what is most important for their progress and safety. This will include a list of topics to discuss or tasks to complete in the session. It is important that the agenda is:

- **Collaborative**, such that the session focuses on what matters most to the survivor.
- **Useful**, such that survivors and counsellors have a guide for conducting the session and ensuring that they stay on track with the goals for the session.
- **Flexible**, such that new topics or tasks can be added, but are best if done so in a clear and collaborative manner by directly discussing and deciding whether to modify the original agenda.

Agenda setting also helps to provide a bridge between sessions, and ensures we remain focussed on the survivor's goals in the overall treatment. The list of agenda items we make in each session must be based on what the survivor is prioritizing at this time, and also include what we would like to discuss about it. In the agenda, we would also set aside time to review and set homework, and ask if the survivor agrees with our plan for the session.

Agenda setting also includes **prioritizing**, which refers to collaboratively ordering the survivor's concerns in the order of importance or urgency, so the limited time in the session can be used to best address their distress. For example, if she mentions five concerns in the beginning of the session, we can say:

"I understand that there are a few things that are distressing you right now. Could you tell me which is the most important out of these? We can tackle them one-by-one to best use our time together".

SESSION STRUCTURE

Set and review homework

Based on the goals identified mutually with the survivor, we would use certain counselling techniques to help them. In line with those techniques, we may suggest certain actions they need to take by themselves before the next session; this is referred to as homework.

For example, If we have mutually set a goal for the survivor to find out information about a job she can take up, the discussion on homework may include:

- Non-judgementally asking the survivor how the homework was in the past week, and any difficulties they faced.
- Collaboratively setting homework for the next week to help them get closer to their goal (e.g., talking to their neighbours about job opportunities).
- In case the survivor did not do the homework, we can work with them in the session on some part of it, and also ask them what prevented them from completing it, to better understand the barriers they face.

SESSION STRUCTURE

Summarising

Summarising provides a brief description of the session, and must be done at the end of each session. Along with active listening and reflections, this is another way we convey to the survivor that we are present and aware of her concerns.

Key summary points for each session:

1) Go over main points discussed during the session and any homework given. Keep it short but comprehensive:

"Today, we discussed some of your worries related to telling your in-laws about the violence that you have been facing from your husband. At the same time, we have recognized that your in-laws would be an important source of support for you to meet your goal of communicating with your husband to manage the conflicts better. As homework in preparation of our next session, we have decided that you would note down all that you would like to share with your in-laws and imagine the scenario where you are sharing these details with them. We will be discussing this script and the scenario in our next session and see if you feel comfortable to proceed or would like to consider other options".

2) Encourage the survivor to summarise to understand how effectively the session has been communicated and clear any doubts - *"Please share with me what we have discussed in this session"*. Once she has shared, **repeat her ideas**:

"*In this session:*

- *We have understood how to set goals that can help solve some issues in your relationship.*
- *We learnt that identifying and setting goals helps us overcome uncertainty and gives our behaviours and choices regarding the relationship a proper direction.*
- *We have decided on the homework activity, which will be a conversation with your husband on your identified short-term goals, after a rehearsal with a close friend.*
- *We have agreed to meet next week to discuss the outcomes of these actions".*

CHAPTER 4

COUNSELLING PHASES

CHAPTER 4

COUNSELLING OBJECTIVES

- Improve the impacts of common mental health concerns in the context of domestic violence.
- Address and reduce the trauma impacts of domestic violence.
- Enhance the general wellbeing of survivors of domestic violence.

COUNSELLING
Phases and sessions

PHASE 1: STARTING TREATMENT

- Recognizing and managing difficult emotions
- Self-soothing and body awareness

PHASE 2: ADDRESSING ISSUES

- Problem solving
- Goal setting
- Assertive communication
- Negotiation
- Boundary setting
- Conflict resolution

PHASE 3: ENDING WELL

- Consolidating skills
- Planning for the future

COUNSELLING
Considerations

This mental health counselling toolkit has been developed to include a holistic package of care and support for women survivors of domestic violence.

Following are some points to consider in its implementation:

- Not all techniques need to be applied for every survivor seeking support.
- Identify each survivor's unique needs and concerns and select those techniques that would be most suitable to address them.
- Examples of possible cases and scenarios where each technique can be applied are provided in the following pages of this chapter, as well as in Chapter 5.
- Since women experiencing domestic violence may often face difficulties in getting help (e.g., family prevents them from talking to others, unable to leave home alone etc.)., it is likely that they may not be able to participate in more than 2 or 3 sessions.
- It is thus necessary to be specific in developing a brief and tailored counselling plan for each survivor keeping in mind this limitation to their participation and how much time they can commit.

PHASE 1: STARTING TREATMENT

Components:

- Recognizing and managing difficult emotions

- Self-soothing and body awareness

What is the importance of techniques such as recognizing and managing difficult emotions, self-soothing, and body awareness?

PHASE 1

Starting treatment

The mind-body connection

- Our minds and bodies are deeply interconnected and function together.
- Our thoughts, feelings, beliefs, and attitudes can positively or negatively affect our physical health.
- Similarly, how we take care of our physical body (diet, exercise, lifestyle, posture etc.) can impact our mental state (again positively or negatively).

Examples:

- Feeling so anxious that you are unable to sleep at night.
- Not wanting to eat anything because of an intense feeling of sadness.

Violence against women not only leads to mental health problems but also long-term physical health issues, such as arthritis, chronic pain and stress, stomach and digestion problems, heart problems, migraine headaches, and substance addiction.

Thus, it is crucial to help women recognize this connection between their mind and body, and provide techniques that can support both their physical and mental health.

PHASE 1

Starting treatment

Based on the common reactions to domestic violence that we had previously explored in Chapter 1, counsellors could ask the following questions to understand survivors' experiences better:

Have you been experiencing any of the following:

- ☐ Eating too much or eating too little
- ☐ Sleeping too much or sleeping too little
- ☐ Always feeling tired

If yes, what are some of the ways you have been coping with these experiences?

_____

_____

Please circle if you are having any of the following feelings:

Feeling hopeless

Don't feel like doing anything

Feeling very sad

Feel like I don't want to live anymore

Feeling alone

Don't want to see/talk to others

What are some of the thoughts on your mind when experiencing these feelings?

_____

_____

Have you noticed any other changes to your daily routine? If yes, what are they?

_____

_____

PHASE 1

Starting treatment

Please tick if you are having any of the following experiences:

☐ I am always feeling scared, like something bad may happen.

☐ I feel restless and I am unable to relax.

☐ I can't focus my attention on what I am doing because I am worried.

If feeling fear and worry, how strong are these feelings generally?

- Very strong; I feel like I cannot control it.
- Somewhat strong; I try to control it. I try do so by
  _____
  _____
- Not too strong; I can control the feelings. I do so by_____
  _____

Please circle if you are experiencing any of the following:

Having many disturbing/fearful thoughts

Feeling anxious

Headache and/or body aches

Heart beating fast

Feeling breathless/suffocated

Can't sit still; pacing up and down

Feeling stressed and tired

What are some of the thoughts on your mind during these experiences?

_____

_____

PHASE 1

Recognizing and managing difficult emotions

What does it mean to recognize and manage difficult emotions?

Managing difficult emotions involves techniques that help us identify some of our challenging emotions, along with choosing how and when to express the emotions we feel in healthy ways.

Why is it important to recognize and manage difficult emotions?

Domestic violence can lead survivors to feel several complex and distressing emotions including sadness, anxiety, guilt, fear, loneliness, and shame, among others. Identifying and regulating difficult emotions can help survivors understand and work through their feelings.

When should the techniques to recognize and manage difficult emotions be used?

For survivors who are facing difficulties with understanding, controlling, and expressing their emotions in healthy ways.

What are the goals of recognizing and managing difficult emotions?

Enable survivors to identify their difficult emotions, their responses as a result of these emotions, and explore healthier alternatives.

PHASE 1

Recognizing and managing difficult emotions

Identifying emotions

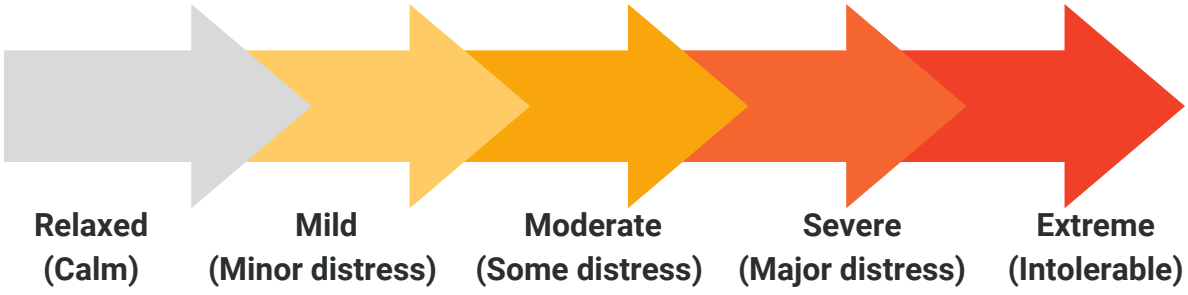
What am I feeling?

Her help identify the exact emotion/s

Assessing severity of emotions

How strong are these feelings?

Her help identify the intensity of the emotion/s



PHASE 1

Recognizing and managing difficult emotions

How do we keep track of our moods and emotions?

- It is natural for our feelings and moods to change through the day and across situations.
- This is a tendency by which our minds adapt to different situations.
- For instance, it is natural for us to feel scared when we are facing some form of harm or threat (e.g., fear of falling sick during a pandemic). The fear can help us recognize possible harm and take action to protect ourselves from any danger (e.g., taking steps to maintain hygiene and good health).
- However, we can face difficulties when our feelings continue even after the situational needs are met (e.g., feeling fear even after taking all the health care steps) or if they do not align with our needs (e.g., not caring at all about one's health ever during a pandemic).

Because of the trauma that they have endured, it is common for women survivors of domestic violence to experience difficulties in recognizing and expressing their feelings in health ways.

- A **mood chart** can thus be a great approach by which they can identify and keep track of their moods and emotions.
- It can be used to effectively identify and link one's thoughts and feelings regarding daily life situations and experiences.
- Mood charts can be adapted to suit one's needs (e.g., including specific moods that are commonly experienced, maintaining the chart in an hourly, daily, or weekly basis etc.).

PHASE 1

Recognizing and managing difficult emotions

How do we keep track of our moods and emotions?

