

Protocols and Guidelines  
for counseling for

# Violence Against Women Issues

by iCALL, TISS & UNFPA  
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# DEVELOPED BY

iCALL, Tata Institute of Social Sciences  
In Partnership with the United Nations  
Population Fund (UNFPA)



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# MESSAGE FROM

## **Violence Against Women and Girls (VAWG) is one of the most widespread human rights violations.**

As the world grapples with the COVID-19 pandemic, emerging data from the field indicated a shadow pandemic, that of violence against women and girls. As a result of violence in their lives, women and girls suffer many adverse physical, social and psychological consequences. In Pandemics such as COVID-19, women and girls also bear a disproportionate burden of the distressing consequences, making them further vulnerable.

To strengthen existing response mechanisms to address violence against women and girls, UNFPA partnered with the Tata Institute of Social Sciences to build the capacities of staff at One Stop Centres. Work was initiated in 2020 with One Stop Centres in five States - Bihar, Madhya Pradesh, Rajasthan, Odisha and Maharashtra. The capacity-building initiative was based on a participatory and empowerment-oriented approach. A series of sessions were conducted to address legal, social, health, mental well-being and criminal justice-related aspects of violence against women and girls, and counselling interventions for the same. In 2021, this work was expanded to two additional States- Punjab and Chhattisgarh.

As part of the initiative, staff at the One-Stop Centres expressed a need for counselling protocols that used evidence-based counselling techniques. This booklet is an outcome of this felt need. Five protocols have been developed to respond to survivors in a culturally sensitive manner, using a rights-based framework.

I would like to thank our partner, the Tata Institute of Social Sciences for having undertaken the task of developing these protocols. I would also like to acknowledge the support of the Royal Norwegian Embassy in India for our partnership on enhancing the value of women and girls that has made this initiative possible.

We at UNFPA are guided by the Sustainable Development Goals (SDGs) principle of Leaving No One Behind and the critical need to prevent and respond to violence against women and girls. We hope that the protocols will prove to be a useful tool for counselling survivors in a rights-based manner.

**Sriram Haridass**  
**Representative India and Country Director Bhutan a.i**  
**United Nations Population Fund**  
**New Delhi**

# MESSAGE FROM

## **Violence against women and girls (VAWG) is one of the most widespread, persistent and devastating human rights violations in our world today.**

Violence can negatively affect women's physical, sexual and reproductive health, and psychosocial well-being. Since the outbreak of COVID-19 pandemic, data has shown intensification of all forms of violence against women and girls, particularly domestic violence. Against this backdrop, there is an urgent need for tailored strategies and programs designed to safeguard violence survivors' safety and their overall health and well-being.

Considering the need for a comprehensive, multi-agency response to address violence against women and girls during the pandemic, iCALL - field action project of the Tata Institute of Social Sciences (TISS)- joined hands with the United Nations Population Fund (UNFPA) in the year 2020. Broadly, this collaboration involved capacity enhancement of counsellors working with one stop crisis centers, family counselling centers and special cells for women and children, as well as other Gender based Violence (GBV) functionaries, and development of knowledge products for an easy access to information and strategies for effectively addressing VAWG issues.

The capacity enhancement series with counsellors and GBV functionaries highlighted the need for counselling protocols that will provide simple, clear and practical guidelines to service providers and responders working with issues of VAWG. Hence the present document comprises five protocols for counselling interventions with women survivors of domestic and sexual violence, and their partners and family members who perpetrate violence. The protocols are informed by women-centric and rights-based frameworks. While four out of the five protocols focus on quality response for survivors' well-being, the fifth protocol highlights the need to focus on service providers' well-being. It is important to care for the service providers and responders who are continuously exposed to traumatic and challenging situations during their work with VAWG issues. Towards this goal the document also contains a protocol for addressing service providers' and responders' mental health and well-being.

I appreciate the efforts undertaken by TISS iCALL's team for preparing this protocol document for guiding interventions on violence against women and girls. I am also grateful to UNFPA for this partnership. I am hopeful that this document will serve as a valuable resource for all those addressing issues of violence against women and girls.

**Prof. Shalini Bharat Director, Tata Institute of Social Sciences**

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# About the 'Protocols and Guidelines for counseling for violence against women issues



The 'Protocols and Guidelines for violence against women counseling' document has been prepared by iCALL, a field action project of the Tata Institute of Social Sciences, in collaboration with the United Nations Population Fund (UNFPA). iCALL, a pioneering and empowering technology assisted mental health initiative, was started in 2012 as a project at the School of Human Ecology, Tata Institute of Social Sciences (TISS), Mumbai. iCALL Psychosocial Helpline was introduced in order to bridge the vast mental health treatment gap in India; and to make affordable, anonymous, multilingual and professional counselling services available to those experiencing psychosocial distress. At present, iCALL is a leading National level telephonic and email-based counselling service for individuals across all age groups (with a special emphasis on vulnerable groups). The helpline provides information, emotional support and referral linkages. Apart from service provision, iCALL also conducts research, capacity enhancement, content development and awareness generation activities in the area of mental health in collaboration with state Governments, civil society organisations and international organisations.

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity.

UNFPA calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services – including voluntary family planning, maternal health care and comprehensive sexuality education. UNFPA's work is guided by the principles of a human-rights based approach set in place by the 1994 International Conference on Population and Development (ICPD), gender empowerment and equality, and the imperative that no one is left behind. UNFPA works towards achieving three transformative results that promise to change the world for every woman, man and young person by 2030:

- Zero Unmet Need for Family Planning
- Zero Preventable Maternal Deaths
- Zero Gender-Based Violence and Harmful Practices

In 2020, iCALL and UNFPA partnered to deliver support and enhance capacities of counselors working at One Stop Centers, family counseling centers and special cells in five states of India. Informed by a participatory, survivor-centric and empowerment-oriented approach, this 15 sessions workshop series, spanning over 7 months, focused on strengthening counselors' understanding and skills related to social, legal, health, and mental health aspects of violence against women and girls and counseling interventions for the same. Each session was attended by almost 450 counselors, social workers, and service providers. The series helped counselors develop a sound and comprehensive understanding of violence against women and girls, and also effective

interventions to address the same. The workshop sessions were delivered online, by subject matter experts from fields of law, mental health, health, social work, policy etc.

After receiving excellent feedback from the participants, the project was extended to two more states in 2021. Through these workshops, a need for a separate series emphasizing mental health and psychosocial support (MHPSS) for violence survivors, was perceived. Subsequently, a six-session series with counsellors from three states was conducted to address mental health and psychosocial support (MHPSS) for the survivors of violence.

Interactions with the counselors and service providers also brought forth the need for simple and easily applicable knowledge products on violence against women and girls, mental health and counselling, including a 'protocols and guidelines document' for offering counseling interventions on violence against women issues.

## Background and Rationale for the protocols and guidelines document:

Violence against women is widespread with one in three women worldwide experiencing physical or sexual violence, mostly by an intimate partner. Violence against women and girls is a human rights violation, negatively affecting women's general well-being, preventing them from fully participating in society, and adversely impacting women's families, community, and the country at large.

Working with women survivors and perpetrators is a complex process. Counselors need clear strategies to navigate through this process.

