

CHALLENGING SITUATIONS IN VAW AND SELF CARE

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**For DHEERA,
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CHALLENGING ISSUES

WHEN DEALING WITH A SURVIVOR
WHO MAY BE FEELING
HOPELESSNESS, HAVING SUICIDAL
THOUGHTS OR IN HARMS WAY....

WHAT WOULD YOU DO?

You are a Gynaecologist and one of your patients in your clinic tells you she is being threatened by her mother-in-law, who is constantly pressurizing that she must divorce her husband because she is unable to have children. She feels hopeless and wants to give up.

You would do nothing/You would do something

Put your answer in chat box

A few ideas...

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-OSC- FOR ADDITIONAL HELP IF POSSIBLE**

OBGYNs should not ask survivors about suicidal thoughts or attempts. It could encourage suicide attempts.

True/False

Put your answer in chat box

False. Asking about suicide attempts or thoughts does not increase suicide attempts. On the contrary, talking about suicide **often reduces the woman's anxiety about suicidal thoughts** and helps her feel understood.

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

Put your answer in 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-OSC (ONE STOP CRISIS CENTRE) FOR ADDITIONAL HELP IF POSSIBLE

One of the most helpful techniques for helping a survivor to get out of an overly-emotional state is to ask them **closed-ended questions that require them to THINK.**

- Shifts them from an emotional state to a cognitive (thinking) state.
- Should require short answers.
- Do not return to open-ended questions unless the survivor feels comfortable and has some degree of emotional control.

What are some examples of close-ended questions that you might go to in a situation like this? Ideas in the chat

Examples:

How many kids do you have? Are they in school right now? What ages are they?

CHALLENGING ISSUES WHEN DEALING WITH A SURVIVOR WHO MAY BE MENTALLY ILL....

- State clearly who you are and your role.
- Be empathetic, non-threatening and sincere in your intention to help.
- Give honest, factual answers whenever necessary. If you do not know, say so.
- Do not belittle concerns which the survivor raises.
- Do not give advice as to the handling of their psychological problems.
- Attempt to be supportive in comments and gestures.
- Do not assume mentally ill people should “know better” or on the other hand that they need to be told what to do. Be careful about making any assumptions!
- Know how to activate emergency mental health back-up

ADDITIONAL CHALLENGING ISSUES: MEDIATION

What do you think?

Can we be part of mediation process ?

REMEMBER: Mediation is **not recommended** as a response to GBV.

REMEMBER: Health workers are part of a survivor-centered referral mechanism!

1. The mediation process itself maintains and contributes to the abuser's ongoing power and control over a survivor. The process of mediation presumes that both parties can speak freely, confidently and safely that is not the case;
2. Mediation rarely results in an end to the abuser's violence and can actually lead to an increase in violence.
3. It unlikely that the survivor's rights will be respected

CORE SAFETY PRECAUTIONS WHEN DEALING WITH CHALLENGING ISSUES OR CASES....

1. Multiple people can handle difficulty better and more effectively than one person.
2. A service provider should never feel like he/she must work *alone* with a survivor.
3. A service provider should not work with both the perpetrator and the survivor (neither separately nor in the same interview).
4. Keep the office door open of leaving the office or home if feeling unsafe
5. Establishing a code (e.g., code word) with co-workers to identify unsafe situations
6. Establish a relationship with local police or security.
7. Use buddy system at work, and to and from work, and if doing home visits.
8. Use supervision to address security concerns: a group of people can address security more effectively than an individual!

SELF-CARE FOR THE PROVIDER – IT IS CRITICAL FOR YOU !

DO YOU KNOW WHAT IS VICARIOUS TRAUMA?

PUT YOUR COMMENTS IN THE CHAT BOX

YES/NO

AS A SERVICE PROVIDER YOU SHOULD BE AWARE OF IT FOR
SELF CARE

DEFINING VICARIOUS TRAUMA

- a change in a service provider's inner experience as a result of emotional engagement with survivors of trauma and hearing their stories.
- changes that occur in the service provider's physical, emotional and/or behavioral states as a result of constant exposure to traumatic stories or events.

CAUSES OF VICARIOUS TRAUMA

- ✓ Constant exposure to stories of trauma
- ✓ Desire to help/change survivor's situation
- ✓ Feeling powerless when a service provider does not see positive changes in a survivor's situations
- ✓ Overly identifying with survivors
- ✓ Thinking that the service provider has the power to change a survivor's situation

PREVENTING AND MANAGING VICARIOUS TRAUMA: ABCS

- 1. Awareness** – being attuned to one's needs, limits, emotions and resources; practice self-acceptance
- 2. Balance** – maintaining balance among activities, especially work, play and rest
- 3. Connection** – maintaining supportive relationships; communication is part of connection and breaks the silence of unacknowledged pain; these connections help prevent isolation and increase validation and hope.

SELF-CARE FOR THE HEALTH PROVIDER

1. Creating boundaries in the workplace
2. Establishing support within the work environment
3. Seeking assistance from outside agencies
4. Creating our own self-care plans and following them through!

QUIZ: EMPATHY VS. SYMPATHY

Pick which statement describes **sympathy** and which statement describes **empathy**:

Statement 1: A 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.

Statement 2: An intellectual/personal understanding and realistic/professional distance. It involves compassion and objectivity and leaves room for empowerment of the survivor.

PUT YOUR COMMENTS IN THE CHAT BOX
STATEMENT 1 – SYMPATHY OR EMPATHY
STATEMENT 2 - SYMPATHY OR EMPATHY

EMPATHY VS SYMPATHY: LEARNING TO CREATING BOUNDARIES!

1. *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**

2. *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**.

HOW DO YOU TAKE CARE OF YOURSELF

PUT IN CHAT BOX

SOME RELAXATION AND SELF CARE TECHNIQUES YOU USE



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