MOOD CHART		
Mood (*How am I feeling?*)	**Emotions** (*What are some of feelings I am having?*)	**Thoughts** (*What are some of the thoughts I am having?*)
 **Very good**	*(e.g.: I am feeling happy and excited)*	*(e.g.: I am happy to see my friend after long!)*
 **Good**		
Neither good nor bad		
 **Bad**		
 **Very bad**	*(e.g.: I am angry and upset)*	*(e.g.: How dare he talk to me like that?!)*

Some questions for reflection when using the mood chart:

- *What is the main emotion that I am feeling?* (Explaining the emotions in as much detail as possible can be very helpful)
- *What has made me feel this way?*
- *What are some of the main thoughts that are making me feel this way?*
- *Are these thoughts and feelings healthy or unhealthy for me?*
- *How did I respond as a result of these thoughts and feelings?*

PHASE 1
Recognizing and managing difficult emotions

Choosing healthier responses

Emotions are often accompanied by behaviors, which is the body's response to the feeling. Identifying and regulating emotions can help us determine and choose healthy behaviors to channelize them.

Emotion	Usual Response	Healthier Response
Fear	Avoid all sources of fear and isolate oneself	• Find ways to protect oneself from sources of fear • Make a safety plan (e.g., *Where can she go to feel secure? Who to contact?*)
Sadness	Stay in bed all day	• Take ample rest but ensure timely meals • Engage in at least one activity that brings comfort and joy
Anger	Yell, fight, and argue	• Take a time out (e.g., leave the room, take a walk, take a few deep breaths etc.) • Punch a pillow • Rehearse difficult conversations
Shame	Blame oneself for all the problems	• Release the thoughts and feelings by writing them down • Communicate with supportive others to understand the issues more clearly

PHASE 1

Managing difficult emotions: Worksheet

Situation	*Describe here:* ***What is the situation that has caused a problem for me?***
Response	*Describe here:* ***How did this make me feel? How did I react?***
Outcome	*Describe here:* ***What happened to the situation after I reacted this way?***
Alternative responses	*Describe here:* ***Could I have reacted in a better way? If so, how?***
Alternative outcomes	*Describe here:* ***How would the situation be different if I reacted in this better way?***

Note: It is possible that some survivors may not be able to complete such worksheets at home, as this would risk their husband/partner seeing the material. In such cases, it is important to ensure that counselling techniques and tasks shared are developed in such a manner that survivors are able to perform them comfortably and without any further risk. For instance, the worksheet could be completed during the session and kept safely with the counsellor. The counsellor can also discuss alternate safe ways by which a survivor can connect with her to share about the counselling techniques (e.g., by phone, via email etc.).

How does recognizing and managing difficult emotions help a survivor of domestic violence?

PHASE 1

Recognizing and managing difficult emotions

Understanding anger

- Anger is a universally experienced emotion which makes us feel bitterness, resentment, or even hatred toward others.
- It is often a reaction to a person or an experience that has caused us pain or done us wrong.
- Anger can be an extremely difficult emotion to control, and if not properly addressed, it can lead to poor physical and mental health outcomes (e.g., high blood pressure, heart problems, extreme emotional reactions or outbursts etc.).
- Anger management techniques focus on how to deal with our anger so that we can learn to express it in healthier ways.

How does recognizing and managing difficult emotions help a survivor of domestic violence?

PHASE 1

Recognizing and managing difficult emotions

Anger and domestic violence

- Domestic violence can often cause anger in a survivor; however, violence results from her partner's need to control and gain power in the relationship, and not because of her anger.
- Thus, a survivor's anger response is **a natural response** to the abuse and mistreatment.
- Anger is often a secondary emotion that covers other vulnerable feelings such as fear, sadness, humiliation, and hurt; addressing these can help survivors to control their anger responses.

Did you know?

Because of fear, women experiencing domestic violence may cope with their problems by suppressing (i.e., holding in instead of expressing) their emotions. It is possible that their suppressed anger may come to the surface during counselling, which they may then express toward the counsellor. It is important to note that survivors do not intend to harm the counsellor, but this is a natural psychological reaction to cope with their internal pain. It is essential to be sensitive to such responses and to also take care of oneself (e.g., debriefing the session with a supportive colleague) when such reactions take place.

PHASE 1

Recognizing and managing difficult emotions

Anger management

1

Recognize anger early

Some signs include shaking, feeling the urge to yell/use insults, feeling like hurting oneself or others, or destroying something, feeling hot or sweating, racing heartbeat, etc.

2

Take a timeout

Leave the anger-provoking situation temporarily. Find a quiet place to disconnect and let the emotions settle. If other people are involved in the situation, let them know you need a moment to calm down.

3

Deep breathing

Do a deep breathing exercise during the timeout for at least 3 minutes.

4

Think of the consequences and express anger appropriately

Anger is often justified, especially when women are mistreated, as is the case in domestic violence. However, unregulated anger reactions can have even worse consequences (e.g., increased violence, abandonment etc.). Consider the following when expressing anger-related emotions and thoughts:

- *What do I want to say/do?*
- *What could be the reaction if I say/do this?*
- *Will yelling or arguing help improve my situation and convince others about my feelings?*
- *How can I communicate what I want to say/do to bring out the best possible results in the situation for me?*

5

Exercise

Exercising regularly can help in emotional release, and contributes to building a stable sense of happiness and relaxation.

PHASE 1

Self-soothing and body awareness

What are self-soothing skills and body awareness?

Self-soothing skills refer to responses that can be used to manage thoughts, emotions, and behaviours in positive and healthy ways. Body awareness refers to processes that can help us better understand and feel connected to our bodily responses, which in turn improves the link between our physical experiences and our emotions. Both self-soothing and body awareness can help us feel calm and more in control of our body and mind.

Why are self-soothing skills and body awareness important?

Domestic violence can negatively impact the mental and physical health of survivors, leading to several signs and symptoms which are both psychological and physiological in nature. It is thus important to link the mind and the body in the healing process.

When should self-soothing skills and body awareness be used?

For survivors showing physical and mental signs of distress (e.g., body aches, anxiety, palpitations, disorientation etc.).

What are the goals of self-soothing skills and body awareness?

To help survivors regain control over their physical and emotional sensations, to reduce stress, to connect them to the present, and to build coping.

PHASE 1

Self-soothing and body awareness

Deep breathing

A simple and useful technique, deep breathing can help manage emotions and relax the body. Share the following instructions to perform the technique:

- Sit comfortably and place one hand on the chest and one hand on the stomach.
- Deeply breathe in for 4 seconds through the nose and feel the abdomen rising.
- Hold the breath for 4 seconds.
- Breathe out slowly through the mouth for 6 seconds.
- Practice for about 3 – 5 minutes.

PHASE 1

Self-soothing and body awareness

Progressive muscle relaxation

Progressive muscle relaxation involves the tightening and relaxing of the muscles, in a specific pattern and one at a time.

The goal is to release tension from the muscles, while also recognizing what that tension feels like. Muscle relaxation can help to manage the negative physical effects of stress.

Share the following instructions in preparation for the technique:

- Sit on a chair comfortably. You may also lie down if you prefer.
- Keep your body loose, light, and free.
- Remain calm and comfortable.
- Keep your eyes closed.
- Avoid thinking about other things and remain in the moment.
- Avoid extra movements of the body.
- During the tensing part of the exercise cycle, tense the muscle tightly and hold for a slow count of 5 seconds.
- During the release part of the exercise cycle, relax the muscle quickly and completely
- Along with your body, let your mind relax; experience how relaxed the muscle is feeling for 10 seconds.
- As you exercise, try to observe the changes such as tightness as well as light and soothing sensations.

PHASE 1

Self-soothing and body awareness

Progressive muscle relaxation

- Lift your toes upward. Tense (5s), then release and relax (10s). Pull your toes downward. Tense (5s), then release and relax (10s).
- Next, tense your calf muscles. Hold (5s), then release and relax (10s).
- Move your knees toward each other. Tense (5s), then release and relax (10s).
- Squeeze your thigh muscles. Hold (5s), then release and relax (10s).
- Clench your hands. Hold (5s), then release and relax (10s).
- Tense your arms. Hold (5s), then release and relax (10s).
- Squeeze your buttocks. Hold (5s), then release and relax (10s).
- Pull in your stomach muscles. Hold (5s), then release and relax (10s).
- Inhale and tighten your chest. Hold (5s), then breath out and relax (10s).
- Raise your shoulders to your ears. Tense (5s), then release and relax (10s).
- Purse your lips together. Hold (5s), then release and relax (10s).
- Open your mouth wide. Hold (5s), then release and relax (10s).
- Close your eyes tightly. Hold (5s), then release and relax (10s).
- Lift your eyebrows. Hold (5s), then release and relax (10s).

Note: Avoid holding your breath or tensing muscles too much in a way that causes pain or discomfort.

Self-kindness

PHASE 1

Self-soothing and body awareness

Practicing self-kindness can help in emotional healing and support survivors of domestic violence to build internal coping skills (also referred to as resilience). It can also help minimize the feelings of self-blame, self-loathing, shame, and guilt.

Ask the following questions to guide a survivor through feelings of self-kindness:

A

Identifying negative reactions

- *Do you think you are harsh on yourself sometimes, perhaps more than you would be on anyone else? Would you like to talk about when that happens?*
- *What kinds of things do you say to yourself?*

B

Gaining perspective

- *What would you say to someone who has similar problems, such as a good friend?*
- *Are there times where you blame yourself for problems? Is it possible that you might be placing too much blame on yourself?*
- *Is it possible to think about things differently so you can have a more balanced perspective?*

C

Building appreciation and personal strengths

- *What are some things you like and appreciate about yourself?*
- *What are some of your strengths?*
- *What are some things you are grateful for in your life?*
- *How could you be kinder to yourself in the process of dealing with these difficulties?*

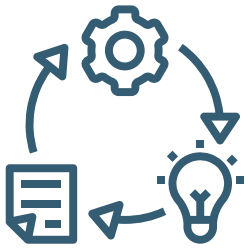
Link strengths with positive affirmations *(e.g. create a basket of colorful cards with strength statements she has identified, such as "I am a strong person", "I am a good mother/daughter" etc. which she can refer to during difficult times).*

PHASE 2: ADDRESSING ISSUES

Components:

- Problem solving
- Goal setting
- Assertive communication
- Negotiation
- Boundary setting
- Conflict resolution

How effective are problem solving and goal setting techniques?



PHASE 2

Addressing issues

Problem solving and goal setting play an important role in dealing effectively with stressful life events and promoting wellbeing.

They also contribute to accomplishing both individual and relationship goals, and thus can be applied to our personal (individual difficulties; *how/where can I find a job and become financially independent*?) and relationship concerns (difficulties we are having with others; *how can I reduce my parents' involvement in my personal life*?).

