

How to approach a Women facing Violence?

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**For DHEERA,
An initiative by Dr. Shantha Kumari,
President of The Federation of Obstetric and Gynaecological Societies of India**

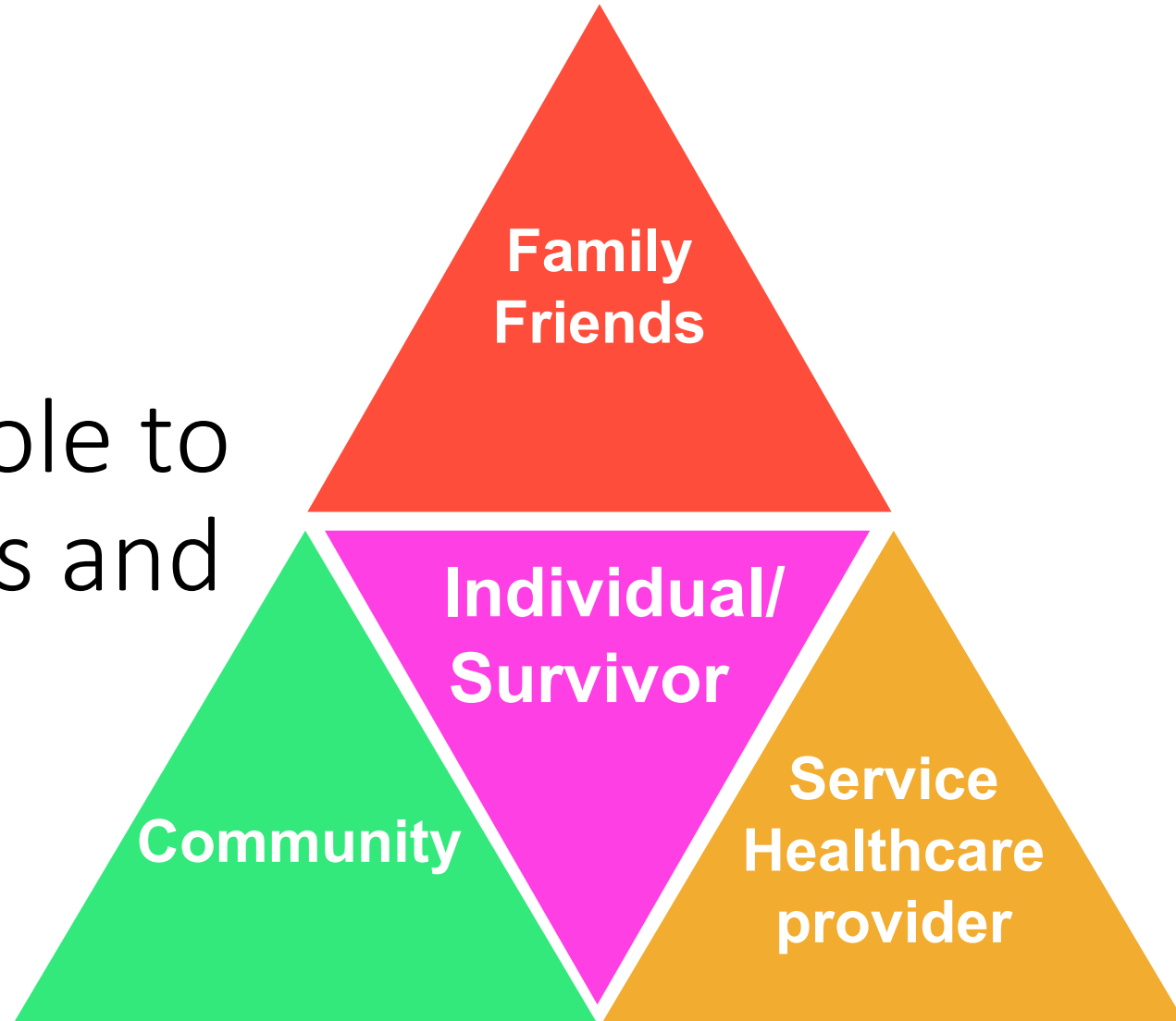
Why do survivors not seek help?

