SOCIAL WORKERS SERVING WOMEN AND GIRLS SUBJECTED TO DOMESTIC VIOLENCE

STANDARD OPERATING PROCEDURES

Qualifications of Social Work

SOP for Essential Services

Self Care

Women's Support Center

UNITED NATIONS TRUST FUND TO END VIOLENCE AGAINST WOMEN

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FORWORD

FORWORD

Domestic violence (DV) is a human rights violation with devastating impact on women and children, families and society at large. DV is life threatening and affects the health of the victims.

These Standard Operating Procedures (SOPs) describe the minimum procedures, role and guiding principles for prevention and response to DV through four main sectors: **health**, **psycho-social**, **legal**, and **security**. In all these sectors the role of the social worker is extremely important.

These Standard Operating Procedures are divided into three sections. The **first section** deals with qualifications needed for a social worker in dealing with survivors of domestic violence (DV). In order to offer our beneficiaries with adequate resources and to support quality assistance, professional standards and guidelines need to be upheld. DV assistance is new in Armenia and it is not yet institutionalized. These guidelines will define the minimum requirements for a set of essential social services that together provide a quality response based on international standards.

The **second section** addresses the Principles of Social Work and presents the SOPs which address the range of services that are essential in supporting the rights, safety and well-being of the victim/survivor. For this section we relied almost verbatim on the 2015 SOPs prepared by UNFPA and the Eastern European Institute for Reproductive Health http://www.femroadmap.eu/SOPs_psychosocial_services_eng.pdf In Annex 2, we included a summary of guidelines for essential social services compiled by IASC Sub-Working group on Gender and Humanitarian Action. DV Resource tool: Establishing DV SOPs- May 2008 pp.12-17 http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/gender_based_violence/DV_Standard_Operational_Procedures_2008_EN.pdf

The **third section** addresses Self-Care. Many service providers of DV victims suffer from Burnout which hinders performance and the ability to relate to clients. Therefore, this section is imperative to these SOPs.

As mentioned above, in Armenia, there is no formal education or training in the field of domestic violence at the state level. Therefore, we consider that these SOPs will be beneficial together with the other two guidelines compiled by the Women's Support Center NGO: "Guidelines for Domestic Violence Service Providers" and "Guidelines for Running Domestic Violence Safe Houses". The latter emphasizes methodological aspects for service providers and provides an understanding on the complexity and manifestations of domestic violence.

The SOP is designed to be used together with the "Guidelines for Service Providers" compiled by the Women's Support Center. The present SOP was compiled from various documents on requirements, standards, and principles for social workers. Besides documents we relied heavily on our experience with survivors who showed us what works and what doesn't.

Women Support Center's staff, psychologists, social workers and lawyers interacting, referring, and working together with the relevant government agencies pointed out what would be the best practice to serve DV victims. We incorporated them in these SOPs. Ideally, these state sectors such as education, health, social services, justice and police address the need for training so we develop gender sensitive professionals and these sectors as well as develop mechanisms that will facilitate the safety and protection of victims. Coordination among state sectors is essential to an effective response to violence against women.

These SOPs would not be complete without the participation of various state actors responsible for developing response mechanisms. We are very grateful to our dedicated staff who offered their years of experience with hundreds of survivors as well as consultants, who were extremely valuable with their input:

Mira Antonyan	Associate Professor at Faculty of Sociology - Chair of Social Work and Social Technologies; Executive Director of Fund for Armenian Relief (FAR) Children's Support Center
Nelli Duryan	Head of the Department for protection of minors and struggle against domestic violence of RA Police
Eleonora Virapyan	Leading Specialist at the Division of Womens Issues of the Department of Family, Women's and Children's Issues of the Ministry of Labor and Social Affairs
Knarig Garanfilyan	Founder and President of Family and Community NGO
Anahit Sahakyan	Yerevan State University, Department of Social Work
Naira Qerobyan	Director of Shogh day-care center NGO)

Womens Support Center Team

LANGUAGE AND TERMS [1]

Coordination is a central element of the response to violence against women and girls. It is required by international standards that aim at ensuring that the response to the violence against women and girls is comprehensive, multidisciplinary, coordinated, systematic and sustained. It is a process that is governed by laws and policies. It involves a collaborative effort by multidisciplinary teams and personnel as well as insititutions from all the relevant sectors to implement laws, policies, protocols and agreements with communication and collaboration to prevent and respond to the violence against women and girls. Coordination occurs at the national level among ministries that play a role in addressing this violence, at the local level between local-level service providers, stakeholders and, in some countries, at intermediate levels of government between the national and local levels. Coordination also occurs between the different levels of government.

Essential Services encompass a core set of services provided by the health care, social service, police and justice sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence.

Domestic violence is "all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim[2]". Often, this is referred to as a gender based violence.

The **social services** sector provides a range of support services to improve the general well-being and empowerment to a specific population in society. They may be general in nature or provide more targeted responses to a specific issue; for example responding to women and girls experiencing violence. Social services for women and girls who have experienced violence includes services provided by, or funded by government (and therefore known as public services) or provided by other civil society and community actors, including non-governmental organizations and faith-based organizations.

1 http://endvawnow.org/uploads/browser/files/module-4-social_services.pdf
2 Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) 2011

Social services responding to the violence against women and girls are specifically focused on victims/survivors of violence. They are imperative for assisting women's recovery from violence, their empowerment and preventing the reoccurrence of violence and, in some instances, work with particular parts of society, or the community to change the attitudes and perceptions of violence. They include, but are not limited to, the provision of the psycho-social counselling, financial support, crisis information, safe accommodation, legal and advocacy services, housing and employment support and others, to women and girls who experience violence.