Problem solving skills consist of two major parts:

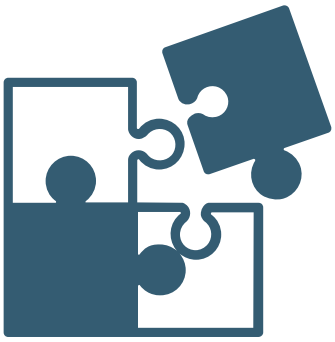
- **Problem orientation:** Our awareness or ability to understand the problem, which motivates us to solve it.
- **Problem solving style:** Our thoughts and actions to resolve or manage the problems. Goal setting is often a part of this stage or the next step taken in counselling.

The techniques serve multiple functions in domestic violence support:

- ✔ Give the counselling process a concrete direction.
- ✔ Instill in survivors a sense of control and purpose.
- ✔ Help survivors develop these skills and thereby build resilience and agency, to deal with their concerns independently in the future.

PHASE 2

Problem solving



What is problem solving?

Problem solving refers to the process by which we identify, better understand, and discover solutions to deal with our problems.

Why is problem solving important?

Domestic violence often occurs in the context of different individual, familial, and social problems. Navigating through problems and finding solutions is integral in counselling.

When should problem solving be used?

For survivors who have difficulty identifying the core problems that they are dealing with or those who are unable to resolve these problems independently.

What are the goals of problem solving?

Enable survivors to identify and classify their problems, explore different alternatives to deal with them, and provide support in choosing the best solution, according to each survivor's needs and concerns.

PHASE 2
Problem solving

1

Problem definition

Define the problems clearly and specifically.

- *What are some of the concerns that you have been facing?*
- *What are some of the causes of these concerns?*
- *How long have you been experiencing them?*
- *What is the main issue that needs to be addressed immediately?*

Issue: Husband always insults me in front of others.

2

Solution generation

Discuss all possible solutions in behavioral and actionable terms.

- *In what ways can we address these concerns?*
- *What are the particular behaviours and actions that can be taken in each of these options?*
- *Are these options both practical (they can be applied by me through the situations that I am going through) and beneficial (they are helpful for me to deal with my main issue)?*

Possible steps:

1) Tell him how it makes me feel and to stop insulting me in front of others.
2) Insult him in front of others as well.
3) Seek support from my family.

PHASE 2
Problem solving

3 Choose best solution

Assess pros and cons of each solution and choose the most favourable one.

- *How many of the options that we have identified can be applied at present?*
- *What are the advantages and disadvantages of each of these options?*
- *Which is the option that is most practical and beneficial to apply at present?*

Examining pros and cons:

1. Tell him how it makes me feel and to stop insulting me in front of others.

Pros:
- It would make me feel confident to express my feelings.
- He may stop.

Cons:
- He may not care and may continue.

2. Insult him in front of others as well.

Pros:
- It would make me feel better for some time.

Cons:
- He may get angry and insult more.
- Others may think we are fighting.

3. Seek support from my family.

Pros:
- He may stop out of shame from what my family will think.

Cons:
- Involving family can lead to bigger problems.

PHASE 2
Problem solving

4 Apply solution

Visualize and rehearse applying the solution, modify as needed, and apply when ready.

- *What would it look like to try the option that we have selected?*
- *How does it make me feel to proceed with this option?*

Questions for reflection:

- *What will I say? How will I say it?*
- *What could be his possible reactions?*
- *How do I respond to them properly?*

5 Evaluate solution

Assess outcome; if successful, conclude or consider next problem. If unsuccessful, choose another solution identified in Step 2 and continue with the next steps in a similar manner.

- *What were the outcomes and results of applying the solution that we identified?*
- *Did it work? If yes, how was it helpful?*
- *If the solution did not work, what were some of the reasons behind this? Could things have been done differently and if yes, how?*
- *If the solution did not work, what is the next-best option that we can consider from the list that we had previously made?*

Checking outcomes:

- Has he stopped insulting in front of others? Yes or No
- Is there any positive change? Yes or No
- Is another solution necessary? Yes or No

PHASE 2
Goal setting

What is goal setting?
Goal setting refers to the development of an action plan that can guide us and motivate us to take actions to meet our goals.

Why is goal setting important?
In domestic violence, survivors may often feel stuck, helpless, and confused. Goal setting sets a clear direction for action and can guide the way when one is confused or unsure of what to do in a situation.

When should goal setting be used?
For survivors who are facing difficulty or are feeling confused in deciding what actions or directions to take to overcome their issues.

What are the objectives of goal setting?
Help a survivor determine short-term and long-term as well as individual and group goals that can support her to address her challenges gradually.

PHASE 2

Goal setting

1 Name specific goals

Identify and label each goal that a survivor wants, as well as those she does NOT want.

- *What do I want to achieve from counselling?*
- *What are the three most important goals that I want to achieve from counselling?* (number of goals as 'three' here only for reference purposes. If the survivor has more or less urgent goals, this number can be adjusted as per her needs).
- *What do I not want to do or consider in the counselling process?*

2 Identify bottom lines and obstacles

Recognize the obstacles in the way of attaining these goals and the possible limits to a survivor in achieving the goals.

- *What are some of the main internal issues that prevent me from achieving these goals?* (fear or uncertainty of outcomes, limited individual coping resources when things go wrong etc.)
- *What are some of the main external issues that prevent me from achieving these goals?* (no support from family or friends, lack of financial and material resources etc.)
- *To what extent can these issues be addressed and how?*

PHASE 2

Goal setting

3

Differentiate between short- and long-term goals

Distinguish between the goals that can be achieved immediately and those that can be achieved over time.

- *What are the goals I want to achieve in the next two weeks?* (time ranges mentioned for reference purposes only; can be adjusted as per survivor's needs)
- *What are the goals I want to achieve in one month from now?*
- *What are the goals I want to achieve in three months from now?*

4

Prioritize most important goals

Name one or two most important goals (this could also be prioritized on the basis of addressing the easiest ones first, to encourage motivation and boost confidence).

- *Which is main goal that I want to work towards right now?*

PHASE 2

Goal setting

5

Convert goals into action plans

Discuss behaviours and actions that can be taken to realize the goals.

- *What are the steps that I need to take to achieve this particular goal?*
- *Can all of these steps be taken in the present circumstances? If no, what is preventing this? How can these issues be taken care of to proceed with realizing this goal?*

6

As appropriate to her needs and safety, create group consensus

If a survivor wants to involve her partner, family, or other important relationships in the process, work together to form a group consensus regarding the goals (individuals may have to make compromises to reach agreement).

- *Do I want to take these steps by myself or with support from someone?*
- *If I need support, who or who all do I prefer to include in the process?*
- *What kind of support do I expect and need from them?*

PHASE 2

Goal setting: Example

1

Name specific goals

Want:
- my children to be free from violence.
- the physical violence to end completely.
- to tell at least one trusted person.

Do not want:
- to report my husband.
- to leave my husband.
- to involve his or my family.

2

Identify bottom lines and obstacles

- He may hurt me more if I tell him to stop hurting the children.
- He will always continue to hurt me.
- I could tell my friend but not any family members.

PHASE 2

Goal setting: Example

3 4 5

Differentiate between short- and long-term goals

Prioritize most important goals

Convert goals into action plans

Short-term priority actions:
- Make the children stay with my parents for some days when the fights and arguments get too much.
- Make a safety plan to avoid physical assault: call my friend or go to my neighbour's house till he calms down.
- Tell my friend who would be able to help quickly as she stays nearby.

Long-term priority actions:
- Make a pact with my husband that he will not hurt the children when he is angry.
- Communicate with husband on ways to deal with anger so that he can choose less violent ways to react.
- Reach out to a counsellor who can help me deal with the situation.

6

As appropriate to her needs, create group consensus

- Support her to learn negotiation and conflict management skills to communicate with her husband.
- Teach her anger management techniques that she could convey to her husband.
- Schedule joint therapy session as feasible.

PHASE 2

Assertive communication

What is assertive communication?

Assertive communication is the ability to express our point of view in a clear, direct, and confident manner, while also respecting the views of others.

Why is assertive communication important?

Domestic violence leaves survivors feeling anxious, disturbed, and unable to express themselves. Assertive communication helps them find a voice and express their will with confidence.

When should assertive communication be used?

For all survivors, but especially for those who are struggling to raise their voice against violence or confidently share their thoughts, opinions, and decisions.

What are the goals of assertive communication?

Help a survivor express her feelings, choose her behaviour in any situation, exercise her rights, disagree with others when appropriate, and change behaviour (especially those related to violence).

PHASE 2

Assertive communication

Basic assertiveness training

A

Body language

- Stand tall with upper body erect, open shoulders, and feet slightly apart to balance and center the body.
- Maintain neutral facial expression and steady, calm eye contact when conversing.

B

Communication

- With faith in one's intentions and message, use clear and strong communication. Be brief and specific with demands.
- Always use “I” statements to establish demands and use commands such as “No” with firmness (*"I want you to stop hitting me and I will not tolerate this anymore"* instead of *"It hurts when you hit me, you must stop"*).
- Avoid making excuses or apologies for others’ abusive behaviors (*“But he says these things because he loves me and wants me to be better”*).
- Be persistent in demands, even when others are not accepting of them initially; ensure measures for physical safety for possible disagreements and conflicts.

C

Taking action

- Determine specific goals:
  - *What exactly do I want to accomplish or change?*
  - *What are the ways that this can be done under the present circumstances?*
- Prepare statements in advance and rehearse alone, in the mirror, or with a friend before having the intended conversation.
- Address the situation as soon as possible.

What role does negotiation and boundary setting play in relationships?

PHASE 2

Addressing issues

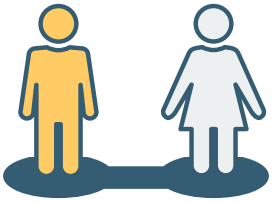
Negotiation and boundary setting are fundamental to a healthy relationship. Recognizing the signs of such a relationship can help us understand why.

What does a healthy relationship look like?

- Partners trust one another and try to avoid causing deliberate harm to each other.
- Partners are intent on loving each other and themselves in their relationship together.
- Partners work together to resolve conflicts, rather than blaming, avoiding, or controlling the other.

- They are delighted by each other's joys and successes, instead of being threatened by it.
- They take responsibility for their actions and are willing to compromise.

- They have their own identity and roles independent of the relationship as well as that shared with their partner in the relationship.
- The relationship adds to their wellbeing and fulfilment and does not reduce it.



Note: Clearly, a healthy relationship would require continued efforts from both partners and is not a single individual's responsibility. This is also why it is inaccurate and illogical to blame only women for relationship problems.

What role does negotiation and boundary setting play in relationships?

PHASE 2

Addressing issues

What does an unhealthy relationship look like?