- Victim blaming attitudes of providers
- Fear of shame/stigma
- Fear of no confidentiality
- Inappropriate services or services that are not useful/prioritized by the survivor
- Perceived impunity of perpetrators

Other Reasons?

Put in chat box

Who can play a role to
help the survivors and
How?



Role of family, friends and community

- Recovery from violence dependent on - extent of support received from loved ones
- Health professionals - engage with family and discuss ways of promoting survivors' well-being.

**IT SHOULD BE DISCUSSED WITH ALL CAREGIVERS THAT
SURVIVOR SHOULD NOT BE HELD RESPONSIBLE FOR THE
ASSAULT**

- Child sexual abuse; parents may experience anger, confusion, guilt, self blame

**REITERATE THAT IT IS THE PERPETRATOR WHO MISUSED THEIR
POSITION**

Role of Health Care Providers

- All women are likely to seek health services at some point in their lives
- Health-care providers are often **trusted** by women and serve as **role models** in the community.
- Violence is an underlying cause of injury and ill health.



Role of Health Care Providers - Creating an enabling atmosphere and establishing trust

- Speak to the survivor in a private space.
- Recognize her courage in reaching you as they have overcome several barriers.
- Recognize the dilemma faced by survivor in reporting violence.
DO NOT LABEL NON-REPORTING TO POLICE AS FALSE CASE.
- Assure the survivor that the treatment will not be compromised.
- Inform the survivor of available resources/legal rights so that they can take an informed decision.



Role of Health Care Providers - Facilitation and demystification of medical procedures

The health professional should:

- Prepare the survivor for an internal examination.
- Explain the various stages of the examination.
- Communicate the rationale for referral for X-ray, USG, age estimation amongst others.



Role of Health Care Providers - Addressing survivor's emotional well-being

- Recognize the survivors may present varied emotions.
- Encourage the survivors to express her feelings.
- Encourage survivors to seek crisis counselling.
- Assess for suicidal ideation.
- Make a safety assessment and safety plan.
- Involve family and friends in healing process of survivor.



What you can say

“Take your time. Share only what you would like to share.”

“I can imagine that must have been really hard.”

“It takes a tremendous amount of strength to share what is happening to you.”

“How do you think we can help you?”

"You are not alone"

Practical Approaches

S

Sitting position

O

Open posture

L

Leaning forward

E

Eye contact

R

Relaxed



Supporting GBV survivors using the LIV(ES) approach

L	<i>Listen</i>
I	<i>Inquire</i>
V	<i>Validate</i>
E	<i>Enhance Safety</i>
S	<i>Support</i>

Listen

L

Use verbal and nonverbal means to show support and communicate understanding

Ask questions

- Open-ended
- Focused
- Closed

V

Use good body language

- Posture
- Eye contact

E

Avoid

- Leading questions
- Compound questions

S

Learn to listen with your



Eyes – giving her your undivided attention



Ears – truly hearing her concerns



Heart – with caring and respect

Listen

DO ✓	DON'T X
How you act	
Be patient and calm. Let the client tell their story at their own pace	Don't pressure her to tell her story.
Let her know you are listening through verbal and non-verbal cues; for example, nod your head or say "hmm...", maintain gentle and appropriate eye-contact	Don't look at your watch or speak too rapidly. Don't answer the telephone, look at a computer or write.
Your attitude	
Acknowledge how she is feeling	Don't Judge what she has or has not done, or how she is feeling. Don't say: "You shouldn't feel that way," or "You should feel lucky you survived,"
What you say	
Give her the opportunity to say what she wants. Ask, "How can we help you?"	Don't assume that you know what is best for her.
Encourage her to keep talking if she wishes. Ask, "Would you like to tell me more?"	Don't interrupt. Wait until she has finished before asking questions.

