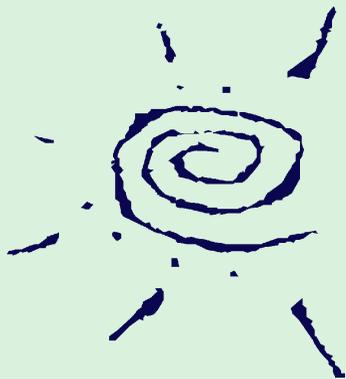


HIV Counselling Series No. 4



Counselling Guidelines on Domestic Violence



CANADIAN PUBLIC HEALTH ASSOCIATION
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Counselling Guidelines on Domestic Violence

© SAT Programme

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Foreword

This is the fourth publication in a series of guidelines for counselling people who are infected with HIV, who are concerned about being infected with HIV, or who are living with or caring for people with AIDS. Each booklet in the series offers practical guidance on specific counselling issues. The publications are designed for use by volunteer counsellors, non-professional counsellors, and professional counsellors who do not have extensive experience in counselling in the context of HIV.

The counselling guidelines are the result of workshops organised under the SAT Programme's "Schools Without Walls" bringing together professional counsellors, people living with HIV, staff of AIDS Service Organisations, and people working in the field addressed by the publication. The booklet on domestic violence was facilitated by the Musasa Project, a national gender advocacy organisation based in Harare. The staff of Musasa received editorial and design assistance from Southern Africa AIDS Information Dissemination Service (SAfAIDS), a regional organisation based in Harare specialising in AIDS information management and dissemination. The booklet reflects the unique experience of the group of counsellors and activists that met in the workshop facilitated by the Musasa Project.

To date, the SAT Programme has published counselling guidelines in English and Portuguese on the following subjects:

- ▶ Number 1: Disclosure of HIV Status
- ▶ Number 2: Child Sexual Abuse
- ▶ Number 3: Palliative Care and Bereavement

The SAT Programme is a project of the Canadian International Development Agency delivered by the Canadian Public Health Association. It has been at the forefront of supporting the community response to AIDS in Southern Africa since 1991. The School Without Walls is an initiative of the SAT Programme to validate, promote, and diffuse the unique Southern African experience and expertise in responding to HIV. The SAT Programme is profoundly grateful to the volunteers and professionals who have made this publication possible and who are supporting SAT in the preparation of further publications.



SAT Programme



Musasa Project

SAAIDS



Counselling guidelines on domestic violence

Creating these guidelines

These guidelines are based on the experiences and advice of people from across Southern Africa who have extensive experience in counselling people who suffer domestic violence. The guidelines were produced by the SAT Programme in collaboration with the Musasa Project and editorial support from the Southern Africa AIDS Information Dissemination Service (SAfAIDS). The Canadian International Development Agency funded the publication. Cartoons were drawn by Joel Chikware.

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Definition of terms

Domestic violence is a situation in which one family member abuses another physically or psychologically. The person who is the abuser may be a man or a woman and the person who is being abused may be a spouse, a child or a parent. However, most situations of domestic violence involve violence of men against their wives or female companions. Domestic violence often involves sexual abuse and it may also be linked to economic deprivation of the wife or other dependent household members. This type of economic abuse coupled with repeated intimidation is a form of domestic violence even if it does not involve physical aggression or harm. Because domestic violence of men against women is much more common than the reverse, this booklet will focus on the former. Counsellors should however be aware that they may occasionally encounter abused husbands.

Survivor is a term often used by counsellors to refer to a person who has suffered domestic violence. The word is used instead of “victim” in order to focus on a person’s ability to free herself from the abuse. A victim suffers violence without control whereas a survivor takes her life into her hands to overcome the violence.

Perpetrator is the word used in this booklet to describe the person who is committing the abuse.

Counselling is a structured conversation between two or more people that assists one of the participants to work through specific personal problems. Counsellors encourage people to recognise and develop their own coping skills so they can deal more effectively with problems.