- Partners express extreme feelings and behaviours that feels overwhelming and confusing (e.g., lots of love and attention on one day and completely ignoring and silent the next day).
- Partners are suspicious and doubtful of the other; they act in intentionally dishonest or secretive ways.
- Partners argue more and communicate less, and conflicts and fights are a part of routine life.
- Partners try to control the other's decisions, actions, or emotions.
- Partners keep each other away from friends, family, or other people.
- Partners are always blaming each other, make excuses for their unhealthy and harmful behaviours in the relationship, and are unwilling to compromise.
- Partners do and say things to make the other feel inferior or bad about themselves.
- The relationship reduces their overall wellbeing and leads to stress.

Note: Many relationships can have such negative behaviours and patterns. This does not mean that such relationships can never work. Through proper communication, working together, and by compromising to respect each other's individual and relationship needs, couples can overcome such difficulties and develop a healthier relationship.

PHASE 2
Negotiation

What is negotiation?
Negotiation refers to an interaction between two or more people or groups who have different views but are working together to find ways to reach a beneficial outcome for both.

Why is negotiation important?
People have common and different relationship needs. Negotiation is the process of getting both people's needs met as much of the time as possible.

When should negotiation be used?
- For survivors who are unable to express or assert their needs in a relationship as much as their partner does.
- For survivors who share that their needs from the relationship are not being met.

What are the goals of negotiation?
Help survivors develop positive negotiation and trust for fulfilling mutually desired relationship goals.

PHASE 2

Negotiation

Negotiation skills

Step 1:

Skill	Goals	Example
Self-awareness	*What do I want from this relationship to be happy and comfortable?*	I want to have a happy relationship with my husband while pursuing my own career.

Step 2:

Skill	Goals	Example
Awareness of and openness to partner's needs	*What does my partner want from this relationship to be happy and comfortable?*	He wants to have a happy relationship with me but does not want me to work.

Step 3:

Skill	Goals	Example
Clarity and specificity in communication	*How can we be direct and open with one another in our communication?*	I will tell him about the job I want to do and listen to his concerns about it.

PHASE 2

Negotiation

Skill	Goals	Example
Step 4:		
Willingness to compromise	*How can we meet half-way to ensure both of our happiness?*	We could both pursue our careers and share the household chores.
Step 5:		
Problem-solving	*How can we resolve our differences to cause least discomfort for each other?*	Address his concerns about my career; change mindset that household work is only for women; hire a maid.
Step 6:		
Distress tolerance	*When there is conflict and distress, how can we deal with it to minimise the pain that it causes us?*	Stop insults and emotional abuse and discuss our different opinions with respect; consult a therapist.

PHASE 2
Boundary setting

What is boundary setting ?
Boundaries are limits survivors create to identify the permissible ways for other people to behave around them.

Why is boundary setting important?
Personal boundaries of survivors are often violated in domestic violence. Boundary setting can help survivors feel respected and safe in a relationship, while also building their confidence and independence.

When should boundary setting be used?
- For survivors who find it difficult to have their own space and set limits comfortable to them in a relationship.
- For survivors who are unable to say NO to others who intrude their space, safety, and sense of comfort.

Note: Boundary setting should be used judiciously as it challenges the power dynamics of relationships. The survivor should be mindful of the context in which she uses this skill. **Boundary setting should not be used if it increases the risk of violence**. This skill would be suitable for the survivor when working with systems such as the law or the police to resolve her concerns.

What are the goals of boundary setting?
Help survivors develop rules and limits to identify safe and reasonable boundaries in their interactions with others and to respond when others step outside those limits.

PHASE 2

Boundary setting

Types of boundaries

Physical	Emotional	Material	Sexual
			
Body Personal space Privacy	Beliefs Behaviours/choices Connection with others	Money Possessions	Sexual orientation Emotional and physical aspects of sexuality
e.g. Reading her private messages	e.g. Blaming her for others' abuse	e.g. Using her money without permission	e.g. Forcing her to have sex

Identifying, setting, and maintaining good boundaries

- Every person has the right to set any boundary required to feel safe and comfortable, even if others may disagree or feel rejected in their doing so. Following are some thoughts to consider prior to setting boundaries:

a. What are my needs and goals from this relationship and for myself?
b. Am I able to meet these needs and goals without being controlled or prevented by my partner? Is he supportive of me?
c. Am I able to express my thoughts and opinions and take my own decisions without being controlled or threatened by my partner?
d. When I say 'no' to something, is my choice respected?

If the response is 'no' for items b, c, and d above, consider the following steps:

PHASE 2

Boundary setting

- Identify personal boundaries and communicate about it clearly and calmly ("*I don't want to be yelled at and expect you to speak calmly during conflicts*").

- Decide how you would like to respond when your boundaries are violated (What are some of the things you would say? What are some of the actions that you would like to take? How best can you say no or convey your decision assertively such that your boundaries are protected?)

- Distance yourself from the situation that causes discomfort. Leaving the room or situation is a form of boundary setting and an expression of our disapproval when our boundaries are disrespected. Pay attention to emotional responses when boundaries are violated (e.g. speaking with a friend when scared instead of locking up in a room).

- Enforce boundaries consistently; the limits you have set cannot be crossed. Express your needs and goals from the relationship as well as for yourself with your partner. Relationships involve compromise and support from both partners. Partners can try to communicate each other's views directly or work with a counsellor to do so.

- If boundaries continue to be disrespected, evaluate the role and impact of the relationship in your life:
- *Is it important for me to continue to be with my partner even though he does not respect my boundaries and preferences?*
- *If yes, how can I continue the relationship in a manner that my needs are taken care of and my personal limits are not crossed by my partner?*
- *If I do not want to continue the relationship, what are the next steps that I can take to convey my decision and end the relationship?*

PHASE 2

Conflict resolution

What is conflict resolution?

Conflict resolution refers to a way for two or more people or groups to find a peaceful and practical solution to a disagreement between them.

Why is conflict resolution important?

Conflict in the relationship forms the basis of domestic violence. Resolving conflict situations may reduce the incidence of violence.

When should conflict resolution be used?

For all survivors who seek to address and resolve the conflicts in their relationship with their partner.

What are the goals of conflict resolution?

Help survivors have healthy discussions related to conflict, such that everyone concerned feels heard and trust is repaired.

PHASE 2

Conflict resolution

1 Identify

Conflict situations and triggers:
What are some of the main reasons that we fight or argue with each other?

2 Listen

Be open and listen actively to your partner's views.

3 Discuss

• Communicate about issues when everyone is in a calm state; take a break if emotions become intense.
• Use "I" statements to avoid blame and criticism *"I want to spend some time with my family"* rather than *"You never let me stay with my family"*.

4 Comfort

When someone feels hurt, a likely outcome of conflicts and difference of opinion, try to help them feel better first before further discussion. (e.g. offer a glass of water; say "*I understand it may hurt you to hear this*").

5 Resolve

• Disagree with unrealistic expectations and demands that do not respect your rights, comfort, choices, and happiness.
• Explain positive effects of getting what you want/need (for self and others).
• Negotiate and compromise to fulfill individual and shared goals with minimum conflicts.

PHASE 3: ENDING WELL

Components:

- **Consolidating skills**

- **Planning for the future**

PHASE 3
Consolidation

What is meant by the consolidation of skills?
Consolidating skills involves steps by which a counsellor and survivor can reflect on the entire counselling process, identify the skills that they have developed along the way in trying to meet their goals, and determine how they can apply these skills even after the counselling process.

Why is it important to consolidate skills?
Consolidating skills is essential to help the survivor understand the process by which changes occurred and how the skills that they developed during the counselling process contributed to these changes.

When should the process of consolidating skills be used?
When nearing the end of the counselling process; after the most important goals identified by the survivor have been met to a large extent and they seek to reduce the number of sessions or end the counselling process.

What are the goals of skills consolidation?
To help survivors reflect on the entire counselling process, which includes:

- Revisiting the steps taken to address their concerns.
- Reflecting on the skills developed to achieve their counselling goals.
- Revaluating outcomes and results, and identifying gains and possible losses in the counselling process.

PHASE 3
Consolidation

The following are some important steps to be considered as part of consolidating the skills acquired though counselling:

1) Mention and discuss about when the counselling process is nearing its end

- Remind the survivor of the approaching end of the counselling process at least 2-3 sessions before the final one.
- By doing so, both the counsellor and survivor can work through their feelings about the end of the counselling process, discuss how the survivor will handle the conclusion of the counselling relationship, and what follow-up contact and post-counselling needs have to be taken care of for the survivor.
- Discuss feelings related to the end of the counselling process. Many survivors may develop a strong bond with the counsellor and toward the counselling relationship. It is thus important to understand their feelings about concluding the sessions and comfort them in case they may be feeling distressed or worried about it.
- The counsellor can also ask the survivor what they would like to focus on for the remaining few sessions in counselling.

These points may be conveyed, for instance, as follows:

"*As we had discussed in one of our first sessions, we decided that the counselling process would last for approximately two months for us to be able to meet your main goals. We are now close to this time period and since most of the goals have been achieved, you shared with me that you would prefer to end the counselling process. Accordingly, we will be concluding the counselling process after three more sessions. At this point, I would like to know how you feel about our approaching the end of counselling and if you may have any concerns about this. I would also like to know your thoughts and preferences for what we could focus on for our remaining few sessions*".

PHASE 3
Consolidation

2) Review the entire counselling process

Some questions that can be considered for reflection and discussion include:

- *What were all the problems discussed?*
- *What counselling strategies were implemented?*
- *What worked/did not work and why?*
- *What have been the main outcomes of counselling?*

3) Identify and review the progress made in the counselling process

Since the counselling process can be complex and involving many problems and stages, it is possible that survivors may forget about the progress they have made or the goals they have achieved along the way. The following questions can be used as prompts to help them recognize, appreciate, and feel motivated to continue applying the skills they developed in counselling:

- *What are the skills that I have learnt from the counselling process? How does this make me feel?*
- *How did these skills help me deal with or overcome my problems?*
- *In what ways can I continue to apply these skills in my life, even after the counselling process ends?* (Discuss some examples and scenarios where they could apply these skills)

PHASE 3

Planning for the future

What is planning for the future in the counselling process?

Planning for the future involves discussions and action plans on the way forward for the survivor, when the counselling process is nearing its end.

Why is it important to plan for the future?

While survivors may have developed several important skills during the counselling process, it is important for the counsellor to also help them create a roadmap for how they wish to continue to apply the skills acquired and address any remaining concerns or future issues that may come up over time.

When should the process of planning for the future be used?

In the last two sessions of the counselling process, such that the survivor may also have some time to seek further information and clarifications as needed.

