Ethical Guidelines for Counselling Women Facing Domestic Violence

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Centre for Enquiry Into Health And Allied Themes

CEHAT is the research centre of Anusandhan Trust, conducting research, action, service and advocacy on a variety of public health issues. Socially relevant and rigorous academic health research and action at CEHAT is for the well-being of the disadvantaged masses, for strengthening people's health movements and for realizing the right to health care. CEHAT's objectives are to undertake socially relevant research and advocacy projects on various socio-political aspects of health; establish direct services and programmes to demonstrate how health services can be made accessible equitably and ethically; disseminate information through databases and relevant publications, supported by a well-stocked and specialised library and a documentation centre.

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Cehat

Centre for Enquiry into Health and Allied Themes

Soumitra Pathare is a consultant psychiatrist in Pune and also Co-ordinator of the Centre for Mental Health Law and Policy at the Indian Law Society, Pune. Dr Pathare is currently assisting the Ministry of Health and Family Welfare, Govt of India in drafting new mental health legislation to replace the existing Mental Health Act of 1987. Dr Pathare is also a member of the Policy Group appointed by the Ministry of Health and Family Welfare, Govt of India, to frame a national mental health policy. Dr Pathare has worked as a consultant to the World Health Organization in providing technical assistance to different countries in Africa, Asia and the Pacific region in framing mental health laws and national mental health policies.

U. Vindhya is Professor of Psychology and Chairperson, Academic Programmes, at Tata Institute of Social Sciences, Hyderabad. Earlier she had taught at Andhra University, Visakhapatnam where she was also the Director of the Dr. Durgabai Deshmukh Centre for Women's Studies. Her research interests are located in the interface of psychology and feminism and she has published book chapters and journal articles on women's mental health, domestic violence, and the psychological dynamics of women's political activism. In addition to four monographs and over 60 research papers in national and international journals, she has edited a book titled Psychology in India: Intersecting Crossroads (New Delhi: Concept, 2003) and recently co-edited the volume Handbook of International Feminisms: Perspectives on Psychology, Women, Culture, and Rights (New York: Springer, 2011), that has won the 2011 Distinguished Publication Award from the American Psychological Association (Division 35, AWP). She is a past President of the National Academy of Psychology (India) and had also served as its Secretary-General. She is a recipient of the Fulbright Visiting Lecturer Fellowship, USA (2004), the South Asian Visiting Scholarship at Oxford University (1998), and the Visiting Lecturer Fellowship at Eotvos Lorand University, Hungary (2001).

ETHICAL GUIDELINES FOR COUNSELLING WOMEN FACING DOMESTIC VIOLENCE

Committee members
Amar Jesani
Anuradha Kapoor
Jaya Sagade
Manisha Gupte
Prabha Nagaraj
Soumitra Pathare
U. Vindhya

CEHAT Drafting and Coordinating Team
Tejal Barai-Jaitly
Sangeeta Rege

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By :
Centre for Enquiry into Health and Allied Themes
Survey No. 2804 & 2805, Aram Society Road,
Vakola, Santacruz (East), Mumbai - 400 055.
Tel. : 26673571 / 26673154
Fax : 26673156
E-mail : cehat@vsnl.com
Website : www.cehat.org

Dilaasa
Dept. No. 101, Opp. Casualty, K.B. Bhabha Hospital,
Bandra (W), Mumbai - 400 050.
Ph.: 26400229 (Direct) • 26422775 • 26422541 Extn. 4376 / 4511
E-mail: dilaasa@vsnl.net

Deparment No. 15, K.B. Bhabha Municipal Hospital
Belgrami Road, Kurla (W), Mumbai 400 070
Tel: 26500241 (Ext. 212)

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These guidelines are dedicated to all the women who came to Dilaasa and shared their lives. It has helped us self-reflect and be better counsellors.

