



MANUAL FOR PRACTICING COUNSELORS:

*Addressing Domestic and
Family Violence Faced by
Lesbian Women, Bisexual
Women and Transpersons
in Sri Lanka*



Women and Media Collective
Established 1984



OUTRIGHT
ACTION INTERNATIONAL

Manual for Practicing Counselors:

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Bisexual Women and Transpersons in Sri Lanka

**Women and Media Collective (WMC)
OutRight Action International**

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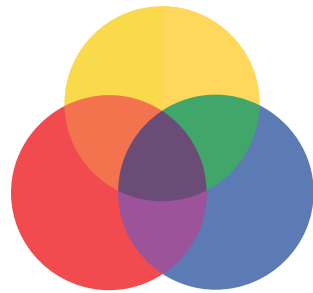
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1

INTRODUCTION TO THE MANUAL

Our Approach

This manual focuses on assisting counselors to engage with lesbian women, bisexual women, and trans women whose families, extended families and/or loved ones are being/have been violent to them.

There is a perceived need for counselors, befrienders, social workers and psychologists in Sri Lanka to be able to work more effectively on issues of violence with individuals who may not identify as heterosexual and whose gender identity may not correspond to the gender assigned at birth. In producing this manual, we are trying to attend to this need. Our understanding of this issue is weighted towards addressing what the practice of counseling, broadly speaking, mainstreams in training and knowledge on issues of gender and sexuality. Counseling in Sri Lanka cannot ignore gender and sexuality; in fact, some of the most common issues counselors and their clients face must surely be related to gender and sexuality. However, there is an observable lack of conscious attention paid to gender and sexuality as core identity concerns in the development and implementation of counselor training.

We approach this issue by identifying that more needs to be done in counseling to address the needs of LBT women. We see this perceived deficit as a systemic issue, which cannot simply be solved by 'adding' skills for working with LBT people to existing repertoires. Our approach is very different from encouraging counselors to develop additional counseling skills to work with a special and 'different' sub-set of people. LBT women are sometimes perceived as if they solely exist as the virtual embodiment, sign and symbol of gender and sexuality. Of course, heterosexuality, patriarchy and gender conformity organise our experience unequally, meaning that LBT women have specific experiences to negotiate, including violence, discrimination and exclusion.

But that does not make LBT women the exception to intersectionality. Sexuality and gender should not be the standalone and single categories to consider when understanding the experiences of LBT women. It is the intersectionality of sexual orientation, gender, religion, ethnicity, physical ability, age, class and so on, that make those categories as significant for LBT women, as they are for other people.

Heterosexist, patriarchal and gender normative assumptions are so deeply ingrained in our societies that they do not need to call attention to themselves; they are now part of our discourse, our ideological orientation, our unconscious attitudes and our automatic affective responses. To engage otherwise is not a straightforward matter for counselors; it is a gradual and difficult process of identifying, and unlearning, prejudices and biases, as well as a willingness to take a deliberate and informed approach towards tackling intersectional issues. What is imperative in addressing the needs of LBT persons in Sri Lanka is a dedicated effort to exploring the current gaps in counseling training and we hope that this manual will contribute to this cause.

This gap was identified in the Sri Lanka report of a five-country study on violence faced by LBT persons, published in 2014. The authors of this manual feel it is essential to make visible domestic violence, intimate partner violence and family violence as experienced uniquely by LBT persons as they are often invisible, or at best neglected, in discourses and advocacy on both domestic violence and LGBT issues. Further, due to existing systemic norms of violence against women, DV, FV and IPV as faced by LBT persons deserves unique inspection.

How to use this manual?

THE MANUAL HAS BEEN STRUCTURED IN 5 MAIN PARTS.

PART 1:	<i>Introduction to the Manual</i> gives you a brief overview of the purpose of the manual and why it was written.
PART 2:	<i>Understanding the Context and Definitions</i> presents a brief picture of the legal context surrounding same-sex sexual activity and gender identity and explores some useful concepts and definitions that will be addressed in the manual. It also discusses the need to be deliberate in the use of language to avoid using language that is discriminatory or exclusionary.
PART 3:	<i>General Guidelines When Offering Support to LBT People</i> covers some general issues in offering support to LBT persons regardless of the type of abuse they suffer. It provides guidelines for the counselor, suggesting suitable questions to ask and presents some helpful exercises.
PART 4:	<i>Supporting LBT People Through Specific Types of Abuse</i> discusses some identified types of abuse and violence faced by LBT persons and guides the counselor in how to recognise and respond appropriately.
PART 5:	<i>Your Safety, Wellbeing and Growth</i> as a Counselor identifies some of the issues and difficulties counselors face and suggests how to mitigate these to improve personal wellness.
<i>The Annex</i> section of the module provides additional useful information and resources for the counselor.	

2

UNDERSTANDING
THE CONTEXT
AND DEFINITIONS

2.1 The Law

Same-sex sexual behaviours are considered a punishable offence under the Sri Lankan law and are associated with a number of human rights violations for LBT persons due to interpretations made by law enforcement agencies. In Sri Lanka, Section 365A of the Penal Code (Amendment) Act No. 22 of 1995 can be read as criminalising consensual same-sex sexual relations between adults, including in private spaces.

Up until the 1995 amendment, this law applied only to men. Section 365A was made gender neutral during the process of Penal Code reforms in 1995. The replacement of the word ‘male’ with ‘person’ effectively criminalised consensual sex between two adult women in private.

Any person who, in public or private, commits, or is a party to the commission of, or procures or attempts to procure the commission by any person of, any act of gross indecency with another person, shall be guilty of an offence, and shall be punished with imprisonment of either description, for a term which may extend to two years or with fine or with both and where the offence is committed by a person over eighteen years of age in respect of any person under sixteen years of age shall be punished with rigorous imprisonment for a term no less than ten years and not exceeding twenty years and with fine shall also be ordered to pay compensation of an amount determined by court to the person in respect of whom the offence was committed for the injuries caused to such person.

SECTION 365A,

PENAL CODE OF SRI LANKA, 1995

What is meant by the act of ‘gross indecency’ (first introduced by the British to the Penal Code of Sri Lanka in 1883) has not been clearly defined. In addition to the Penal Code, another piece of legislation introduced by the British in 1842, the Vagrants Ordinance, is

used to penalise sex workers, including mostly transgender sex workers. It is also often used to harass and detain the homeless – some of who are mentally unwell – and others who may be seen to be ‘loitering’.

These provisions from the Victorian era, translated into law in Sri Lanka since 1883 and 1842, have been in existence for more than a hundred and thirty years. The Sri Lankan state has been challenged on why it still insists on retaining this colonial era law bestowed by England, when England itself has made this law redundant and took steps to decriminalise same-sex sexual relations in the 1960s.

The stigma that accompanies the effective ‘criminalisation’ of LBT persons under Sections 365 and 365A of the Penal Code increases their vulnerability to emotional and mental trauma, and various types of violence, including sexual violence. As a result, many LBT persons are at a disadvantage when accessing services due to the risk of further repercussions and discrimination. In addition, the legal standard of “equality before the law”, as guaranteed by the Constitution, privileges heterosexuality and forces the adopting of traditional gender roles amongst all persons, irrespective of their sexual orientation and gender identity, and so fails to respect, protect or fulfill the rights of LBT persons.

Further, an important issue for trans persons has been ensuring that identity documents, such as birth certificates and national identity cards, are altered to reflect their self-designated gender identity. Presenting identity documents is a necessity for everyday transactions. Under the circular No. 01 34/2016 issued by the Ministry of Health, changing one’s sex and name on their birth certificate, based on gender recognition certificates, is now possible. Though this is not the end of the struggle for trans persons, it is a

positive step towards enabling them to claim their right to receive protection from violence. Another piece of legislation pertinent to dealing with violence within the home and/or family is the Prevention of Domestic Violence Act of 2005. The Act was thought to be progressive at the time since it could be applied to a cohabiting partner of the aggrieved party. Technically, this legislation can be used to protect same-sex partners from violence, but the Penal Code provisions criminalising same-sex sexual relations may act as a deterrent for a lesbian, bisexual woman or trans woman who wants to file a complaint.

2.2 The Violence

Much of the discussion – cultural and legal – around Domestic Violence and Family Violence has, for several decades, been exclusively limited to understanding and remedying domestic violence in the case of heterosexual relationships and heteronormative families. Advocacy work tends to focus on gaining legal and other protections for survivors of violence in these circumstances. It is crucial to challenge narrow definitions of domestic violence, family violence and intimate partner violence in our discussions, and to actively include LBT persons in our understanding of all forms of violence in the home, family or within relationships.

Stigma around non-normative gender identities and sexuality, the aforementioned legal barriers, and overarching social concerns like systemic violence against women, serve to exacerbate any violence and discrimination directed at LBT persons by the family, the community and the state. These are the three ‘perpetrators’ of violence against women categorised by the United Nations Declaration on the Elimination of Violence Against Women.

‘Violence against women shall be understood to encompass, but not be limited to, the following:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.’

When looking at violence against LBT persons specific to Sri Lanka, we can draw on the findings of a two-year study titled ‘*Not Gonna Take it Lying Down: Experiences of Violence as Told by LBT Persons Living in Sri Lanka*’, published by the Women’s Support Group (WSG) in 2014. The study gives insight into the types of violence perpetrated against LBT persons by non-state actors and private individuals (often members of the family and/or intimate partners), which are listed as follows:

- Emotional Violence
- Verbal Abuse
- Violence of the enforcement of Cultural Norms and Gender Norms
- Physical Violence
- Sexual Violence
- Intimate Partner Violence
- Economic and financial abuse
- Online or cyber violence

Some of these types of violence are described in the following table and further discussed in the sections that follow. Remember, however,

that types of violent behaviours are not mutually exclusive, as they often occur together or within the same relationship. This list is also not comprehensive as the examples provided only highlight the most frequently or commonly experienced abusive behaviours.