Victim / survivor refers to women and girls who have experienced or are experiencing domestic violence to reflect both the terminology used in the legal process and the agency of these women and girls in seeking essential services. Victim refers to a woman suffering the effects of violence. Survivor refers to a woman who was able to come out from an abusive relationship and is able to function again in society.

SECTION 1.

QUALIFICATIONS OF SOCIAL WORKER

a. Professional Traits

b. Values: How We Do It and Why

c. Personal Stregths:
Talents That Complement Learned Skills

d. Education

SECTION 1.
QUALIFICATIONS OF SOCIAL WORK

In this SOP by saying social workers we mean those service providers who directly serve victims of domestic violence.

The description of a professional social worker is vast and includes all four categories: **Skills**, **Values**, **Personal Strengths**, and **Education**, but most concisely can be summed up by the values that are present in the staff that does this work.

A domestic violence social worker's role is to be knowledgeable, non-judgmental, and to offer resources and options for the survivor. Through their role as an advocate, they will empower the woman, or survivor, to be an expert in her own life (How the Earth Didn't Fly into the Sun).

- Social workers do the utmost to make sure that client's time while in contact with them is positive.
- Confidentiality and being non-judgmental are extremely important.
- Must provide an environment that is safe, respectful, and empowering.

PROFESSIONAL TRAITS

A social worker or service provider must possess four essential qualifications that are presented in the figure below:

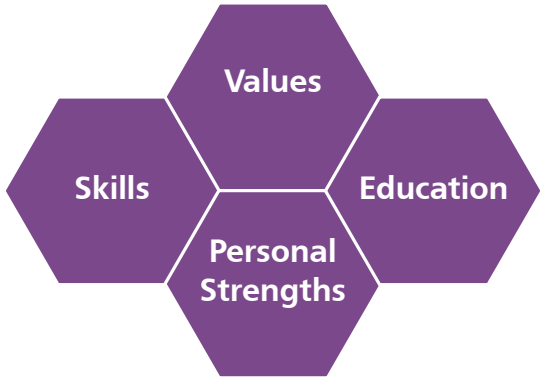

Figure 1 .
Essential qualifications of social worker

Skills: What We Do

Figure 2 .
Necessary skills for social worker

Communication is one of the main skills necessary for domestic violence work. Besides needing good listening skills, social workers also need to be able to communicate in an open and direct way, and display confidence when engaging in tough conversations with clients.

Client Services: Social workers must have an understanding of services available in the community, how they are applicable to the client's needs, and how to access the services. When referring a client to other services, the social worker and client should discuss and address any barriers to accessing the services.

Community Relations: Socials workers should establish and maintain good relations within the community for service referrals and other sources of assistance. It is important to always maintain a high degree of professionalism when interacting with community partners and constantly look for new survivors and opportunities that are offered in the community to serve survivors and their children.

Administrative: Maintaining proper records, database, and correspondence to various state and non-state agencies.

Groups/Programming: Organize and conduct DV group session/self-help groups, life and parenting skills counseling. In addition to providing services and information to the client, a social worker must be able to handle administrative responsibilities and daily operation tasks.

Values: How We Do It and Why

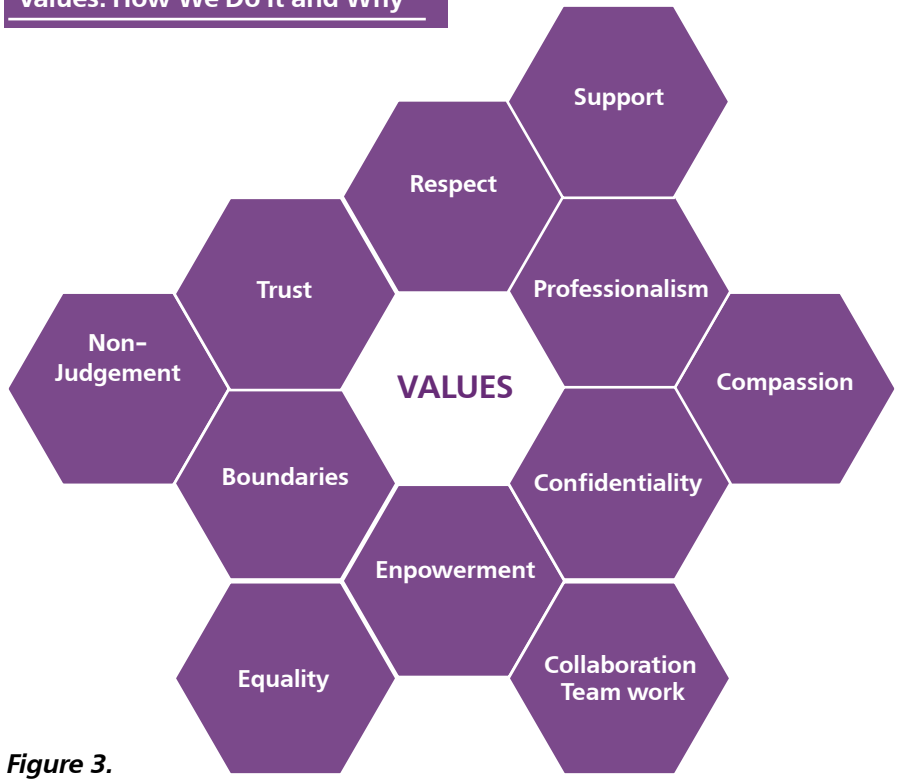

Figure 3.
Chain of values

Domestic violence social workers demonstrate **care, concern,** and **empathy** for their clients. They take steps to make their agencies welcoming to those who seek their services, and often go above and beyond to ensure that their client's time with them is positive.