What are the goals of planning for the future?

To help women survivors of domestic violence maintain a sense of direction regarding their next steps, gain confidence to take these steps independently, and learn about support systems and resources available to them for any concerns in the future.

PHASE 3

Planning for the future

1) Discuss a follow-up routine that works for the survivor

The end of the counselling process must not be the end of all communication with a survivor of domestic violence. It is important to follow-up periodically to ensure that they are safe and well and to check if they require any assistance. Discuss the following points to ensure effective follow-up:

- *How often would you prefer to contact me or be contacted by me after the counselling process for follow-up (e.g., weekly, monthly etc.; this can change over time depending on the concerns).*
- *What modes of contact do you prefer for our follow-up? (e.g., over the phone, in-person at the clinic etc.).*

2) Provide referrals according to needs

Depending on the survivor's needs, share details of organizations, professionals, and helplines that can be of assistance to her (e.g., NGO for financial support, psychiatrist, national mental health helpline etc.).

3) Communicate continued support even after conclusion of counselling

Reassure survivors that they can always get in touch again if they need any further support or would like to reinitiate the counselling process.

COUNSELLING PHASES

EXAMPLES OF APPLICATION

COUNSELLING PHASES

Application

Following are some examples of common concerns and situations experienced by women survivors of domestic violence, along with the possible techniques of Phases 1 and 2 that we can consider to support them.

Concern	Techniques
Anxiety and panic attacks	• Body awareness (*deep breathing, progressive muscle relaxation*) • Recognizing and managing difficult emotions • Problem solving
Guilt, low self-esteem, and self-loathing	• Self-soothing • Recognizing and managing difficult emotions • Assertive communication
Feelings of numbness, hopelessness, and continuous low moods	• Body awareness (*deep breathing*) • Recognizing and managing difficult emotions • Problem solving • Goal setting
Anger and aggression	• Body awareness (*deep breathing, progressive muscle relaxation*) • Recognizing and managing difficult emotions • Problem solving • Conflict resolution

COUNSELLING PHASES

Application

Concern	Techniques
Self-harm and suicidal thoughts	• Self-soothing and body awareness (*deep breathing, progressive muscle relaxation*) • Recognizing and managing difficult emotions • Problem solving • Goal setting • In case of ongoing violence, assertive communication, negotiation, boundary setting, and conflict resolution
Feeling confused and stressed about the relationship	• Problem solving • Goal setting • Assertive communication • Boundary setting • Conflict resolution
Frequent nightmares and flashbacks about past violence incidences	• Self-soothing and body awareness (*progressive muscle relaxation*) • Recognizing and managing difficult emotions
Conflict with partner or in-laws	• Problem solving • Goal setting • Negotiation • Boundary setting

CHAPTER 5

CRISIS MANAGEMENT

CHAPTER 5

HIGHLIGHTS

- Inappropriate techniques used in counselling and support can sometimes sustain the impacts of violence for survivors. Steps must be taken to minimize triggers of trauma and promote their sense of security.
- Self-harm and suicide ideation are common among women survivors of violence, which needs to be immediately addressed.
- Some women may have complex challenges (e.g., legal issues, poor physical health, crisis, lack of financial support etc.) that require comprehensive care and support.

FACTORS SUSTAINING VIOLENCE

Conscious or unconscious reminders of past trauma can cause a survivor to re-experience an initial trauma event. It can be triggered by a situation, attitude, statement, or by certain environments that create experiences similar to the original trauma. This can sometimes happen in the process of counselling and support, and special care must be taken to avoid such situations.

What are some of the factors that can negatively impact survivors of domestic violence?

- Detailed interviews about the traumatic event.
- Not believing a survivor's report of a traumatic event.
- Using isolation (e.g., leaving her alone in a room without any explanation).
- Using physical restraints (e.g., in police custody)
- Labeling her feelings of rage or intense fear as "abnormal".
- Ignoring her needs.
- Conducting physical health examinations without consent and/or in a disrespectful manner.
- Not caring about her physical or emotional boundaries (e.g., making her share trauma experiences in front of several and unfamiliar others).
- Telling her what to do and taking away her power to make decisions (e.g., telling her to divorce her husband).

FACTORS SUSTAINING VIOLENCE

What are some ways to avoid such negative impacts?

Be sensitive

- Understand her needs and concerns; never ignore them.

Avoid lengthy interviews

- Lengthy interviews can be emotionally draining. Keep discussions brief and seek only the details necessary to help the survivor.

Ensure privacy, safety, and confidentiality

- Ensure that the environment feels safe and comfortable for her. Explain the terms of confidentiality and assure her of privacy.

Identify potential triggers

- Triggers are anything that causes or activates feelings of trauma, pain, or distress. These must be identified and removed (e.g., having experienced violence from their male partners, it is possible that survivors feel fearful, anxious, or stressed in the presence of other males. Thus, having male team members around survivors who feel such fear could prevent them from expressing their concerns and seeking support).

Clarify consent

- Let her know that she does not have to answer questions that make her feel uncomfortable.

Create a calm space

- Encourage her to engage in relaxation techniques such as breathing exercises and visualization.

Explain boundaries

- Explain all processes and seek permission before any examination or test (e.g., medico-legal examination for sexual violence, recording sessions or asking about the violence she survived).

SAFETY PLANNING

Planning for safety against future violence

We have explored how domestic violence can be persistent. Counselling and short periods without violence cannot guarantee that survivors may never face such experiences again. It is thus important to provide a protective plan that can guide them towards safety when they are facing any harm.
Following is a simple plan to direct their safety behaviours:

Safety planning

Safe place to go	If you need to leave your home in a hurry, where could you go?
Planning for children	Would you go alone or take your children with you?
Transport	How will you get there?
Items to take with you	Do you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential? Can you put together items in a safe place or leave them with someone, just in case?
Financial	Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency?
Support of someone close by	Is there a neighbour you can tell about the violence who can call the police or come with assistance for you if they hear sounds of violence coming from your home?

Safety planning chart retrieved from "Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook", World Health Organization (2014).

SELF-HARM AND SUICIDE

Self-harm and suicide assessment:

Asking about suicide: Step-by-step

1) Identify risk factors (we want to REDUCE these) →	Feeling hopeless, has previously hurt herself, access to weapon or means of dying, ongoing violence, social isolation (feeling lonely)
2) Identify protective factors (we want to INCREASE these) →	Social support, hope for future, someone to care for (e.g., children, pets), access to crisis services, positive coping methods
3) Ask about Thoughts, plans, intentions, and past behaviour →	How often and intense thoughts are, if they have plans, if they really want to (intend to), if they have method of acting on plans
4) Decide on risk level Act accordingly →	(1) Decide on risk (2) Act according to level of risk (3) Always inform supervisor
5) Detailed notes and discussion with supervisor →	Take detailed notes, discuss in supervision, follow up with patient in between sessions

SELF-HARM AND SUICIDE

Self-harm and suicide assessment:

1) Identify risk factors

What factors increase suicidal thoughts and behaviours?

- Age (higher risk among young adults and elderly)
- Relationship status (those in troubled relationships or recently separated at higher risk)
- Mental health problems
- Unsupportive family and/or lack of social support
- Family history of self-harm/suicide
- Individual history of self-harm/suicide attempts
- Ongoing and severe stress
  Impulsive and high-risk behavioral tendencies

2) Identify protective factors

What factors protect a survivor from suicidal thoughts and behaviours?

- Supportive family and friends
- Religious or cultural beliefs
- Insight about dangers of self-harm/suicide and its harmful outcomes
- Access to social support (community support, counsellors, health facilities etc.)
- Positive individual coping methods (e.g., talking to a friend for support, engaging in stress-relief activities etc.).

SELF-HARM AND SUICIDE

Self-harm and suicide assessment:

3) Conduct inquiry/assessment

- **Inquire about prior history of self-harm and suicide attempt(s)**

- Any previous care/intervention plans attempted.
- Duration since previous episode of self-harm or suicide attempt.
- Any problems in accessing treatment, support, and safety measures.

Asking questions sensitively:

- *"I understand you are having some very difficult experiences. In your situation, many people may not want to continue living. Have you ever felt this way in the last few weeks?"*
- *"Have you been feeling hopeless and that nothing can help you?"*
- *"Have you been having thoughts of harming yourself or ending your life?"*
- *"Are these thoughts repeating such that you cannot distract yourself from them?"*
- *"Have you made any plans for harming yourself?"*

SELF-HARM AND SUICIDE

Self-harm and suicide assessment:

- **If self-harm and/or suicide risk are confirmed from the assessment and prior history, ask the following questions:**

a. Thoughts

- *What thoughts, specifically, have you been having?*
- *How long have you been having these thoughts?*
- *How intense have they been? How frequent? How long have they lasted? Have these thoughts increased at all recently?*

b. Plan

- *Do you have a plan for how you would harm/kill yourself?*
- *What is it? Where would you carry this out? When would you carry it out?*

c. Means

- *Do you have the means to carry out this plan?*
- *To what means do you already have access?*
- *What steps have you taken to gain access to means?*
- *Do you have access to any weapons/poison?*

d. Acts

- *Have you made any attempts? Have you taken any steps to carrying out this plan (e.g., cutting wrists, counting pills, tying rope, etc.)?*
- *What happened?*

e. Protective factors

- *What are the things that help you to control or manage these thoughts?*

SELF-HARM AND SUICIDE

Self-harm and suicide assessment:

4) Assess risk and plan action

- **Assess whether the risk of suicide is low, moderate, or high.** This will help determine the steps to take in intervention.

Risk Level	Risk/Protective Factors	Self-harm/Suicidality	Action
Low	Few risks and adequate protective factors; mild mental health problems	Thoughts of self-harm/death; no plans, intent or behaviour	Normalize her emotional experience; discuss coping skills

SELF-HARM AND SUICIDE

Risk Level	Risk/Protective Factors	Self-harm/Suicidality	Action
Moderate	Multiple risks; few protective factors; mild-moderate mental health problems	Self-harm/suicidal ideas with plan but no intent or behaviour	Collaboratively make a safety plan; give resources of emergency contact numbers

Risk Level	Risk/Protective Factors	Self-harm/Suicidality	Action
High	Acute, severe stressful event; very limited protective factors, severe mental health problems	Potentially life-threatening self-harm acts/suicide attempts; persistent ideas with strong intent, repeated self-harm acts	Contact supervisor urgently; give her a supportive referral; ensure proper case management

SELF-HARM AND SUICIDE

Self-harm and suicide assessment:

Managing high self-harm/suicide risk

1) Inform the survivor that in the interests of her safety, the supervisor will need to be contacted. Clarify any questions she may have in this regard.