SOME EXAMPLES OF TYPES OF VIOLENCE AND BEHAVIOURS	
PHYSICAL ABUSE	Punching, shoving, slapping, biting, kicking, using a weapon against LBT family member/partner, throwing items, breaking items, pulling hair, restraining LBT family member/partner
EMOTIONAL AND PSYCHOLOGICAL ABUSE	Putting LBT family member/partner down, calling names, criticising, playing mind games, humiliating LBT family member/partner, making LBT family member/partner feel guilty, reinforcing internalised homophobia, withholding love and affection
COERCION/ THREATS/ INTIMIDATION	Making LBT family member/partner afraid by looks or gestures, destroying property, hurting pets, displaying weapons, threatening to leave, taking children or attempting harmful behaviour (e.g. suicide), threatening to reveal sexual orientation and/or gender identity to community, employer, family or ex-spouse
MINIMIZING/ DENYING THE ABUSE	Making light of abuse, saying abuse did not happen, saying the abuse was mutual, blaming LBT family member/partner for the abuse
FINANCIAL DEPENDENCY	Preventing LBT family member/partner from getting a job, getting LBT family member/partner fired from job, making LBT family member/partner ask for money or taking partner's money, expecting partner to support them
SOCIAL ISOLATION	Controlling who the LBT family member/partner sees and talks to and where LBT family member/partner goes, limiting LBT family member/partner's involvement in the gay and lesbian community
SEXUAL ABUSE	Forcing LBT family member to have a sexual relationship with member of opposite sex to "cure" her, forcing partner to perform sexual acts that are uncomfortable to her, engaging in affairs as 'revenge', telling partner he or she asked for the abuse, pressuring LBT family member/partner on how to dress, accusing partner of having affairs, criticizing sexual performance, withholding affection
INTIMATE PARTNER VIOLENCE AFTER THE END OF A RELATIONSHIP	Stalking, harassing in public places, threatening to hurt any new partner/s or anyone he/she suspects could be a new partner, threatening to 'out' the LBT person to their families/friends or in other public forums without their consent, threatening to report them to the police or in some way attempting to manipulate the person into restarting their relationship
ONLINE OR CYBER VIOLENCE	Limiting an LBT person's/partner's independence online, infringements of their privacy, using online communication to slander or 'out' them (revealing their sexual orientation and/or gender identity), stalking online and using personal information to threaten, frighten or intimidate the LBT person/partner, using photographs/video taken during an intimate relationship and posting them publicly on online platforms without consent

2.3 Some definitions and concepts

The following definitions look at how “family” and “home” can be defined in the Sri Lankan social and cultural contexts, and how we understand these terms and institutions in relation to LBT persons.

‘...family is defined broadly as the site of intimate personal relationships. A subjective definition, i.e. any unit where the individuals concerned feel they are a family, is more inclusive than an objective one and more relevant for the discussion of domestic violence. Rather than relying on the institutionalized definitions of family imputed by the State, notions of family should be reconceptualized around expressions of ideals of nurturance and care. There is a need to make room for “difference and plurality” within our understanding of what constitutes family.’

RADHIKA COOMARASWAMY

Globally, cultural norms, which privilege heterosexuality and sanction patriarchy, shape our legal and judicial systems, and primarily work to maintain the so-called sanctity of the heteronormative family. The main design of almost any family law is to keep the heteronormative family together. This characteristic of legal systems – enshrined in its very nature – could be seen as a serious disadvantage to people, particularly LBT persons, experiencing family violence, and who wish to seek legal redress and find justice.

‘According to the myth of the family as a sanctuary of tranquility and harmony, domestic violence is a veritable incongruity, a contradiction in terms. Violence shatters the peaceful image of the home, the safety that kinship provides. Nonetheless, the insidious nature of domestic violence has been documented across nations and cultures worldwide. It is a universal phenomenon.’

RADHIKA COOMARASWAMY

Domestic Violence

‘Violence that occurs within the private sphere, generally between individuals who are related through intimacy, blood or law... It is almost always gender-specific, in that women are often the victims and men often the perpetrators.’ ‘Domestic violence is often, albeit problematically, labelled “family violence”, so that the actual structure of the family, whether defined as nuclear, joint or single-sex, becomes an important subject of investigation. Discussions on family violence have failed to include the broad range of women’s experiences with violence perpetrated against them by their intimates when that violence falls outside the narrow confines of the traditional family.’

RADHIKA COOMARASWAMY

Intimate Partner Violence

“any behaviour within a relationship that causes physical, psychological or sexual harm to those in that relationship.”

WORLD HEALTH ORGANIZATION (WHO)

The World Health Organization (WHO) also asserts that the majority of reported cases of intimate partner violence involve men perpetrating violence against women; there are also incidents committed by women towards men and within same-sex relationships. We should not take the lack of data on intimate partner violence in same-sex relationships as an indication that it does not happen, or that it happens with less frequency in comparison to heterosexual relationships. Rather, it may mean that this violence is reported less when it occurs within same-sex relationships, which could be for a number of reasons. Primarily, non-heterosexual persons may fear seeking legal remedies for any of their grievances because of the existence of discriminatory legislation such as Section 365 and 365A of the Sri Lankan Penal Code, which alienates them from the justice system and limits their options. They might be wary of reporting intimate partner violence to the police for fear of how they may be treated or for fear that they might be arrested.

2.4 Language when counseling

During counseling, it is generally important to be intentional in your use of language, and be mindful that your language is respectful and does not circulate judgment and prejudice. Counseling related to LBT issues is no exception. The discourses we draw on are dominated by assumptions that are heterosexist, patriarchal and gender normative. For example: “You are a woman so when you refer to a partner you must mean a man”, “As the woman you should try to keep your family together at all costs”, “You look like a ‘man’ so I shall call you ‘he’”. We should try to avoid repeating and reinforcing these biases. While there is no ‘right’ language to use, there are certain guidelines that you can follow.

‘Consult first’ is an important guideline. The person you are counseling must guide your use of language at the very outset. For instance, employing pronouns unconsciously is habitual behaviour for most people. Only two pronouns are generally used to refer to an individual—either ‘he’ or ‘she’, which is a ‘binary view’ of gender. These two pronouns are usually applied depending on how we interpret someone’s physical appearance. This is very restrictive and discriminatory, and creates many problems. While it may be common to use the “he”, “she”, “sir” or “miss” system of classification, LBT individuals prefer to self-identify according to their own preference and experiences. Thus, when providing counseling on LBT issues, you must be mindful to not assume that a particular terminology is the appropriate one to use.

A good practice is to invite individuals to tell you how they prefer to be addressed. However, ‘Consult First’ does not mean that a commitment to listening is done after this stage, as a person’s pronoun use can also vary over time and in different situations. As such, a continued commitment to listening mindfully for how someone talks about themselves is key.

2.5 Categories of sexuality and gender

The ‘Consult First’ and ‘Keep Listening’ guidelines also apply when using terminology like lesbian, bisexual and transgender. You should not assume, for instance, that you can gauge certain terms from a person’s self-understanding of their gender and sexuality. Someone who is same-sex attracted may not necessarily use words like ‘lesbian’ or ‘bisexual’. Someone who is gender non-conforming may not use words like “transgender”, “transman” or “transwoman” to identify themselves. Refrain from introducing or imposing such terminology and instead ask your clients how they want to be identified and what words or phrases you can use that will help them feel comfortable and respected.

Counselors also need to be mindful of how the politics of language impacts the way we talk about sexuality and gender. For instance, be aware that some terminology is offensive or insulting. It is often considered useful for people who are new to the terminology and concepts of sexuality and gender to read about the usage and definitions of terms like ‘lesbian’, ‘gay’ and ‘queer’. You may also come across a ‘glossary of terms’ that can be helpful. However, bear in mind that we should not use language in ways that objectify or pathologise people into ‘types’. As such, listening to how people talk about themselves is more important than just knowing terminology. Local research has indicated that, in daily Sinhala conversation for instance,

people are less likely to use a formal language of identity and are more inclined to narratively explain what they mean.

The ‘Consult First’ guideline **does not mean that you should ask someone upfront how they identify their sexual orientation and gender identity, in the same way that you may ask them which pronoun they are comfortable using.** Use your judgment about whether it is actually appropriate to ask them to divulge this information, as these questions may come across as intrusive and coercive. A person may not necessarily feel the need to self-identify their sexual orientation and gender identity or it may not be their practice. They also may not feel safe. The “Consult First” principle does not mean *requiring everyone to identify*. Identity is a common framework of understanding in LBT circles in Sri Lanka but it is not necessary to elicit a person’s sexual identity and gender identity when discussing LBT issues.

You should also keep in mind that what you understand by the concept of sexual identity or gender identity may not be the same for the person approaching you for counseling. For instance, different people assign different meanings to terms like ‘lesbian’, ‘bisexual’ and ‘transgender’, so do not expect all LBT persons to have consistent and coherent definitions for these terms. Furthermore, the definitions of categories like ‘lesbian’, ‘bisexual’ and ‘transgender’ are not static: they have been challenged, resignified and changed over time. Moreover, as English words, they may

not always express the full spectrum of how someone feels and they may not have the same associations as, for instance, a sentence or phrase in a local language. Definitions always carry a degree of subjectivity and you should listen for how these words are subjectively meaningful to a person who uses them.

Words like ‘lesbian’, ‘bisexual’ and ‘transgender’ have specific socio-cultural and political associations that are often not included in glossaries of key terms. It is likely that LBT clients will have some cultural knowledge of those meanings and will employ them in their language. They may be privy to discourses around what these terms mean, how they are used, what using or not using them means and so on. A discourse is an assembling of ideas, which enables us to make sense of a subject; it is grounded in and permeated by its institutional context. People speak discursively, not literally, when they use these terms. For instance, someone may embrace a term like ‘lesbian’ because of its discursive associations as a word used to vilify women. Glossaries of terms only get you so far because they can use universals in their definitions. It is important to learn from your clients about the specific discourses they employ concerning the language of sexuality and gender.

3

GENERAL GUIDELINES WHEN OFFERING SUPPORT TO LBT PERSONS

This section will cover general issues in offering counseling support to LBT persons regardless of the type of abuse they experience. Each of these areas will be followed by two sections titled ***“When Approaching”*** and ***“Questions.”***

When Approaching will describe how to view and start the supportive work; how to begin addressing the issues or raising them; what to avoid and what to be sensitive to. Note that these are merely suggestions and you do not need to limit yourself to each suggestion.

Questions will include suggested questions that will help the client reflect in a systematic way on some key issues and talk more easily about difficult subjects. The questions will help as tools to facilitate discussion on certain key themes, topics and issues.