Ethical Guidelines for Counselling Women Facing Domestic Violence

Acknowledgements

The "Ethical Guidelines for Counselling Women Facing Domestic Violence" are an outcome of the contribution of several individuals. The experiences of the committee members and those of *Dilaasa* led to intellectually stimulating discussions on the subject. We would like to thank the several people who have made these guidelines possible. To begin with, we would like to thank the committee members for their time and efforts in ensuring that there was necessary rigour in the guidelines. We would also like to thank Ms Chitra Joshi, the centre in charge of the *Dilaasa* department for bringing her experiences before the committee and also offering insights in to the issue of domestic violence counselling. A special thank you is due for Pramila Naik, Dilip Jadhav Sudhakar Manjrekar and Jasmine Kalha for providing support for the meetings and ensuring that no one was inconvenienced.

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Index

Preface

CEHAT has been engaged in social science research in health for the last 18 years. It places great importance on the ethical conduct of research, and constantly encourages its researchers to make efforts to protect the dignity, rights, safety and wellbeing of research participants and groups/community connected with the projects. This commitment to ethics prompted it to develop the "Ethical Guidelines for Social Science Research in Health" through a consultative process in 2000. Since then, it established the Institutional Ethics Committee and all projects of CEHAT are subjected to an ethics review. This process has been extremely educative for researchers and has improved quality of research and action work.

In 2000, CEHAT set out to establish an intervention model to respond to the issue of domestic violence in a public hospital. *Dilaasa*, is a joint initiative of CEHAT and the MCGM that provides training to HCPs, counselling services to survivors of domestic violence and also conducts action research. In this context of designing direct interventions such as counselling and training, a need was felt to follow set standards in these interventions. Unfortunately, no such guidelines were found in the Indian context that provided an ethical framework for counselling as a practice. Counsellors need to understand what it means to follow ethics in counselling, questions such as "Should the counsellor be taking a decision on her behalf for her safety? How does a counsellor ensure that information revealed by the survivor is protected? Can a counsellor disclose details of her personal life and details of abuse faced by her when referring her to someone? To What extent? These are questions related to ethical conduct of counsellors.

The experience of running the crisis centre for over 10 years and monitoring its services helped us realise the need to evolve ethical guidelines. The present document, "Ethical Guidelines for Counselling Women facing Domestic Violence", is the result of a consultative process with experts who deliberated on the contents over the last one year. Three meetings were held with the committee and we are grateful to them for their time and inputs on this document. Tejal and Sangeeta have done remarkable work in coordinating, responding and researching on the subject.

We will be using this in our everyday practice at *Dilaasa*, and it is hoped that counsellors across the country shall do the same.

Padma Bhate-Deosthali
Co-ordinator, CEHAT

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Introduction

Dilaasa, a joint initiative of the Centre for Enquiry into Health and Allied Themes (CEHAT) and the Municipal Corporation of Greater Mumbai (MCGM), is a hospital-based counselling centre directly engaging with the public health sector in responding to domestic violence. Set up in 2001, it is the first such centre of its kind in the country. Here crisis interventions involve responding to the psychological needs, as well as provide social, legal and medical support to clients. Counsellors are trained to provide crisis intervention with a feminist perspective.

At *Dilaasa*, we encountered ethical dilemmas in everyday practice of counselling and tried to collectively resolve these. Specially designed training modules for ethics in counselling and case presentations amongst team members, helped us deal better with these dilemmas. During case presentations we discussed and shared experiences that dealt with questions such as: Could I have done something differently? When two or more interventions are possible, both having pros and cons, what is the course of action? Am I skilled enough to handle this situation? Over a period of time, do I seem to be coming across as indifferent or less sensitive? Eventually, we thought that since all of us in the *Dilaasa* team had faced such issues, we could document our experiences and share it with counsellors elsewhere facing similar challenges. This process led to the publication "Challenges in Domestic Violence Counselling (2010)". However, there was still nothing for us in the form of ethical guidelines to guide our systems, procedures and practice. There was also such a felt need amongst the larger community of like-minded counsellors and organisations involved in counselling.

Accordingly we approached relevant experts who had worked at various levels in the field of counselling and ethics to form a consultation committee. The members belong to disciplines of psychology, psychiatry, social work, law and ethics; and have been working for decades across various cross-cutting issues. In order to prepare the first draft, internal discussions with the *Dilaasa* team were held. This draft was then discussed in the first committee meeting. Two more such committee meetings were held. Subsequently, after the third and final meeting, the document was finalized as presented here as "Ethical Guidelines for Counselling Clients Facing Domestic Violence."