2) Call the immediate supervisor. Provide them with details of the self-harm suicide risk assessment (including information about thoughts/plans/intent/access to means/behaviours/previous attempts, and risk and protective factors).

3) Follow supervisor instructions, which could include:
Involving supportive other (partner, family member etc.) and informing them about the high suicide risk (in-person or over the phone after obtaining the contact details from the survivor). Inform the supportive other:

- To always maintain appropriate supervision;
- To always check where she is at all times and who she is with;
- Whom to contact in case of an emergency;
- Importance of following-up and removing access to means of suicide, such as poison/blades;
- Informing the primary health center doctor of the high self-harm/suicide risk and with his/her help, referring the survivor urgently to a specialist (ideally a psychiatrist);
- Arrange for the supervisor to see her within 24 hours as far as possible.

SELF-HARM AND SUICIDE

Self-harm and suicide assessment:

Managing high self-harm/suicide risk

4) Before she leaves:

- Ensure she has immediate 24-hour access to suitable care; provide several contact numbers (the counsellor's, the supervisor's, state and national helplines etc.), that she can call if feeling the urge to self-harm/having suicidal thoughts.
- Conduct an early follow-up assessment (within 24-48 hours over the telephone or by a home visit). Speak to supportive other at the time of follow-up for further inquiry on her health status.

5) Ensure complete and timely documentation of the risk assessment and management. The points to be included in documentation:

- Whom did the counsellor contact?

- When did the various actions take place?
  - High risk identified
  - Discussion with supervisor
  - Family member informed
  - Follow-up session(s) conducted

- What was the outcome?
  - Supervisor advised counsellor should refer to psychiatrist
  - Referrals shared

SELF-HARM AND SUICIDE

Self-harm and suicide assessment:

5) Documentation

- Ensure that all the details of the self-harm/suicide risk assessment and intervention are accurately documented and updated regularly.
- This also includes all details of discussions and action plans with the supervisor as well as interactions with the partner/family members.
- The documented information should be used to discuss the progress of the case during follow-up sessions.

Some important points regarding self-harm/suicide cases:

- **Never ignore signs of self-harm/suicide.** Always routinely ask whether the survivor has any thoughts, urges, or acts of suicide or self-harm, in a gentle, direct, and non-judgmental manner.
- **Self-harm/suicide risk may change over time.** Therefore, frequent review and follow-up are necessary, especially if domestic violence is persistent and symptoms continue or worsen during counselling.
- **Counsellors are not obliged to maintain confidentiality when there is suicide risk.** Hence, ensure to activate the necessary referrals and support systems, but also keep the survivor informed of the steps taken and why at every point.

ASSESSING SUICIDE RISK: WORKSHEET

SUICIDE RISK QUESTIONS

Step 1: Identify risk factors of suicide

- ☐ Feeling hopeless
- ☐ Has previously hurt herself or attempted suicide
- ☐ Has access to weapon or means of dying (e.g., poison)
- ☐ Ongoing violence
- ☐ Social isolation (feeling lonely)

Step 2: Identify protective factors of suicide

- ☐ Social support – (eg. Family, Friends, Religion, Community, Professional Services)
- ☐ Hope for future
- ☐ Someone to care for (e.g., children, pets)
- ☐ Access to crisis services
- ☐ Positive coping methods

Step 3: Conduct suicide risk assessment

Thoughts: What kinds of thoughts have you been having?
How often do these thoughts come up in the past 2 weeks?
Are you able to distract yourself from these thoughts?

_____

_____

_____

Intent: Do you plan to act on these thoughts?

_____

Plans: Have you made a plan for how you would hurt yourself?
Do you have the means – a method – for carrying out your plan?
What steps have you taken to get access to these means?

_____

_____

ASSESSING SUICIDE RISK: WORKSHEET

SUICIDE RISK QUESTIONS

Previous attempts: Have you ever hurt yourself or tried to end your life in the past?
high risk if previous attempt is yes

_____

_____

Step 4: Decide on risk level (low, medium, high) and make a plan
Circle which risk level it is for this client

Risk Level	Risk/Protective Factors	Self-harm/Suicidality	Action
Low	Few risk factors; adequate protective factors; mental health problems with mild symptoms	Thoughts of death; no plans, intent or behaviour	Normalize these thoughts and provide counselling; provide written resources (e.g., numbers to call)

ASSESSING SUICIDE RISK: WORKSHEET

Risk Level	Risk/Protective Factors	Self-harm/Suicidality	Action
Medium	Many risk factors; few protective factors; mental health problems with mild to moderate symptoms	Suicidal ideas with plan but no intent or behaviour	Create a safety plan; schedule early/frequent follow up (e.g., phone-call between sessions)

Risk Level	Risk/Protective Factors	Self-harm/Suicidality	Action
High	Acute, severe stressful event; few or no protective factors, mental health problems with severe symptoms	Potentially life-threatening suicide attempt; persistent ideas with strong intent	Contact supervisor urgently; supportive referral to specialized services (e.g., psychiatry or inpatient hospitalization)

Step 5: Report to supervisor, make notes on this, follow-up with patient

SUICIDE SAFETY PLAN: WORKSHEET

SUICIDE SAFETY PLAN

Step 1: Signs that I am feeling hopeless and seriously considering wanting to die (moods, feelings, thoughts, stressful situations).

_____

_____

Step 2: Things I can do – alone – to take my mind off these problems (e.g., going on a walk, relaxation techniques, watching TV)

_____

_____

Step 3: People I can call up when I feel like this to distract me or to help me

Person 1 _____
Number _____

Person 2 _____
Number _____

Step 4: Professional agencies I can call for help

Helpline #1_____
Helpline #2 - Sangath's Well-being center 011-41198666 (available Monday-Sunday from 10am to 6pm)
Helpline #3 – iCALL – 9152987821 (available Monday-Saturday from 10:00am to 8:00pm)

Step 5: Remembering what I have to life for. The people and future plans I care about are:

_____

_____

CASE EXAMPLES

ADDRESSING CHALLENGES

ADDRESSING CHALLENGES
Case Examples

1. Survivors experiencing ambivalence

Meera is very confused about what to do in her marital relationship. Meera and her husband had a love marriage, and some time into the marriage, he started physically and emotionally abusing her. She even had pictures to prove how severe the violence was. Her husband was not working and was financially dependent on her. Each time she would decide that she wants to leave him, he would convince her that he will change his ways and not repeat the abusive behaviours. She would keep giving him chances thinking that he may change, and would discontinue communication with the healthcare worker when things were less stressful at home. However, another violent episode would happen soon, and she would return for help.

ADDRESSING CHALLENGES
Case Examples

1. Survivors experiencing ambivalence

Understanding Meera's experiences

- *What are some issues that Meera is facing in her relationship with her husband?*
- *How are these issues affecting her mental health?*
- *What types of challenges does she seem to be facing that is continuing her violence experiences?*

Some important points for group discussion

- Meera's husband's financial dependency on her (*Is this acceptable and how does this impact Meera's life?*)
- Meera's tendency to seek help by reaching out to the healthcare worker but disappearing for some time when her husband convinces her that he will not repeat his actions (*How can Meera's infrequent communications with the healthcare worker be addressed?*)

Essential intervention techniques for this case:

- Recognizing and managing difficult emotions
- Problem solving
- Goal setting
- Assertive communication
- Boundary setting
- Conflict resolution
- Consolidating skills
- Planning for the future

ADDRESSING CHALLENGES
Case Examples

1. Survivors experiencing ambivalence

Some possible measures to consider for Meera:

- Provide psychoeducation on her rights, health, and available support systems; help her also recognize patterns of violence and their tendency to keep recurring.
- Conduct a basic mental health assessment, as well as an assessment of self-harm and suicide risk, and refer to the psychologist if there are signs of mental health problems that require specialized attention.
- Help her recognize boundaries in relationships and roles, and how these boundaries need to be respected in all relationships (e.g., husband's financial dependence on her which makes it more complicated for her to make a decision about the relationship; help her understand that he has an equal role and responsibility in the relationship, which means not only stopping the violence but also contributing to both of their wellbeing and relationship goals).
- Help her identify all possible options to resolve her concerns and support her to take the decision she feels is most suitable.
- Consider possibilities of involving her husband in counselling, if they are both willing to resolve concerns together.
- Follow-up every two weeks or on a monthly basis, after establishing this routine with her permission, and continue support until she is able to address the concerns independently.

ADDRESSING CHALLENGES
Case Examples

2. Survivors in crisis

Leena called up a healthcare worker for help and reported that her husband was making threats against her life. She was in extreme panic and just wanted someone to come and save her from him. The healthcare worker assessed her immediate safety options and upon recognizing her connection with a supportive neighbour, asked her to reach out to them for the moment. Leena did so but the healthcare worker heard nothing from her after that. Upon conducting a follow-up, Leena shared that things are better now with her husband and that she does not require any further help. However, two weeks later, she calls up again when a huge fight breaks out and reports sustaining bruises and being pushed by her husband.

ADDRESSING CHALLENGES
Case Examples

2. Survivors in crisis

Understanding Leena's experiences

- *What are some issues that Leena is facing in her relationship with her husband?*
- *How are these issues affecting her mental health?*
- *What types of challenges does she seem to be facing that is continuing her violence experiences?*

Some important points for group discussion

- Leena's high risk of harm and even possible danger to life (*Is it okay to let Leena continue to live with her husband who is severely threatening?*)
- Supporting Leena through the extreme violent episodes that break out at home (*What possible support systems can be activated for her immediate protection from harm?*)

Essential intervention techniques for this case:

- Body awareness (deep breathing ang progressive muscle relaxation)
- Recognizing and managing difficult emotions
- Problem solving
- Assertive communication
- Boundary setting
- Conflict resolution
- Consolidation skills
- Planning for the future

ADDRESSING CHALLENGES
Case Examples

2. Survivors in crisis

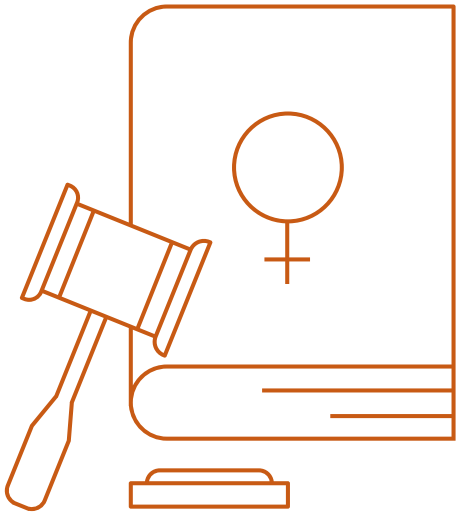
Some possible measures to consider for Leena:

- Provide psychoeducation on her rights, health, and available support systems; helping her also recognize patterns of violence and their tendency to keep recurring.
- Conduct a basic mental health assessment, as well as an assessment of self-harm and suicide risk, and refer to the psychologist if there are signs of mental health problems that require specialized attention.
- Support her to work on difficult and overwhelming emotions that she experiences as a result of the violence.
- Work with her to create a safety plan for crisis situations (e.g., going to neighbors place, calling a helpline, staying with family etc.).
- Help her identify the causal factors which are leading to the violence, instead of dealing with only the violent acts when they get severe.
- Set clear boundaries and expectations regarding both the intervention and her relationship, and the importance of her compliance (i.e., not stopping counselling when things get a little better) to see positive outcomes over time.
- Ensure frequent follow-ups on terms discussed and agreed upon with her (e.g., monthly, over the phone etc.).