3.1 Difficulties with self-acceptance

WHEN APPROACHING	<ul style="list-style-type: none"> • If your client is struggling with her own sexual identity and gender preference, you would need to provide general support for these issues while you also work with her to address the violence she may be experiencing. • Establish what terms your client is comfortable with when referring to herself: <i>“how are you comfortable describing yourself?”</i>
QUESTIONS	<ul style="list-style-type: none"> • Have you ever been able to discuss these issues of self-acceptance with anyone? • Has that feeling changed with time and if so, how has it changed? • How do you feel about yourself right now? • What are the specific issues you find most difficult to face? • Have you read about, or met and spoken with LBT community members?
HELPFUL EXERCISES	<p>Many people find it useful to write a journal entry to themselves about the specific issues they have with self-acceptance. Introduce this idea to the person who approaches you for counseling. Provide her with stories (case studies) of how others approached issues of self-acceptance.</p>

3.2 Difficulty recognising certain behaviours as abuse

<p>WHEN APPROACHING</p>	<ul style="list-style-type: none"> • Discuss the impact of abuse with the client by using other people as examples rather than herself. It will be less distressing for her to objectively talk about abuse through someone else’s experience, rather than her own. You may use a story or a video clip to illustrate the impact of abuse. Once she is more comfortable and feels safer discussing the issue, you can refer to her own abuse. • It is important to bear in mind that it is never easy to accept that the person you love is abusing you and this can cause significant distress. Your approach should be to empathise with and understand the LBT person. It is not helpful to force the LBT person to admit to the abuse if they are not ready, are unwilling or persist in justifying the abuse. • When a person shows unwillingness or difficulty admitting that what is happening is abuse, a patient and strategic approach in gradually exposing the person to the concept and character of abuse, giving them examples of other cases of abuse and talking about the legal implications of abuse, would be appropriate. • Be sensitive to the fact that the LBT person facing abuse could still have strong attachments and love for the person who is abusive (family member or partner) and would struggle emotionally with “exposing” this loved one to you. In this situation, the LBT person could feel they are “letting their loved one down” by discussing the abuse with an outsider. You may need to assure the person that it is not “wrong” or “bad” to be honest because this is a way of getting help for the relationship. You may want to assure them that your role is not to judge or condemn the abuser but to help the person approaching you for services to find a safe, healthy and happy way to live and love.
<p>QUESTIONS</p>	<ul style="list-style-type: none"> • How do you see or understand the kind of treatment you receive from your partner (or family member/s)? • How do you understand behaviour that can be called ‘abusive’? • Do you think it is important to recognise abuse as the first step towards mitigating it or responding to it effectively?
<p>HELPFUL EXERCISES</p>	<p>Use two brief examples, one of aggression, which is hurtful but not classified as an abusive relationship, and one that clearly demonstrates an abusive relationship. Discuss the nature and character of abuse to illustrate why it is so damaging and why it is important to recognise and name it.</p> <p><i>E.g., a lesbian woman has a loving family that has come to accept her for who she is after a struggle. They do not openly recognise that she has a partner but they do welcome her.</i></p> <p><i>E.g., two women who have been in a relationship begin to have difficulties with each other as one of them is under pressure from her family and wants to leave the relationship. The other becomes desperate and starts to slap and accuse her of ruining her life and threatens her.</i></p>

3.3 Justifying the abuse as deserved because of one’s sexuality and gender

<p>WHEN APPROACHING</p>	<ul style="list-style-type: none"> • It is important to bear in mind that even those who may recognise some behaviours as abusive may still tend to justify, rationalise or minimise its significance. • Recognise that many people, who suffer abuse over a period of time and especially from an intimate partner or family member, find it very difficult to hold the person responsible for his/her abusive behaviour. • An LBT person may find the betrayal of being abused by a family member or intimate partner emotionally harder to accept than the actual abuse itself. Accepting it may also mean needing to challenge the abuser, which may be more difficult emotionally than simply absolving the abuser of responsibility and blaming one’s own self. • When an LBT person attributes the abuse to being lesbian or bisexual or transgender and feels the abuse is therefore “understandable”, “justified” or “deserved”, it is not helpful to confront the person and force her to change her views. Acknowledge sensitively and sincerely how difficult it is to accept that abuse cannot be justified whatever the cause. LBT persons who justify their abuse as deserved, are in some way dealing with the condemnation of society against LBT people, as well as their own guilt for being LBT.
<p>QUESTIONS</p>	<ul style="list-style-type: none"> • Do you think it is fair for anyone to blame themselves when a family member/intimate partner is violent towards them? • What ideas or thoughts can help someone avoid taking the blame for someone else’s abusive behaviour? • If you were speaking to a friend who was blaming herself and her gender/sexuality for the abuse she was suffering at the hands of family, what might you say to help her to recognise and move past self-blame?

3.4 Dependence on/ over identifying with the abuser (i.e., hiding the evidence of the abuse to safeguard abuser)

<p>WHEN APPROACHING</p>	<ul style="list-style-type: none"> • Stay aware that a person who suffers abuse and seeks help at a moment of distress or in a crisis may still revert to denial of the abuse and/or hiding evidence of abuse even during the counseling process. • It is possible in some cases that she has been threatened or coerced into maintaining silence and secrecy about the abuse. • Listen for anything that tells you she is fearful and filled with dread about what will happen to her if the abuser learns that she has broken silence and has sought outside help. • It is necessary to affirm her warmly for seeking help. Acknowledging the struggle and dilemma in openly talking about the abuse would also be a source of comfort and support for her. However, be careful not to minimise the danger she is experiencing. • When you help her to identify any potential danger, you help her find relief from distress.
<p>QUESTIONS</p>	<ul style="list-style-type: none"> • Some people think that seeking help for an abusive relationship can be positive for both the affected person and the abuser? What do you think? • Do you think that discussing abuse honestly, with a view to getting help, can be seen as essential to helping both in the long run?

3.5 Being afraid to seek help due to the fear, shame and guilt around gender/sexuality

<p>WHEN APPROACHING</p>	<ul style="list-style-type: none"> • When dealing with an LBT person who is the target of abuse from a loved one, stay aware that she may have conflicting emotions about her gender/sexuality that affect her help-seeking behaviour. • If the person who has approached you for counseling indicates negative or conflicting emotions that are preventing her from seeking and gaining the help and support she needs, address the emotions as you receive cues from her.
<p>QUESTIONS</p>	<ul style="list-style-type: none"> • How comfortable are you now with the concept of loving someone of your choice and in a way that is natural and normal for you?

3.6 Culture and conformity: dealing with abusive family members

<p>WHEN APPROACHING</p>	<ul style="list-style-type: none"> • Stay aware that a person who suffers abuse and seeks help at a moment of distress or in a crisis may still revert to denial of the abuse and/or hiding evidence of abuse even during the counseling process. • It is possible in some cases that she has been threatened or coerced into maintaining silence and secrecy about the abuse. • Listen for anything that tells you she is fearful and filled with dread about what will happen to her if the abuser learns that she has broken silence and has sought outside help. • It is necessary to affirm her warmly for seeking help. Acknowledging the struggle and dilemma in openly talking about the abuse would also be a source of comfort and support for her. However, be careful not to minimise the danger she is experiencing. • When you help her to identify any potential danger, you help her find relief from distress.
<p>QUESTIONS</p>	<ul style="list-style-type: none"> • We are going to be talking about your family, their values and wishes for you, which are different from your own. How comfortable are you in doing this? • What specific emotions do you feel when you consider talking about your family? Will those feelings help or hinder you from working on this problem? For instance, would you feel like you were doing something wrong by discussing your family with me? • How far do you agree that family practices and cultural norms are preserving people’s emotional safety, mental safety and physical safety? How far do you agree that family practices enhance people’s wellbeing?

3.7 Going against perceived religious beliefs and “laws of the land”

<p>WHEN APPROACHING</p>	<ul style="list-style-type: none"> As we have seen above, some of the guilt, self-blame and anxiety about being LBT might be the result of ingrained family norms and practices that prevent people from loving someone of their choice. Related to this is another very powerful reason for guilt: self-blame, shame, anxiety and other negative emotions due to a fear of going against religious beliefs and/or the laws that criminalise same-sex relationships. It is best to unpack which specific factors are causing the distress (religious or legal or both). When supporting LBT women, it may be necessary to separate the different factors that cause anxiety and distress so that they know they can deal with each source of distress separately, and with different counseling tools. This, in turn, could help LBT persons recognise that their sexual orientation or gender identity is not the problem, but rather that different cultural and religious norms, and existing laws, are unfavourable to LGBT people.
<p>QUESTIONS REGARDING SELF-PERCEPTIONS AND RELIGIOUS BELIEFS:</p>	<ul style="list-style-type: none"> Do you think it will be useful for us to explore which factors make you feel guilty, shameful, anxious, etc.? What is it really that makes you feel like this? How does your faith/ religious belief affect how you perceive yourself and how does your self-perception affect the way you feel in terms of your religion? Do you know which of your religious tenets or texts condemn your experiences? Would it be helpful to consider again if it is religious texts or different people’s interpretations of these texts that cause you conflict? Are there other LBT women who are of the same faith as you and who, while practicing their faith, see no incongruence/conflict between the core religious tenets and being LBT? Would it help you to meet such people?
<p>QUESTIONS REGARDING SELF-PERCEPTIONS AND THE LAWS OF THE LAND:</p>	<ul style="list-style-type: none"> Have you ever felt/do you feel, anxious, guilty or shameful due to the Sri Lankan laws which are unfavourable to LBT people? In what way do these laws affect your feelings and your life as an LBT woman in Sri Lanka? What do you think of these laws? Do you consider them just? Would you agree that the purpose of the laws of a country is to maintain justice and law and order for the wellbeing and protection of all citizens? Do you believe that these laws protect you, provide justice for you and safeguard your wellbeing as a citizen of Sri Lanka? Would you agree that just as cultures evolve and societies change, the legal systems and laws of a country can also evolve if they are to be relevant? When you think about these laws as still evolving, do they still make you feel guilt, shame and anxiety? Has the intensity of your feelings changed in any way?

4

SUPPORTING LBT
PERSONS WHO ARE
EXPERIENCING ABUSE

4.1 Physical Abuse

Punching, shoving, slapping, biting, or kicking LBT family member/partner, using a weapon against LBT family member/partner, throwing items, breaking items, pulling hair, restraining LBT family member/partner.

Case Study 1:

Pushpa does not use any term to describe her sexual orientation. Her father shoved, pushed, throttled and threatened to maim her after he found out about her sexual experiences with women. She feels she has to constantly assure and reassure him she is “no longer gay”. She is terrified of refusing anything he asks of her. Pushpa now admits to practicing self-harming behaviour, which includes cutting herself and burning herself with cigarette butts

- You may want to start by grasping what the person is telling you (whether it concerns issues of gender or sexuality or both), assessing how comfortable she is with these issues (see section 2.2) and proceed to determine the extent to which she is able to identify what she is going through as abuse (see section 2.3). You may then decide which area you will deal with first.
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- It is always advisable to first check on her current safety status—how safe is she, how safe does she feel in the present time, is she in any imminent danger, is she in a situation of continuous abuse? If her safety is at risk, you may turn to section 3.1.5 on safety. This will help her approach the rest of the counseling sessions feeling much more confident and perhaps safer.

Recognising why such treatment and behaviours are abusive

It is important to establish how she views the physical abuse and explains it to herself. Working on helping her get out of abusive situations is far easier if she is able to recognise and identifies them as abusive. The following are some suggested questions towards that discussion (see also: section 2.2):

- Are there other ways your family can communicate what they want instead of using violence and other abusive behaviours?
- Why do you think people opt for these kinds of behaviour?
- Do you know of / have you met other women whose families treat them the same way? When you see/hear about another woman experiencing this kind of treatment by her family, what does it make you feel? How do you view what the family is doing to her? What would you call the actions and behaviours of her family?
- Some people call such behaviours abuse. How do you feel about that word? Does it describe what you are going through?

Recognising the psychological, emotional, social and other impacts of physical abuse

Consciously begin using the term abuse. *Let's get back to what you said about other women who are experiencing abusive treatment. Can we look at some ways in which being abused affects them? For instance:*

- It can affect a person's mind and her thought patterns (how she thinks, reasons, understands and justifies what's happening, etc.);
- It can affect her feelings and emotional patterns, and override certain emotions; and
- It can affect her moods, her functioning and change how she behaves and acts in her relationships.