Supportive listening is central to the role of the professional domestic violence social worker. The latter must be **non-judgmental, empathetic**, and **respectful**. Service providers must believe in **equality**, and **empowering women** to make their own choices and define the goals they want to work on, while providing **safety** and honoring **confidentiality**. (Giesbrecht, C ц Fellner, K p.10). These principles help the victim in her road of recovery and healing from the trauma she experienced.

Confidentiality and a **non-judgmental attitude** are very important for professional social workers. Professionalism, including following appropriate boundaries and ethical guidelines, is another value that allows social workers to protect and respect their clients (Giesbrecht, C., ц Fellner, K. 6).

A DV victim needs assistance from several professionals/agencies: **legal**, **psychologist**, **police**, etc. The social worker must understand the importance of strong communication skills and strive to be a clear communicator and active listener, especially while engaging in team work. Since collaboration is essential to addressing the needs of the victim in a coordinated way, the social worker should have an appreciation for others contributions.

For further techniques on how to handle survivors of domestic violence see "**Guidelines for Domestic Violence Service Providers**" by **Women's Support Center**.

Personal Strengths: Natural Talents that Complement Learned Skills

Figure 4.
Personal strengths of the social workers

Each social worker possesses different qualities that are assets to their work. For example, some are naturally better listeners, which makes communication a personal strength.

One of the most important strengths of a good social worker is the ability to make clients feel comfortable. This can mean doing things at work that are not required, but which brighten clients days. For example, in shelters, some social workers who enjoy cooking or baking teach those skills to their clients. They can also teach a language or spend time with children.

It is necessary to be friendly, welcoming, and have an approachable demeanor, with genuine concern and care for clients, along with a belief in the work of the organization. Healthy self-esteem is also necessary to be able to help clients with their own self-esteem (Giesbrecht, C., ц Fellner, K. p. 8).

Education

Figure 5.
Education of the social workers

Levels of formal education vary among professional social workers and some might not even have formal education, as it is not mandatory in this field. A large amount of knowledge is gathered on the job, which is necessary for professional development, yet constant trainings are required to learn and refresh knowledge. Some of the most important areas of knowledge are: knowledge of laws/the justice system and dealing with the police; knowledge of available state offices, their responsibilities and authority in solving problems at local level; safety planning; child abuse; suicide prevention; mental health; addictions; crisis intervention and de-escalation, trauma and recovery (Giesbrecht, C., ա Fellner, K. p. 7).

Based on international standards, a social worker must have 80 hours of training, followed by one on one training and shadowing another social worker for 3 months.

SECTION 2.

SOP FOR ESSENTIAL SERVICES

a. Principles of Social Work
b. Standard Operating Procedures
c. Principles of Working With DV Victime/Survivors
d. Procedures

SECTION 2.
SOP FOR ESSENTIAL SERVICES

PRINCIPLES OF SOCIAL WORK

There are specific **principles** that underpin the delivery of all essential services. **Essential services** set out to provide the minimum required services:

- Secure human rights
- Safety and well-being of women, girls, or children who experience intimate partner violence and/or non-partner sexual violence

In order to support the delivery of each essential service, there have to be certain foundational elements in place. There are common characteristics that describe a range of activities and approaches that are common across all areas, and which support the effective functioning and delivery of services.

Principles

- A rights-based approach
- Survivor-centered approach
- Advancing gender equality and women's empowerment
- *Safety is paramount*
- Culturally sensitive and age-appropriate
- Perpetrator accountability

The core guiding principles of *safety, respect, confidentiality and non-discrimination* apply to both DV (Gender-Based Violence) programming and coordination efforts.

Social workers are responsible to provide protection and assistance to those affected by a crisis, and are embodied in 3 essential and interlinked approaches:

1. The Human Rights–Based Approach (HRBA)

A HRBA seeks to analyze the root causes of problems and to address discrimination practices that impede humanitarian intervention. The HRBA:

- Is based on international human rights and humanitarian law standards
- Integrates these norms, standards, policies and processes of intervention and development
- Is multi-sectorial and comprehensive (involving educational, health , legal, police sectors)
- Involves many stakeholders (state and non-state)
- Must be addressed within the context of prevailing political, legal, social, and cultural norms and values
- Must be aimed at empowering survivors and their communities

2. The Survivor/Victim–Centered Approach

A Survivor/Victim approach involves designing and developing programming that ensures survivors' rights and needs are first and foremost. The importance of this approach implies: creating a supportive and validating environment; promoting the survivor's recovery; promoting the survivor's ability to identify and express her needs and wishes; reinforcing her capacity to make decisions about possible interventions; prioritizing the right to safety for survivors and their children; prioritizing the survivor's right to privacy and confidentiality; ensuring her right to dignity and avoid secondary

victimization; providing services that support the survivors empowerment, autonomy, and participation.

Compare two approaches given below:

Survivor's Rights: to be treated with dignity and respect; to make their own decisions and choices; to privacy and confidentiality; to non-discrimination; to information

VS.