Listen

DO ✓	DON'T X
Allow for silence. Give her time to think.	Don't try to finish her thoughts for her.
Stay focused on her experience and on offering support.	Don't tell her about someone else's story or talk about your own troubles.
Acknowledge what she wants and respect her wishes.	Don't think and act as if you must solve her problems for her.

INQUIRE about needs and concerns

How you act?

L

Phrase your questions as **invitations to speak**

/

Ask **open-ended questions** instead of yes or no questions

V

Check your understanding by restating what s/he says

E

Reflect back to the client the feelings they express

S

Explore as needed

Ask for **clarification** if you don't understand

Help her to **identify and express** her needs and concerns

Sum up what she has expressed.

INQUIRE

What you say?

L

"What would you like to talk about?"

I

"How do you feel about that?"

V

"You mentioned that you feel very frustrated."

E

"It sounds as if you are feeling angry about that..."

S

"Could you tell me more about that?"

"Can you explain that again, please?"

"Is there anything that you need or are concerned about?"

"You seem to be saying that..."

VALIDATE

L

I

V

E

S

Validate does NOT mean to try and verify the survivor's story, for example through interviewing the alleged perpetrator or witnesses. This is not safe, appropriate, ethical or recommended.

Show that you understand & believe them

- *"It's not your fault. You are not to blame."*
- *"You did the most important thing you could do in that moment: you survived."*
- *"Help is available." [Say this only if it is true.]*
- *"No one deserves to be hit by their partner."*
- *"You are not alone. Unfortunately, many others face this problem."*
- *"What happened has no justification or excuse."*
- *"Your life, your health, you are of value."*
- *"Everybody deserves to feel safe at home."*
- *"I am worried that this may be affecting your health."*
- *"It's okay to talk."*

Empathy vs Sympathy: Creating Boundaries!

L

Sympathy is personal, emotional identification with a survivor's experience and implies that the service provider feels sorry for the survivor.

- It is an emotional state that leaves the service provider vulnerable to over-involvement and can take power away from the survivor.

It is identifying with the survivor's experience **through your own shoes**

I

V

E

Empathy implies intellectual/personal understanding and realistic/professional distance.

- It involves compassion and objectivity and leaves room for empowerment of the survivor.

It is the attempt to put oneself in **the survivor's shoes**.

S

Dealing with emergency situations during your approach - **LIVES**

Challenging issues

When dealing with a survivor who is in immediate danger...

If the survivor tells you that their abuser has threatened to harm them, what should you do?

Put your thoughts in the chat box!

A few ideas...

- Ask concrete questions about **safety risks**, but ONLY WHEN THERE IS PRIVACY
- Ask if survivor has a **safety plan** in place in case she needs to flee
- Discuss potential **strategies** for being able to leave her situation safely
- PROVIDE A REFERRAL TO A GBV EXPERT AGENCY FOR ADDITIONAL HELP IF POSSIBLE

As a Provider YOU it is NOT YOUR Sole Responsibility

Challenging Issues: When a survivor expresses suicidality...

1. Be able to recognize signs of depression and suicide risk.
2. Do not be afraid to ask: Are you having thoughts of suicide?
3. If the answer is yes, take it seriously.
4. Do not leave the suicidal survivor alone if there is immediate danger.
5. Always consult a supervisor about how to refer or manage a suicidal survivor. NEVER make a decision on your own. This is for your own safety and well-being.
6. **PROVIDE A REFERRAL TO A GBV EXPERT AGENCY FOR ADDITIONAL HELP IF POSSIBLE**

As a Provider YOU it is NOT YOUR Sole Responsibility

Ignoring Violence Can Do More Harm

Provider behaviour



Possible consequences

- | | | |
|--|---|--|
| • Blames or disrespects women or girls | ➔ | • Inflicts additional emotional distress or trauma |
| • Doesn't recognize GBV behind chronic or recurring conditions | ➔ | • Woman receives inappropriate or inadequate medical care |
| • Fails to provide post-rape care or address GBV in FP, STI/HIV care | ➔ | • Unwanted pregnancy, STIs, HIV, unsafe abortion, more violence |
| • Breaches privacy or confidentiality | ➔ | • Partner or family member becomes violent after overhearing information |
| • Ignores signs of fear or emotional distress | ➔ | • Woman is later injured, killed or commits suicide |