All of this may or may not apply to the LBT person who has approached you for help.

It is important to bear in mind that the impacts of physical abuse may be exacerbated for an LBT woman if she is also suffering rejection and condemnation for her non-conforming sexual orientation and gender. As a result, she may carry the burdens of false guilt, shame and self-blame. It will be useful to know the following impacts of physical abuse:

- Living in constant fear and anxiety that the abuse will happen again or that others will find out about it.
- Self-doubt (*have I done something wrong?*)
- False guilt and self-blame (*I have done something wrong!*)
- False shame (*I have done a terrible thing*). These feelings become very real to a person, not because they are actually at fault but because they often internalise accusations from abusers that they deserve the abusive treatment or even provoked and invited the abuse.
- Self-loathing or feeling a sense of unbearable rejection of one's self.
- Loss of confidence and the ability to speak out and assert one's self, or lacking confidence in day-to-day actions.
- Isolating oneself due to fear of people finding out about the abuse and about one's gender or sexuality.
- Inability to concentrate, remember and function productively due to constant anxiety, fear and worry.
- Inability to sleep, which further affects concentration, memory and daily functioning.
- The cumulative emotional turmoil and pain of physical abuse can often lead to self-harming behaviours and even suicidal thoughts if timely help is not available.

Dealing with the psychological, emotional, social and other impacts of physical abuse:

There are standard approaches and therapeutic strategies, which have their own strong evidence base, when intervening in each of the following categories of difficulties. You may, as the counselor, need to select and follow an approach that you are confident in and have been trained in. If any of the following issues are beyond your limits of training, experience or level of comfort, it is recommended that you simply refer the person to a suitable professional for that particular aspect of the work. The following are suggested, but not comprehensive, interventions.

Anxiety, fear, worry, inability to sleep/concentrate:

- Help the person understand specific predisposing, precipitating and perpetuating factors of the anxiety (what is the background to the anxiety, what causes the anxiety, what maintains it?).
- Help her recognise the causes of the anxiety (they may be real situations, certain fears, certain thoughts or thought patterns). Suggested: The “thought record” exercise.
- Help her identify the negative thoughts contributing to anxiety.
- Work on giving the client some basic skills in measuring and assessing levels of anxiety.
- Work on some skills and techniques in reducing anxiety (e.g., breathing, mindfulness centering and grounding exercises).
- Work on skills in challenging negative automatic thoughts.
- Introduce her to cognitive behavioural therapy (CBT) based self-help material, which can educate her on her difficulties and how she can master them.

False guilt, shame, doubt, self-loathing:

- Remind the person of the ways in which her false guilt, shame and self-doubt can be understood (i.e. internalizing blame from an abuser).
- Help her become familiar with differentiating between reasonable and false guilt.
- Help her to master the skill of identifying and challenging faulty reasoning (thought distortions).
- Help her to know how to replace thought distortions with more reasonable and realistic views of herself and her situation.
- Through a positive, warm and affirming approach, help her value herself and her internal strength, which is demonstrated in how she chooses to love and how she fights for what she believes in.
- Help her gain skills in valuing herself and countering self-loathing.

Isolating oneself due to fear of people’s negative responses:

- Help her recognise what situations, people or thoughts make her feel like keeping away and avoiding people or social gatherings.
- It is useful to help her identify specifically what she is afraid of (e.g., losing her job if people find out about her gender/sexuality; relatives criticising parents about her gender/sexuality).
- The person may benefit from going through simulated situations with you where she learns to react and respond confidently and positively to people’s negative and noxious treatment of her.
- Help her identify some places or some people with whom she is comfortable.
- Check if she is willing to cautiously test out what she has learned in the counseling sessions (e.g., if there are some safe situations and people with whom she can socialise).
- Support her to handle and counter negative responses from society if/when she encounters them.
- Help her understand the detrimental impact of isolating herself.

Self-harm and suicidal ideation:

- If the person who approaches you ever expresses suicidal ideation it would be, as in any other case, incumbent upon you to have her assessed and if necessary, treated by a medical practitioner.
- She may, because of her gender/sexuality, be diffident about accessing medical help, at which point you, as a counselor, can support her to build her confidence.
- In the case of self-harm, it is important that the person feels safe and comfortable enough to discuss this issue with you. Creating a safe environment and relationship is crucial to supporting her through this.
- It is very important that the goal of working with her on managing self-harm is correctly understood. Merely stopping the self-harming behaviour per se is an inadequate and short-sighted goal. It is more important for the person to reach an understanding and gain insight about what drives her to this behaviour.
- If the person feels forced to stop self-harming before she is ready and does not succeed (as can be often the case), she may feel more distress, leading her to condemn and isolate herself even from you, the counselor.
- Help her to see this behaviour as a way of communicating deep and painful emotions.
- Help her try and identify those deep feelings and thoughts.
- Help her try and bring to the surface or express in words (written, verbal or any other creative expressive manner, such as songs, solo-skits, dramas and dramatised dialogues) the emotions that torment her into causing physical pain to relieve emotional pain.
- Work out with her the ways in which she can be practical and realistic in managing the impulse to self-harm:
 - Identifying the moment when the impulse first occurs;
 - Identifying the thoughts/feelings fueling that impulse;
 - Increasing the number of alternative options and opportunities to express herself and her difficult emotions;
 - Decreasing the intensity (and severity) of her self-inflicted wounds; and
 - Decreasing the number of times she resorts to this behaviour.
- As a counselor, remain vigilant about the possibility of needing medical intervention in case your client is unable to progress towards safety and wholeness.

Recognising trends and warning signs of impending physical abuse

- Explore with the person past incidents of abuse and help her to focus on what happened before (what was said, done or intimated before the abusive behaviour took place?). Try to establish if she recognised any recurrent behaviours of the abusive person or warning signs, which might have alerted her.
- Additionally, work to identify what escalates or de-escalates the abuse. This awareness will help her protect herself from future abuse and gain some measure of control.

Responding to the abusive family member/partner

- Options for communicating with the abuser about the abuse: While you as the counselor should not pressure or even instruct your client to speak to their abusive family member/partner, it is an option the client may consider.
- You may wish to ask her if addressing/discussing the abusive behaviour with the abuser is an option she is considering/has considered. Many clients might say they already tried but it did not work or that it escalated the abuse.
- For those who wish to explore effective means of communicating with abusive family members/partners, the following may be useful:
 - You could suggest the best occasions and locations to speak to the abusive family member/partner about the abusive behaviours and when it is better to remain silent.
 - You may suggest to her that, based on her intimate knowledge and understanding of her family member/partner's character and behaviour, she may be able to come up with the best occasions for speaking about such a topic with him/her.
 - Supporting her to identify good and bad times for having these discussions will help her gain some amount of control over, and confidence about, her own actions.

Based on how her previous efforts of speaking with her family member/partner have gone, explore with her some effective ways of communicating with him/her and what must be avoided, changed or introduced. Encouraging her to practise some communication techniques with you can be a very effective way of empowering and sharpening her skills. For instance:

- How she may use her tone of voice, her choice of words and phrases.
- Her style and manner of responding so that she can feel more in control of her communication and perhaps the situation.
- Encourage her to practise active listening, so she can better understand how to listen to the family member/partner so they can feel heard.
- Role-play with her what she thinks her family member/partner might say and how she could respond in assertive but non-conflictual ways. The Empty Chair technique may be useful here.
- Highlight her goals for such conversations and help her to figure out when a conversation is productive and should continue and when it becomes unproductive, destructive or is turning abusive.
- Teach her how she may effectively terminate unproductive, destructive or risky conversations or defer them for another occasion.

Making safety plans (in the event of continued abuse)

- Help the client choose trusted people to help her when violence occurs.
- Help her list people she can reach out to in a situation of violence or any crisis. Her list should include their contact numbers and optional contacts.
- Encourage her to talk to these supporters beforehand and plan when and how she would reach them, and what sort of support she would ideally need from them so they too are prepared.
- It can also be very useful if close supportive friends or family attend a session with you, during which you discuss the best ways to support your client in a crisis.

- Deciding with the client the safety procedures to be followed:
 - She must know when to walk away from a conversation/interaction.
 - She must recognise when she is no longer in control.
 - She must have a plan to de-escalate a situation that is getting out of hand.
 - She must know when it is time to follow safety procedures, reach out for help and how to escape.
 - She must know where she will go if she escapes and what steps to take to get there.
 - Rehearse with her and make sure she knows how to be alert to the progression of the interaction with the abusive family member/partner so she knows the warning signs before it turns abusive and violent.
 - Ask her to identify signs in her abusive family member or partner's tone of voice, speech, spoken words, non-verbal body language, facial expressions, gestures and other actions, including silence. Help her plan her responses to these signs before violence occurs.
- Help her in making, and if possible, rehearsing, a back-up plan in case her safety plans and strategies fail.
- Legal options: Help the LBT client figure out the reasons why she would consider or not consider seeking legal assistance.
- In the case of ongoing abuse, discuss her right to seek the protection of the law.
- Help her determine whether there are any signs of resolution. For instance:
 - Does her family member/partner acknowledge that his/her behaviour is abusive?
 - Does he/she recognise the impact of his/her abuse on your client?
 - Does the family member/partner accept his/her responsibility in the abusive dynamic?
 - Does her family member/partner seek change? Is there willingness and evidence of efforts being made to change and to seek help?
 - Does your client feel she can talk, discuss, be heard and understood by the family member/partner?
- If the answers to the above are affirmative, the legal options may not be necessary but other supporting (counseling) options may be considered. If the answers are negative, consider the following:
 - If your client is apprehensive about legal measures, discuss with her the benefits of initially attaining just legal advice.
 - Discuss any reservations she may have about getting legal advice.
 - If she is ready to seek legal advice, you may want to identify and refer her to a professionally trained legal counselor who can advise on legal options available/suitable for her.
 - You may then need to help her deal with feelings of guilt and doubt she might encounter when taking these measures.

4.2 Emotional and Psychological Abuse

The next three sections deal with different aspects of emotional and psychological abuse, all of which are conscious and deliberate efforts to cause mental and emotional pain in order to coerce, manipulate and establish control over another person. However, the affected person may not readily admit this is happening and may have difficulty knowing what constitutes emotional and psychological abuse. The following check list may help.

Do you:

- feel afraid of your partner/any family member much of the time?
- avoid certain topics out of fear of angering your partner/ any family member?
- feel that you cannot do anything right for your partner/ any family member?
- believe that you deserve to be hurt or mistreated?
- wonder if you are ‘crazy’ or that perhaps it is ‘all in your head’??
- feel emotionally numb or helpless?