Empowerment is the process by which people take control and action in order to overcome present or future obstacles. In a situation of domestic violence, empowerment marks the transition from victim to survivor. Gaining inner strength to resist victimisation is one step, but usually physical protection and often better access to family resources are also required for full empowerment. The counsellor must remember that empowering the survivor usually means taking power away from the perpetrator. This will not happen without resistance.

Forms of domestic violence

Most people think that domestic violence involves only physical assault, harm and injury. Counsellors, however, need to recognise that domestic violence includes many forms of abuse. Most of the time they occur together and sometimes there is a progression from one to the other.

Physical abuse is the most obvious form of domestic violence. The perpetrator assaults and injures his wife or other members of the family. He hits, pushes, kicks, pulls hair, and throws objects.

Sexual abuse may or may not be associated with physical abuse. It may involve pressuring or forcing the partner to have sex against her will, forcing the partner to perform certain sexual acts such as anal or oral sex against her will or intentionally inflicting pain during sex. Preventing the partner to use birth control or refusing to use a condom when the partner is concerned about a sexually transmitted infection such as HIV or gonorrhoea is also a form of sexual abuse.

Psychological abuse comes in many forms. It may be difficult to recognise and to deal with. Often, there has been at least one instance of physical assault and injury. The perpetrator then uses this experience to intimidate his spouse. He may use threats of violence against her in order to make her perform acts that are demeaning or dangerous. He may destroy family property, threaten to take the children away or threaten the spouse with having her committed to a psychiatric institution. Some perpetrators use repeated threats of suicide to pressure their spouses. This is also a form of psychological abuse.

Economic abuse or economic deprivation is even more difficult to recognise as a form of domestic violence. It is, however commonly found in domestic violence situations. The perpetrator may hold back necessary household money, prevent his spouse from earning money, confiscate the money she may have earned, control all household spending, and spend money only to his own benefit.

For most perpetrators, these forms of abuse are means of establishing control over his wife or partner. Most domestic violence results from a person's desire to exert control over another family member.

Testimony 1: promotion denied

"I was offered the chance to take up a new post at work that would give me more money. My husband objected because he said that I would no longer have enough time to attend to our children. I tried to convince him that I had given it a lot of thought and I was sure I could manage. He accused me of not listening to him and of wanting to take over his role as man of the house. He lost his temper and beat me up. When the matter was taken to his family members they did not listen to me. They sided with him and so I could not take up the promotion."

"He accused me of wanting to take over his role as man of the house."



Myths and misconceptions

These are some commonly held myths and misconceptions about domestic violence:

“Battered women deserve to be beaten.”

Nobody deserves to be beaten. There is no excuse for violence.

“Only unsuccessful men beat their wives.”

Men who beat their wives can be found among all professions, races, cultures, and religions. Domestic violence is found among the rich and the poor, the educated and the illiterate, the old and the young.

“Only poor and uneducated women are abused.”

See the response above.

“Men beat their wives because they love them.”

Abuse is motivated by a desire to control and not by love.

“Battered women can always leave home.”

There are many reasons why female survivors of domestic violence cannot leave home. They may be economically dependent, they may fear to lose their children, they may not want to be seen to break up the family, they may find it difficult to admit that the marriage has failed, or they may simply have nowhere else to go. Sometimes women have no choice but to stay in a violent relationship. But remember, nobody chooses to be beaten.

“Men will cease abusing their partner after they get married.”

Marriage is never a solution to domestic violence. In fact, it often makes things worse because it makes it more difficult for the wife to escape the abuse.

Counsellors need to be aware of these myths and misconceptions because they are often used as excuses for domestic violence. Even women who are being abused sometimes believe in these myths and therefore find it difficult to seek the help and support they need. Counsellors can discuss such issues with survivors, and help correct some of the misconceptions they may have about themselves and their situation. Remember, there is never an excuse for violence.