We have strived our best to distil experiences and expertise of *Dilaasa* and those of our committee members in this document. This is a continuing task. Even as we at CEHAT and *Dilaasa*, will adopt these guidelines, we are aware that there is room for fine tuning them as we move along. We hope that counsellors across the country will also adopt them, review them and send us their feedback so that we may continually revise them to render the best service to clients.

Tejal Barai-Jaitly
Sangeeta Rege
Mumbai 2012

Preamble

Counselling is being increasingly recognized as an important means to addressing domestic violence. Although a number of individuals and organisations are engaged in counselling, creating a space for dealing with women survivors domestic violence, there are no ethical guidelines that govern their practices in India.

Counselling is a helping relationship between counsellor and client, aimed at reducing distress and enhancing well being. Domestic violence counselling entails responding to multiple needs of survivors of domestic violence. These include emotional, psychological, social, legal, police, shelter, medical and economic needs. This can be provided directly or through referral.

The domestic violence counselling process needs to empower survivors, question oppression to build the individual woman's capacity to deal with her distress and to explore strategies to question and resist violence. It goes beyond the individual by helping women to locate the source of their distress in the larger social context of power and control within intimate and interpersonal relationships. It is important to formulate ethical guidelines for domestic violence counselling in order to improve quality of counselling and promote rights of the client. Counselling is an intervention in lives of survivors of domestic violence and even in order to do good there is a need for ethical guidelines to ensure that the best interests of the clients are served.

Domestic violence is defined as "violence perpetrated by intimate partners and other family members, and manifested through: physical abuse such as slapping, beating, arm twisting, stabbing, strangling, burning, choking, kicking, threats with an object or weapon, and murder. It also includes traditional practices harmful to women such as female genital mutilation and wife inheritance (the practice of passing a widow, and her property, to her dead husband's brother); sexual abuse such as coerced sex through threats, intimidation or physical force, forcing unwanted sexual acts or forcing sex with others; psychological abuse which includes behaviour that is intended to intimidate and persecute, and takes the form of threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression and constant humiliation; economic abuse includes acts such as the denial of funds, refusal

to contribute financially, denial of food and basic needs, and controlling access to health care, employment, etc. "

The Protection of Women from Domestic Violence Act 2005 (PWDVA, 2005) also makes provisions for counselling and provision of services for women through various service providers such as counselling centres, shelter homes, medical facilities and protection officer. This provides an opportunity to train all those who are expected to counsel and provide services to women so that their responses are gender sensitive and offer women alternative worldviews, strengthen their capacities to stop violence without blaming themselves or compromising their lives to preserve relationships at all costs.

This document lays down ethical principles and guidelines (translation of these principles) to inform counselling practice in the best interest of the client. Ethical principles include Autonomy, Beneficence, Non-maleficence, Veracity and Fidelity and Justice. The inclusion of principles that guide processes implies that the processes or acts involved during counselling and how these are undertaken are as important as the outcomes. In this sense, the end does not justify the means.

The purpose of this document is to sensitize counsellors, protect and promote rights of the clients; to promote standards in counselling through observation of ethics and self regulation; to improve quality and credibility of counselling, and to make ethics an integral part of counselling practice.

The universality of the core principles of ethics allows the present guidelines to be used by all counsellors and stakeholders engaged in domestic violence work in general, and domestic violence counselling, in particular. These include psychologists, social workers, protection officers, community development officers, and the like; as well those involved in private practice (including the individual counsellor). Organizations or institutions that provide counselling services, education, and/or training can endorse them and, make them applicable to their staff. This document is not exhaustive because women are not a homogenous category and face multiple discriminations. However, these guidelines may be adapted by groups working with those with particular vulnerabilities, facing various forms of discrimination and violence (as for example, those working with transgender people, lesbians and women with disabilities)

This document is structured as follows:

Section I is a statement of the Ethical Principles for Counselling. Each has an independent and critical value, yet each is intrinsically linked to another. More often than not, they overlap during their application. During the practice of counselling, a dilemma usually arises when two or more principles are in conflict. In such situations, a careful balancing of principles is required. Consultation with peers and relevant experts, with the consent of the client, can be sought in order to seek clarification. Promotion and protection of the best interests of the survivor is at the core of any dilemma, the process of determining the best course of action and the course of action itself.

