First level Psychological intervention for women survivors of intimate partner violence

-A Toolkit for Health Settings

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Our toolkit is an effort to address felt needs of women survivors when they approach health settings.

Sincerely,

Dr. Veena A. Satyanarayana

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Section I: Overview of the Toolkit

Overview

1.1 The Toolkit

The Department of Health Research, Ministry for Health and Family Welfare, Government of India set up a Task Force on Gender and Health in 2012, which identified two important areas as priorities in health care settings. The first was the health care response to women presenting with Intimate Partner Violence (IPV) and the second was to develop Protocols for women reporting Sexual Assault or Rape.

1.2 IPV in Health Settings

Identification of IPV in health care settings is of utmost importance because women will most likely present to primary care and district hospitals for physical symptoms caused or aggravated because of IPV. If health care professionals are sensitized to IPV, its manifestations, and health consequences, they may be in a position to identify it and address it in an effective and timely manner. Further, these women may not be able to access specialized services elsewhere due to logistic barriers. Therefore, expanding the capacity of health care staff in addressing IPV seems to be a cost effective strategy, provided it is done in a sensitive and systematic manner thereby impacting the health of not just the woman survivor, but also her family.

1.3 Need for this Toolkit

We recognize that at this point there are no organized services for conducting an assessment and providing support for women survivors of IPV in most hospitals and health settings. This Toolkit hence is designed in a way that any health professional can use the basic tenets of psychological support and intervention when a woman approaches the health services for help. The Toolkit can be used by doctors, nurses and counsellors at the initial contact when a woman seeks help shortly after experiencing violence of any form or at any future point during her contact with health services. This Toolkit however, focuses only on the psychosocial consequences and support for women survivors and not on medical examination and interventions.

1.3 Target audience

The toolkit is designed mainly for use by primary care health professionals including doctors, nurses and counsellors. It provides simple information on the impact of IPV on a woman's mental health and how health professionals can evaluate and respond to these issues within their professional practice. It assumes that the health professional using this toolkit would not have had any mental health training and hence is pitched at a basic operational level. The toolkit does not provide information on psychological interventions

that require professional mental health training. The women survivors need to be referred to mental health experts for any specialized mental health services.

Section II: Clarifying Key Concepts

Overview

2.1 What is Intimate Partner Violence (IPV)?

The WHO defines IPV as "any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship."

Examples of types of behaviour are listed below:

Physical violence: slapping, hitting, kicking and beating.

Sexual violence: forced sexual intercourse and other forms of sexual coercion.

Emotional (psychological) violence: insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children.

Controlling behaviours: including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.

- Most violence in our context is directed by men towards women, or by the husband towards his wife
- However, we need to note that in our context violence against women is also directed by the husband's family members or the woman's in laws--this toolkit is relevant for them as well.

2.2 Who is a victim/survivor?

- One who is exposed to violence of any form, most likely the woman is the victim in that context. However, women who fight/bounce back and attempt to move on is the survivor. The process of moving from the victim position to survivor position is a journey.

2.3 Who is a perpetrator/abuser?

- One who engages in violent acts of any form, most likely the man

2.4 Who is a counsellor?

- Any trained health professional who will offer psychosocial support

2.5 Is IPV a health issue?

IPV is known to have immediate and long term consequences on different domains of health, including

- Physical health--different kinds of injuries, pain, sleep and appetite disturbances
- Sexual health--sexually transmitted infections
- Reproductive health—pregnancy related complications
- Mental health—symptoms of depression, anxiety, stress
- Economic health—inability to work with full efficiency at the workplace, absenteeism

2.6 Who is at risk for IPV?

IPV can happen to any one of us, although some women may be at a higher risk, for instance, female sex workers, women with disabilities, women with mental illness and minors.