Does your partner/ any family member:

- humiliate or yell at you?
- criticise you and put you down?
- treat you so badly that you are embarrassed your friends or family will see what is happening?
- ignore or put down your opinions or accomplishments?
- blame you for their own abusive behaviour?
- see you as property or a sex object, rather than as a person?
- have a bad and unpredictable temper?
- hurt you or threaten to hurt or kill you?
- threaten to take your children away or harm them?
- threaten to commit suicide if you leave?
- force you to have sex?
- destroy your belongings?
- act excessively jealous and possessive?
- control where you go or what you do?
- keep you from seeing your friends or family?
- limit your access to money, the phone or the car?
- constantly check up on you?
- read your private emails and messages; go into your social media and/or email accounts without your permission?
- force you to give them your passwords?

4.2.1 Emotional and Psychological Abuse – Part 1

Putting LBT family member/partner down, calling her derogatory names, criticizing, playing mind games, humiliating LBT family member/partner, making LBT family member/partner feel guilty, reinforcing internalised homophobia, withholding love and affection.

Case study 2:

21 year old Dhammi is Sinhala Buddhist and lives in Colombo. She does not want to use a specific term to identify her sexual orientation but prefers to “stay with both” and describes her gender identity as being “in the middle”. Dhammi’s brother discovered she had a girlfriend, and has since been constantly harassing her with threats of “outing” her to her parents. He also monitors her phone calls and has asked for her email passwords. He has asked Dhammi to stop seeing her girlfriend or else he would disown her as his sister.

Recognising what is abusive about Dhammi’s brother’s treatment. If a client in Dhammi’s situation has come to you for support, it shows that she already recognises that she needs help.

- Assess how ready and able she is to see her brother’s behaviour and treatment of her as abusive.
- Discuss with her why this treatment is abusive and why it is happening.

Recognising the (unseen) long-term and short-term impact that the brother’s behaviour has on Dhammi/ the client.

- Explore with the client how abuse in general affects a person. Highlight how emotional and psychological abuse in particular affects a person’s thought patterns, relationships, behaviour and functioning:
 - Passive unquestioning acceptance of abusive treatment;
 - Pervasive feelings of guilt, self-blame, shame and certainty that something is wrong with her because somehow she invited or deserved the abuse;
 - Constant anxiety and depression; and
 - Having angry and uncontrollable outbursts

Supporting Dhammi/client to identify what she can do about the brother’s actions (prevent or stop them, or remove herself from the relationship with her brother). Always help her develop a safety plan that includes an exit strategy in case family interactions become physically dangerous.

- Discuss the issues around family norms conflicting with personal choices.
- Discuss the possibility of talking to her brother.
- Help her decide how she would like to live her life, develop options and consider the positives and negatives of her choices:
 - Choosing to adhere to family norms and give up her own wishes
 - Choosing to live out her choices and explaining this to her family


- Choosing to live out her choices but not explaining this to her family
- Choosing not to make a decision but to maintain the conflictual status quo

Countering the impact of emotional and psychological abuse:

- Help Dhammi clearly identify the different emotions she experiences in relation to this abuse.
- Identify the ways in which she can manage these emotions and use them to make positive changes instead of masking or suppressing them.
- If she is experiencing guilt, shame and self-blame, help her to develop skills in recognising her Negative Automatic Thoughts (NATs) and how she might challenge them with more realistic thinking (see also section 2).
- If the emotional impact involves anxiety, help her to identify how her body and mind react when anxious and introduce her to simple anxiety reduction techniques. If symptoms of depression are present and if you are familiar and experienced with using a measuring scale (i.e., Depression Anxiety Scale), you may assess the level of depression and choose to make a referral to a psychologist or medical doctor if her levels are moderate to high. If her levels are mild, you may suggest and administer appropriate means of intervention that you have experience with.

4.2.2 Emotional and Psychological Abuse – Part 2

Coercion/Threats/
Intimidation, making
LBT partner/family
member afraid by
looks or gestures,
destroying property,
hurting pets,
displaying weapons,
threatening to leave,
taking the children,
attempting harmful
behaviour (i.e.,
suicide), threatening
to reveal sexual
orientation and/or
gender identity to
community, employer,
family or ex-spouse



Case study 3:

Chamila is a State Sector employee. She had been in a relationship with a woman for three years but when she wanted to break up, her girlfriend threatened to expose her sexuality to her workplace and family. When she finally managed to end the relationship, her ex-partner visited her parents' house and shouted sexually explicit words and called her a whore outside her house. Chamila and her parents were very -upset, as their neighbours were privy to this.

Recognising what is abusive about Chamila's ex-partner's treatment of her

- Assess how ready and able Chamila is to view her ex-partner's behaviour and treatment of her as abusive.
- Discuss with her why this treatment is abusive and why it is happening.

Recognising when the abuse tends to escalate and what increases and decreases it.

- For a client in Chamila's situation, it may be easier for her to understand that, in all probability, her ex-partner's behaviour is linked to the separation (therefore a one-off incident). However, if Chamila's ex-partner continues such behaviour or carries out other forms of abuse, it will be pertinent to look at the precipitating and perpetuating factors of the abuse.

Recognising the (unseen) long-term and short-term impacts of emotional and psychological abuse.

- The shame and social impact she feels, extended and compounded by the family's shame, could be prominent in this case.
- She may feel guilty for putting her family through this kind of shame while also feeling humiliated herself.
- She may falsely feel she is to blame for having "driven" her ex-partner to do this.
- The intensity of this combination of guilt, shame and blame may, in some cases, drive a person to have suicidal thoughts since her gender/sexuality has been "outed" or exposed to the community against her wishes.

Identifying what Chamila/your client can do to prevent or stop the abuse, or remove herself from the relationship.

- One of the priorities in Chamila’s mind might be how she can prevent further forms of retribution by her ex-partner. A strategy to prevent and stop future abuse or remove herself from the situation will help her/the client feel more in control and more protected.
- Help her/the client develop a safety plan, including an exit strategy tailored for this kind of situation.
- In some cases like this, prevention of further retribution is irrelevant as the “outing” is already done. In the most skillful way possible, the client may require support in responding to the consequences of being “outed”.

Preparing for possible outcomes of speaking to abusive partner and family members.

- The choice to speak to and confront the abusive partner is always the client’s. If she considers this option, you should take her through scenarios that prepare her for different responses from the partner. She herself needs to rehearse different styles of communication, as well as how to communicate with her family members since she has been “outed.”
- Help the client develop an exit strategy if the interactions with the abusive ex-partner/family members become physically dangerous.

Countering the psychological /emotional impact

- A client like Chamila might need to practise in responding to her immediate family and neighbors (community) about her sexual orientation/gender.
 - Support her to prepare for the possible range of questions they may have.
 - What can she truthfully say?
 - How much does she feel she needs to say about herself?
 - Is Chamila ready to see this as an opportunity to confidently establish her self-perception of her gender and sexuality with her family? Or is she unwilling or unable to let them know how she really prefers to live and love? Support her to make the choice that she is most comfortable living with.

Tools for developing self-image, self-worth and value

- A client like Chamila will be better able to cope with being “outed” (being exposed) if she values herself and has a positive self-image and self-esteem.
- You could invite her to step out of the drama of the incident itself by looking at her total self and the rest of her life, her skills, past and present achievements, goals and dreams. This could help her regain a holistic perspective of herself, which is not limited to her choice of partner and her family’s and neighbors’ rejection of her sexual orientation. In turn, she may begin to value and appreciate who she is as a person and human being.
- Many other tools, techniques and exercises can be used for this same purpose.

Tools for developing resilience and coping skills

- Chamila's unexpected exposure could mean that she will now, more than ever, be confronted by family, who may pressure her to change her lifestyle or make life difficult. People in the community may also react in different ways.
- Take Chamila through ways in which she can deal with these new pressures
- What thoughts, ideas and concepts give her confidence in her choices and her own self?
- What helpful statements can she tell herself at moments when she feels bad or faces difficult situations?
- What activities and behaviours help her feel stronger?
- In what ways can she deal with her different and powerful emotions?
- Has this "outing" incident also shown her who in her family and community tends to respond more positively and with more understanding and acceptance? Has she found possible allies through this?
- How can she find and nurture a group or community of like-minded or accepting friends?

4.2.3 Emotional and Psychological Abuse – Part 3

Minimizing/Denying the abuse, making light of abuse, saying abuse did not happen, saying the abuse was mutual, blaming LBT partner/family member for the abuse.

Case study 4:

Yasmin referred to the emotional violence she faced in her three-year relationship. She said that her partner was very jealous and possessive. She accused Yasmin of looking at women, and therefore she deserved a good slap. If her partner was having a bad time at work, Yasmin would feel forced to leave her office and return to take care of her. If she got late she accused her of screwing around.

Recognising what is abusive about the partner’s behaviours and supporting the person to overcome guilt for speaking about the abuse in the counseling session.

- Help Yasmin/clients in a similar situation to recognise the characteristics that make a relationship abusive. This could include behaviours that cause confusion and psychological dissonance, such as self-doubt, or behaviours that cause pain or discomfort for the purpose of manipulation, domination and establishing control.
- Yasmin/client may need special support to recognise and accept that the dynamic in her relationship is damaging to her on many levels.
- If she has difficulty accepting the relationship as abusive, you should avoid arguments, imposing your opinions or labeling the relationship negatively. Instead, help her assess her own relationship and the damage it is doing (e.g: you could do this by using a simple questionnaire).
- A client like Yasmin may be reluctant to divulge about her partner’s behaviour as she may believe that she is disappointing/betraying them. Assuring her that she has no reason to feel guilty for talking to you may enable her to speak more openly.

For instance you could say to her:

“Yasmin, sometimes the kind of situations people suffer make it very difficult for them to even talk about it without feeling that they are letting down their partner. You may sometimes feel very guilty for speaking with me about what happens. But in actual fact you are here to do something very good for you both. So the guilt would be unnecessary. I just want to assure you that this is a really useful and courageous step you have taken to get help and to talk. It will in no way make me think badly of your partner as we are only talking about how to help you regain the happy, wholesome and safe life that you lived before all this started.”

To what extent and at what level does the client need support?

- Help Yasmin/client determine her goals in coming to you to discuss the abusive experiences in her current relationship.
- Does she merely want relief from talking about it without challenging what is happening?
- Does she want to gain the ability to communicate with her abusive partner, confront her abusive partner safely and hope for change?
- Does she want to discuss taking legal measures and other protective steps?
- Does she not want to discuss the abuse with her partner but prefers to leave the relationship and create a safer life for herself? In this case, help her develop a safety plan, including an exit strategy.
- Has she already ended the relationship and is needing support to work through the impact of the abuse and the difficulties of having left?

Dealing with the psychological and emotional impact

- A client like Yasmin might next need to be able to identify how the abuse has impacted her.
- When her partner minimises the abuse and relentlessly justifies it as her fault, she might often doubt herself, her beliefs and her sanity.
- She may start to believe that it is wrong and unnatural for her to love someone of her own sex, and she may have internalised the negative comments and constant criticism from her abusive partner.
- If a client like Yasmin internalises the emotional and psychological abuse, she could start to loathe (hate) herself and utilize self-harm as a coping strategy (self-injuring, substance addiction, habitually getting into harmful and risky relationships).
- Try using an exercise or tool to encourage a more realistic view of the dynamic between Yasmin/client and her partner. A story of another similar person suffering emotional and psychological abuse might help Yasmin to be objective about what she is experiencing and see the issues related to the abuse in a more reasonable light.