Negative Impact on Survivor: victim-blaming attitudes; feeling powerless; shame and stigma; discrimination on the basis of gender, ethnicity, etc.; being told what to do

3. The Community–Based Approach

A Community-Based approach strives to ensure:

- Those affected by an emergency will be better protected
- Their capacity to identify, develop, and sustain solutions will be strengthened
- Humanitarian resources will be used more effectively

Common Characteristics of DV Social Workers

- Availability
- Adaptability
- Prioritize safety
- Data collection and information management
- Accessibility
- Appropriateness
- Informed consent and confidentiality
- Effective communication
- Linking with other sections and agencies through referral and coordination

Purpose and objectives

The provision of quality psycho-social services represent an essential component of a coordinated multi-sectorial response to DV. Social services comprise a range of services that are critical in supporting the rights, safety and wellbeing of women and girls experiencing violence including crisis information and help lines, safe accommodation, legal and rights information and advice.

The Standard Operating Procedures provide clear and detailed description of routine actions of psycho-social service providers, named therefore counsellors, who may provide assistance/services for DV victims/survivors.

The objectives of SOPs for intervention on DV cases of psycho-social services are the following:

- assist for effective identification of DV victims/survivors,
- ensure and/or increase the victim/survivors safety at all stages of the intervention;

- ensure quality and consistency of service provision;
- facilitate improved and coordinated DV documentation and data collection;
- guaranty the confidentiality of the services provided to DV victims/ survivors;
- facilitate effective referral for DV victims/survivors to other service providers; and
- link the psycho-social services with the other resources available for DV victims/survivors.

Applicability

The SOPs describe clear procedures that regulate step-by-step routine activity, the roles, and responsibilities to be followed by the staff of any psycho-social service for DV victims/survivors. These services could be governmental social assistance departments or specialized services for DV victims/survivors.

The essential social services for DV victims/survivors that should be provided in a broad range of settings and situations are:

- Crisis information
- Crisis counselling
- Help lines
- Safe accommodation
- Material and financial aid
- Creation, recovery, replacement of identity documents
- Legal and rights information, advice and representation, including in plural legal systems
- Psycho-social support and counselling
- Women- centered support
- Childrens services for any child affected by violence
- Healthcare assistance
- Community information, education and community outreach
- Assistance towards economic independence, recovery and autonomy
- Data collection and information management

The provision of essential social services must be supported by the foundational elements which must be in place: informed consent and confidentiality, accessibility, referral, risk assessment and management, appropriately trained staff and workforce development, monitoring and evaluation, and system coordination and accountability.

PRINCIPLES OF WORKING WITH DV VICTIMS/SURVIVORS

Victim/survivor's centered. During the intervention on DV incidents/ cases, respecting the victim/survivor's wishes, rights, and dignity is the best approach aimed to create an environment full of respect, which may facilitate the victim/survivors ability to identify her needs and to make decisions about possible ways of action. Psycho-social providers should support victims/ survivors in their decision-making.

Safety and security. The safety of both the victim/survivor and the psycho-social provider should be a priority when organizing and offering care to DV victims/ survivors. Evaluating the safety of the victim/survivor needs to be done at the moment of identification and when the person reveals she/he has been victim of DV. Also assessing ones own safety should be part of evaluation/intervention. When starting the interaction with a victim/survivor it is important to consider the possible threats (violent husband, family members) to ensure that the interaction take place without likely harm to one-self, the victim/survivor or other colleagues.

Confidentiality and privacy. Respecting confidentiality is an important measure to ensure the safety of both the victim/survivor and the psycho-social provider. All the time, the confidentiality of the victim/survivor shall be respected. This includes sharing only the necessary information, only in the situation that is necessary or requested, and only with the victim/ survivor's agreement. Ensuring privacy and confidentiality of intervention, data collection, record keeping, reporting and information sharing will decrease the exposure of both victim/survivor and psycho-social providers. Maintaining confidentiality ensures that a victim/survivor does not experience further threats and/or violence as a result of seeking assistance and also protects psycho- social providers from threats of violent perpetrators or family

members. Shared confidentiality in the psycho-social profession means that some information related to a victim/survivor may be shared with other psycho-social colleagues on a need to know basis only. Information may be shared with colleagues if there is a medical reason for it and the psycho-social provider is referring the victim/survivor to another psycho-social provider.

This must be explained to the victim/survivor beforehand and the victim/survivor must understand what information and to whom this will be shared, and consent must be obtained. If the confidentiality is limited by a regulation regarding mandatory reporting, the victim should be informed immediately.

Informed choice. Any action should be made only with the victim/survivor's permission and after obtaining of an informed consent.

Non–discrimination. Regardless of age, race, national origin, religion, sexual orientation, gender identity, disability, marital status, educational and socio-economic status, all victims/survivors are equal and shall be treated the same and have equal access to services.

Conditions and behaviours that might indicate DV.

The psychological effects of DV are complex; often, the traumatic impact may not be acute but due to the recurrent and constant character of DV, the effects are chronic and deep and may lead in some cases to dramatic outcomes or serious psychopathologies.