Hence, these protocols and guidelines are developed to create a standard operating framework for service providers working with women survivors of violence and to lend uniformity and effectiveness to their interventions. This will in turn contribute to the process of helping and empowering women survivors in their struggles against violence, and to contribute towards their well-being.

While focusing on women's well-being is important, counselors' well-being too is extremely significant. Supporting women and girl survivors of violence can be challenging, often leading to vicarious trauma. This trauma may adversely impact service providers' professional and personal lives. Hence a need was also felt to append the document with self-care tools for counselors and service providers working with issues of violence against women and girls.

## Methodology and structure of the protocols:

The protocols and guidelines presented in the following sections are informed by the questions and case studies shared by the participants and technical expertise of the resource persons involved in the capacity enhancement sessions. Existing protocols, guidelines and literature on counseling women and girl survivors of violence too has been consulted in the development of this document. The draft document has been reviewed by experts from TISS, UNFPA and others working in the field.



# Values informing counseling work for Violence against women and girls:



## **Maintaining Confidentiality:**

Counselors must uphold the survivor's right to confidentiality by ensuring that the information given by her is not shared with any third party without her consent. Counselors should only ask those questions that are relevant in helping the survivor instead of forcing her to reveal information that is unnecessary for the counseling process. Counselors must also be aware of the limits to confidentiality (for e.g. the law mandates reporting of sexual assault to police).

## **Cultivating Sensitivity and Respecting Diversity:**

Counselors must continuously work on cultivating sensitivity in responding to the survivor's physical, emotional and psychosocial needs. Counselors also must acknowledge the diverse backgrounds of the survivors (e.g. caste, class, religion, sexuality, marital status) and the disadvantages resulting from these. The dignity of the survivor must be upheld by the counselor using a non-judgemental and non-discriminatory approach in working with her.

## **Respecting Survivor's Autonomy:**

Counselors at all times must maintain an egalitarian relationship with the survivor. They should make every effort to ensure that they do not force their opinions or decisions on the survivor. Counselors must recognize and acknowledge that the woman is the best judge of her own context and situation, therefore, they must uphold and strengthen the agency of the survivor in making her own decisions at every stage in the counseling process.

## **Condemning Violence:**

All forms of violence must be explicitly condemned by counselors. The interventions should help the survivor challenge all forms of violence, and the patriarchal inequalities and power relationships that maintain these. The responsibility for the violence should be attributed to the perpetrator/s of violence, and the survivor should not be held responsible for the violence she faces.

## **Safety First:**

Counselors must constantly strive towards ensuring the physical, emotional, sexual, financial, and social safety of the survivor.

## **Minimizing Harm and Maximizing Help:**

Minimizing harm involves utilizing only those intervention strategies that do not cause any further harm to the survivor. For e.g. practicing outside your expertise, blaming the victim, or not providing adequate services and referrals. Counselors must also ensure that the survivor receives the best services and help she needs.

## **Self-Awareness and Self-Care:**

Counselors must be aware of their own beliefs and biases to ensure that these do not adversely affect their work with the survivors. Counselors must also take care of their own well-being to ensure that the lack of it doesn't negatively influence their counseling work

# Guiding Principles for counseling for issues of violence against women and girls:



1. Counselors must constantly strive to listen to the survivor's experiences from a point of wanting to validate her experiences and feelings, rather than attempting to verify the truth.
2. Counselors should carefully listen to the words used by the survivor to describe her experiences, and slowly help her label them as violence.
3. Counselors must allow the survivor to choose her own pace in sharing her experiences, healing and working through her challenges. The survivor's voice should be centred in understanding her narrative and building a response.
4. Women are not passive recipients of the violence; but are actively resisting it. Counselors must build on these women's strengths, resistance and value their commitment to change.
5. Counselors must be sensitive towards and validate the survivor's fears about approaching a counseling service or its possible consequences.
6. Counselors must repeatedly assure the survivor that although she cannot control the violence which is solely the responsibility of the perpetrator/s, the survivor can always work towards ways in which she can protect herself.
7. Counseling interventions should be mindful of the client's cultural context, community context and personal values.
8. Counselors must always treat the first session as the last session. The first session must involve basic history taking, ensuring the survivor's safety, and connecting her to important resources and support systems.

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9.

While working with individuals who perpetrate violence (men, other family members), counselors must make it clear that violence/abuse is not due to the perpetrator's loss of control over their behaviour. Rather it is a choice made by the perpetrator to exert their power through control over their partners. One can always choose to not be violent/abusive. Counselors must make it clear that violence is never the fault of the survivor and all blame must be completely removed from her.

10.

While it is important to condemn the perpetrator's violent/abusive behavior or attitude, his violence must not be taken as his whole identity. All humans, including the perpetrators have the right to be treated with dignity and respect

# Protocol 1: Counseling survivors of domestic violence

Section 3 of the Protection of Women Against Domestic Violence Act (PWDVA, 2005), defines domestic violence as any form of abuse causing harm or injury to the physical and/or mental health of the woman or compromising her life and safety, any harassment for dowry or to meet any other unlawful demand and threat to cause injury or harm. It recognizes physical violence, economic violence, verbal and emotional violence and sexual violence as differing types of abuse faced by women and girl survivors.

Women and girls may approach the counseling center with concerns related to any of these forms of violence they may be facing in the domestic sphere.



# Counseling with women survivors of violence: stages and interventions

## Note:

1. Women who disclose any form of violence by her partner or family need immediate support. Always begin with using basic counseling skills such as non-judgemental listening, empathizing and validating the survivor's feelings and experiences to ensure that she feels safe and comfortable to share her concerns.
2. The survivor should be reminded that the violence is not her fault, and that the responsibility for perpetrating violence is with the perpetrator.
2. Use stabilizing techniques such as deep breathing and relaxation in case the survivor is feeling overwhelmed to help her feel calm.
3. In situations of crisis, safety of the survivor must be the first and most important consideration.

## Building a Counseling Relationship Rapport Building and creating a safe environment

The survivor may find it challenging to feel safe and talk about her experiences. The counselor, therefore, must begin with establishing a sense of safety for the survivor to feel comfortable to talk about and work through her concerns.

Invitation questions to allow the survivor to speak

"Would you like to tell me what brings you here?"

"Would you like to share your concerns with me about what has happened?"

Assuring safety and confidentiality to the survivor

"This is a safe space for you. Please be assured that nothing you say here will be shared with anybody without your consent."



Validate and normalize the survivor's experiences and feelings

"It is only normal for you to experience distress. Anybody in your situation would perhaps feel the same way."

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Validate and normalize the survivor's experiences and feelings

"It is only normal for you to experience distress. Anybody in your situation would perhaps feel the same way."

Express empathy

"I can understand how distressing this must be and how hurt, angry or sad you must be feeling."

Establish non-negotiability of violence and place responsibility with the perpetrator

"The violence is not your fault and you don't deserve it. Violence can not be justified under any circumstances. The responsibility for the violence lies with the person/s who perpetrated it"

Highlight the resilience of the survivor

"Thank you for sharing your concerns with me. It must require tremendous courage on your part to reach out for counseling and help."