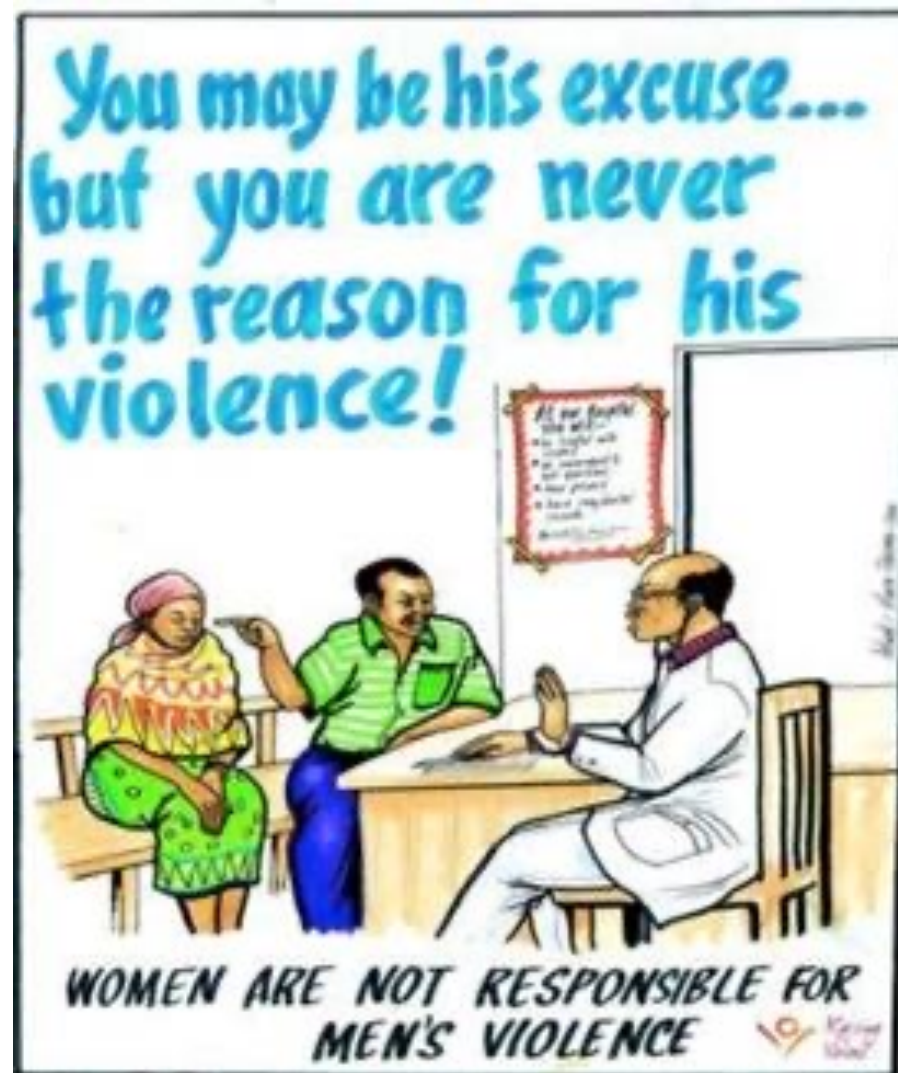


FOGSI FOR ALL, ALWAYS
DHEERA
STOP VIOLENCE AGAINST WOMEN



“The doctor helped me feel better by saying that I don’t deserve this treatment, and he helped me to make a plan to leave the house the next time my husband became violent .”