Section II is a set of guidelines that elaborate on the application of principles that are relevant cross the counselling process. Ethical standards for counselling practice are derived from these principles. A guideline can be drawn from more than one principle and a single principle can get translated across several guidelines. Thus, for example, informed consent reflects the ethos of the Principles of Autonomy, Beneficence, Non-Maleficence, Veracity and Justice. In the same way, Principle of Autonomy gets reflected across Right to Informed Consent, Right to Privacy, Right to Confidentiality, amongst others. It is necessary to imbibe the ethos of the principles that guidelines are drawn from and not merely use the guidelines as a checklist.

Each of the above sections is necessary for a complete understanding of the perspective and ethos of the guidelines and should not be read in isolation.

ETHICAL GUIDELINES FOR COUNSELLING WOMEN FACING DOMESTIC VIOLENCE

Section I : Ethical Principles

I. Principle of Autonomy: clients have a right to make decisions about all spheres of their life and circumstances.

It is the responsibility of the counsellor to enhance the ability of the client to act autonomously and enable her to promote her well-being. This includes respecting the client's right to decline or discontinue or resume counselling at any point. The counsellor should strive to promote an egalitarian counselling relationship in which the client is recognized as an expert regarding her life situation. Counsellors should not knowingly or inadvertently impose their own views on the client.

II. Principle of Non-maleficence: it is a counsellor's duty to cause no harm to the clients by way of an act of commission or omission.

The principle is based on the assumption that any intervention including counselling carries some risk to clients and to society. The interventions need to be informed by a sound analysis of the consequences of every action and should be based on a risk-benefit analysis. Harm could include physical, material, social, legal, sexual and/or psychological. It is the counsellor's duty to ensure that no act, suggestion or behaviour of the counsellor, by commission or omission, is harmful to a client. The principle also necessitates that counsellors refrain from blaming the survivors for the abuse they have suffered, for this may be potentially harmful to them. Further, minimising risk to the client also means that interventions need to be contextualized in the socio-economic, political and cultural backgrounds and the operating patriarchal norms of women's lives.

III. Principle of Beneficence: it is a counsellor's duty to do good and actively work towards the best interests of the clients.

Every act of the counsellor should be for the benefit of the client. It is the counsellor's duty to act positively and proactively towards anticipating and preventing harm. The principle of beneficence is not just about

reducing or minimising harm but also to positively and proactively working towards the best interests of the clients.

IV. Principle of Veracity and Fidelity: counsellors should be honest and loyal in a counselling relationship

Veracity requires that clients are not misled about any aspect of counselling or about expectations from it. Fidelity refers to the notion of loyalty and commitment to the client. This is essential so that no other interests come in the way of the client's best interest.

V. Principle of Justice: A Counsellor should be fair and not discriminate on the basis of class, caste, marital status, sexual orientation, religion, community, disability, etc.

Counsellors should not be judgemental of their clients. Each client's situation must be treated with equal respect. Counsellors need to be aware of the various forms of discrimination in society and how these impact the lives of their clients. Vulnerabilities resulting from social, economic, and other discrimination should be clearly acknowledged so that special measures may be put in place when necessary.

Social justice recognizes the impact of the overall environment on discrimination and subjugation in society. The principle entails working to bring about overall change in societal attitudes by working directly in the community or on advocacy issues. This principle is also applicable for fostering fairness in working relationships where counsellors work as a team.

SECTION II: Application and Translation of Ethical Principles

A. Informed consent

1. Informed consent is the voluntary and informed participation of a client in counselling. It implies that the client is given accurate information, verbally and in print, in a language understood by her on the basis of which she may make a decision on whether or not to participate in counselling. The counsellor must make every effort to ensure that the client understands in full all the information provided to her before she gives her consent.