Conditions that might indicate DV

Most common psychological and psychosomatic effects:

- Feelings of guilt, shame, anger, sadness, despair, helpless,
- hopelessness, emptiness, powerless, suffocation
- Constant feeling of danger (always feeling on the alert)
- Fear of everything
- Failure to take care of themselves and others

- Difficulty in concentrating
- Profound loneliness (alienation)
- Loss of ability to make plans
- Lack of initiative and interest in life, fear of facing life alone
- Lack of self-esteem
- Agitation, nervousness
- Tachycardia
- Phobic behaviour
- Gastrointestinal disorders
- Sleep disorders
- Eating disorders
- Headaches
- Muscular pain
- Substance abuse

Specific psychological effects more common in case of sexual violence:

- Rumination
- Intrusive thoughts (the memory of the trauma suddenly comes back in a disturbing manner)
- Physical reactions (trembling or fainting on remembering the traumatic event)
- Flashbacks
- Nightmares

Behaviours associated with DV

- Isolation due to avoidance of people, places, activities, behaviour and attitudes which the batterer dislikes (as a defence from escalating the violence)
- Frequent change of jobs
- Reducing social and leisure activities

- Avoidance of people, places or situations which could remind the victim/survivor of or discover the event
- Loss of the ability to protect herself and her underage children
- Indecisiveness
- Denial and minimizing of the event and the consequence

How to interact with a DV victim/survivor

Asking about DV might be challenging for any service provider. The following recommendations help the provider to increase confidence in asking about DV and also to avoid re-victimisation.

- Take the initiative to ask about violence do not wait for the woman to bring it up.
- This shows that you take a professional responsibility for her situation, and it helps to build trust.
- Avoid asking a woman about DV in the presence of a family member, friend, or children.
- Be patient with DV victims/survivors, keeping in mind that in crisis they may have contradictory feelings. Don't pressure the victim/survivor to disclose.
- Avoid unnecessary interruptions and ask questions for clarification only after she has completed her account.
- Avoid passive listening and non-commenting. This may make her think that you do not believe her and that she is wrong, and the perpetrator is right. Carefully listen to her experience and assure her that her feelings are justified and that domestic violence is unacceptable and no one deserves to be abused.

- Use the same language as the victim/survivor; if the victim/survivor speaks another language than the provider, ask for a provider who speaks the same language or for an interpreter to assist her/him.
- Adapt language and words at the understanding level of the victim/survivor. Do not use professional jargon and expression that might confuse the victim/survivor.
- Formulate questions and phrases in a supportive and non-judgmental manner, using a sympathetic voice. Use open-ended questions and avoid questions starting with "why", which tends to imply blame of DV victim/survivor.
- Dont blame the woman. Avoid questions such as "Why do you stay with him?", "Did you have an argument before violence happened?", "What were you doing out alone?", "What were you wearing?" Instead, reinforce that DV cannot be tolerated.
- Use supportive statements, such as "I am sorry that this happened to you" or "You really have been through a lot", which may encourage the woman to disclose more information.
- Emphasize that violence is not victim/survivor"s fault and only the perpetrator is responsible for it.
- Explain that the information will remain confidential and inform her when confidentiality cannot be protected (police depositions/legal procedures).
- Use eye contact as culturally appropriate, and focus all attention on the victim/survivor. Avoid doing paper work or answering the phone at the same time.
- Be aware of your body language. How you stand and hold your arms and head, the nature of your facial expression and tone of voice all convey a clear message to the woman about how you perceive the situation. Show a non-judgemental and supportive attitude and

validate what she is saying. Avoid body language conveying the message of irritation, disbelief, dislike or anger toward the victim/survivor.

Do not judge a victim/survivor's behaviour based on level of education, culture or religion.

First impressions always have a lasting and meaningful impact. The first impression of a DV victim/survivor coming for psycho-social services is the building, the entrance room and the general environment. This impression can influence the victim/survivor's reaction and the willingness to undergo future actions and all this happens before the counsellor had the chance to greet the victim/survivor.

The discussion with the DV victim/survivor should take place at a round table or, better, without a table. Sitting on two sides of a table might add an additional barrier in communicating with DV victims/survivors. A victim/survivor who has the sensation of unequal power with the counsellor might limit the shared information and the trust in the professional. The social worker must appear as an equal and not overdress or wear fanciful jewelry as these may give the feeling of superiority and create the same unequal dynamic as with the abuser.

Staying exactly face-to-face and watching the victim/survivor in her/his eyes might give the wrong impression of confronting, as usually the perpetrator is doing.

Placing the victim/survivor in a position from where she/he can see the entrance/exit door may give the sense of controlling the situation, opposite by the common situation with the perpetrator when often the victim/survivor is isolated and controlled.

Provide refreshments, snacks and water to the victim/survivor as many of them might have limited or restricted access to food. Keep in mind that some service providers do not have funding for victim/survivor's refreshments so the cost would come out of their pocket.

PROCEDURES

The general objective of psycho-social services for DV victims/survivors is to help the victim/survivor to regain self-esteem and the control of their own life. The psycho- social support may include actions to reduce the victim/survivor's suffering and loneliness and social distances, to improve physical health conditions, for social and family reintegration, and provide legal or socio-economic support. In all stages of the assistance, the victim/survivor's autonomy and confidentiality are subsequent to victim/survivor's security.

The step-by-step procedures are grouped by the level of intervention that can be implemented, organized in the following sections:

1. identification
2. evaluation
3. intervention
4. documenting DV
5. referral, and case management coordination.

The order of sections and/or steps might be changed when interfering with a DV victim/survivor; however, any assistance of a DV victim/survivor will begin with the identification. Each counsellor may implement the sections that are according to the statute and mandate. If there is any evidence or suspicion that a person suffers a form of DV, the counsellor must make all the efforts to ensure that the person obtains all the support that can receive.