The option of speaking to abusive partner/family

As discussed in the previous sections, the client may consider the option of speaking to the abusive partner. Refer to measures suggested in earlier sections about how to communicate with the partner and what kind of support can be offered to help her prepare for this, and the different ways to deal with the partner's denial, minimizing and justification of the abusive behaviours. As emphasised in earlier sections, help the client develop a safety plan, including an exit strategy, in case the interactions with the abusive partner/family members become physically dangerous.

Emotional abuse test adapted from Domestic Abuse and Violence by HealthGuide.org.
http://helpguide.org/mental/domestic_violence_abuse_types_signs_causes_effects.htm

4.3 Enforced Financial Dependency

Keeping LBT partner from getting a job, getting partner fired from job, making partner ask for money or taking partner's money, expecting partner to support them.

Case study 5:

When Ahalya moved in with her lesbian partner, it was understood that Ahalya would continue her higher studies and work in her dream job. But since they settled down her partner has consistently been nagging her to give up work and accusing her of having “flings” with other girls in office. Ahalya’s partner started undermining her work, complaining to her boss, creating scenes by coming to her office until she gave up work through sheer embarrassment. When Ahalya started her own bridal dress-making and cake-making business at home, her partner constantly discouraged and intimidated her clients until Ahalya’s self-employment too was undermined. When Ahalya cried in despair her partner said she was providing everything for Ahalya and she was lucky not to have to work and it was ungrateful of her to behave like that. Ahalya has no money of her own now and has to ask her partner for every rupee, and account for every rupee she spends. She feels she is more like a slave rather than a partner.

Recognising what is abusive about enforced financial dependency

- In a situation like Ahalya’s, the partner/family member or third party, is subjecting her to manipulation, coercion, threat and control. Such controlling behaviour includes denying her the right to work, her own livelihood and financial independence. Her gender/sexual identity exacerbates her vulnerability in this situation.

Recognising the (non-financial) impacts of enforced financial dependency

- Experiencing manipulation, dependence and control at the hands of another, can render someone helpless, negatively impacting their self-determination and self-confidence, and increasing the likelihood that they will become passive and depressed.
- It is also possible that a person forced into financial dependence may have strong emotions such as anger and frustration, which, under constant aggravation, can lead to rageful outbursts or violence.

The option of talking /negotiating with partner /family member: preparing for outcomes

- A person in Ahalya’s situation has to decide how she will handle her enforced financial dependence. Does she want to, and is she able to, speak to the abusive partner about ending the dependence? Does she want to end the dependence without speaking to the partner? Does she want to leave the relationship and regain independence? Does

she want to ventilate to you, the counselor, but not make any changes to how she approaches the abusive relationship?

- It is best to discuss the possible implications of each of these options. This will help the client come to a decision about what is best to do and what she can cope with doing.
- If she chooses to discuss or negotiate with the abusive partner, it will be useful for her to clearly identify what she wishes to say, how she will say it and when and where the conversation will take place. You can role-play scenarios with her, which could be an excellent opportunity for her to regain her confidence and develop an assertive yet non-aggressive style of communication with the abusive partner/family member.
- As the counselor, you should also prepare the client for a range of different reactions from her partner. This preparation includes helping her to develop a safety plans and exit strategy.

The option of taking practical steps to become financially independent: preparing for outcomes

- It is also possible that the LBT person who approaches you may have decided to leave the relationship and wants to work out with you a plan to become financially independent.
- In this case, help her develop an exit strategy that maintains her safety and integrity, moves her towards self-sustainability and independence, while helping restore her confidence and her quality of life.
- It is best to prepare her for all the different reactions and responses the abusive partner/family member might exhibit and rehearse the measures to be taken, i.e., “what will you do if...”

4.4 Enforced Social Isolation

Controlling who the LBT family member/partner associates with and talks to, controlling where she goes, limiting her involvement in the gay and lesbian community, locking her up, confiscating communication devices, making her feel she is abandoning the relationship or doing something bad if she goes out to visit family or friends.

Case study 6:

Rupa's mother discovered a letter, addressed to Rupa from Rupa's girlfriend that had intimate and sexual content. When confronted, Rupa finally admitted to being attracted to women and having a girlfriend. Rupa also admitted that this was not her first girlfriend and that she had always been attracted to women. Upon the return of Rupa's father, a heated argument took place and Rupa's freedom of movement was restricted severely. For three months, she was confined indoors and only allowed to leave the house if she was supervised or chaperoned by a family member. Her telephone too was confiscated and as such she was not able to talk to many of her friends.

Recognising what is abusive about isolating a person

- Social isolation in itself is detrimental to a person's mental wellbeing, but isolating a person from those she considers close and seeks to be with, either as a form of punishment or a form of manipulation and control, can amount to psychological abuse.
- Considering that human beings are social creatures by nature and derive much of their identity, sense of safety and sense of purpose and meaning from their relationships, this form of abuse can be particularly damaging if executed over a period of time.

Recognising the psychological, emotional, social and other impacts of isolation

- Forced social isolation can cause distress, anxiety and other negative emotions and its impacts are comparable to other forms of abuse. An LBT person experiencing enforced isolation is doubly trapped and desperate because of the anxiety and stigma that accompanies their gender/sexual identity.
- She could be driven to impulsive and dangerous measures (??).
- It is also likely that a person suffering this kind of abuse may experience suicidal ideation depending on the duration, intensity and conditions of the enforced isolation.

Recognising the rights to freedom of movement and freedom of association

- A person in Rupa's situation will benefit from a discussion on the universal human rights to freedom of movement and freedom of association (the right to associate with whoever one wants).
- This will assure her that what she is experiencing is not justifiable or legal, even if she is close or related to the people who are perpetrating the abuse.

- As in the case of other kinds of abuse, the client experiencing enforced isolation needs assurance that not even family or partners have the legal authority to deprive them of their basic human rights.
- This discussion could arouse mixed emotions. On one hand, this knowledge could be a great relief for the client and may give her confidence to move forward. On the other hand, it might arouse guilt about having this discussion with you, as an “outsider” who holds a view contrary to that of her family.
- It may help in such a case to take a “needs based” approach rather than a “rights based” approach. This means that instead of talking about human rights, you, the counselor, could talk about the basic needs and requirements for a human being to live healthily.
- You may even suggest that human rights are instituted to protect the health, wellbeing, integrity and lives of all people, and to deny or ignore human rights is an offence, although some families and loved ones do not realise this.

The option of discussing and negotiating with family/partner

A person like Rupa will need to consider her options for responding to the abusive treatment.

- Is she going to confront or discuss with her family?
- If so, which of the family members is most likely to be sympathetic or fair?
- What is she going to say? How and when will she say this?
- What are their likely responses?
- How can she prepare to deal with those responses?
- Who else, other than family, can she enlist the help of?
- What kind of support will she need most of all and from whom?

Working to counter the impact of the isolation

- Find out if the abuse is still ongoing and whether the partner/family member is still controlling the client’s movements and social interactions. Help her work out how the abuse is affecting her.
- What is the range of difficult emotions she might be having? (i.e., is she distressed, anxious, fearful or worried?). Assure her that these feelings are a normal reaction to her abnormal situation.
- If her partner/family member is still limiting, surveilling and controlling her movements outside the house and her social interactions, encourage her to use this time of enforced isolation to discover more about herself. This might help her to stay calm, establish control and not feel so desperate.
- Explore ideas of how she can keep a record of her feelings, thoughts and actions during this time so she will be able to share this one day with those she loves. This might be a useful exercise to re-focus her energies and help her stay in control.
- It is important to assess the risk of self-harm or suicide in such a client who is cut off from her support structures and those she loves (see section on Self-Harm and Suicidal Ideation).

4.5 Sexual Abuse

Forcing an LBT family member into a relationship with members of the opposite sex to “cure” her, forcing an LBT partner to perform sexual acts that are uncomfortable for her, engaging in affairs as ‘revenge’, telling partner she asked for the abuse, telling partner what to wear, falsely accusing partner of having affairs, criticizing sexual performance, withholding affection.

Case study 7:

Twenty-eight-year-old Kumari is a bisexual woman (who has a feminine gender expression). Her boyfriend used her past lesbian experiences to justify repeatedly raping her. Kumari described how her boyfriend at the time forced her to have sex with him. She said: “It was like 24/7 sex for him, and I felt that he was raping me. He forced me to have sex with him...even if I said no to that he used to push me into it and ask me ‘Why?’ if I refuse, and say things like, ‘You don’t like me anymore,’ ‘You don’t love me anymore,’ ‘But I need it.’ He also used to tell me to imagine that I was with my previous girlfriend. And he used to tell me ‘I’m going to do you so that, you know, she can watch.’”

Safety and protection

At the start of the counseling interaction with persons in Kumari’s situation, it is imperative that a conversation on safety and protection takes place. If such a client has not yet reached a place of basic safety, simply moving through other counseling issues will be ineffective.

- Establish how safe and secure Kumari/client feels at the moment and whether she feels any imminent danger. She may feel safer by simply talking with you about her abusive partner and figuring out together what she can do.
- If she is in continued danger of physical and sexual abuse, ensure that you address her safety first. This may involve establishing safe and comfortable alternate accommodation, establishing a supportive network of family or friends who will be there for her and engaging with legal/protective measures.

Recognising what is abusive and working with persons suffering sexual abuse

- Establish with Kumari what makes the treatment she experiences abusive. You may use strategies discussed throughout Part 3. It is important to note that since the form of abuse is sexual, it will often be far more difficult for the client to acknowledge/admit, discuss and divulge what happened. With nuance, patience and sensitivity, you need to establish a rapport that is conducive to fostering the trust and confidence of the client.