Explain your role and the help you can provide, For example,

"I am here to listen to the concerns and challenges you are facing and to provide emotional support. I can facilitate the process of negotiating non-violence and other expectations with your partner/family members who are perpetrating violence. I can help you with information about your rights. I can also refer you to services for your medical, psychosocial or legal needs, and facilitate coordination with other agencies/people such as health, mental health, police, legal aid, shelter homes etc when required."

## Note:

Depending on the intensity and impact of the violence and the subsequent trauma, survivors may be too overwhelmed to participate in the counseling process. The counselor can use stabilization techniques described in section wherever applicable.

# Assessment

A thorough assessment, including that of external and internal safety, is the most vital aspect of responding to violence and its impact on the survivor. Questions asked by counselors during the assessment must be open ended, so that the survivor has the freedom to answer in ways that she feels comfortable, and to narrate her experiences in detail. Counselors must not ask repetitive questions but instead ask only those questions relevant to helping the survivor. Counselors may not be able to touch upon every aspect of assessment within the first session, in which case the assessment may be continued over the subsequent sessions as well.

## Violence History:

### a) Nature and Pattern of Violence:

Counselors must ask questions pertaining to: Nature, form and pattern of violence. These may include details related to

- Immediate incident of violence that brought the survivor to the counseling center
- Frequency and intensity of violence (Most recent, the first, and worst episode of violence to understand the pattern and severity of violence)
- When, where, and under what circumstances violence is likely to occur
- The relationship of the survivor to the perpetrator/s
- Who all are involved in and/or are present whenever violence takes places

### b) Safety and Risk Assessment

Counselors must be able to ascertain how safe the survivor is in her present situation and the risk to her life, if any. Counselors must also identify things/situations that may cause further harm to the survivor and evaluate their likelihood and severity. Appropriate and adequate interventions must be planned to address the safety concerns. In order to assess survivor's safety and a threat to the same, counselors must ask questions pertaining to:

- Explicit threats to life from the perpetrator/s
- Signs/presence of physical/sexual injuries
- Presence of weapons/harmful items with the perpetrator/s
- Perpetrator's history of substance abuse
- Destruction of property by the perpetrator
- Harm/violence caused to children

- Survivor's proximity to support/escape/help (e.g. residence of a trusted family member, money, women's shelter, hospital, police station)

Counselors must also check with the survivor for signs and/or history of suicide/self-harm:

- Any history of suicide attempts
- Thoughts, plans, and access to means of suicide
- Non suicidal self-harm (e.g. cutting, pesticide poisoning, hitting oneself)

### c) Impact of Violence:

Counselors must assess impacts of violence on different aspects of the survivor's life:

- Physical health (e.g. injuries, aches and pains, fatigue, sleep/appetite disturbances)
- Sexual and reproductive health (e.g. gynecological concerns, sexually transmitted infections and reproductive tract infections (STI/RTI), unintended pregnancy or abortion)
- Emotional health (e.g. anxiety, depression, hopelessness, helplessness) and psychological health (e.g. low self-esteem)
- Economic impact (e.g. if the survivor has been denied access to money, prevented from working, has had her personal assets been taken away)
- Decision making (e.g., inability to decide whether to continue the relationship, lodge a formal complaint)
- Social and interpersonal impact (e.g., the survivor has been forbidden from communicating with her family/friends, feels socially isolated, has strained relationships with her children)

### d) Existing Survival strategies:

Counselors must explore ways in which the woman has tried to survive the experience of violence and its impacts. These can include physical actions, behaviours, emotional and thinking strategies and financial strategies etc. Some examples of survival strategies are:

- Ways in which she has shared her experiences of violence with trusted people
- Ways in which she has sought support
- Ways in which she holds onto her strengths and hope
- She doesn't internalize self-blame for violence
- Self-care activities that she continues to engage in
- Ways in which she has gained or continued her job and livelihood activities

## e) Social Support Systems

Counselors must evaluate the social support systems that are readily available and accessible to the survivor. These can be used as resources that she can turn to and utilize in rebuilding her life. Some examples of support systems include:

- Close family members the survivor feels safe with
- Trusted friends and neighbours
- Workplace colleagues/boss (if any) that the survivor feels connected with
- Women's groups, community groups or organizations that the survivor is a part of.

## Goal Setting

- The counseling process must involve collaborative conversations about goals and expectations that the survivor expresses. The counselors can then jointly decide upon strategies to achieve the same.
- Counseling goals must be designed to maximize the survivor's safety (and children if present), prevent future episodes of violence, help the survivor live a violence-free life, gain more control, function to the best of her capacities, enhance her self-worth, and facilitate empowerment.
- Counselors must aim to respect the survivor's autonomy while deciding upon the counseling goals and corresponding interventions.

## Ensuring and planning for External and internal safety

Establishing safety is one of the first tasks of counselling intervention process. As safety is undermined if the survivor is in a hostile and non-protective environment, counsellors need to regularly monitor current and potential danger along with potential sources of protection, emotional support and practical help.

### Safety Planning:

One of the primary interventions to increase survivor's safety is preparing a safety plan. The aim of safety planning is to prepare, anticipate and plan ahead in crisis situations, and develop practical tools and skills to increase safety.

If assessment reveals that the survivor is unsafe and fears reoccurrence of violence, counselors must explore ways in which the survivor can stay safe when violence occurs, escape the violence/protect herself, and reduce the risk of future harm.

### The following are the prerequisites to safety planning:

- Providing information about her legal rights (treatment and psychosocial support, legal aid) and help asserting the same
- Referring to medical treatment if need be
- Connect the survivor to social support (trusted family member/friends, neighbourhood groups, women's collectives/ NGOs, support groups)

Counselors must also assist the survivors in devising an escape plan as well as an emergency kit if she's at immediate risk.

### Escape Plan

- "Consider how to escape safely with your children."
- "Consider when and where to escape to (e.g. shelter home, family/friend's house)."
- "Identify geographical routes and /transportation for escape."
- "Keep an "Escape bag"" ready: include important documents (of own self and children) and items (for e.g. legal documents, identity proof, money, keys)"
- "Keep a go-to list of contacts of safe people/ places/ hospitals/ lawyers to turn to for emergency aid."
- "Prepare a plan for next steps after reaching the safe place (e.g. filing a DIR, mediation with family)

### Emergency Access Kit

Counselors can help the survivor create an emergency access kit which can include "go-to" coping strategies for instances of future violence. This may include:

- Examples of things to be included:
- Easily accessible places like parks or a relative's house
- Contact information of support people
- Religious/spiritual items

## Intervention

Stabilization techniques can help calm down the survivor and help her talk about her experiences. Experiencing violence can significantly impact an individual's physical and emotional resources and responsiveness. Narrating and thus re-living violence experiences can lead to feelings of anxiety and disorientation. Some signs of being anxious and disoriented among survivors can include uncontrollable crying, heavy breathing, uncontrollable physical reactions like shaking, trembling, and sometimes complete silence. The counselor can begin using stabilization techniques with the following statement:

"I can see that you are feeling very anxious and overwhelmed right now. I think it would be a good idea for us to take a moment and do some easy exercises to help you feel calmer before we continue. Stabilization techniques are exercises that have been found to be helpful for individuals to use when they are feeling overwhelmed.