Domestic violence, sexually transmitted diseases and HIV

Counsellors should be aware of the links between domestic violence, sexually transmitted diseases, and HIV infection:

- ▶ Men usually know when they have a sexually transmitted disease. Having unprotected sex with your wife or partner when you have a discharge or sore on your penis is a form of sexual abuse. The chances are high that wherever you contracted the disease, you were also infected with HIV. If an HIV positive man has unprotected intercourse while he has a discharge or a sore, the risk of transmitting the virus to his partner is greatly increased.
- ▶ Many women are afraid to discuss the use of condoms with their husband or regular partner even if they are sure about his infidelity. Introducing such a subject often brings out a violent reaction, especially if there is already physical abuse in the relationship. A women who lives with domestic violence or the threat of domestic violence has little power to protect herself from HIV infection. Most women in Southern Africa who are infected with HIV acquire this infection from their husband or regular partner. The fear of domestic violence is an important contributor to the high infection rates we are observing in this region.
- ▶ Sexual abuse in a violent relationship usually involves forced sex. Forced sex increases the risk of HIV transmission. The vagina will be dry, there may be bleeding, there will certainly be small internal cuts and sores that make it easier for the virus to be transferred during intercourse.

- ▶ The fear of domestic violence is one of the main reasons why women do not tell their partner that they have a discharge or a sore or any other symptom of a sexually transmitted disease, or that they have tested positive for HIV. They may not seek appropriate treatment for their symptoms because they do not have the means to visit a health centre without the husband's consent, and they will continue to have unprotected intercourse. Counsellors need to be aware that many women have suffered greatly after following the advice of health care staff to discuss their sexually transmitted infection or HIV status with their husbands.

The need for effective counselling

Despite the need for support, many survivors of domestic violence feel unable to tell relatives or friends about their situation. They may be under threat from the perpetrator of the violence. They may fear that others will not believe them, will not take them seriously, or may even blame them for the situation. They may be concerned about harm to their children or other family members if there is an open conflict in the marriage. A counsellor can help them talk through their situation in a confidential and independent environment.

Domestic violence situations are often complex. There are many factors to consider to help ensure the safety of the survivor and other family members. This is why counselling is essential.

General guidelines for effective counselling

These are some practical guidelines for those without counselling training who find themselves in a situation where counselling is required:

- ▶ Listen attentively. Give your clients time to say what they need. Be patient. Help them express their feelings and emotions and show warmth and care.

- ▶ Treat your clients and their families with respect. Be reliable and consistent. Accept people as they are and avoid moralistic judgements.
- ▶ Avoid giving advice; rather help clients work through issues and to make their own decisions with your help.
- ▶ Help your clients focus on issues where they can achieve positive changes, rather than being overwhelmed by their problems. Help them identify others they can rely on and receive help from.
- ▶ Do not pretend to have skills, knowledge, or resources you do not have. Know when to refer clients for more specialised help and where to refer them.
- ▶ Do not minimise you clients' problems. Do not judge how big or how small their problems are. Do not try to prioritise their concerns.

The cycle of domestic violence

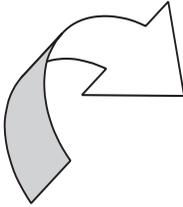
Domestic violence often follows a pattern. Tension builds up in a relationship. There is usually some persistent psychological, sexual, or economic abuse of varying intensity. What may seem like a minor incident then results in an outburst of uncontrollable violence and battering. Following this, there is often a “honeymoon” phase in which the perpetrator is loving, kind, and contrite. However, the cycles usually repeat themselves, often becoming more and more frequent with time. (See demonstration of cycle of battering incidents on p 8)

Domestic violence affects the survivors and their families in many different ways. A counsellor who is aware of the process of violence in a relationship will be able to understand the client's experience better.

The Cycle of Battering Incidents

Phase 1 – Tension building

Minor battering incidents occur; tension escalates.

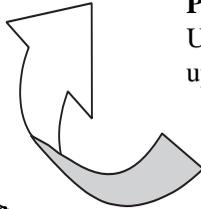


Phase 3 – Loving and contrite

Extremely loving, kind and contrite behaviour by the batterer completes the cycle.