2.7 What is the relevance of mental health interventions in IPV?

- Mental illness or disability increases risk for IPV
- IPV has immediate and long term consequences on mental health, specifically emotional and social functioning
- If mental health issues are not identified and addressed effectively, a woman may be at risk for continued violence
- Untreated mental health problems can eventually lead to suicide
- Violence impacts mental health of not only the woman exposed to it but also her children

Section III: Assessment of Intimate Partner Violence

3.1 Why is assessment important?

- A comprehensive assessment provides a good understanding of the problem
- Helps us identify vulnerabilities (risk factors) and strengths
- Helps us design an intervention that will be relevant for a given woman—provides information about-- what the key problem areas are, what needs to be done in order to help the woman, and short term and long term goals that should be achieved.

Overview

3.1 Why is assessment important?

3.2 What was the nature of violence?

3.3 Duration of violence?

3.4 Frequency of violence?

3.5 Severity of violence?

3.6 Context of violence?

3.7 Risk and protective factors?

3.8 Cycle of violence?

- Helps lay out a range of possible options for the women to choose from and plan her next course of action.
- Engaging the client in the assessment process can be therapeutic in and of itself

3.2 What was the nature of Violence?

- Assess whether the woman was exposed to one or more forms of violence-Physical, Sexual, Emotional
- Physical Violence—whether the woman was hit, kicked, beaten, pushed, grabbed, injured etc
- Emotional Violence—whether the woman was neglected, humiliated, insulted, verbally abused, not allowed to meet her family members or friends, not allowed to work, socially isolated etc
- Sexual Violence—whether the woman was forced to participate in sexual acts against her will, molested, raped, rough sex etc
- All forms of violence impact the mind!

3.3 Duration of Violence - For how long did the violence occur?

- Assess when violence first began. How old was the woman at that time?
- For how long did the violence continue?
- Although women talk about the current occurrence of violence, it may be important to ask if something similar has happened before.
- Sometimes they may struggle to recall past events, do not force them to furnish exact details.

3.4 Frequency- How often did the violence occur?

- From the time the violence started, it is important to find out how often violence has occurred
- How often (how many times) in a week, month etc does this happen?
- It is important to know if it has been the same, or fluctuates (increased or decreased)
- What events increase or decrease its occurrence?
- Again, do not force them to quantify in exact terms…make do with whatever they are able to share

3.5 Severity - How damaging was the violence?

- Assess the impact on broad domains of health—physical, sexual, reproductive, and mental.

- Assess the impact on significant relationships and interpersonal problems
- Assess risk of deliberate self harm or suicide
- Assess whether there was hospitalization
- Remember if the woman thinks/says it is severe, it is! Subjective perceptions are important too.