Some of these include breathing exercises as well. Would it be okay if we use them in the session now?"

## Any of the following techniques can be used to help the survivor feel calm.

**1) Counselors can use Breathing Techniques** in case the survivor experiences feelings of fear, heavy breathing, stiffness in her chest or abdomen when narrating experiences of violence.

### **a) Deep Belly Breathing:**

The counselor can use the following instructions:

"Gently place your hand on your abdomen. Then take long, slow, deep breaths. Breathe in through your nose and breathe out through your mouth. You will be able to feel your abdomen slowly expand and contract. Try focusing all your attention on your breath and the way it flows in your body" (Encourage the survivor to repeat this for one to two minutes)

### **b) Boxed Breathing:**

The counselor can use the following instructions:

"Close your eyes and take a long, deep breath to the count of four. Hold it in for four counts. Then slowly exhale to four counts. Let's try repeating this. I will count for you and you can slowly take deep breaths."

**2) Counselors can use Grounding Techniques** for those survivors who report feeling unsettled or uneasy, and unable to focus. The techniques help the survivor feel in control by reorienting her to the present moment using the power of all her senses to tune into her body.

**a) 54321 Technique:** The counselor can use the following instructions:

"Before starting this exercise, pay attention to your breathing. Slow, deep, long breaths can help you maintain a sense of calm or help you return to a calmer state. Once you focus on your breath, go through the following steps to help ground yourself"

"What are the 5 colors you can see?"

"What are the 4 sounds you can hear?"

"What are the 3 things you can smell?"

"What are the 2 things you can touch/feel?"

"What is the 1 thing you can taste / imagine tasting?"

### **b) Safe space:**

The counselor can use the following instructions:

"To use this technique, first you need to think of a safe space. If it is a real space, it should be a space which is not associated with any strong negative experiences. For example, you could use a memory of your childhood playground, vacation or grandmother's kitchen. Some people use an imaginary safe space such as a mountain, or sitting on the beach or walking in the woods if they cannot think of a real place that feels safe. Now that you have thought of this safe space, what can you see, smell or touch in that space? It is your space. Take deep breaths and relax. You can visit this space every time you feel anxious or overwhelmed. It is your safe space"

Once a stabilizing technique has been employed, the counselor must check with the client and ask for feedback to see if it has calmed her down.

- How are you feeling now?
- Are you feeling calm?
- Can we continue talking?"

Counselors must check the survivor's expectations from the counseling process. Some examples of survivor's expectations could be:

- Being safe
- Help in living a violence-free life
- Negotiation with partner/family members who perpetrate violence
- Information about police procedures, legal rights, medical help, shelter, employment etc
- Help in asserting her rights (e.g. right to matrimonial home, natal home, access to her assets, access/custody of children, maintenance/ alimony, compensation for physical and mental harm caused due to violence)
- Help in decision making (e.g. whether to continue or discontinue the relationship, lodge formal complaint)
- Help in living a life of respect and dignity
- Help in taking care of children
- Help in attaining financial security
- Help in separating from her partner or matrimonial family
- 

Counselors must help the survivor prioritize and decide upon immediate and long-term goals.

# Short-Term Crisis Interventions

## Scheduling Follow-ups

Follow-ups are useful to check if the therapeutic progress made during sessions has continued over time and to see if new issues have cropped up.

"It is important that we discuss when we will meet for a follow up to see if the areas we've worked on have evolved in your life positively. Then we can also work on how to sustain these positive changes."

Counselors must check with the survivor with regards to the following when planning for follow-up:

- When can a follow up be arranged?
- What are the logistics of the follow-up (phone/video call/in person)?
- How can the survivor be contacted by the counselor?
- How will the survivor contact the counselor in crisis and non-crisis situations?
- How regularly should the survivor see the counselor in session?



## Note:

Although the presenting client might be a woman, it is important to remember that Domestic Violence may be impacting the children as well. Thus when creating a safety plan, counselors must constantly keep in mind the safety of both the woman and children.

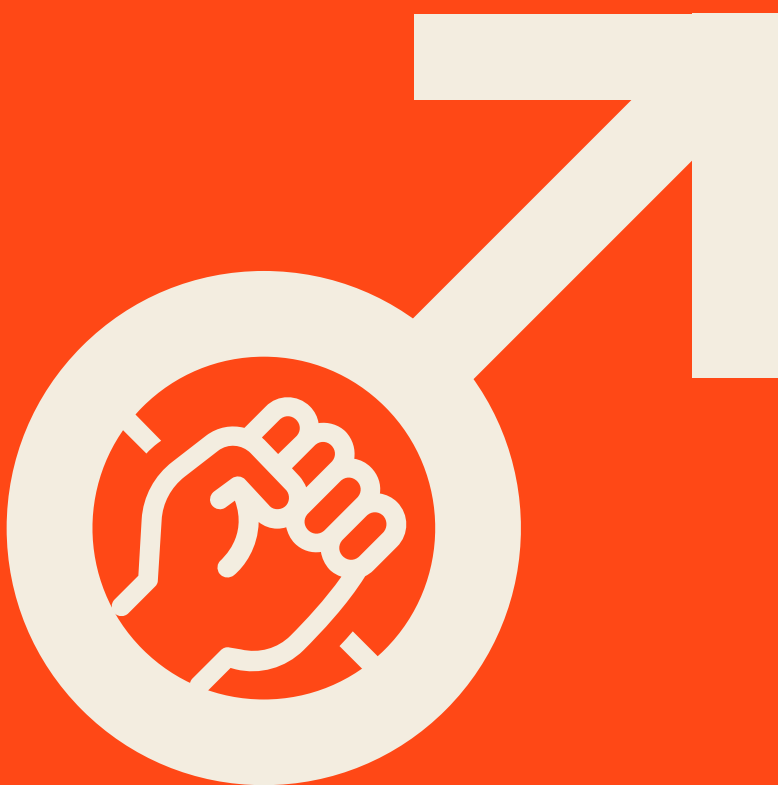
## Short-Term Crisis Interventions

Long-term counseling must always be geared to help the survivor live a violence free life, gain more control in the ability to function to the best of her capacities, enhance her self worth, and thus empower her. Long-term counseling interventions are useful when counselors are working towards mapping the long term effects of trauma related to sexual violence. These include (but are not limited to):

- Counselors must help the survivor understand that the responsibility of the violence rests entirely on the perpetrator.
- Counselors must make clear to the survivor that no justification or explanation by the perpetrator can be used as an excuse for the violence.
- Counselors must clearly inform the survivor of her legal rights in accordance with the Indian constitution and explain the procedure that she can use to reinstate those rights that have been violated.
- Counselors must help the survivor understand the various aspects of the survivor's life that may be impacted on account of the trauma resulting from the violence. These symptoms must also be normalised for the survivor to help eliminate any shame the survivor may experience. Corresponding strategies (seeking professional help, identifying internal and external coping systems, practicing self-care) to mitigate the impact of trauma must also be conveyed.
- Counselors must instill hope in the survivor and enhance her self-worth and encourage the survivor to use positive affirmations/ self-talk when referring to herself and her experiences
- Counselors should explain to the survivor the importance of self care as a strategy to combat the effects and impact of violence on the life of the survivor and encourage her to employ the same.