2. The information explains the nature and process of counselling and the anticipated outcome; details about the counsellor and the counselling centre (where relevant), its purposes, goals, services provided, procedures employed, fees (if any), the sphere of confidentiality (that is, people who may have access to information such as supervisors, senior colleagues or even other team members).

   Circumstances, when persons beyond the sphere of confidentiality need to be consulted, should be communicated. Client consent is also required for all forms of recording of counselling sessions, viz., note taking and recording, as well as the presence of a third party besides the counsellor (such as that of a supervisor in the counselling session), and the purpose for the same needs to be explained. The client also has a right to deny such access or recording; a right that must be made known to her.

3. Informed consent is essential to protect the clients; not the counsellor or the institution. Counselling may be recommended and clients may be referred, but they cannot be forced to undergo counselling. They may accept or decline counselling. Where the individual declines to seek counselling services or chooses to discontinue the process at any stage, she should be informed that she can come back any time to resume without fear of being chastised or discriminated against by the centre/ counsellors.

4. At all stages of the counselling process the client is encouraged to ask questions or articulate her discomfort about any aspect of the process. It is the counsellor's duty to examine the client's concerns.

5. Informed consent is not a one-point or one-time action. Such consent needs to be freshly sought every time there is a change in the conditionality's or context of counselling- whether it is the introduction of referral/person or a new feature of counselling.

B. Respect for dignity of the client

1. Counsellors should be sensitive, non-judgemental, patient, and attentive.

2. Counsellors should recognize and acknowledge the huge step that the survivor of domestic violence is taking in seeking counselling services. Counsellors should respect and protect the dignity of the clients.

3. Counsellors should develop an attitude and outlook that is not judgemental, nor discriminatory. They should have a patient and encouraging approach so that the client is at no time hurried, harried or rushed. Counsellors should take particular care to give time and space to the client and refrain from overbearing and presumptuous expressions. Attentive listening is a must at all times. Counsellors should not be distracted during sessions, nor appear lax in their approach.

4. Counsellors must validate clients' experience of violence and trust her story.

C. Right to Privacy

1. Clients have a right to a private space (so that no one can see or hear a counselling session) and privacy (absence of non-significant others) during counselling.

2. The client's request for the presence of a third party should be respected. The third party present might be a supportive relative, neighbour, friend or a co-worker whose presence might be a confidence-building measure. Domestic violence counselling involves intimate and traumatic sharing; the client must be offered the option of one-to-one counselling.

3. A counsellor is required to use her ingenuity to ensure privacy in counselling in delicate situations such as when perpetrators or unsupportive members of the natal family insist on being present at counselling sessions.

4. The client's right to privacy also means having a choice over how much and what information is shared with the counsellor. The client should not be forced or persuaded against her will or prodded unduly for information. The counsellor too should only seek as much information as is essential and relevant to help the client through the counselling process.

D. Confidentiality

1. The client has the right to expect that the information that she shares with her counsellor is protected and confidentiality is assured.

2. As a cardinal rule, no information should be shared with the perpetrators.
3. It is bad practice to engage in casual conversation about any client. Not only is it unprofessional and disrespectful of the client, but there is a potential for harm if confidential information gets inadvertently revealed.

4. Clients often require services beyond counselling. This necessitates appropriate referrals. Counsellors must protect confidentiality while making referrals and divulge only information relevant for the referral.

5. In exceptional situations, where the client is a threat to herself or others - as when she is suicidal, or may have expressed the urge to harm another individual - the counsellor has to assess the gravity of the threat. The counsellor should acknowledge feelings of helplessness and despair which are often associated with such ideation and enable the clients to overcome them. Counselling must communicate that the consequences of such an action could be fatal and can have an impact both on her and her children. Clients can also be encouraged to seek help from supportive relatives, friends, neighbours and co-workers (as identified by the client). They could be invited to a counselling session with the consent of the client. The client could also directly seek help from these significant others and even seek shelter with them till the urge to harm self or cause harm to another wanes. Under these circumstances, for the benefit and safety of the client, confidential information might need to be shared. Peer consultation in such situations is recommended.