3.6 Context of Violence:

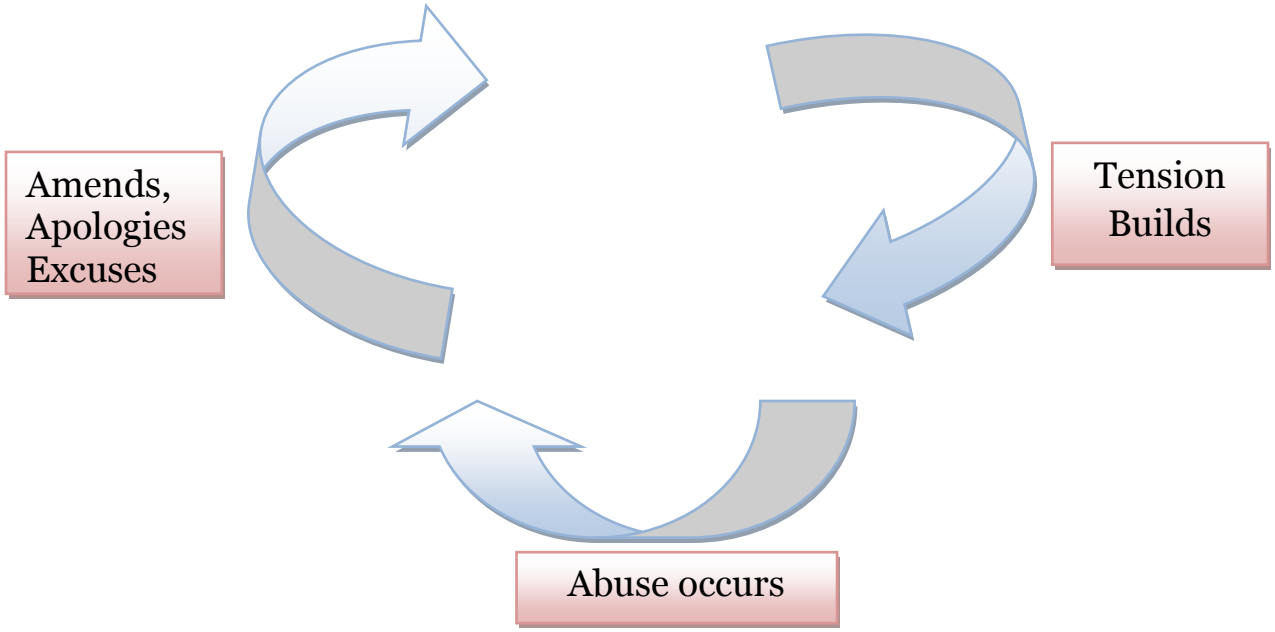
- An understanding of the circumstances around which violence occurred is important—what factors and situations led to violence? For e.g. Husband's problem drinking resulted in violence.
- Who is the perpetrator in relation to the woman is important because breach of trust is most when an intimate partner is concerned, who instead of protecting the woman has violated her.
- There can be more than one perpetrator
- What are the circumstances under which violence increases or decreases
- What efforts has the woman undertaken to protect herself? How has she coped so far?
- Are there people in her environment who can help her? Have they done so? What was the outcome of their intervention?
- Is there a pattern emerging on how violence typically occurs in a given case?
- It is crucial that the health care professional not give her a sense of trying to find a reason for the violence. Emphasize that there is NO justification for IPV, our attempt here is only to understand the contextual factors in order to plan prevention strategies.