# **Protocol 2: working with male perpetrators of violence**



# Inviting Men into the Counseling Spaces

It is important to recognize the fact that the man perpetrating violence may not immediately come forth to speak or take responsibility for the violence. Being summoned to the counseling space could be seen as threatening by the perpetrator. Threats and confrontations might turn the perpetrator more hostile and resistant, this would affect the survivor the most whose safety is to be prioritized. Therefore, the counselor should invite the perpetrator to the counseling space respectfully.

For the same, the following steps can be taken:

**Maintain respectful communication while inviting the perpetrator to the counseling space**

Send a letter or call the perpetrator to invite him to the counseling space

**Ensure that a safe space is built for the perpetrator to enable him to share**

- Counselors must not be confrontational and must not threaten or shame the perpetrator
- Counselors must emphasize that they want to understand the perpetrator's side of the story

## Rapport Building

To ensure that the perpetrator speaks openly and does not become hostile and resistant, counselors must avoid confrontation and instead ask the following types of questions:

### General Questions

Counselors must use general questions to build rapport with the perpetrator and thus make it comfortable for him to share honestly and feel safe and accepted in the counseling space.

- "How did you reach this place? Did you find it difficult to locate?"
- "Who all live in your house?"
- "Who are the people you feel close to or understood by in your home?"

# Assessment

After the general questions, the counsellors could move to specific details about instances of violence using the funnel technique:

**Assessing the perpetrator's perspective on the relationship with his partner**

- "Tell me a little bit about your relationship with her?"
- "Do you feel that your relationship has seen some changes in the last few years (or months)?"
- "Do you think you and your partner fight a lot?"

**Assessing triggers and patterns of violence**

- "When are you most likely to get into arguments?"
- "When you get into arguments, do you physically harm her sometimes?"
- "When you physically harm her, have you ever used any objects?"
- "Have you ever harmed her under the influence of alcohol or other substances?"

## Note:

The perpetrator may deny that he was violent and claim that the woman is lying. In such cases, more time can be spent building rapport and understanding the perpetrator's relationships with friends and other family members. Counselors can also emphasize that the sessions are about his actions and thoughts rather than the survivor's actions and intentions.

**Motivational Interviewing (MI)** is useful to help build and enhance motivation in the perpetrator to bring about and maintain positive change in his behaviours. MI questions (examples given below) can enable the perpetrator to identify :

- Reasons for not using violence
- What will enable him to bring about changes in the desired direction, i.e., not resort to any violence/abuse

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### Reasons for not using violence

What will enable him to bring about changes in the desired direction, i.e., not resort to any violence/abuse

### Questions around affirmative imagination:

- "What kind of a father/husband did you hope to be/would you like to be?"
- "How would you like your partner/kids to see you/think of you in 2-3 years?"

### Introspective questions:

- "Have your kids seen you act violently or abusively?"
- "How do you think your violence affects your wife/kids?"
- "Do you think your partner/wife/children respect you or fear you?"
- "How do you think your relationship with your partner/wife/kids might change if they weren't feeling scared of you?"

### Action Oriented questions:

- "How might your wife/kids/partner benefit if you did some work on your behaviour?"
- "What could become possible in your life if you didn't use violence when you felt upset?"
- "What type of father/partner would you like to become? What do you do that gets in the way of this?"

# Intervention

When engaging with a perpetrator, counselors must work towards:

- Reducing all forms of denial employed by the perpetrator
- Processing feelings of guilt, shame, and remorse
- Develop an understanding that his violence is a part of a system of abusive behaviour and it is his responsibility to work on it.

### Foci of intervention strategies:

- Help perpetrator acknowledge his abusive behaviour and build empathy by discussing consequences of violence:
- "how do you think the harm caused by you to the survivor/children has affected them?"

“Now that you have taken responsibility for the violence, how do you think this recognition of responsibility would help you now?”

- Increase perpetrator’s awareness of his build-up towards violence
- Help the perpetrator identify triggering situations and patterns by carefully understanding and listening to violent episodes which he has perpetrated.
- “From what you are telling me about various incidents of violence, what are some things that could particularly trigger you?”
- Help the perpetrator identify feeling words to express his emotions rather than using violence.
- “Why do you think you get violent and harm the survivor?”
- “What are the feelings or emotions you experience before you get violent?”
- Help the perpetrator identify his thoughts/attitudes that support/justify his use of violence
- “What, in your opinion, causes these conflicts that lead to violence?”
- “How do you believe they can be resolved?”
- Help the perpetrator identify alternative responses (thoughts/actions) that he can turn to that deter him from resorting to violence.
- Examples: going for a walk/exercising, stepping into another room where the survivor isn’t present.

# Risk Management

Counselors must encourage perpetrator to comply with legal orders

Counselors must ensure that the perpetrator understands the consequences of his violent actions

“Do you understand why the court has prohibited you from seeing your children/contacting your wife?”

- “Can you tell me why you think this is important for them?”

Counselors can encourage the use of alternate communication and conflict resolution strategies

“Now that you understand how your wife/children might be feeling unsafe around you from time to time, do you think it’s a good idea to allow them to leave the house in moments when they feel unsafe?”

Counselors must identify social network/support perpetrator can turn to instead of resorting to violence

“You have said that you feel like you can’t control your anger in certain moments and so it comes out on your wife/partner. However, we discussed that there are no justifications for violence. Can you identify for me some people (friends/family) you can turn to, to talk about your feelings when you get very angry, instead of resorting to unacceptable violence?”

# Addressing Substance Abuse

- Referring some perpetrators to substance abuse treatment can reduce their risk of using violence. Counselors could provide appropriate referrals of a psychiatrist, rehabilitation center, government hospital and AA Groups
- Counselors can also explore alternative response strategies during conflicts instead of using substances
- Counselors must contract with the perpetrator to ensure no threat prevails on account of substance abuse. The contract may involve:
- No drinking/smoking/etc. in certain situations/places, for example, in the presence of kids/wife

## Plan for Follow-ups

Counselors must plan for follow-ups to check if the counseling progress made during sessions has continued over time and to see if new issues have cropped up.

“It is important that we have an agreement to discuss when we will meet for a follow up to see if the areas we’ve worked on have changed in your life positively. Then we can also work on how to ensure that these positive changes remain.”

Alcoholics Anonymous (AA) are support groups for individuals battling substance abuse disorder. There are various AA groups spread across each city/district and generally have been logged into an online inventory. It is a safe space where people can share their experiences, resilience and hope with regards to their recovery from substance abuse disorder.

# Protocol 3: Working with couples in joint sessions to address domestic violence



# Preparation for the Joint Meeting

Before beginning a joint session, counselors must validate the survivor's feelings and adequately prepare her for the session. This preparation can include the following:

- Empower the survivor by building her confidence to assert herself in the presence of those who have perpetrated violence towards her
- Help the survivor identify all her needs and expectations, and lay out her demands clearly;
- Discuss all potential outcomes of joint meetings with the survivor and prepare her for the same

## Setting Ground Rules During Joint Sessions

When working with couples and families on issues of violence and abuse, it is important to set ground rules to ensure that safety and respect are maintained within the session and the survivor feels safe.