Prior to any intervention/assistance of DV victims/survivors, the counsellor must ensure that all her/his personal stereotypes (e.g. blaming victim/survivor for the violence, expecting them to leave the abuser, etc.) or barriers are addressed and solved, as well as their own experiences of DV, to be neutral and supportive.

Step 1. Identification

First step in responding to DV is to recognize/identify the victim/survivor and the reasons to initiate the intervention. This can be done by facilitating the self-disclosure as a DV victim/survivor, or by finding out due to referral or reporting (mandatory or not). The victim/survivor's autonomy and confidentiality are subsequent to victim/survivor's security. This step may include obtaining informed consent for case management services if appropriate or for referral to other service providers.

Addressing health needs which may threaten the life or integrity must be priority. Refer the victims/survivors with severe, life-threatening conditions for emergency treatment immediately, prior to addressing psycho-social needs.

- Greet the person in a welcoming manner.
- Introduce yourself and briefly explain the institution's mandate/services.
- Kindly ask the person to introduce herself/himself
- Avoid any physical contact with the victim/survivor or accompanying persons, as well as sudden movements. This may be stressful for victims/survivors, especially for those suffering of physical violence.
- Ask the person about the preference to be assisted by a counsellor of the same sex (especially in the cases of sexual violence).
- Give the victim/survivor the chance to ask questions about everything they may consider important.
- Remember the needs of different population groups (e.g. persons with physical or mental disabilities, religious persons, and ethnic minorities) and make efforts to address them.
- Create a confidential and compassionate environment, actively listen to the person and give validating messages (please refer to sections **How to Interact With a DV Victim/Survivor** and **Working Environment**).
- Build the trust of the victim/survivor.
- Do not leave the victim/survivor alone, especially when self-injuries are suspected or the risk for it is present.

Step 2. Evaluation

After identification of a DV victim/survivor, the counsellor should make a decision on the next steps (support/counselling, documenting DV, referral and case management coordination) to be followed, according to the resources, skills and mandate to effectively address DV.

The evaluation refers to obtaining and analysing information about physical and psychological health of the victim/survivor, social life, relationships and economic status; all this information will help the counsellor to set up the most appropriate intervention, according to the victim/survivor's needs and available resources.

- Obtain consent for services that will be provided. If the victim/survivor cannot read and write, the informed consent statement will be read up to the victim/survivor and a verbal consent will be obtained (this will be mentioned in the informed consent or other forms).
- Explain the right to provide limited consent where they can choose which information is released and which is kept confidential.

Give adequate information for informed consent. Inform the victims/survivors about possible implications of sharing information about her/his case with other institutions/services.

- Specify if there is any legal mandatory reporting to other institution of a DV incident/case.
- Ensure the victim/survivor that she/he is assisted in a non-judgmental, compassionate and understanding way, and all efforts will be made to help her/ him.
- Think to the care/support that should be provided, tailored on the needs and expectations in order to protect the DV victim/survivor.
- Ask the victim/survivor to tell in her own words what happened, to talk about the perpetrator, types of violence, current DV history (type of abuse, duration, frequency, intensity and latest most violent episode), and previous DV experiences. Encourage the victim/ survivor to be specific and personal.
- Evaluate the level of danger and define some rules for self-protection
- Ask about the consequences of the DV in her/his life
- Determine physical and psycho-social conditions of the victim/ survivor and her children
- Determine the background of her family of origin
- Determine her primary and secondary social networks
- Ask about victim/survivor's and family's economic situation, dependency or independency, and their living/housing conditions
- Ask about previous efforts to tackle the violent situation, coping strategies, previous attempts to get away from abuse
- Determine the situation of the children (in relation to the DV, their relations with parents)

- Explore the victim/survivor's feelings about what happened
- Determine the expectations and wishes of DV victim/survivor (from counsellor, from herself/ himself, from perpetrator, from other persons) and what motivates her/him to seek help.

Step 3. Service provision/Intervention

The intervention implies an assemblage of comprehensive essential services for DV victims/survivors that reduces the effects and consequences of harmful experiences, and prevent further trauma, including re-victimisation. The intervention will follow the individualized intervention plan developed based on identified needs and available resources. All intervention actions must be victim/survivor's focused, implemented in a multi-sectoral and holistic manner, adaptable, and sustainable.

3.1 Crisis counselling

The crisis counselling aims to achieve immediate safety, make sense of their experience, reaffirm their rights and alleviate feelings of guilt and shame. Crisis counselling could be provided through a wide range of methods including in person, via telephone, mobile phone, e-mail and in various locations and diverse settings.

- The long-term counselling, psychotherapy or other form of long-term support/intervention are not covered through this section.
- Address the basic needs (hunger, thirst, sleepiness).
- Ask the victim/survivor to express her/his own ideas on outcomes, coping strategies, resources. Explore together with the victim/ survivor all these ways of solving the situation.
- Offer psychological support to respond to the immediate psychological needs of DV victim/survivor.

- Explain and/or offer alternative choices to the victim/survivor:
  a) immediate access to safe accommodation;
  b) immediate access to emergency health care services; and
  c) the option to re-contact the service, in any circumstances/choice.

3.2 Safe accommodation

- Often, DV victims/survivors need to leave their housing immediately in order to be safe, by accessing safe houses, women's shelters or other safe spaces.

- Provide safe and secure emergency accommodation until the immediate threat is removed.