Working with the impact of sexual abuse

Short-term (immediate) impacts:

- **Psychological symptoms:** symptoms of depression, extreme distress, stress and tension may all manifest similar to any form of sexual abuse, but with the added weight of guilt and crippling self-deprecation resulting from the non-conforming gender/ sexual identity. The latter issues may make her feel even less able to seek help, even more fearful about breaking free from the abuser and even more likely to blame herself.
- **Physical cognitive and behavioural symptoms:** disturbed sleep patterns, nightmares, bedwetting, disturbed patterns of eating, lowered immunity due to prolonged stress, susceptibility to STDs, chronic urinary tract infections, diffused body pains, cognitive difficulties like the inability to remember, concentrate and function efficiently in day-to-day life.
- **Long-term impacts:**
 - The inability to enjoy sexual relations, acquiring other sexual dysfunctions, unconsciously developing a pattern of getting into dangerous and risky abusive relationships (even in the future).
 - Suicidal ideation and self-harming tendencies.
 - Unstable patterns of relating and borderline-type personality traits.
 - It is not uncommon for clients such as Kumari to experience post-traumatic stress disorders (PTSD), which include symptoms linked, but not limited to, repeated sexual abuse.
 - Clinical interventions and psychological therapeutic interventions may be necessary if PTSD symptoms are present.
 - Specific therapeutic interventions for sexual problems can be combined with general counseling to address the variety of symptoms resulting in long-term abuse.
 - A psychodynamic approach to developing insight about one's response patterns to abuse may help such a person develop safer patterns and styles of relating in sexual relationships.
 - Cognitive behavioural therapy (CBT) tools and techniques can be useful to help her gain the skills to work through some of her psychological symptoms, such as pervasive negative thoughts, anxieties and self-injurious patterns of living and relating.
 - A Rogerian approach to developing a stronger self-acceptance and understanding will strengthen her to slowly move beyond the abuse.
 - Medical checks and treatment as appropriate for all related physical ailments.

Recognizing her exclusive right to her own body, physical safety and integrity

- A key goal is to re-establish the client's ownership of her own body and regain control of what happens to it, when, where and with whom.
- Re-establish her right to safety and right to determine what kinds of sexual activities she wants, even within a relationship.
- Discuss with her the ways in which she can assert her right to privacy, right to say no when she does not wish to have sex, her right to determine what sort of relationship she wishes to have, how she wishes to be treated in the relationship and her right to end or leave the relationship.

The option of speaking to the abuser and asserting her stance: possible outcomes & practicing different responses

- Explore the client's level of comfort and willingness to address the issues with her abusive partner/family.
- If she wishes to do so communicate with her abusive partner/family, it will be necessary to take her through how this can be done while prioritizing her safety.
- Decide on key messages, summarise what she wants to communicate to the abuser and work on the best possible ways to communicate.
- Role-play scenarios and practise how she could communicate what she wants effectively and with assertiveness.
- Prepare her for the different possible scenarios of how her partner will respond.
- Help her develop a safety plan, including an exit strategy.

The option of speaking about the abuse to some other helpful person

- Discuss with the client the advantages and disadvantages of confiding in other relevant or helpful people about her situation. Assess how this will help her stay safe and decrease her isolation.
- Work out with her who will be the most relevant or supportive persons to take into her confidence:
 - From among family and relatives
 - From a legal point of view
 - From among friends/ community
 - Any other group or community she belongs to and feels can support her

Often abuse directed at LBT women is never reported due to the stigma, fear and shame associated with divulging non-conforming sexual orientation and gender identities. A person in Kumari's situation will benefit from rehearsing whether, when and how she will talk about this aspect of herself if she discloses the abuse.

5

YOUR SAFETY,
WELLBEING AND
GROWTH AS A
COUNSELOR

It is often said that the personal satisfaction derived from the helping experience might be sufficient to continue in a helping profession. However, is this really adequate to sustain oneself through an entire career? To maintain personal satisfaction and wellbeing, it is of vital importance that people in these professions also focus on caring for themselves in the process of helping others.

Personal well being, also known in the helping professions as self-care, is a vital component of a practitioner's sustained ability to be an effective helper, and is a fundamental ethical standard for those engaging with others in a professional and collaborative relationship. It is also important to integrate self-care as a core competency in counseling and psychology training, so as to ensure that it becomes a part of a counselor's professional practice and identity from an early stage.

Self-care involves the understanding that in order to help others, you first need to be able to help yourself. It means listening to yourself and understanding your limits. The inability to recognise the need for self-care is known to have many negative impacts on counselors/helpers and the therapeutic process. Feelings of dissatisfaction, apathy, irritation, boredom and burnout may bombard counselors who neglect self-care, and they may also lose the energy and creativity required to meaningfully engage with their clients.

It is important that counselors practise what they teach their clients in terms of self-care in order to avoid ruptures in the therapeutic relationship and process. Clients often pick up on cues demonstrated by a counselor/therapist and may recognise when a counselor is not fully present and attuned to the emotional content playing out in the therapy session. Hence, ignoring self-care not only harms the counselor, but also has a ripple effect on the client's wellness and progress.

As a counselor, practising self-care allows you to have a different relationship with yourself by creating a climate for you to accept and understand your unique characteristics. It also provides the space to understand and reflect on how you are doing physically, psychologically and emotionally, thereby enabling you to make effective and thoughtful decisions regarding your wellbeing and the wellbeing of your clients.

Reflective question

How much time do you spend caring for yourself on a daily basis?

5.1 Foundational principles of self-care

There are four important principles that have been suggested in a research article titled *'Ethics, Self-Care and Well-Being for Psychologists: Re-envisioning the Stress- Distress Continuum'*, published in the journal of professional psychology published by the American Psychological Association in 2012.

- The first principle focuses on surviving vs. flourishing. In surviving, we merely tend to prioritise avoiding the negative, and in flourishing, there is an emphasis on resilience building practices and attitudes that contributes to an overall positive orientation in one's practice.
- The second fundamental principle is developing the ability to intentionally choose how we care for ourselves, and also to possess a flexible attitude in terms of adjusting and modifying self-care plans when they do not work.
- The third principle is an interesting and important concept wherein there is reciprocity in lifestyle choices and practices between helpers and their clients.
- The final principle focuses on the integration of self-care strategies into our daily lives rather than viewing them as an extra addition to one's already busy schedule.

Activity

Shiana Cader, after completing her M.A. Counseling degree, began to work at the Suwatha Sevana counseling center as a junior counselor. The center already had three other counselors more experienced than her, as well as administrative staff. Shiana initially felt very comfortable and confident in her role as a counselor, and was seeing up to ten clients a day, often leaving the center post 6pm. The clients were mostly those who walked in without prior appointments. There were not so many opportunities for supervision and support at the rehabilitation center due to extremely busy schedules, so she continued to see clients without checking in with anyone else. This went on for around 6 months and she would notice on some days that all she wanted to do was to flop on her bed and sleep. She felt drained when she got home, and did not have any time for her family. Shiana's parents often could be heard complaining about how irritable and moody she had become. She could not bear to hear them 'whine' about her, and would often snap at them and ask them to leave her alone. She found it increasingly difficult to listen to her clients as months progressed and was often distracted and lethargic during counseling sessions. Shiana barely took any notes anymore, and could not be bothered to check on her client's progress either. She just could not wait for her clients to leave.

- Identify key professional issues in the vignette given above.**
- What signs of neglected self-care can you identify in Shiana?**

Burnout

Burnout is the physical, emotional and mental exhaustion associated with long-term involvement in emotionally demanding situations, with high expectations of one's performance and without the required support and self-care practices. It is sometimes described as similar to the extinguishing of a burning flame and is often seen as the single most common personal consequence of practising counseling. Burnout occurs gradually over time, wherein one's reservoirs of energy, enthusiasm and interest begin to deplete, and internal and external resources become insufficient in coping with the feelings that often accompany such a phenomenon.

Signs and symptoms of burnout

1. Persistent sense of failure
2. Increased sensitivity to criticism
3. Decreased sense of humor
4. Negative attitudes towards clients
5. Excessive fatigue
6. Fear and isolation
7. Apathy
8. Depression
9. Feelings of panic
10. Feelings of helplessness and futility

Causes of burnout

There are multiple reasons as to why burnout might occur in a counselor or a therapist. Predisposing factors include the individual's personality, tolerance levels for frustration and ambiguity, as well as critical reasons like the individual's stage of development in his/her career path.

Loose boundaries between a counselor's personal and professional life are also known to cause burnout and exhaustion. For example, a professional undergoing marital conflict at home might carry feelings of rejection, anxiety, anger and frustration into the therapy room. If they have not dealt effectively with the problem, they may experience excessive emotional distress leading to burnout. Existing stressors in a counselor's life and poor coping skills also make him/her more vulnerable.

There is also the notion that long-term exposure to traumatic material in counseling and the lack of appropriate supervision and support could cause secondary traumatisation and burnout. It is also easy for professionals to feel unappreciated for the work they do by clients, peers and others, and there is a risk of experiencing compassion fatigue, disconnection and despair. Burnout could also lead to impairment in other aspects of a counselor's life, seeping into their family life, interpersonal relationships, etc.

5.2 Strategies for managing personal wellbeing in counselors

i. Boundary and limit setting

There is a common adage that we often hear in the world of psychology and counseling: You do not take your clients home and you do not bring your family to therapy. This implies that there must be a clear distinction between your personal and professional identities and roles. Boundary setting is often coupled with assertiveness, understanding one's own needs and respecting one's self, all of which have positive roles to play in preventing counselor impairment and burnout.

Setting limits is also of vital importance in managing personal wellbeing. This involves learning to say 'no' to requests by colleagues and clients that you cannot prioritise at the current moment, and also clearly defining your practice through specifying areas of expertise and competence. Restricting your availability to clients and colleagues is also a strategy to promote better personal wellbeing so that you have time for yourself and to enjoy what you find pleasure in doing.

ii. Reflective journaling

Journaling can be a very transformative experience for counselors and therapists working with client groups. It allows time for you to think about the work you do and analyse your own practice. In a way, it is also a strategy enabling you to supervise yourself through your case work, and can be a tool to develop and record new ideas.

Self-reflection is a process of observing what happens at work or at home, investigating it in order to understand it and making suitable changes. It is an ongoing journey consisting of intentional investigation into attitudes, thoughts, beliefs, feelings and motivations. It is almost like unpacking a heavy suitcase at the end of a long trip and picking out your belongings, piece by piece. For a counseling practitioner, it may also help you to identify mistakes and errors made while counseling, and to be more conscious about avoiding them in the future.

'The Classic Reflective Style' (Gibbs, 1988), outlines a method used by teachers, professionals, and students from various backgrounds and theoretical orientations. It takes an individual through six stages and it is cyclical in nature, enabling the practitioner to enter further cycles of reflection.

The six stages are as follows:

- **Description:** What happened?
- **Feelings:** What were you thinking and feeling?
- **Evaluation:** What was good and bad about the experience?
- **Analysis:** What sense can you make of the situation?
- **Conclusion:** What else could you have done?
- **Action plan:** If the situation arose again, what would you do?

Another reflective style is known as 'Other people's shoes' (Schuck and Wood, 2011). It is a cyclical model that enables the practitioner to walk in another person's shoes before judging or evaluating them. Reflecting on an issue from the perspective of another creates an alternative way of looking at the picture while moving away from self-justification.

There are six steps in this framework:

- What are the facts?
- What are your feelings?
- What skills did you have or lack?
- Imagine other points of view
- What are your insights?
- How do you go forward?

Activity

Think about a recent incident where you felt upset and disappointed because of the way a friend treated you, and use 'The Classic Reflective Style' to reflect on what took place.

iii. Relaxation strategies

- a. Breathing techniques

Abdominal breathing:

Deep breaths from the abdomen and not the chest. Exhalation must be twice as long as the inhalation.