Strategies and helpful statements to set ground rules for joint sessions:

- a. Thank all members for being present in the session and highlight it as a strength:  
"Thank you both for agreeing to come here and work together."
- b. Communicate a zero-tolerance policy towards all forms of violence within and outside session:  
"No kind of violence within or outside the sessions will be tolerated."
- c. Request for respectful communication within the session:  
"I would request all of you to speak respectfully to each other in the session."
- d. No raised voices/talking over each other in session:  
"Let's try to not talk over or yell at one another"

## Establishing Rapport with the Couple/Family

It is important to simultaneously make the survivor feel safe within the counselling space and establish rapport with the perpetrator/s so as to ensure collaborative and constructive work



-If too many members are present in the session, counsellors can respectfully request all, except the survivor and perpetrator to leave the room, with an assurance that they will be invited and listened to when needed.

#### a. Addressing the couple

##### Explicitly communicate non-negotiability of violence

“If we don’t begin by acknowledging that the violence is not okay, we won’t be able to bring about any lasting change in your relationship.”

- Encourage the perpetrator/s to take responsibility for the violence. When he/they acknowledge the same, validate those responses

“I can understand that taking responsibility for violence/abuse can be difficult. I appreciate that you take this first step towards change.”

- Validate the couple for trying to repair their relationship

“The fact that you are both present here shows your willingness to work on the relationship.”

#### b. Addressing the Survivor

- Make the survivor feel safe and remove any blame/guilt/shame that the survivor may be feeling -

“I can understand that having a joint session might feel overwhelming for you. This session is a safe space for you to freely express yourself and what you need”

## Assessment

### Exploring and Clarifying Needs and Expectations:

- It is important to explore and clarify the needs and expectations the survivor has with regards to her relationship. The counsellor can also explore if there are common grounds among what all the members expect.
- In places where the needs and expectations of the two partners (and/or family members) clash, counselors must privilege those of the survivor.
- Areas of inquiry:

1. What does the survivor expect out of the joint session?
2. What does the survivor expect out of the perpetrator in order to make the relationship safe for her?
3. How much responsibility is the perpetrator willing to take for his violence?
4. How do both partners feel about their current relationship?
5. What do both partners want out of their relationship?
6. What do both partners expect out of each other in the future?

# Goal Setting

## . Collaborative Goal Setting

1. Although goal setting must be done in a collaborative manner, the goals and expectations of the survivor must be prioritised.
2. Counselors must refrain from imposing their own agenda
3. At no point should counsellors suggest that the survivor make adjustments to the violence, control tactics and demands of the perpetrator.
4. Family members should also be encouraged to provide a respectful and caring environment to the survivor.

## ii. Discussing Goals:

To decide upon goals, counsellors must discuss all potential options available to the couple. Potential goals may include:

- Ways to increase survivor's safety
- Identifying and managing violence triggers for the perpetrator/s
- Safety planning for survivor
- Effective communication skills to combat conflict
- Enabling respectful disagreements
- Discovering alternative ways to address problems

# Intervention Strategies

As the perpetrator recognizes, acknowledges and takes some responsibility for the violence, the following intervention strategies can be employed.

## Emphasizing the power of assertive communication

- Explain to the couple that unclear/hostile communication can escalate to violent arguments and clear communication can help prevent misunderstandings, dispel tension, and prevent escalation to violence.
- Examples of unhelpful communication

1. If one or both individuals are being defensive
2. If one or both individuals are screaming, being verbally abusive, disrespectful
3. If conversation is constantly going in circles without resolution
4. If one or both individuals is not listening to what the other is trying to say

## Examples of helpful communication

- Clear and respectful exchange of opinions, views, and messages
- Calm and controlled tone of voice
- Respectful language and vocabulary
- Paying attention to listen carefully to the other person
- Explaining oneself rather than getting defensive

## Helpful questions to ask the couple

- "Can you tell me the usual build-up to a common conflict you have? For example, who says what and how is that responded to?"
- "What are the things you're comfortable with and what is a no-no even in a conflict?"
- "What do you think would help to prevent an argument from boiling over?"

- “How else can you convey the same thing without raising your voice or without being aggressive and/or violent?”
- “It is normal for people to get angry in relationships. Are there ways that you can think of to curtail or control that rage?”

## Fostering Connection Within the Couple

Counsellors must highlight the strengths of the relationship between the couple and with the family and build a ground for hope

- This strategy helps in bridging the couple's differences and strengthens their relationship by focusing on mutual interests and respect.
- Explore activities the couple feels comfortable doing together to help enhance their emotional bonding.
- Regular rituals that help tune partners towards each other and their relationship in non-hostile ways can enhance the health of the relationship.
- Some examples of such activities can include:

1. Eating a meal together
2. Going to the beach/park together
3. Having a stress-free conversation about shared interests (e.g. movies, music, books, tv shows, food, etc)
4. Taking a walk together

“Can you think of a few activities you both like doing? Anything that you particularly enjoy doing together?”

## Setting Boundaries

- Setting boundaries within the couple can help address some of the needs and expectations the partners have in nonviolent ways.
- Explore in depth the things that the survivor is not comfortable with and set limits accordingly.

Areas to explore:

1. Child rearing
2. Finances
3. Concerns with in-laws
4. Substance use/abuse
5. Physical/sexual intimacy
6. Privacy (surveillance of her whereabouts, cell phone. etc)
7. Verbal communication (language used, tone of voice)

Helpful questions and statements for setting boundaries:

- “Can you tell me what are the things that he does and says that make you extremely uncomfortable?”
- “Can we think of ways in which you can respond in such situations to communicate with clarity that you don't want this/aren't comfortable with whatever is going on at that moment? For instance, can we think of a safe word you can say?”
- “Can we think of ways you both can check in with each other before engaging in things that are likely to lead to a conflict?”
- “What can he do to make it easier for you to tell him that something he says/does is making you feel uncomfortable or unsafe?”

## Safety Planning

- Work with the perpetrator in individual sessions to help him identify alternative behavioral responses that he can turn to instead of resorting to violence.
- Work with the survivor to delineate an Escape Plan in case of violence.

## Highlighting Strengths of the Couple and Building Hope

- “How do you think your actions may have influenced each other? How are you feeling about that?”
- “Despite your conflicts, you are both here and working on this relationship. What encourages you to do that?”
- “What do you value most about your partner?”
- “What do you value most about your relationship?”
- “What about your partner/relationship gives you hope that you can make this work?”
- “When have you been most satisfied in your relationship? What was different at that time compared to now? Can we try bringing some of those things back?”

# Termination and Scheduling Follow-ups

Counsellors can terminate the session by highlighting the key takeaways from the session and encouraging all the members to return for follow up.

Terminating joint counseling sessions adequately can help:

1. Evaluate whether the goals of the counseling session have been achieved
2. Evaluate positive progress made during counseling work
3. Encourage couples to continue seeking counseling
4. Maximise probability that violence does not repeat
5. e. Have a safety plan for the survivor if violence were to recur

### Strategies for Termination:

- **Non-Violence Contract:** mutually agreed upon contracts between counselors and both partners that any form of violence will not be resorted to in the future.