3.7 Identify risk and protective factors:

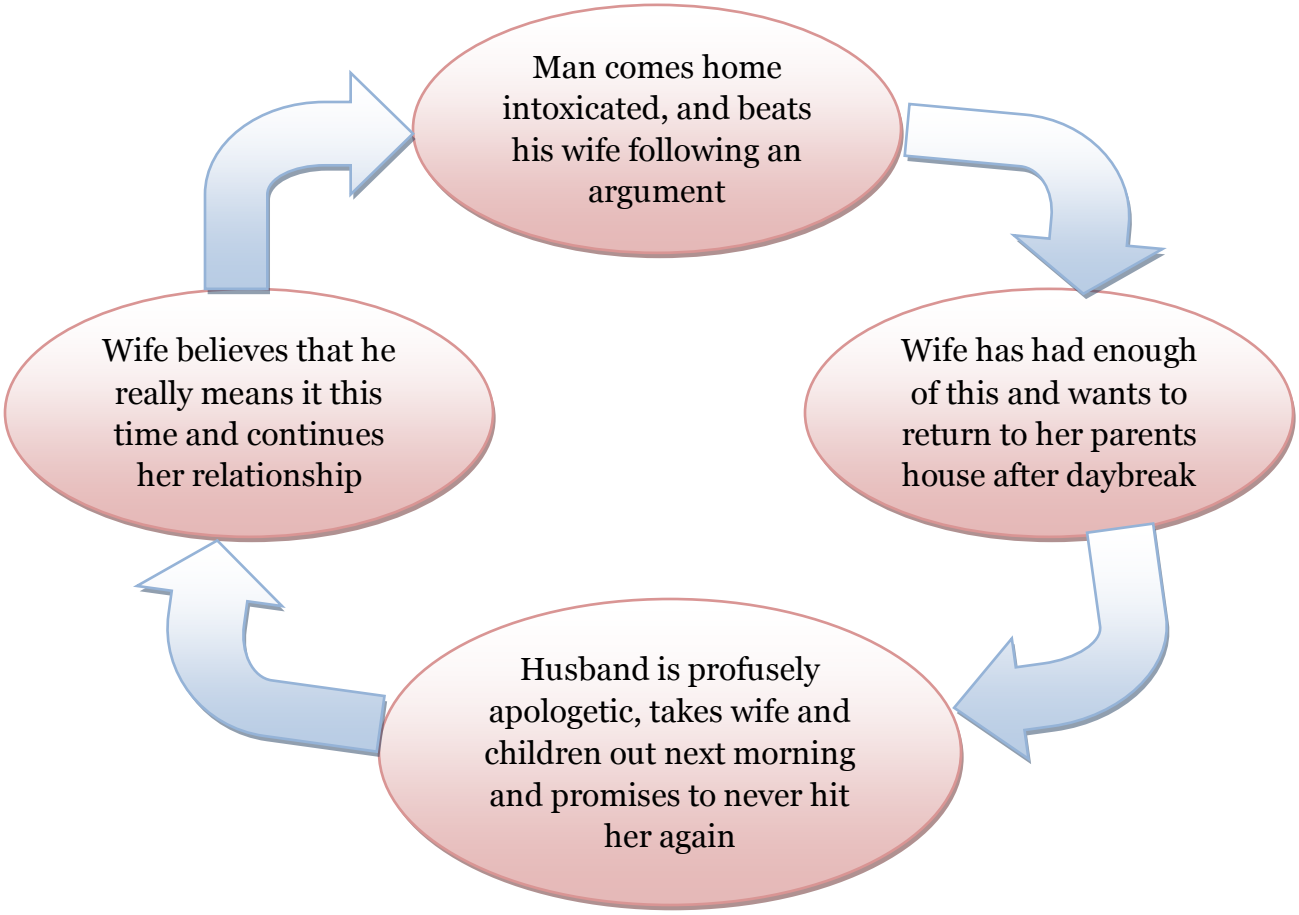
- Risk factors are those that increase the chance of violence occurring or continuing
- Protective factors are strengths in the woman and her environment that may protect her from adversities
- Some risk factors include being in an abusive relationship, problem drinking in husband, having a poor support system, increased dependency (emotional or financial) on her spouse/partner, illness, disability, pregnancy, submissiveness, grew up in a family where she witnessed violence and thinks it is normal, low self esteem—feels violence is justified, that she did something wrong and so deserved it.
- What are some inner resources the woman has because of which she is effectively coping with violence? These may be having the presence of mind to lock herself in a room or leave home to protect herself and her children from getting hurt when her husband shows signs of anger. OR talking to friends and family, professionals, women's organizations about her concerns and possible ways of dealing with the same.

3.8 Cycle of Violence:

- Identify the vicious cycle of violence



- Take the example of a man with problem drinking.



Caution: Although violence also occurs in the context of addiction to alcohol, intoxication is no excuse to indulge in violent behavior. What remains critical is the role of power and control in relationships.

Section IV: Assessment of Mental Health

Overview

4.1 IPV and Mental Health

4.2 Symptoms of Depression

4.3 Anxiety, including PTSD

4.4 Substance Use

4.5 Suicide Risk

4.6 Somatoform Disorder

4.7 Sexual Dysfunction

There are different reasons why women stay on in abusive relationships:

- These include: Fear of consequences, stigma of separation/divorce, cultural norms, lack of support, conspiracy of silence or keeping this a family secret, not knowing who she needs to approach for help
- These factors often reinforce or strengthen the cycle of violence
- The woman often reports feeling 'trapped' in a cycle of this nature
- Identifying the cycle of violence in a given case is critical is helping the woman break free from it
- It is useful to draw this on paper so the woman can see how the cycle of violence is operating in her case
- You may also use this to help her see where in this loop she can bring about a change by doing something differently
- Encourage her to draw her response as well
- This is an example of how assessment in many occasions informs/provides direction to intervention

4.1 IPV and Mental Health

- Women with mental health problems and physical disabilities are more vulnerable to violence
- Women with IPV are at risk for developing varied mental health problems including, Depression, Anxiety, Post Traumatic Stress Disorder, Somatoform Disorders, Sexual Dysfunction, Suicidal tendencies and Substance use.
- Mental health assessment is NOT carried out to pathologize or label the woman.
- It is important to acknowledge that anyone exposed to violence (traumatic event) is quite likely to have emotional problems as a consequence and this may or may not amount to a clinical syndrome.
- If a woman has greater risk factors, she may be more likely to develop a clinical disorder.
- If protective factors outweigh risks, then the woman is less likely to develop a clinical disorder.