ADDRESSING CHALLENGES
Case Examples

3. Survivors in the legal system

Saira has been married for nine years, and has been facing severe physical and emotional violence from her husband and his family. She has a two-year-old son. She has always been soft-spoken and scared to share her opinions about anything, and naturally, found it very difficult to raise her voice against the violence she was facing. Few months before meeting the healthcare worker, she went to her native village, where she reconnected with a childhood friend, who was male.



When her husband and her family got to know about this, they got furious, told her to pack her belongings, and dropped her and the child off at a distance from her native home. Her family was scared that this would bring a bad name upon them and that people would blame Saira for everything. Her sister was her main source of support, who would not give up until Saira received fair treatment for all that had happened to her. Saira told her sister that she wants to end the marriage

ADDRESSING CHALLENGES
Case Examples

3. Survivors in the legal system

Understanding Saira's experiences

- *What are some issues that Saira is facing in her relationship with her husband?*
- *How are these issues affecting her mental health?*
- *What types of challenges does she seem to be facing after being separated from her husband?*

Some important points for group discussion

- Saira's mental health and coping after returning to her home (*How would she have felt after experiencing her husband's and his family's reactions? How would she have felt from seeing her own family's reactions?*)
- Supporting Saira to lead an independent life after ending the marriage (*In what ways can she take care of herself and her child?*)

Essential intervention techniques for this case:

- Problem solving
- Goal setting
- Assertive communication
- Boundary setting
- Conflict resolution
- Consolidation skills
- Planning for the future

ADDRESSING CHALLENGES
Case Examples

3. Survivors in the legal system

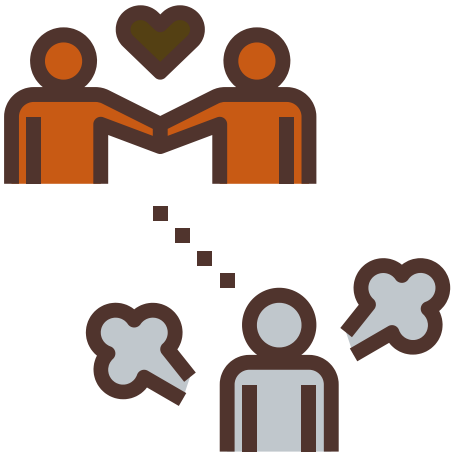
Some possible measures to consider for Saira:

- Identify a neutral, comfortable, and safe place to have the session with Saira, after discussing with her where and how she would like to interact.
- Ensure basic psychoeducation by helping Saira recognize her rights, the importance of her voice, and her independence in making choices regarding her life.
- Conduct a basic mental health assessment, as well as an assessment of self-harm and suicide risk, and refer to the psychologist if there are signs of mental health problems that require specialized attention.
- Teach her essential assertiveness skills, so that she can communicate her wishes and stand up against any mistreatment.
- Provide legal guidance on her options (e.g., how to approach the justice system, the validity of her statements and how it can favor her for an eventual divorce, whether she would like to file for maintenance for her child etc.).
- Involve Saira's sister as she can be a significant source of support, comfort, and strength initially. However, also ensure that Saira becomes more independent in taking her decisions over time.

ADDRESSING CHALLENGES
Case Examples

4. Survivors seeking to continue the relationship

Ruksaar is in a violent marital relationship. Her husband keeps controlling her life and does not permit her to make decisions independently, while also physically and emotionally abusing her. She faced a lot of verbal abuse as well, as he would often threaten to divorce her. She has two children. She has very little support from her family members, and feels that even if she were to open up to others about her husband, they would not believe her, as he has created a good image on the outside about himself and their relationship. She is well-educated but is presently unemployed and financially dependent on her husband.



ADDRESSING CHALLENGES
Case Examples

4. Survivors seeking to continue the relationship

Understanding Ruksaar's experiences

- *What are some issues that Ruksaar is facing in her relationship with her husband?*
- *How are these issues affecting her mental health?*
- *What types of challenges does she seem to be facing that is continuing her violence experiences?*

Some important points for group discussion

- Ruksaar's sense of identity and ability to make individual choices and decisions (*How may her husband's words and actions be affecting her sense of self?*)
- Helping Ruskaar find her own voice (*What may be making her feel that others would always believe her husband over her? How can this be changed and addressed?*)
- Supporting Ruksaar to lead an independent life (*What may be the obstacles to her getting a job given that she is well-educated? How can she be supported to overcome them?*)

Essential intervention techniques for this case:

- Self-soothing
- Problem solving
- Goal setting
- Assertive communication
- Negotiation
- Boundary setting
- Conflict resolution
- Consolidation skills
- Planning for the future

ADDRESSING CHALLENGES
Case Examples

4. Survivors seeking to continue the relationship

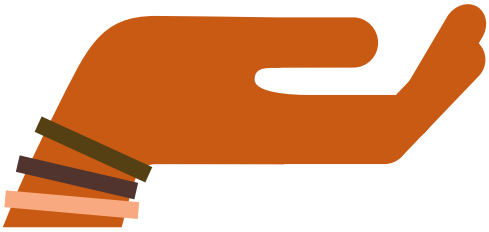
Some possible measures to consider for Ruksaar:

- Provide basic psychoeducation to help Ruksaar recognize her rights and that she does not deserve to suffer.
- Conduct a basic mental health assessment, as well as an assessment of self-harm and suicide risk, and refer to the psychologist if there are signs of mental health problems that require specialized attention.
- Teach her skills of assertiveness, negotiation, and boundary setting, so that she can make independent decisions regarding her career and the relationship.
- Help her identify her individual strengths, appreciate every step taken to deal with the concerns, and thus help her develop confidence in herself.
- Help her explore possibilities for a job and financial independence.
- Identify any other support systems (e.g. friends).
- Discuss with Ruksaar possibilities of involving her husband and family in counselling, if and when she feels ready for them to engage.
- Ensure frequent follow-ups on terms discussed and agreed upon with her (e.g., monthly, over the phone etc.).

ADDRESSING CHALLENGES
Case Examples

5. Survivors struggling after leaving the relationship

Sheila's husband has a drinking problem. She reports that when he is drunk, she sustains bruises and wounds due to his violent behaviour, and feels distressed due to his emotional abuse. She also reports pain in her abdomen and genitals. She has five children and her husband is the only earning member of the family. She has been extremely scared and was feeling helpless. One day, when things became too difficult to tolerate, Sheila called her sister, who asked her to come stay with her. She took her children and went to stay with her sister for some time. However, she eventually returned to her husband when it was not possible for her to find a job to sustain herself and her children. She is still suffering from his abuse and does not know what to do. She has reported extreme anxiety and often has flashbacks about the violence she has suffered.



ADDRESSING CHALLENGES

Case Examples

5. Survivors struggling after leaving the relationship

Understanding Sheila's experiences

- *What are some issues that Sheila is facing in her relationship with her husband?*
- *How are these issues affecting her mental health?*
- *What types of challenges does she seem to be facing that is continuing her violence experiences?*

Some important points for group discussion

- The sexual violence experienced by Sheila (*In what possible ways can she protect herself from the sexual violation?*)
- Sheila's mental health and coping (*How does she cope with the extreme fear? What are some helpful techniques that could be suggested to her?*)
- Supporting Sheila to lead an independent life (*What options has Sheila tried thus far and what further options can be considered for her financial independence?*)

Essential intervention techniques for this case:

- Self-soothing and body awareness (deep breathing ang progressive muscle relaxation)
- Recognizing and managing difficult emotions
- Problem solving
- Goal setting
- Assertive communication
- Negotiation
- Boundary setting
- Conflict resolution
- Consolidation skills
- Planning for the future

ADDRESSING CHALLENGES
Case Examples

5. Survivors struggling after leaving the relationship

Some possible measures to consider for Sheila:

- Comfort Sheila and assure her of your continued support.
- Provide basic psychoeducation to help Sheila recognize her rights and that she does not deserve to be mistreated by her husband, even if she and their children are financially dependent on him (which is his responsibility).
- Conduct a basic mental health assessment, as well as an assessment of self-harm and suicide risk, and refer to the psychologist if there are signs of mental health problems that require specialized attention. In Sheila's case, it may be necessary to refer her to a psychologist (since extreme anxiety has been reported).
- Identify and activate all possible other social support systems (e.g., continue to rely on her sister during crisis and difficult situations; connect her with NGOs that can provide financial aid and link her to potential job opportunities).
- Help Sheila identify the goals she would like to achieve with regards to the counselling process and her marital relationship, and inform her of the importance of not abandoning them until they are attained, even if it takes time.
- Ensure frequent follow-ups on terms discussed and agreed upon with her (e.g., monthly, over the phone etc.).

ADDRESSING CHALLENGES
Case Examples

6. Assault during pregnancy

Ramya is pregnant and her husband is asserting that this is not his child. He is accusing her of having her father's baby. He continually blames her for being a "bad woman" and nobody in the family supports her. Ramya is feeling extremely tortured, which is affecting her physical and mental health. She shared that she does not want to end the relationship, but just wants her husband to understand her perspective and for the violence to stop.