“Whether or not you decide to stay in this relationship in the long run, you cannot resort to any acts of violence, be it physical, emotional, verbal, sexual, or financial.”

### Encourage Individual counseling

Both partners must be encouraged to pursue individual counseling in the near future.

The survivor may have a host of emotional trauma that would require professional care and healing and the perpetrator might have a host of personal issues to work through to ensure he does not resort to violence again.

“I am glad that you both agreed to come here and have this session. I also believe that it is important that you both continue individual counseling to make sure that your emotional needs are accurately addressed and looked after.”

“Experiencing and perpetuating violence can be overwhelming and it is important that it gets adequately addressed to ensure it doesn't repeat and that the relationship remains healthy and strong.”

### **c. Schedule Follow-Ups**

Follow-ups are useful to check if the counseling progress made during sessions has continued over time and to see if new issues within the couple have cropped up.

“It is important that we discuss when we will meet for a follow up to see if the areas we've worked on have changed in your relationship positively. Then we can also work on how to ensure that these positive changes remain.”

# **Protocol 4: Counseling survivors of sexual violence**



# Building a Counseling Relationship

It can be very challenging for a woman who has survived sexual violence to feel safe and be able to talk about her experience. It is important for counselors to first and foremost establish a sense of safety with the survivor to make her feel comfortable so that she can share her experiences.

## **Assure confidentiality along with its limitations**

“Whatever you share with me will remain between us. However, it is in your best interest to report to the police about sexual assault or rape to ensure your safety.”

## **Build Trust and Normalise and Validate Survivor’s Feelings and Experiences**

“I can understand that it can be very difficult for you to speak about what happened. Anybody in your situation would feel anxious and uncomfortable. I want you to know that you don’t need to feel any pressure to share anything with me that you don’t want to.”

## **Highlight Survivor’s Strengths**

“It must have taken tremendous courage on your part to reach out for counseling and help. I am here to listen to you and help you. I can also help you with information about your rights. I can also facilitate referral services for your medical, psychosocial, legal needs or reporting to the police and procedures relating to the same.”

## **Enabling Referral to Health Services in Cases of Rape/ Sexual Assault**

“I can accompany you or refer you to the hospital/ health facility for medical examination, treatment and collection of evidence in order to ensure immediate wellbeing and long-term justice”

# Assessment

Counselors must ensure that the conversations with the survivor take place in a private and confidential setting. Counselors must ensure that the survivor feels comfortable and calm prior to beginning assessment. This can be done by evaluating their physical and emotional state and explicitly seeking consent for the same. The counselor should begin by asking her to narrate the immediate incident that brought her to the counseling facility. In doing so, the counselor should remember not to re-victimise the survivor or force her to share details that the survivor is uncomfortable sharing.

## Violence Assessment

Counselors must evaluate immediate safety and risk of threat that the survivor might be exposed to. The following questions can be asked:

- “Would you like to tell me what happened?”
- “When did this happen? Has it happened before?”
- “Is the perpetrator someone you know or a stranger?”
- “Where does the perpetrator live?”
- “How safe do you feel in your current situation?”

## Assessing Impact of Sexual Violence

Counselors can explore effects of sexual abuse on the following areas of the survivor's life:

- Physical health (e.g. injuries, aches and pains, fatigue, sleep/appetite disturbances, etc)
- Sexual and reproductive health (e.g. gynaecological concerns (severe pain in lower abdomen, discharge, bleeding, etc., STI/RTI symptoms (inflammation, redness, rashes, warts, etc), unintended pregnancy (missing menstruation)
- Mental health (e.g. anxiety, depression, post-traumatic Stress disorder, etc.) and psychological health (e.g. low self-esteem, inability to take decisions)
- Social and interpersonal impact (e.g. sense of loss of honour, stigma related to the incident, sense of isolation, fear and inability to trust and communicate with others)
- Economic impact (loss of job/ wages, reduced productivity at workplace)

## Assessing the survivor's coping mechanisms and strengths

Counselors can explore the ways in which the survivor has tried to cope with the incident:

1. Ways in which she has shared her experiences with trusted people
2. Ways in which she has sought support
3. Ways in which she holds onto her strength and hope
4. Self care activities and activities of her liking that she continues to engage in

## Assessing Social Support Systems

- Counselors must carefully assess the social connections and support systems that are readily available and accessible to the survivor (friends, family, support group, colleagues, etc.).
- These can be used as resources that she can turn to in times of crisis as well as to utilise in helping her rebuild her life.



## Assessing Suicidality

It is important for the counselor to probe for suicidal ideas and attempts, self-harm behaviours and offer appropriate help, support, and referrals.

- Approach the topic directly but use a gentle tone of voice

“Have you ever thought about hurting or harming yourself in any way or ending your life?”

- The counselor should normalise survivors’ thoughts and behaviour as a possible response to a crisis situation such as sexual violence. At the same time, identify and highlight the alternatives.

“I can understand that given the incident you feel highly distressed and are thinking of harming yourself. However, we can together explore other alternatives (confide in friends/ family, seeking professional help, engaging in self-care, exploring active ways of coping)”

- Provide appropriate referrals of mental health professionals, helplines, support groups, etc.

# Collaborative Goal Setting and Intervention

## 1. Collaborative Goal Setting

Counselors must ensure survivors feel safe and confident in their decision making. Counselor’s own goals must not be imposed on the survivor; her needs should take precedence.

The main goal when addressing sexual violence must be to maximise the survivor’s safety (and children if present) and prevent future episodes of sexual violence.

In addition, other goals can include survivor’s stabilisation, connection with support systems, information and assertion of rights, and seeking support services.

## 2. Intervention

Interventions can include:

- Maximise the survivor’s safety (and that of her children if applicable) by preparing a safety plan. If assessment reveals that she is unsafe and fears reoccurrence of sexual violence health professional must offer her alternate arrangements for stay such as temporary admission in the hospital or referral to shelter services.
- Providing information about her legal rights (treatment and psychosocial support, legal aid and compensation) and help asserting the same
- Referring to medical treatment if need be

- Putting an end to sexual violence in her life by encouraging the survivor to report to law enforcement agencies (police, hospital, court)
- Facilitate in availing compensation for medical treatment, rehabilitation, etc.
- Referral for vocational training
- Keep reminding the survivor that the sexual assault/ rape was a violation of her bodily integrity and not a loss of honour thus helping her deal with feelings of self-blame
- Counsel the family of the survivor to support in reporting the sexual violence if she so wishes and rebuild her life in the long run
- Connect the survivor to social support (trusted family member/friends, neighbourhood groups, women's collectives/ NGOs, support groups)

## Scheduling Follow-ups

Follow-ups are useful to check if the counseling progress made during sessions has continued over time and to see if new issues have cropped up.

“It is important that we discuss when we will meet for a follow up to see if the areas we've worked on have changed in your life.”

Counselors must check with the survivor with regards to the following when planning for follow-up:

- When can a follow up be arranged?
- What are the logistics of the follow-up (phone/video call/in person)?
- How can the survivor be contacted by the counselor?
- How will the survivor contact the counselor?
- How regularly should the survivor see the counselor in session?
- How can the survivor reach the counselor in an emergency situation?