- Irrespective of whether or not she has a clinical disorder, it is important to carry out a mental health assessment and provide support so that she can cope with her problems more effectively.
- Emotional or psychological problems render women less able to protect themselves and make the right decisions concerning themselves and their family.

Listed below are some of the commonly occurring symptoms in women reporting partner violence

4.2 Symptoms of Depression:

- Feeling sad most of the time
- Frequent crying spells
- Decreased interest in activities that she was earlier interested in
- Feeling excessively tired for no good reason
- Decreased sleep and appetite
- Weight loss
- Feeling hopeless, helpless, worthless
- Death wishes, suicidal ideas and attempts

4.3 Symptoms of Anxiety, including Post Traumatic Stress Disorder:

- Feeling worried, tensed, fearful, nervous or anxious
- Increased restlessness and inability to relax or calm down
- Palpitations, trembling, hyperventilation, sweating, and dryness of mouth
- Repeated flashbacks of traumatic events, and nightmares
- Feeling startled easily
- Sense of panic triggered by different sensory cues associated with the traumatic event
- Increased negative thinking, anticipates negative outcomes, or fears something dreadful will happen to self or dear ones.

4.4 Substance Use:

- Increased consumption of addictive substances such as alcohol, tobacco-snuff, beedies, cigarettes, and prescription medication such as tranquilizers, anxiolytics, antidepressants etc.
- Increased craving for the substances
- Need for consuming greater quantities over a period of time in order to get a 'high'
- Feel that they cannot cope without the substance
- Constantly look for opportunities to buy or consume the substance
- Withdrawal symptoms: Physical-headache, nausea, decreased sleep and appetite, trembling of hands etc. Psychological-feeling sad, fatigue, inability to function

4.5 Suicide Risk:

- Any previous suicidal attempts by the survivor
- Presence of death wishes, feeling hopeless about one's future or helpless about one's situation
- Current desire to harm oneself
- Presence of symptoms of depression
- Ongoing violence
- Lack of family or social support
- Actively thinking of a suicide plan or gathering information about the same

4.6 Somatoform Disorders:

- Multiple somatic complaints—headache, bodily aches and pains
- Although there is No organic or physical basis for the somatic symptoms
- Presence of significant emotional distress and suffering
- Feeling tired easily
- Inability to work or interact with others as before
- People with this problem, typically deny any emotional or psychological reason for somatic symptoms, they may not be very forthcoming with family conflicts or other forms of stress.

4.7 Sexual Dysfunction:

- Women experiencing sexual violence may experience sexually transmitted infections
- These women are also at risk for HIV
- They are at risk for developing decreased interest in sexual intimacy
- Inability to feel aroused
- Painful coitus
- Fear intimacy
- Presence of any form of sexual dysfunction further increases violence (sexual abuse, physical abuse and emotional abuse) when a woman resists sexual intimacy

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5.3 Basic counseling skills

5.4 Safety plan

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5.6 Encourage problem solving

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5.8 Support systems

5.9 Joint Meetings- couple/family

5.10 Handling crisis

5.11 What the counselor should NOT do

5.12 Supervision

Simple skills and techniques may be used to offer emotional support to women survivors of IPV.

5.1 Physical setting:

- It is always best to talk to the woman in a private room, where she feels safe
- Ensure that there is minimal or no interference by others
- Make sure you can provide water if necessary

5.2 First steps:

- Address her by name so there is that personal touch
- Everyone has a capacity to solve problems, acknowledge this, facilitate this process and provide direction.
- Do not rush, proceed at your client's pace...if she's unwilling to open up beyond a point, let it be...do not force her to talk if she's reluctant
- It is important that the woman feels that the counselor genuinely cares and wants to help her...this needs to be felt by the woman and it happens only if it is coming from within..
- Do not say or do anything that will make her feel judged

5.3 Basic Counseling Skills are very useful in the assessment process as well as for the intervention:

5.3.1 Active listening

- Sensitive and attentive listening makes a woman feel that you care and are genuinely concerned about her problems
- It also helps you ask the right kind of questions in order to provide direction to the conversation
- Be alert to what is being said, what is unsaid and non verbal expressions..