Phase 2 – The acute battering incident

Uncontrollable discharge of tension built up in Phase 1.



Phase 3



Phase 1



Phase 2

Recognising domestic violence

As a counsellor, you need to be aware of the signs and symptoms of domestic violence so that you can help identify women who continue to suffer in silence for whatever reason.

Physical injuries:

- ▶ You should think about domestic violence when you see a woman who has bruises, cuts, or bite marks on the face, nose, eyes, or lips. She may have cigarette burns or fractures of the nose, jaw, arm or leg. She may explain the injuries by saying, “I fell from a chair”, or “I banged my eye on the door”, or “I should have been looking where I was going”.
- ▶ You should think about domestic violence when you see a woman who has an unexpected miscarriage or premature birth despite the fact that until then the pregnancy was normal, and that she has no past history of complications of pregnancy and child birth.
- ▶ You should think about domestic violence when you see a woman who has delayed seeking medical help for her injuries without plausible explanation. Her partner may have prevented her from seeking medical help because he feared being exposed.
- ▶ You should think about domestic violence when you see a woman with several injuries in different stages of healing, i.e. injuries that did not occur at the same time.

Psychological injuries:

- ▶ You should think about the possibility of domestic violence when you see a woman who has unexplained and stress related complaints such as headaches, backaches, inability to sleep, confusion, memory loss, loss of appetite, and chronic fatigue.
- ▶ You should think about the possibility of domestic violence when you see a woman who complains of anxiety related conditions such as heart palpitations, breathing difficulties, and panic attacks.

Behaviour related to domestic violence:

- ▶ Domestic violence may be a factor when a woman asks to talk to you about marital problems, for example frequent arguments, infidelity, lack of communication, or breakdown in sexual relations, or family problems, for example problems with the in-laws, or family accusations that she does not measure up to the expectations of being a good wife
- ▶ You should consider the possibility of domestic violence when you see a woman who is depressed, has low self esteem, is thinking about committing suicide or has already tried to commit suicide, has started to drink heavily or to take drugs.
- ▶ Remember that survivors of domestic violence may assume responsibility for the perpetrator's actions. They may feel that they are to blame and suffer from guilt while denying their feelings of terror and anger.

It is important that you emphasise to your client that she does *not* deserve to be abused and that the abuse is *not* her fault.

As a counsellor you need to be sympathetic to these problems. You should always try to boost the survivor's self esteem.

Empowering the survivor of domestic violence

As a counsellor, one of your main objectives in helping a survivor of domestic violence is to empower her. These are some guidelines on how to do this.

Believe her story.

This may be difficult, especially if the perpetrator is a public figure or has a high status in the community. Remember people behave differently in public than they do in their private lives. Even pastors, doctors, lawyers, and politicians may assault their wives. Listen to what the survivor is telling you. Ask non-leading questions. For instance, ask, “what happened next?” instead of “did he beat you again?” Avoid making judgements and giving advice.

Build on her strengths.

Help her identify her achievements and compliment her on these. For instance seeking help is an important step and an achievement for most survivors. She may also have taken steps to save herself and her children from further abuse. Compliment her on her coping strategies and problem solving skills. Even if some of her efforts have not been completely successful, help her build on these strengths.

Validate her feelings.

Many women in abusive relationships have conflicting feelings toward the abuser. These are feelings of love, anger, betrayal, hope, fear, sadness, and guilt. Let her know that these feelings are normal and reasonable.

Do not assign blame.

Some survivors feel that they carry some blame for being assaulted and abused by their partners. It is important to reinforce to the survivor that the abuse is not her fault – the perpetrator is to blame and it is his problem and responsibility.

Resist the temptation to “bad mouth” or criticise the perpetrator.

However, be careful and resist the temptation to “bad mouth” or criticise him. If you do, she may come to his defence because of a reflex to defend her family against outsiders, e.g “but he is a very good father” or “he is a good provider”. Focus on the abuse and on the behaviour of the abuser and not on his personality.