# Protocol 5: Counselors' mental health and well- being



# What is “Mental health and well-being”?

Mental health is a state of well-being that allows individuals to realize their abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their community.  
(World Health Organisation, 2018)

## Why are counselors' mental health and well-being important?

- Counselor's self is the primary instrument of change in helping professions
- Counselors working with issues of violence invest significant time listening to their clients' traumatic and emotionally overwhelming stories which can lead to stress and trauma.
- Violence against women and girls with its institutional and structural roots has existed for a long time. Fighting for justice can be a long drawn process leading to a sense of fatigue at times.
- Feeling emotionally exhausted can interfere with counsellors' ability to engage effectively with their clients and can affect them personally as well.

- While counselors' work is important, their holistic well-being is important too. Practising self-care will help ensure their personal, relational and professional well-being
- Counselors need to recognize signs of distress in themselves and take measures to support their overall wellbeing.

## Adverse impact of working with issues of trauma and violence on counsellors:

This section explores some key terms describing the negative impact of counselors' work with issues of violence, on their professional and personal lives. It is important to remember that this impact often is a natural outcome of their work, and can be addressed with adequate measures.

# Burnout

- The concept of burnout refers to the psychological stress of working with difficult populations; comprises physical, emotional, and mental exhaustion; and involves a progressive state of fatigue and/or apathy
- Some examples of manifestations of burnout:

1. Feeling overwhelmed at work
2. Experiencing work as a heavy burden
3. Cynicism
4. Emotional numbness
5. Sadness, depression
6. Frustration, anger
7. Hopelessness about the future
8. Reduced feelings of achievement

# Compassion Fatigue

- Compassion fatigue refers to a sense of exhaustion, suffering and sorrow associated with the act of helping and caring for individuals in distress
- Some examples of manifestations of compassion fatigue:

1. Feeling unable to empathise with clients
2. Isolating oneself from others (family, friends, colleagues)
3. Difficulty in attention/concentration
4. Physical and/or mental fatigue
5. Not being able to experience any pleasure/joy in life
6. Feeling burdened by others' suffering when listening to client's experiences of trauma
7. Sleep disturbances

# Vicarious Trauma

- Vicarious Trauma is a result of the counsellor's empathic engagement with the clients' traumatic experiences. It involves a mental preoccupation with the stories of violence shared by clients.
- Some examples of manifestations of vicarious trauma:

1. Intrusive thoughts and disturbing imagery
2. Anger, irritability, sadness and anxiety
3. Sleep and/or appetite disturbances
4. Nightmares about clients' traumas
5. Constant feeling of guilt that one is not doing enough for the clients
6. Psychological numbing, denial and distancing
7. Negative impact on counsellors' beliefs about safety, trust, self-esteem, power and control and intimacy in the long run

# Caring for counselors' mental health and well-being:

The following section describes some individual and organisational level strategies that can contribute to counselors' mental health and well-being.

# Individual Strategies:

These involve self-care practices which will, in turn, help the counselors in their work without sacrificing other important parts of life. These practices will improve counselors' ability to maintain a positive attitude towards the work despite challenges.

## What is 'Self-Care'?

- Proactive strategies and practices that counselors can use to enhance their well being.
- Self-care can be helpful in preventing burnout/vicarious trauma and offsetting the negative aspects of working with trauma.
- Self-care can be understood as a practitioner's right to be well, safe, and fulfilled

## Counselors' mental health and wellbeing and self care strategies

### Note:

The following list of strategies is not exhaustive, but suggestive.

The list serves as a guide and template for counselors to further build on to cater to their unique needs.

# Self-Care Strategies

## Emotional Well-being

- Make time for self-reflection
- Notice inner experiences - listen to your thoughts, beliefs, attitudes, feelings
- Write your thoughts and feelings regularly in a journal
- Find creative/artistic ways of expressing your emotions through painting, colouring, listening to or making music, cooking, etc.
- Make time for recreational activities like watching movies, going out to restaurants, etc.
- Make time away from telephones, email, and the Internet
- Read literature that is unrelated to work
- Do something at which you are not an expert or in charge
- Attend to minimizing stress in your life; Say no to extra responsibilities sometimes
- Use positive self-affirmations. For example:

"I am trying to do my very best to help my family/friends, clients, and myself through these difficult times", "It's okay if sometimes things don't pan out the way I had planned", "I am allowed to make mistakes and feel tired", "I accept myself as I am", "I am worthy of love and compassion"

- Identify comforting activities, objects, people, places and seek them out
- Spend time with others whose company you enjoy; Stay in contact with important people in your life
- Seek out personal counseling and therapy

## Physical Well-being

- Eat regularly and healthy
- Maintain regular sleep schedules
- Stay hydrated
- Undertake any form of physical activity for at least 30 minutes everyday like walking, dancing, yoga, etc.
- Dance, swim, walk, run, play sports, sing, or do some other fun physical activity, wear clothes you like
- Take adequate breaks during work; avoid overworking
- Seek medical help for any distressing symptoms and don't put off or ignore them.
- Take time off/take leaves to rest if you are feeling tired

## Spiritual Well-being

- Taking part in spiritual rituals and praying
- Spend time with nature
- Meditation; yoga, pranayam, mindfulness practices
- Be open to inspiration; cherish your optimism and hope
- Practice gratitude journaling to refocus on the positive things in your life: reflect on the past day (or week) and remember 3-5 things you are especially grateful for. They could include people, places, things, experiences, your personal qualities, etc
- Contribute to causes in which you believe

## Organisational Level Strategies:

While the counselors can practice self-care to ensure their own well-being, organisations too need to make active efforts to foster a sense of well-being amongst their counselors. Here are some strategies that can be employed by organisation to ensure the well-being of their counselors

- Prioritise counselors' mental health and well-being at the organisational level, and devise a clear policy to address the same
- Create an environment of open communication and connection at the organizational level
- Provide effective supervision at work
- Foster sharing of experiences of vicarious trauma with other counselors and staff. This can lead to sharing of coping resources, feelings of validation, and a decrease in feelings of isolation.
- Encourage positive transformation and empowerment in the counselors by reminding them to share positive stories and celebrate their clients' strengths

- Make it a practice to acknowledge counselors' efforts, and remind them that every impact and change counts no matter how small
- Organise training and capacity enhancement sessions on an ongoing basis
- Integrate recreational and self-care activities into counselors' work schedules
- Encourage and support seeking of professional help when needed

### Things to remember:

- Try to account for at least one element from each of the above domains of well being when creating one's own self-care plan.
- These are simple things that can be included in one's daily routine to help one feel better equipped to face the challenges of daily life.
- Successful self-care must be conscious, deliberate, and most importantly, consistent.
- The most important aspect of self-care is that it should make one feel relaxed and unburdened. Thus self-care plans should not include things that feel forceful, pressuring or unenjoyable to the individual.
- However, if you end up feeling emotionally overburdened, make sure to seek out professional supervision and/or help.
- You can also call **iCALL Psychosocial helpline on 9152987821** for emotional support.



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