5.3.2 Empathy

- Put yourself in the woman's position and experience what she may be going through…
- It helps you connect with the woman and experience her suffering from a deeper emotional level

5.3.3 Facilitating ventilation of feelings

- Ask open ended questions which will allow the woman to describe her problems
- Ask questions that help her connect her experience with how she feels (sad), what thoughts come to her mind at that time (life is not worth living) and what she does about it (attempts suicide)…
- Allow her to talk about all her fears and, worries—it's okay for her to cry…

5.3.4 Validating her feelings

- Make her feel that there is nothing wrong in what she is feeling or thinking…
- *"Anyone in your situation would have felt the same way" …*
- *"It is but natural to feel angry when someone you trusted let you down"…*
- Making statements like these will tell the woman that you understand, that you are not judging her for feeling a certain way about her spouse, that you support her..

5.3.5 Providing reassurance

- Help seeking itself can make women feel vulnerable because they are accepting that there is a problem that they want to change..
- They expect to hear some words of solace, hope and comfort
- *"I know that it's not easy at all to talk about these issues..but I'm glad that you're trying and I'm sure you'll start feeling much better as soon as you shed this burden"*
- *"You look much better to me now than the first time we met," "You've been experiencing this for awhile now, it'll take some time for it to go away…I feel very certain that you'll come out of all this very soon"*
- Assure her that you are there to help her in this process…
- It's important to not give false reassurances or make false promises!

5.3.6 Using reflections

- This is like holding a mirror and reflecting back whatever the woman is telling you…
- *"I hear you say that there were times when you felt you deserved to be treated this way"*
- *"I understand how you would have felt in that situation…angry at yourself for trusting him over and over again"*
- Reflections helps the woman feel understood, gives her a chance to clarify if she means something else, helps her listen to herself and what she may have experienced..

5.4 Discuss a safety plan:

While the violence is ongoing it is essential for the counselor to ensure the safety of the client.

- Prepare the client to leave the house anytime violence happens
- Encourage the client to store all her essential belongings in one safe place, so she can take them with her if and when she has to leave
- Encourage her to take help from friends whom she trusts.
- To keep all possible harmful things out of reach of the spouse
- To always keep a mobile phone in hand with numbers of friends who would help in speed dial, set it up for her if she doesn't know..
- To prepare a safe place in the house where she can lock herself and her children up till the time its safe for her to step out
- To call the case worker/ woman's organization for help
- To register a police complaint to be on the safer side and not hesitate to call the police when in need
- The woman will feel more confident and supported if she goes to the police station accompanied by someone she trusts.
- To prepare children as well to be ready to leave (if it is safe)
- In case of leaving the house the client has to be prepared about the place where she is going to go
- After leaving the spouse, the client has to be careful not to give her new address or phone numbers to everybody
- Try to relocate the children into school
- Avoid going to work for awhile, be escorted or take a different route to work and in extreme situations, consider a change of job or place.
- Women often prefer to defer taking a final decision—*So, it would be important to say that her safety is a priority over everything else, decisions can wait…*

5.5 Dealing with guilt and shame – It's not your fault!

Women experience guilt and shame due to various reasons:

- Guilt can arise because the woman feels she is at fault in some way, she's not providing for her spouse or child in a way she should etc..
- Guilt can also arise because they are now doing things without the husband's knowledge, like protecting essential belongings, moving them to a friend's home, plotting an escape plan etc…
- Shame can arise from disclosing family secrets to a stranger, having bruises in private parts and not being able to protect oneself
- First of all tell her very clearly, openly and honestly that *"it's not your fault"*.

- Make her understand that *"in no situation, violence of any form, should not be tolerated/accepted"*.