6. All records of the client should be kept confidential and should not be accessible to anyone other than those within the sphere of confidentiality assured to the woman. The woman can seek access, if she so desires.

7. Clients should have a right to anonymity. When records are stored, used for peer review, transmitted electronically or used for any other beneficial purpose, it should be done in an anonymous manner.

E. Dual and Multiple Relationships

1. Dual and multiple Relationships occur when the counsellor and the client have a relationship besides the counselling relationship. These could be when the client is also a friend, colleague, student, neighbour or even an employee. This is especially true in community-based counsellors and counselling centres. It is possible that counsellors may also be engaged in activities geared towards social change that are beyond one-to-one counselling. Interaction with the client, outside the counselling space, may become unavoidable and inevitable.

2. It is very important to recognize the existence of such relationships. Counsellors then have an additional responsibility towards protecting the interests and safety of the client.

3. When there is potential for a dual relationship, supervisors and experienced peers, amongst others, need to be consulted. A clear risk-benefit analysis needs to be made and presented to the client so that the client can make an informed decision. Referrals to a co-counsellor or another counselling centre may need to be considered.

F. Boundaries

1. A boundary is the framework within which a counselling relationships functions. They are required, since boundaries set the parameters within which counselling services are delivered and ensure that relationships developing between client and counsellor are safe for the client. Boundaries typically include fee setting, length of a session, time of session, use of touch for comforting a client, and so on. These need to be defined by every counsellor and counselling centre, for use by the counsellor.

2. Any act of the counsellor that could lead to subjectivity or scope for exploitation, should be discouraged and discontinued. Counsellors should not accept gifts from clients. The client should be told the reason for this stand so that she does not feel offended or rejected.

3. Any physical, verbal or non-verbal conduct of a sexual nature or a conduct which may be construed as being of a sexual nature is prohibited.

G. Power differential

1. Counsellors wield a great deal of power; this may be because of differences in economic status, religion, education, caste, marital status, community or even sexual orientation. The power differential may become sharper when the client trusts the counsellor with information of an intimate and sensitive nature leading to a feeling of increased vulnerability. Counsellors need to recognize and acknowledge this fact.

2. Skills, knowledge, training and competency should be used towards making the counselling relationship beneficial for the client.

3. Counsellors are duty-bound to strive to reduce client-counsellor power inequities while working with marginalized groups and with women facing domestic violence. They should aim to make the relationship more egalitarian and participatory where the counsellor is not just the "giver" and the client the "acceptor". Clients should be encouraged to contribute towards decisions regarding the course of counselling or even their expectations from counselling. Counselling and safety plans should reflect this.

4. In an organizational set up of teams of individuals, including counsellors, each member should promote ethical behaviour from peers and colleagues. Power differentials among team members need to be recognized and acknowledged and care should be taken to prevent these from being used to disadvantage members.

H. Competency

1. There are three components of competency; competency with respect to expertise, emotional competency and cultural competency. All three are essential to not just fulfil the role of a counsellor effectively, but also to prevent harm.

2. Self-growth is a continuous process. Counsellors need to be well-informed and continuously seek required training in areas of expertise. This requires that the counsellors be aware of their own limitations of knowledge and information. Competency in terms of expertise also consists of knowledge

(what), skills (how), judgment (when), and diligence (commitment). It also implies that there should be an accurate representation of one's qualifications and regular supervision must be sought.

3. Cultural sensitivity allows the counsellors to understand the trauma and coping mechanisms of clients in the context of caste, religion, marital status, age, sexual orientation and disability. Cultural competency allows counsellors to use this understanding and sensitivity to enhance the client's resistance to violence, but not to justify the violence.

I. Supervision

1. Systematic supervision of the counselling process is essential to ensure the wellbeingand personal growth of the counsellors as it is for monitoring the process and outcome of counselling. It is the responsibility of every counsellor to seek regular supervision.