Take her fears seriously.

Listen to the survivor’s fears and worries with sympathy. Take them seriously. It is not for you to judge how serious a problem is. Discuss options to overcome these fears and worries.

Offer help.

Offer appropriate and specific forms of help and information. You could refer her for HIV testing and counselling if she is worried about her HIV status. You could refer her to a lawyer for legal advice if she is worried that she might lose her children or her property. Be careful not to make false promises that you may not be able to meet.

Help her plan for her safety.

If you are concerned about her safety, express your concern without judgement. You could say, “your situation right now sounds dangerous and I am concerned about your safety”. This gives her an opportunity to discuss her safety plans with you. Remember that risk of HIV infection is also a safety issue and needs to be discussed. The key to safety planning is to identify each problem or threat, consider the full range of available options,

analyse the risks and benefits of each option, and identify ways to reduce the risks. Be prepared to offer ideas, information, and referrals, but always encourage the survivor to take full responsibility for her safety and for the safety of her children.

Counselling survivors of domestic violence

You may find the following steps useful when counselling a survivor of domestic violence:

- ▶ The immediate safety of your client and your own safety should be your first priority. Check if she is being pursued. Make sure that someone who can help and protect you is within calling distance. Call for help if necessary. Then focus on the longer-term safety concerns of your client and her children. Help her develop a safety plan that meets her particular needs. Provide information about women's shelters if this is an option she wants to consider. Support her right to make her own decisions.
- The risk of HIV infection is a serious safety issue.**
- ▶ Check if your client is in need of immediate medical attention. If she has recently been beaten or sexually abused, she may require treatment. You should also help her decide whether she wants to report the abuse to the police. In this case she will need a medical examination to document her injuries.
 - ▶ Reaffirm confidentiality - make sure your client knows that what she says will not be repeated elsewhere. All counselling interviews are confidential, but in the case of domestic violence it may be an issue of life and death for your client. A break in confidentiality by the counsellor can result in serious harm to the client and her children. Information obtained in the counselling interview should only be disclosed when referring the client to another professional, e.g. to a nurse or doctor for medical treatment. In this case, the counsellor has to ask permission from the client first before contacting anybody else and revealing any information.

- ▶ Give your client time to talk about her situation and to show her emotions. Remember, a good counsellor has big ears, big eyes and a small mouth.

Remember: a good counsellor has big ears, big eyes and a small mouth.

- ▶ Assist your client to focus on her most important problem. A survivor of domestic violence has many complex issues to resolve. It is usually not possible to deal with all her concerns at the first meeting. Help her prioritise the issues and assure her that you will be available at a later time to talk about the issues of lower priority.
- ▶ For each problem, help your client consider and weigh all options so she can make an informed decision. Do not expect any quick and simple solutions to the domestic violence and to other problems she may be facing. It is often frustrating for a counsellor to see a survivor of domestic violence not acting to remedy her situation. However, each person has a unique experience and is dealing with circumstances that are unique to her. Doing nothing is sometimes the best option to assure her immediate safety and the safety of her children.

- ▶ Help your client explore the effect that her partners violent behaviour has on her. Do not encourage her to change in order to get the perpetrator to change. Challenge any notion of guilt or responsibility for the violence that she may have. Be prepared to challenge your own attitudes and beliefs about battered women. Remember: Some people still believe that violence is a sign of love or a natural part of a relationship.

If you love someone you do not abuse them.

- ▶ Allow your client to choose her own actions. Agree on how to maintain contact before she leaves. Can she come back for another counselling session? Can she contact you to let you know that she is safe? Can you contact her? Can you visit her if necessary? Does she have a number to call or a place to go to in an emergency? In the case of domestic violence, a counsellor must make a survivor feel that she has established a life-line of support.