5.6 Encourage problem solving

- Help her emotionally distance from the problem and analyze it rationally
- Help her see a pattern in violence, her relationship with her spouse and what needs to change to make it better for them
- Help her think about how change can be brought about…generate alternative ways to overcome the problem
- Help her list out pros and cons of each
- Help her decide the best possible way which is more advantageous than not , and try it out, see if its works, if it doesn't revisit other possible options.
- Encourage adaptive coping such as forming a support system, religious coping etc.
- Problems that are long standing will take time to resolve, but the woman needs to cope as effectively as she possibly can till the time a more lasting solution is found..
- Help the woman identify whatever she is good at and encourage her to do things that make her happy or relaxed…art, exercise, sport, hobbies, it could be anything that lifts her spirits..
- Help her find things to do to distract herself, to accept the problem rather than deny that there is one, use religious/spiritual ways of dealing with the problem, help her confide in people she trusts so they can provide support in need

5.7 Empower and enable resilience

- Help her see a larger meaning in the suffering…the number of times she had to struggle to *"keep things in place and the number of times it kept falling apart"*…what is she as a result of all these experiences?
- Restore confidence and self esteem by pointing out all the courage, strength, positive ways of coping that she has shown, that defines her today…
- If there are support groups, then encourage her to be a part of them or encourage her to start a support group for other women survivors of IPV like herself..

5.8 Discuss support systems

It has been established that women with good support networks are able to overcome violence better and have lower levels of emotional distress. Support systems that can be used include-

Self

- Encourage her to take up any work she is good at.
- If already working, motivate her to continue, save up responsibly and secure her / her children's future

Family

- Involve families, help them understand what she's going through and help them support and offer protection to the woman.

Relatives and friends

- Stay connected with any person she trusts, who is understanding and helpful
- Encourage her to maintain good relationships and not shy away from people

Work place

- Colleagues in the workplace can also be part of her support system and facilitate recovery.
- They may help her by being supportive when she has to attend towards her other commitments. Eg. Taking leave, appearing for a court hearing etc..

Other support systems

- The counselor, case worker, other referral agencies committed to helping women overcome IPV.

5.9 Handling joint meetings with couple or families – Precautions

- Woman's safety comes before everything else.
- The husband may become aggressive while in the session and may try to harm the client or the counselor as well.
- Families also may try to blame the client for causing violence or talking about family secrets to a third person and disrespecting the family/ family name.
- In laws may also become hostile with the client for unduly blaming the husband.
- Perpetrators are known to be manipulative and the counselor should be careful not to believe everything that is being said and all the promises being made to stop IPV.
- Counselor has to be firm and set a contract that no verbal or physical abuse will be tolerated in the sessions or outside and proceed with the discussions.
- IPV of any form or severity will not be sorted out in just one session. Sometimes women and families may never come back after the first session, it is important to remember this and ensure that key messages and list of referral agencies are given in the very first session.
- The counselor also has to prepare the client/spouse/family members to come for further sessions and fix a specific appointment at a time that is mutually convenient.

5.10 Handling Crisis

- The counselor has to impart information on how the client can contact him/her in case of emergencies.
- Other important numbers such as the number of a shelter home, women's organization may also be given to the client to be used in case of crisis situations.
- The woman must be briefed adequately about the safety plan

- The woman may be admitted in a hospital for a brief period or may stay in a shelter as the case may be for ongoing care and support
- If the woman is suicidal, brief in patient admission may be essential for better supervision
- Inform family/friends to keep all harmful and sharp objects away and take turns to provide round the clock monitoring
- Acknowledge distress and gently explore what led to the suicidal attempt, her feelings, thoughts and reactions.
- Refer to a mental health professional for further help

5.11 What the counselor/health professional should NOT do.

- Ask curiosity questions
- Making decisions for the client
- Being biased while working together with the couple
- Criticizing the client for leaving/ not leaving the relationship
- Being judgmental
- Minimizing the emotion or trivializing the situation for the client
- Rushing the client to do things or talk about things that she is not comfortable about
- Forcing the client to do things that the counselor feels is right
- Any act of breach of trust/confidentiality
- Not giving importance to suicidal or self harm statements by the client
- Being casual about the violence itself as it may appear to be a common occurrence in the community/society
- Talk negatively/derogatorily of the woman's spouse-- she may not appreciate others saying so..
- Being sworn to secrecy

5.12 Supervision of counselor/health professional

- The process of working with women survivors of violence can be emotionally draining for the counselor.
- Counselors may require regular debriefing with another peer or supervisor who may be a senior, for guidance and support.
- Counselor's may experience a range of emotions themselves such as shock, helplessness, grief, anger etc.. and it's very important for them to talk about this as well.
- It is also important for them to become aware of their own vulnerabilities, biases, values and principles, and ensure that it is in no way interfering with the counseling process.