— Salvadoran woman



“Warm” referral practices help
women reach further care

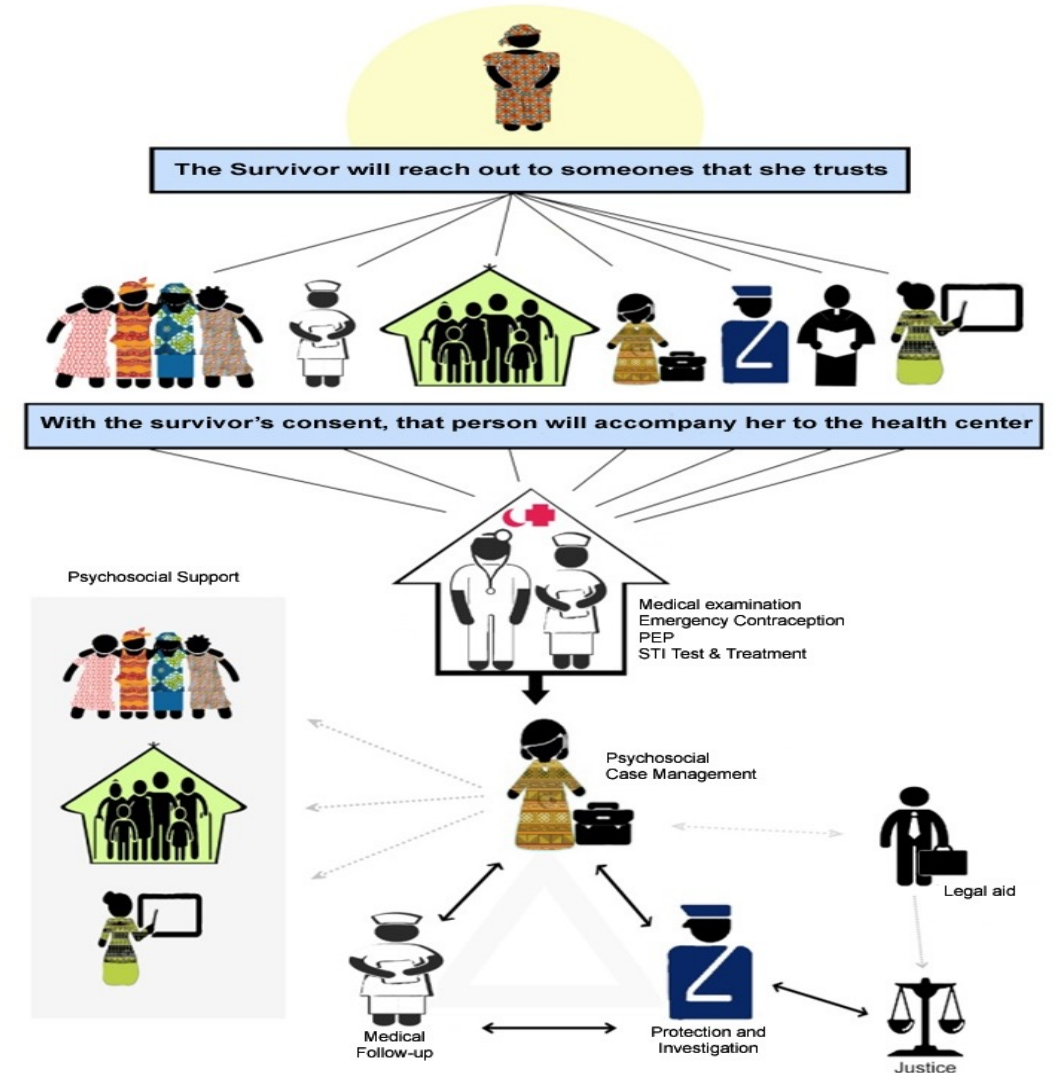
Mental health and support system linkages - helplines

Health

Psychosocial
Support

Legal/Justice

Security





REGISTRATION and PRE – TEST

POST-TEST and FEEDBACK



Certificate will be awarded to participants on course attendance and submission of Registration, Pre-Test, Post-Test, Feedback