- Ensure security measures are in place, including: confidential location (where possible), security personnel, and security system.

- Provide basic accommodation needs.

- Provide other specific and complementary essential services, according to victim/ survivor's needs and choices: psychological support/counselling, legal advice, support for social reintegration, etc..

- Ensure that the safety and needs of accompanying children are addressed.

3.3 Long-term psycho-social support and counselling

- Formal and informal counselling services have proven effective in addressing the psychological needs of victims/survivors experiencing depression, anxiety, and/or PTSD.

- Some of the psycho-social services include support groups, individual counselling, and a 24-hour hotline. Informal counselling services operate on different levels within many communities, ranging from victim/survivor's support groups to faith- and community-based group interventions.

- Empower the victim/survivor to make their own choices.

- Develop plans and actions by assessing and considering victim/ survivor's personal needs, different opinions and points of view and by examining the possibility of not doing anything and leaving things as they are. Involve the victim/survivor in developing the intervention plan.

- Provide or mobilize social support.

- Undertake specific actions that will reduce the victim/survivor's suffering, loneliness and social distances, and rebuild self-esteem.

- Strengthen self-protection mechanisms and coping strategies, by emphasizing the victim/survivor's resources and capacities, to be able to manage future violent or vulnerable situations without feeling powerless.

- Accept the possibility of failure of the intervention and or undertaken actions and illustrate this to the victim/survivor. Facilitate reflection on the consequences if this should happen.

- Explore/ask all along if there is any other subjects that the victim/ survivor wants to discuss.

- Briefly explain what was agreed for the intervention plan and what actions to be undertaken by the victim/survivor.

- Explain to the victim/survivor about the follow-up plan and share contact details for follow-up.

- During follow-up sessions, explore the changes in the victim/ survivors situation, effectiveness of coping strategies, results of any actions undertaken by the victims/ survivors; explore the

difficulties occurred and help the victim/survivor to address them; redefine the problem, plan and further actions.

3.4 Other support services

- Provide material and financial aid: emergency transport, food, safe accommodation, basic personal and health care items, cash for certain expenditures (e.g. state fees, taxi transfer to and from other services, medical care, medication).
- Assist victims/survivors to create, recover or replace identity documents.
- Provide legal information to DV victims/survivors on their rights and range of option available, such as divorce, child custody, guardianship, restriction/ protection measures, and migration status.
- Provide (or refer to) services for children which are appropriate, child sensitive, child-friendly and in line with international standards.
- Provide telephone help lines free of charge, preferably 24 hours a day, 7 days a week, or at a minimum, for four hours per day including weekends and holidays. Ensure that staff answering help lines have appropriate knowledge, skills and are adequately trained. Ensure that the help line has protocols connecting it with other social services, and health and justice services to respond to individual circumstances of women and girls.

3.5 Risk assessment and management

Risk assessment and management can reduce the level of risk. The safety plan is part of the case intervention that can prevent future violent incidents or avoid escalation or exposure to extreme situations. The safety plan is developed taking into consideration risk factors and resources available.

To develop an effective safety plan, understanding the risk factors for repeat and escalating violence is needed. The more risk factors are identified and associated with a DV case, the higher the risk to which the DV victims/ survivors is exposed.

Risk factors that might be identified:

1. Abuser threatens to kill victim.
2. Abuser threatens or uses weapon/knife or object against victim.
3. Abuser strangles victim.
4. Abuser is violently and constantly jealous.
5. Abuser forces victim to have sex.
6. Abuser controls victim's daily activity.
7. Abuser has easy access to guns.
8. Abuser is unemployed.
9. The physical violence is increasing in severity and/or frequency.
10. Abuser abuses alcohol or drugs.
11. Abuser is violent with victim while she is/was pregnant.
12. Abuser threatens or attempts to commit suicide.
13. Abuser follows her, spies on her, and/or leaves threatening messages.
14. Abuser avoids being arrested for domestic violence.
15. Victim believes abuser could try to kill her and/or the children.
16. Violent behavior outside the family.

If half or more answers are in the affirmative then the risk of the victim is very high and shelter must be recommended. If the victim refuses and continues to live with the abuser or relatives then a safety plan needs to be developed and if necessary referral needs to be proposed and organized in a safe non-stigmatizing way.

- List the persons (friends, neighbours) that might be called in an emergency situation or who could give shelter for few days.
- Identify one or more neighbours you can tell about the violence, and ask them to help if they hear a disturbance in your house.
- Practice how to get out of your home safely.
- Pack a safety bag and put it in a place from where can be taken easily in an emergency situation.
- Use your instincts and judgment. If the situation is dangerous, con sider giving the abuser what he wants to calm him down. You have the right to protect yourself and your children.
- Think about the possibility to address for future help to other service providers.
- Remember, you do not deserve to be hit or threatened.

Step 4. Documenting DV

Each DV case should be documented by psycho-social service providers; the documentation provides at least a comprehensive summary of the most relevant information about a DV incident, if not the case history. The documentation of a DV case could be made using standardized forms, hand notes, charts, photos, paper registries, etc. Collecting relevant data about each DV case and gathering them in a data base will a) generate data for monitoring and evaluating DV case's progress, b) offer a clear view on the disclosed cases in a specific area, and c) help to evaluate the functioning of multi-sectorial response to DV.