Caution:

Remember IPV can escalate when:

- the woman is feeling empowered, tries to become independent, starts earning her living
- is putting her foot down unlike before
- spouse finds out that she is seeking help of a counselor or any other person

Counselor needs to be alert to:

- risk of suicide or harm self
- instances of increase in violence
- rift in the family/support system
- threat of immediate separation/divorce

Documentation:

- Maintain records carefully and keep them safe
- Documentation may be required for legal purposes and care should be taken to interpret observations carefully and use it to safeguard woman's rights

Disclosing IPV:

- Disclose IPV only with the woman's consent. Help her see the pros and cons of disclosure and take an informed decision
- Use discretion while disclosing IPV to other professionals, referral agencies or

Section VI: Liaison with Referral Services

Overview

6.1 Referral Network

6.2 Women's Organisations

6.3 Legal professionals

6.4 Mental Health Professionals

6.1 Referral Network

The counselor should develop a network with other professionals likely to be involved in care for women survivors with IPV.

- This includes the police personnel, lawyers, NGOs or women's organizations and mental health professionals who play a significant role in helping women survivors of IPV.
- It will be useful to develop a list of addresses or contact numbers of possible referral agencies in and around their locality, so that women can easily access them
- It may also be important to accompany women and their family or make an introductory call to these different services and make the process as hassle free as possible
- Tell them a summary of what you know, so the women is not questioned repeatedly about her experiences by different people
- A positive relationship among different stakeholders involved in providing medical, legal, social and psychological support to women survivors of IPV is essential

6.2 When to refer to women's organizations?

- If women require temporary shelter
- To inform women of their rights
- To create awareness about possible alternatives, receive information and together with a social worker or case worker to chalk out pros and cons
- To empower women

6.3 When to refer to legal professionals?

- To seek their help in issuing a warning to the spouse and his family
- To file a complaint against spouse or family
- To seek protection for the woman
- To pursue a case in the court against the spouse/family

6.4 When to refer to mental health professionals?

- If the woman is suicidal or has made attempts to harm herself
- If you find her to be depressed and her depression is interfering with her day to day functioning.
- Symptoms of anxiety or panic that are disabling
- If she has a pre existing mental health problem that has worsened

- If she has unremitting symptoms of Post Traumatic Stress Disorder
- If her symptoms are worsening or not getting better
- If she needs a brief in-patient stay
- If medication needs to be reviewed

IPV affects all domains of a person's life. Hence, active liaison with other professionals is very essential in providing comprehensive care to women survivors of IPV that includes: physical/medical, social, legal and emotional support.

Section VII: Key Ethical Issues

Working with vulnerable individuals such as women on sensitive issues such as violence is fraught with several ethical dilemmas

Overview

7.1 Confidentiality

7.2 Autonomy

7.3 Safety

7.4 Minimize risk of further violence

7.5 Awareness about her rights

7.1 Confidentiality

- Ensure you protect the woman's privacy
- Do not discuss her story with anyone unless it is in her interest, with her consent

7.2 Autonomy

- Respect her and treat her with dignity that she truly deserves
- Respect her autonomy but not at the cost of her safety!

7.3 Safety

- Ensure that she is safe
- Discuss safety and security and prepare her for adversities

7.4 Minimize risk of further violence

- Ensure that you have taken necessary steps to minimize future risk of violence and mitigate distress
- Prepare the woman to anticipate trouble and protect herself and her children

7.5 Awareness about her rights

- Educate her about her rights as a human being and as a woman
- Empower her to assert her rights and live with dignity