Testimony 2: she wanted to live in peace

“She had been married for more than ten years when she first came to see me. She had been subjected to a lot of physical and economic abuse. For the most part of her marriage she was supporting the whole family because her husband was not employed. When her husband beat her, she thought it was because he was frustrated about being unemployed. However when he finally got a job, the situation did not change. He continued to control her finances and to use her money. He overdrew her bank account. When she tried to talk to him about it, he assaulted her verbally and physically. When he was drunk he beat her for no apparent reason.”

“she was tired of the cycle of violence that she had been living”

“The couple had been ‘counselled’ by relatives on numerous occasions but their situation had not improved. My client told me that she had tried hard to avoid confrontations with her husband but had failed. She could no longer freely communicate with her husband. She was constantly scared and very depressed. She said she wanted to live in peace. She also felt her children were affected emotionally by the environment.”

“We discussed the different options available to her. She decided to apply for a peace order whilst staying at her brother’s home, and to tell her husband’s aunt and uncle about her fears and intentions. I referred her to a legal advisor to draft the application. The next time I saw her she said that she felt confident and supported. She was staying with her brother and had obtained a peace order preventing her husband to come near her. She had talked to her in-laws. She said that she was tired of the cycle of violence that she had been living and that she was going to file for divorce.”

AIDS counselling for survivors of domestic violence

Counselling skills used in other situations are utilised during AIDS counselling, but it is important that counsellors are aware of specific HIV and AIDS issues. Counsellors must have accurate knowledge about AIDS so that they can counsel survivors who are concerned about being infected with HIV, and those who already know that they are living with HIV.

People who are infected with HIV must cope with this situation for life. You cannot expect that all their problems will be solved in a 30 minute counselling interview.

If you are counselling a survivor of domestic violence who is HIV positive or fears that she is HIV positive, you will need to assess the needs and concerns related to her HIV status:

- ▶ Explore your client's level of understanding of HIV and AIDS, her beliefs, attitudes, and possible misconceptions. Correct any wrong information she may have and be sure that she gains a more accurate understanding of HIV, its transmission, and its effect of causing AIDS.
- ▶ If your client is concerned about being infected with HIV, explore the reasons for her concern. Help her identify risks of infection related to her lifestyle and ways to reduce the risks. Discuss the possibility of HIV testing and tell her about available counselling and testing services. Provide accurate referral information if she wishes to be tested.
- ▶ If your client already knows that she is infected with HIV assist her to adjust emotionally. HIV infection is not a death sentence. Counsel her on techniques of positive living and about issues of disclosure (counselling approaches to these issues are discussed in other booklets of this series). Tell her about support groups of people living with HIV. If she is interested, refer her to a group that is most appropriate for her needs.

This is a very brief sketch of issues that may be raised when counselling survivors of domestic violence about AIDS. The issues will vary at different stages of counselling and of HIV infection. Remember that in



AIDS counselling the range of issues, problems, and potential solutions is very wide. People who are infected with HIV must cope with this situation for life. You cannot expect that all their problems will be solved in a 30 minute counselling interview.

Most people have heard the messages of HIV prevention and many will state that they understand them. But unless the behaviour change necessary to prevent HIV infection fits their own priorities and lifestyle, it is unlikely to be consistent and sustained. Negotiating safer sex and condom use is quite impossible for a woman who is physically or sexually abused by her partner. It may even place her in immediate danger of physical violence.

"I am fed up with all these messages simply telling people to have safer sex. When I suggested to my husband that we use condoms he accused me of being unfaithful and beat me up."

When counselling a survivor of domestic violence, you should address the risk of HIV infection in the same way as other issues of safety. If your client is concerned about being infected by her abusive partner, you should take time to talk through the options she has to protect herself. Remember, the protection from HIV infection is a serious safety concern that requires immediate attention.