- Collect and register information about DV victim/survivor/case, including: demographic information (i.e. name, age, sex), marital status, details about children in custody, history of psychiatric conditions, substance and drug consumption, family members and relations between them,
- information about socio-economic statute of victim/survivor/family, consent obtained.
- Keep all records in a safe and confidential place.
- Allocate adequate time to enter data in data collection system, create database.

Step 5. Referral

Referral's system goal is to address the immediate and multiple needs of the victim/ survivor in a manner that will ensure the safest and most effective way of reporting and in accordance with victim/survivor's preferences for care and treatment. Also, referral is about a coordinated approach to service delivery. All service providers should be aware of the system and able to activate referrals whether or not they are the first point of contact for a victim/ survivor. A referral system can function effectively if information/details about institutions/organizations, specific service providers (professionals) and contact details are systematized and shared between all relevant institutions.

Accompany the victim/survivor to:

- the referred service provider, if needed and possible
- to police to make an official complaint
- inspector for deposition
- health facility for medical care
- school principal for school enrolment
- forensic doctor
- court sessions

Keep up to date a directory of institutions/organisations which provide services for DV victims/survivors. The directory must include institution's name, contact person, address, other contact details, list of services provided.

SECTION 3.

SELF – CARE

Examples of Self-Care

PROFESSIONAL BURNOUT

What is it?

Professional burnout happens when a practitioner becomes increasingly "inoperative" (Smullens 2015), and systematically decreases our ability to relate to our clients. This inoperability can take various psychological and physical forms:

- Anxiety, irritability, feeling powerless/useless/unskilled, lost passion, low morale, depression, lack of connection to people/things you liked before, guilt, hypervigilance, etc.
- Fatigue, chronic exhaustion, headaches, upset stomach, muscular aches and pains, chronic mild illness, sleep disturbances, eating disorders.

What causes it?

- Compassion fatigue: "the overall experience of emotional and physical fatigue that social service professionals experience due to chronic use of empathy when treating patients who are suffering in some way" (Newell ц MacNeil 2010).
- Vicarious trauma: aka "secondary traumatic stress" results from a social worker's direct exposure to the first hand trauma experiences of another. They in turn may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure (Secondary Traumatic Stress).

What can we do to avoid or lessen it?

Self-care is a decision you make to help keep yourself mentally and physically healthy. Practicing habitual self-care makes you a better caretaker, and creates a healthier work environment for you, other staff, and the people you work with.

Examples of self-care include:

Physical: going for a walk, getting enough sleep, vacations.

Emotional: spending time with people you like, finding things that make you laugh, revisiting your favorite books/movies.

Psychological: self-reflection, writing, reading, trying out a new hobby, personal therapy.

Spiritual: being outside in nature, going to church, meditating, singing.

Professional: taking a break during the workday, arranging your workspace so it is comfortable/pleasant, setting boundaries with colleagues and clients.

Resources

Tools and Resources

TOOLS AND RESOURCES

- Away From Violence: Guidelines for Setting Up and Running A Women's Refuge, 2004, WAVE Co-ordination Office, Austrian Women's Shelter Network, Vienna

- Centre for Excellence for looked after children in Scotland, Moving Forward: Implementing the Guidelines for Alternative Care for Children 2012, http://www.unicef.org/protection/files/ Moving_Forward_Implementing_the_Guidelines_English.pdf

- Centre for Enquiry Into Health and Allied Themes (2012): Ethical Guidelines for Counselling Women Facing Domestic Violence. India

- Department of Social Development, Republic of South Africa (2008): "Shelters for Victims of Domestic Violence" in Minimum Standards for Service Delivery in Victim Empowerment.

- http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/ gender_based_violence/GBV_Standard_Operational_Procedures_2008_EN.pdf

- Psycho-Social service provision, part of multi-sectoral response to GBV Standard Operating Procedures, 2015, www.femroadmap.eu/SOPs_psycho-social_services_eng.pdf

- How The Earth Didn't Fly Into The Sun: Missouri's Project To Reduce Rules In Domestic Violence Shelters. 1st ed. National Resource Center on Domestic Violence, 2011. Print.

- Local Government Association, Women's Aid et al. (UK): Standards and Services' in Vision for Services for Children and Young People Affected by Domestic Violence. (Pp. 13)

- Newell, J. M., & MacNeil, G. (2010). Professional burnout, secondary traumatic stress, and compassion fatigue:A review of theoretical terms, risk factors, and preventive methods for clinicians. Best Practices in Mental Health: An International Journal, 6 (2), 57-68.

- The Profession of Shelter Work, A Manual and Hiring Tools for Domestic Violence Shelters, Crystal Giesbrecht and Kim Fellner, 2014

- Secondary Traumatic Stress. (n.d.). Retrieved July 07, 2016, from http:// www.nctsn.org/resources/topics/secondary-traumatic-stress

- Smullens, S. (2015). What I Wish I Had Known: Burnout and Self-Care in Our Social Work Profession. Retrieved July 06, 2016, from http://www.socialworker.com/ feature-articles/field-placement/What_I_Wish_I_Had_Known_Burnout_and_Self-Care_in_Our_Social_Work_Profession/

- UN Women, Virtual Knowledge Centre to End Violence against Women and Girls http://www.endvawnow.org/en/,

- http://endvawnow.org/uploads/browser/files/module-4-social_services.pdf

Women's Support Center

24/7

WSC hotline` 099 – 887– 808

wsc.armenia@gmail.com
www.womensupportcenter.org
WomenSupportCenter

UNITED NATIONS TRUST FUND TO END VIOLENCE AGAINST WOMEN