ADDRESSING CHALLENGES
Case Examples

6. Assault during pregnancy

Understanding Ramya's experiences

- *What are some issues that Ramya is facing in her relationship with her husband?*
- *How are these issues affecting her mental health?*
- *What types of challenges does she seem to be facing that is continuing her violence experiences?*

Some important points for group discussion

- Ramya's mental health and coping (*How may the accusations of her husband be affecting her? What is her surrounding environment like and how does this impact her?*)
- Ramya's physical health and pregnancy (*Is her present environment suitable for her health? If not, in what ways can her current situation be improved?*)

Essential intervention techniques for this case:

- Self-soothing and body awareness (deep breathing ang progressive muscle relaxation)
- Recognizing and managing difficult emotions
- Problem solving
- Goal setting
- Assertive communication
- Negotiation
- Conflict resolution
- Consolidation skills
- Planning for the future

ADDRESSING CHALLENGES
Case Examples

6. Assault during pregnancy

Some possible measures to consider for Ramya:

- Provide in-depth mental health counselling for addressing the trauma.
- Ensure basic psychoeducation about her rights, especially to those being treated with dignity and receiving support; explain to her that such responses from her husband are not acceptable or normal, no matter how much others in the society may remain quiet.
- Ensure all her basic healthcare needs during pregnancy are taken care of by linking her to the appropriate healthcare professionals and services.
- Since she has no other support systems that can stand up for her, intervene, to the extent that Ramya is comfortable with, to inform the husband and family that their actions are unacceptable and that they cannot continue to mistreat her. Inform them of the severe impacts on her as well as her baby's health.
- Involve the husband in counselling to identify where the doubtful thoughts, which is leading to the violence, are coming from.
- Connect her with legal support as required.

GLOSSARY AND REFERENCES

GLOSSARY

Active listening: The process of carefully listening to what someone is saying, paying attention to their non-verbal expressions and responses, and providing reassurances and feedback which assure them of being heard and understood appropriately.
Ambivalence: The state of having mixed feelings or contradictory ideas about something or someone.
Anxiety: A group of symptoms characterized by excessive worry and fear, leading to related emotional and behavioural disturbances (e.g., negative or self-defeating thoughts, avoidance of situations etc.) and physical health symptoms (e.g., nausea, muscle tightening, etc.).
Assertive communication: The ability to express one's point of view in a clear, direct, and confident manner, while also respecting the views of others.
Body awareness: Processes that help to better understand and feel connected to one's bodily responses, which in turn improves the link between physical experiences and mental states.
Boundary setting: A process of creating limits that an individual finds comfortable to ensure permissible ways for other people to behave around them.
Catatonia: A group of symptoms where a person is awake, but barely moves, talks, or reacts to anything. It may look like mental or physical numbness, and is sometimes accompanied with strange movements and unusual behaviours.
Common mental disorders (CMDs): Mental health issues that are commonly found among the general population.
Confidentiality (in psychology): A principle of ethics which requires mental health professionals to protect and not disclose the information shared by patients and clients, except in emergency situations where they may cause harm to themselves or others.
Conflict resolution: A process by which two or more people or groups can find a peaceful and practical solution to a disagreement between them.
Consent: Giving permission for something to happen or agreeing to do something by individual choice.
Consolidation skills: Steps by which the counsellor and client can reflect on the entire counselling process, identify the skills developed towards the achievement of goals, and determine ways to apply these skills post-counselling.

Counselling: A group of skills and techniques that are used in interaction to help a person recognize emotions, modify behaviour, increase happiness, and overcome problems.
Delusions: The state of believing things that are not true (e.g., an individual believing that a loved one is with them even after they have passed away).
Depression/depressive disorders: A group of symptoms and mental health conditions characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, tiredness, poor concentration, and feelings of hopelessness.
Disclosure (in psychology): The act of revealing personal or private information about one's self to others.
Discrimination: Biased and unfair treatment of different categories of people, especially on the basis of race, age, sex, or disability.
Disorientation: A state of mental confusion that can cause uncertainties regarding time, place, personal identity, or daily life.
Distress: A feeling of extreme worry, sadness, or pain.
Distress tolerance: A person's ability to manage actual or perceived emotional distress.
Domestic violence: A pattern of behaviour in any relationship that is intended to threaten or cause harm to another individual; it can include physical, sexual, emotional, or economic actions or threats that influence another person and is used to gain or maintain power and control over them.
Economic violence: Acts that lead to financial difficulties for someone, such as taking away their money/assets or not allowing them to have a separate income.
Emotional violence: All behaviours that cause emotional suffering or trauma to another.
Empathy: The ability to understand and share the feelings of another by placing oneself in their position.
Empowerment: The process of developing self-confidence and experiencing strength, especially in controlling one's life and claiming one's rights.
Flashback: The sudden and strong experience of a memory from an event in the past.
Functioning (in psychology): The capacity of individuals to be able to cope with the needs, demands, responsibilities, and duties of everyday life (e.g., in relationships, in their professional life, with physical healthcare etc.).
Gender-based violence: Discriminatory and harmful acts that are directed at an individual based on their gender.
Generalized anxiety disorder (GAD): Continuous and excessive anxiety and worry about various aspects of life, including work and relationships, that an individual finds difficult to control; this is also accompanied by physical symptoms including restlessness, tiredness, difficulty concentrating or mind going blank, irritability, muscle tension, and sleep disturbance.

Goal setting: The process of developing an action plan that can guide and motivate one to take actions to meet individual goals.
Grounding techniques: Techniques that can help a person manage traumatic memories or strong feelings. Grounding techniques usually involve focusing one's attention in the present or engaging the body and mind in other activities to help one disconnect from distressing thoughts and emotions.
Hallucinations: Experiences of seeing, hearing, or having sensations of something that is not really there (e.g., seeing lights or hearing sounds that others cannot see or hear).
Hypervigilance: Feelings of constantly being 'on alert', getting disturbed and worried easily, or excessive fear that something bad is about to happen.
Intimate partner violence: Patterns of violence and abuse caused by a current or former partner, occurring within many relationships, such as between couples who are married, or those who have separated or divorced.
Mental health: A state of wellbeing that includes positive feelings and actions contributing to a sense of fulfilment, by which people can realize their abilities, function productively, and cope effectively with the stresses of daily life.
Mental health professional: Individuals who are qualified to provide mental health counselling and support; some are also qualified to conduct psychological assessment and diagnosis for mental health concerns. Examples include psychiatrists, psychologists, counsellors, clinicians, therapists, and clinical social workers.
Mood chart: A technique for identifying and recording one's moods, usually at set time intervals, which helps one recognize and positively manage mood patterns and variations.
Negotiation: An interaction between two or more people or groups who have different views but are working together to find ways to reach a beneficial outcome for both.
Palpitations: Feelings or sensations of the heart beating too fast or pounding.
Panic disorder: Marked by recurrent and unexpected panic attacks. A panic attack is a sudden feeling of intense fear or discomfort that reaches a peak within minutes, and during which time people experience a pounding heart, sweating, trembling or shaking, shortness of breath or choking sensations, chest pain, dizziness, feelings of being disconnected from reality, fear of losing control or "going crazy", or fear of dying.
Perpetrator (of violence): A person who intentionally carries out acts that are harmful to others.
Phobias: Marked by fear or anxiety about a specific object or situation (e.g., flying, heights, animals, seeing blood etc.), and the occurrence of anxiety symptoms when exposed to them.

Physical violence: Acts using physical force that causes injury or harm to someone's body.
Prejudice: Thoughts, feelings, and opinions about others which are based on preconceived ideas and not on facts or actual experiences.
Problem solving: The process of identifying and thoroughly understanding one's problems, along with discovering solutions to deal with them.
Protective factors: Aspects about individuals or conditions in families and communities that help people deal more effectively with stressful events and reduce the related risk.
Psychoeducation: The process of providing education and information to those seeking or receiving mental health services, such as people with mental health concerns and their family members.
Psychosocial: Relating to experiences that combine social factors (e.g., relationships, lifestyle etc.) and individual emotions, thoughts, and behaviours.
Quality of life: The degree to which individuals feel healthy and comfortable with their lives, and are able to participate in or enjoy life events.
Reflection (in counselling): The process by which the counsellor can check their understanding of a client's concerns, what they have expressed, and what these experiences mean for them.
Resilience: The ability to mentally or emotionally cope with stressful experiences and to return fairly quickly to one's state of being as it was before the occurrence of a stressful situation.
Risk factors: Aspects about individuals or conditions in families and communities that increase the risk of harmful experiences (e.g., disease, episodes of abuse etc.).
Selective mutism: A consistent failure to speak in particular social situations in which there is an expectation to speak (e.g., family interactions), even though the individual is able to speak in other situations.
Self-awareness: Conscious knowledge of one's own thoughts, emotions, and personality and sense of self.
Self-criticism: Thoughts and feelings about oneself as not being good enough or as being a bad person.
Self-esteem: Feelings of confidence and contentment in one's own worth or abilities.
Self-harm: Range of behaviours that intentionally cause pain or damage to oneself. Self-harm results from intense emotional pain and distress and can be suicidal or non-suicidal (also known as self-injury).
Self-loathing: Feelings of dislike, disgust, anger, and/or hatred towards oneself.
Self-soothing: Techniques to manage thoughts, emotions, and behaviours in ways that are positive, healthy, and gentle on oneself.

Separation anxiety disorder: Excessive fear or anxiety about being separated from those to whom the individual is attached, accompanied with refusal to leave them even if to fulfil daily responsibilities. It is also characterized by fearful thoughts and nightmares about something bad happening to them or being separated from them, and sometimes includes physical symptoms of anxiety.
Sexual orientation: The aspect of a person's identity about the gender or genders of people to which they are sexually attracted and want to be in romantic relationships with.
Sexual violence: Acts that involve forced sexual behaviours toward others without consent.
Social anxiety disorder: Fear or anxiety about one or more social situations in which the individual is exposed to possible judgment by others (such as during social interactions or performing in front of others.
Social isolation: The absence of social contact which can lead to feelings of loneliness and despair.
Stereotype: A generalized and often biased or oversimplified belief about a particular category of people.
Stigma: Negative feelings, attitudes, and behaviours that may be connected with how we judge or label someone who is different from us.
Substance abuse: The excessive use of harmful and/or illegal substances that are dangerous to one's health.
Suicidal behaviours: Planning or preparing ways to attempt suicide.
Suicidal ideation: Having thoughts, ideas, or ruminations about the possibility of ending one's life.
Survivor (of violence): A person who is targeted and made to suffer violence experiences.
Timeout: A technique of reducing a behaviour or reaction by moving away from or limiting exposure to those factors that cause the behaviour to occur.
Trauma: An emotional response to a difficult and harmful event, such as an accident, rape, broken relationship, or natural disaster.
Trigger (in psychology): Something that causes or activates feelings of trauma, pain, or distress. Triggers can include a wide range of objects, people, places, and experiences, and varies across individuals based on their life experiences.
Validation (in psychology): The recognition and acceptance of another person's thoughts, feelings, and experiences as being valid and true.
Victim-blaming: The act of blaming the survivor for a crime or wrongful act that has happened with them.
Visualization: The process of creating an image in one's mind or mentally rehearsing a planned behaviour, in order to learn skills or improve one's performance in a real scenario.
Withdrawal: The response of pulling back or not wanting to participate in an activity (e.g., avoiding others as part of social withdrawal).

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