Domestic violence and the family

Domestic violence affects all family members, especially children. You should try and involve other members of the immediate family when you are counselling a survivor of domestic violence. However, you must never do this without her clearly stated permission. These are some issues to discuss with the client and her family:

Effects of domestic violence on children:

- moving in and out of the home
- fear of violence or abuse
- inability to talk about what has happened
- loss of concentration and declining performance at school
- bedwetting in younger children
- depression and suicidal thoughts in older children
- alcohol and drug use
- aggressive behaviour
- becoming mistrustful towards all adults

Effects of domestic violence on the family system:

- disorder in the family
- separation
- divorce
- HIV infection
- “break-up” of the family

Help the family to identify methods of coping. Specifically, identify family strengths such as:

- parenting skills
- dealing with conflict
- decision making
- problem solving
- parents’ ability to distinguish different needs based on child’s age, abilities, etc.

Options and consequences

One of your tasks as a counsellor is to help your client think through all available legal and social options to allow her to make the choices best for her.

The legal options open to a survivor of domestic violence depend on her personal situation and on the laws of the country. You should be familiar with the laws so you can assist your client in examining the options. You can get information on these issues from an organisation working for survivors of domestic violence in your country, such as the Musasa Project in Zimbabwe, the Tanzania Media Women's Association in Tanzania, Women's Voice in Malawi, Kulaya in Mozambique, YWCA in Zambia etc. Legal issues that need consideration include the protection of the survivor and her family from harm, the legal definition of the type and extent of abuse, custody of minor children, property, divorce, and maintenance.

The social options open to a survivor of domestic violence also depend on her personal situation. Find out about her social support network. Does she have friends or relatives who can help her? Does she have somewhere she can go to escape from the abuse? Does she have anybody who can support her financially? Find out if there are people whom she can rely on, for example, people who have been helpful in the past. Many women find support from family, friends, relatives, their church, or from mutual support groups of survivors of domestic violence.

Remember that you must help your client develop her own coping mechanisms and to mobilise her own support network. Resist the temptation to ease her stress by taking responsibility away from her. Do not make your client dependent on you as a source of social support. This will only increase her future vulnerability and you may end up with a responsibility that you cannot honour.

Testimony 3: living free from violence

“She had been married for seven years and had been subjected to physical abuse constantly. Her husband used to beat her over trivial issues. For example, one time he beat her because he accused her of being rude to a neighbour. During one of the beatings her husband told her that he had infected her with AIDS. After this she went for a blood test and found she was HIV positive.”

“Following a beating, she was admitted to hospital for suspected meningitis, but it was later discovered that during the

she is now living positively with HIV, but free from violence

beatings she had sustained head injuries. She also had hearing problems because of the beatings. When she was discharged from the hospital she went home, but her husband beat her up again and locked her out of the house.”

“She had been to the police and had talked to relatives but nothing had helped. She felt she could not go on with the marriage. She just wanted a fair share of the house and property she acquired jointly with her husband. She also needed somewhere to stay until she found a place of her own.”

“We discussed the possible options available to her: staying at a shelter for survivors of domestic violence, going to court to get her share of the property, contacting to an organisation of people living with HIV for further counselling and support.”

“She decided to pursue all three options. She is now living with relatives and the case of property sharing is being handled by the courts. She has joined a mutual support group of people living with HIV. She is now living positively with HIV, but free from violence.”

Counselling the counsellor

Counselling survivors of domestic violence is stressful. Helping clients deal with physical abuse, sexual abuse, or HIV infection is emotionally draining. Issues that surface during counselling sessions may address painful unresolved experiences of the counsellor. Counsellors often experience emotional burn out, depression, and difficulties in their own relationships. You should therefore make sure that there is another counsellor available with whom you can discuss your personal problems. Do not work in isolation.

Counsellors need to pace themselves. The demand for their services may be high, but if the volume of work is too large, they will certainly suffer emotional burn out. Take regular short breaks throughout the day. Leave your working environment for a short break when you feel under stress. If necessary, be prepared to take a holiday or a break from counselling by doing some other job in your organisation.

Helping survivors of domestic violence can put your personal safety at risk. Some perpetrators will pursue their wives or will turn their anger on her support network. Make sure that you are working in a safe environment where you are protected from harassment and physical attacks. Do not give out personal information such as your home address and telephone number. Be careful when you leave your place of work and make sure that there is someone within calling distance.