Alternative nostril breathing:

1. The left-hand rests on the lap, palm facing up.
2. Take a deep breath in and, closing the right nostril with your thumb, breathe out through the left nostril.
3. Then take a deep breath in through the left nostril, close the left nostril with your ring finger and pinky at the end of the inhale, and exhale through the right nostril.
4. Repeat
5. Do this with your eyes closed for about five minutes.
6. Notice the effects on your body and mind.

iv. Personal Therapy for Counselors

In order to be deemed a competent and ethical practitioner, personal therapy is now seen as a mandatory requirement for aspiring counselors or psychologists in many countries around the world.

Personal therapy is known to improve the emotional and mental functioning of the counselor, by assisting them in creating a healthier internal environment. It also serves as a profound socialization experience, helping the novice counselor to really understand the professional context of counseling.

The concept of personal therapy for counselors and other mental health professionals has not really caught on in Sri Lanka, but it is of crucial importance that trainee counselors and therapists undergo personal therapy for their overall wellbeing and professional improvement. However, more mature practitioners and experienced clinicians can also opt for continuous personal therapy as a part of their self-care strategy.

Annex

Core Principles and Ethics of Counseling

LBT clients should be considered similar to other groups and as such, standard ethical protocols must apply to any client accessing these services, irrespective of their sexual orientation or gender identity.

- Principles for Providing Effective Quality Counseling for LBT clients
- Counseling is a provider–client interactive process that enables clients to make and follow through on decisions.
- Counseling aims to support clients to analyse their problems, consider available options systematically and weigh the personal importance of advantages and disadvantages before making a decision. In other words, it is a process that supports the client to make the best possible decision for herself in her unique circumstances.
- Counseling is not advising and telling the client what she should do.
- Providing information is an integral component of the counseling process that helps the client to make informed decisions.

Principles of Quality Counseling

- Establish and Maintain Rapport with the Client
- Assess the Client’s Needs and Personalise Discussions Accordingly
- Work with the Client Interactively to Establish a Plan
- Provide Information That Can Be Understood and Retained by the Client
- Confirm Client Understanding

1. Establish and Maintain Rapport with the Client

Establishing and maintaining rapport with a client is vital to the encounter and achieving positive outcomes. This can begin by creating a welcoming environment at every counseling session including follow-up sessions. Providing assurances of privacy and confidentiality encourages the building of client- counselor trust and encourages the client to discuss issues frankly with the counselor and be receptive to guidance. Although a client may benefit from more than one counseling session, the client must be the one to make this decision. The counselor needs to inform the client that he /she is available should the client decide to come back for further counseling.

2. Assess the Client’s Needs and Personalise Discussions Accordingly

Each visit should be tailored to the client’s individual circumstances and needs. Briefly summarizing the main issues discussed in previous session/s is a useful approach that helps to determine whether it is important to discuss any particular issue again. Clients should never be forced to disclose information that they may not be comfortable sharing.

3. Work with the Client Collaboratively and Interactively to Establish a Plan

Counseling aims to achieve an outcome desired by the client. The client needs to understand

- i) that she is the most important person in the counseling process,
- ii) what the counseling process offers,
- iii) that all shared information is kept confidential, and
- iv) that achieving the desired outcome likely requires a plan that will include identifying and discussing possible difficulties and how to deal with

these. A client's plan for behavioural change (e.g., modifying sexual risk behaviours or dealing with domestic violence) should be made on the basis of the client's own goals, interests and readiness for change.

4. Provide Information That Can Be Understood and Retained by the Client

Clients need information that is accurate, balanced and non-judgmental in order to make informed decisions and follow through on developed plans. The counselor should facilitate the session by providing educational materials in any medium (e.g., written, audio/visual, or computer/web-based). The counselor is responsible for providing explanations in a way that the information can be readily understood and retained by the client.

5. Confirm Client Understanding

It is vitally important to make certain that clients have understood correctly the information provided and discussed. A simple way to do this is to get the client to restate the most important messages in her OWN words. This allows the counselor and client to reach a shared understanding that encourages better outcomes of the counseling process, including better health outcomes for the client. You should use this "teach-back" technique early in the counseling process to better ensure that the client understands options and makes informed decisions.

Ethical Counseling

General Principles of ethics, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire service providers toward the highest ethical ideals of the profession.

Code of Ethics

The Ethics Code is intended to provide guidance for counselors and implies standards of professional conduct that can be applied if necessary.

The code of ethics plays a critical role when it is necessary to

- (1) Allow professional judgment on the part of service provider/counselor;
- (2) Eliminate injustice or inequality that would occur;
- (3) Ensure applicability of activities conducted by service providers; and
- (4) Guard against a set of rigid rules that might be quickly outdated;

Service providers must meet the higher ethical standard if the Ethics Code establishes a higher standard of conduct than is required by law. If a service provider's ethical responsibilities conflict with law, regulations or another governing legal authority, service providers must make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

The main components to establish a system of ethical delivery of services through counseling are as follows:

- Privacy and Confidentiality
- Informed Consent
- Boundaries of competence
- Delegation of work to others
- Unfair discrimination
- Sexual harassment
- Conflict of interest
- Third party requests

1. Privacy and Confidentiality

As mentioned above, health care providers (Service providers) can take positive steps to promote the health of LBT persons by examining their practices, policies and staff training to ensure they are providing quality health care services without any stigma, discrimination, reluctance or hesitance. Additionally, these examinations can aid providers in making services more user-friendly and accessible to LBT persons.

Confidentiality – Confidentiality, meaning the need to keep information secure, is an integral part of the provision of care for patients/clients. The information may identify a patient/client (e.g. their name, address, treatment, attendance at your clinic), and confidentiality means that only the people who have a valid reason to access that information should be allowed to access it. Patients/clients may feel unable to share information with the service provider if they believe it may not be kept confidentially, not stored securely or inappropriately shared. This may lead to insufficient information being available for clinicians, unsafe care, misdiagnosis or even death.

The Ethical Code of Conduct binds all members of staff working at the centre. If Patient/client confidentiality is breached, this can lead to disciplinary action, a personal fine, and/or the service provider can be held personally responsible for a civil action. A breach of confidentiality is rarely a malicious act and often information is given out inadvertently. The service provider must be constantly aware of their obligations towards their patients/clients. Every time information is accessed which identifies a Patient/client, there must be a legitimate reason for doing so. It is essential that identifiable information is only sent to and received by people who have a legitimate reason to access the information, and all transfers of

information are undertaken in a secure manner. Clinical activity, e.g. people accessing services, Patients attending the Surgery etc., should not be discussed with anyone that does not have a legitimate 'need to know'.

The aim of the Confidentiality Policy - is to ensure that all counselors are aware of their obligations and responsibilities with regard to confidentiality, and are aware of the ways in which confidentiality can be breached and the consequences of this for clients and staff/service providers.

Confidentiality in working practices

Information regarding clients is held under legal (as per the law of the land or organizational policies) and ethical obligations of confidentiality.

Information is received from Patients in order to support delivery of healthcare and this is the basis of all information processing carried out by the service provider.

2. Informed Consent

Consent is a client's agreement for a process to be undertaken, whether this is the sharing of information or the provision of counseling as a service from the provider. For the consent to be valid, the client must:

- Be competent to take the particular decision;
- Have received sufficient information to take it; and
- Not be acting under pressure.

Consent needs to be given in writing but in cases where written consent cannot be obtained, verbal consent is necessary (due to a disability/an impairment). In the case of an adult client who lacks the mental capacity (either temporarily or permanently) to give or withhold consent for themselves, no-one else can give

consent on their behalf. The client can make advance statements and/or directives regarding giving or withholding consent should they lack the mental capacity (either temporarily or permanently) at some point in the future to do so.

When seeking consent on behalf of children, a child's capacity to decide whether to consent or refuse proposed counseling services must be assessed prior to consent being sought. In general, a competent child will be able to understand the nature, purpose and possible consequences of the counseling services, as well as the consequences of not obtaining the service.

The following should be considered in this instance:

- At age 16, a young person can be treated as an adult and can be presumed to have capacity to decide.
- Under the age of 16, children may have the capacity to decide, depending on their ability to understand what is involved -- according to ICCPR Act /Fraser Ruling, (formerly Gillick Competency), whereby a child under 16 is of sufficient maturity to understand the treatment and risks and is able to give valid consent to treatment.
- Where a competent child refuses the counseling services, a person with parental responsibility or the court may authorise the service, which is in the child's best interests. Legal advice should be sought in such cases.

Explicit consent must always be sought from the client in order to use their personal information in ways that do not directly contribute to, or support the delivery of, the counseling service.

3. Boundaries of competence

Recognise the boundaries of your competence and the limitations of your techniques and only provide services for which you have been adequately trained.

4. Delegation of work to others

As a counselor, sometimes it is not possible to see your clients when they need your services. In such a situation, having someone you can trust to lighten your daily load could reduce your stress levels, improve your physical health and free up your time and energy to truly focus on the tasks for which you are most needed.

A few key points to must keep in mind when you delegate work:

- You must find a competent counselor whom you can trust with the same level of commitment and care that you would bring to the job.
- Select a task that you do not want to delegate and that you want to do in your own particular way.
- Select a few tasks that you probably could teach someone to do and in doing so, would free up your time to attend other activities.
- You must remember that delegating successfully is not about turning your back on what matters to you, but rather designing the best way to manage the many priorities in your life.

5. Unfair discrimination

Discriminatory behaviours take many forms, but they all involve some form of exclusion, rejection or unequal service delivery based on the client's gender, sexuality, ethnicity, race, language, colour, location, employment, etc.

6. Sexual harassment

Any unwelcome and unwanted sexual behaviour that interferes with you or your client's privacy or makes you or her feel uncomfortable is sexual harassment. Sexual harassment is a form of sex discrimination. The legal definition of sexual harassment is 'unwelcome verbal, visual or physical conduct of a sexual nature that is severe or pervasive, affects working conditions or creates a hostile work environment'.

7. Conflict of interest

Potential or actual conflicts of interest are very complex situations for every professional, including counselors. Conflicts of interest can occur in many different contexts, such as a counselor's relationship with client/multiple clients in direct practice, a counselor working in management, policy, research or community development, or a counselor linked to a client's family. Even if a counselor feels that they can manage a potential or actual conflict or feels that there are no significant issues, they must consider the perception that others (clients, colleagues, the community, employers etc.) may have when/if a conflict of interest comes to light. It is important, therefore, that counselors are proactive in discussing any potential or actual conflicts of interests with supervisors or employers, for the purpose of exploring all possible outcomes and interpretations of actions and situations. There have been instances where complaints have been made against counselors when they have failed to consider all possible outcomes and how another person could perceive a seemingly innocent action in quite the opposite way.

8. Third party requests

Disclosure of information to third party - Disclosures of Client identifiable information are usually only made with the understanding and agreement of the client. Written consent must be obtained before disclosing any information if it was not previously obtained as part of the service provision agreement.



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