2. Supervision is critical to enhance expertise and effectiveness as counsellors. It helps the counsellor understand and best use the present guidelines and discuss ethical and other challenges as they arise in day-to-day practice in order to be able to provide the best possible service to clients.

3. In the case of counsellors attached to or working with an organisation, it is the organization's responsibility to arrange for supervision. Counsellors in private practice are required to organize their own supervision.

4. It is the responsibility of every supervisor to enhance the integrity of the counselling process and the promotion and protection of the rights of clients. A supervisor is bound by the same ethical responsibilities towards the client, as the counsellor.

J. Follow-ups and Referrals

1. Women facing domestic violence often do not have much mobility outside the house. Given this, counselling sessions need to be set up at the convenience of the client. Clients may be contacted only at the address and/or phone number provided by her and only at the times that the client has indicated as being safe and suitable for her.

2. Referrals may come about when the client expressly asks for it or when the counsellor, assessing the client's needs suggests it. Referrals could be

for legal assistance, shelter services, income generation programmes or other such assistance which may not be available in a single counselling centre. Referrals may also be made because the counsellor does not have further expertise to deal with the issues faced by the woman or in case of a counsellor's absence from work.

3. Referrals must be for the assured benefit of the client so that they provide her with the best assistance. Information passed on at the time of referrals must be limited and relevant to the process.

4. Referrals must be made in such a way that the client does not feel rejected or turned away. The counsellor must explain the necessity and importance of the referral to the client.

5. The client needs to have adequate information about where or who she is being referred to and what to expect. The counsellor should help her get in touch with the organisation / individual referral. Client follow-up subsequent to the referral and feedback are essential.

6. Counsellors should maintain a well-organized and user-friendly and regularly updated referral resource guide of organizations and individuals. These organizations/individuals should be regularly informed of the work of the counsellor and/or the parent institution and a vibrant referral network established among the organisations.

7. Written consent must be obtained from the client at all times when a referral is made.

K. Protection and Self-care of the counsellor

1. While counselling can be a very rewarding experience, the nature and intensity of incidences of domestic violence and the high volume of work undertaken by counsellors can take a toll of their emotional and physical strength. They could themselves suffer secondary traumatic stress (STS) or even serious burn-outs. Self-care for counsellors is critically important. Training, continuous professional development, regular supervision, an active support network and regular breaks from work are essential if the counsellors are to continue working effectively.

2. Counsellors may need to deal with contradiction between their own personal life-experiences and their training as counsellors. They may themselves

have been subjected to various discriminations within a patriarchal society. It is possible that they may also be survivors of violence. Counsellor's own past experience may trigger unpredictable reactions to situations that they are dealing with in the course of their work. Counsellors need to be aware of this and seek help from peers, seniors or supervisors if they are unable to handle the situation by themselves.

3. Counsellors need to recognize when they are distressed, drained or tired. This is essential since unresolved stress may lead the counsellor to making errors in judgement; might disrespecting the client; disrespecting the work. The safety, security and well-being of the counsellor is of utmost importance and relevant safeguards need to be operationalized. Where counsellors work as part of a larger set-up, it is the responsibility of the institutions, to ensure their safety.

L. Maintenance and use of records

1. It is the ethical responsibility of a counsellor and/or organization, to effectively use the information collected during the course of their work to inform practice. This should be done in a way that upholds the rights of the clients and does not put them at risk. The Indian Council of Medical Research guidelines, "Ethical Guidelines for Biomedical Research on Human Participants" , and the "Ethical Guidelines for Social Science Research in Health" by the National Committee for Ethics in Social Science Research in Health, should be used for research in areas pertaining to counselling.

2. Counsellor's may create, maintain, store, transfer, and dispose of client records in ways that protect their anonymity and confidentiality.

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Profiles

Amar Jesani is an independent consultant – researcher and teacher - in bioethics and public health. He is a trustee of Anusandhan Trust, which manages three institutions the CEHAT (Centre for Enquiry into Health and Allied Themes, www.cehat.org) and CSER (Centre for Studies in Ethics and Rights, www.cser.in) in Mumbai and SATHI (www.sathicehat.org) in Pune – in India. He is also one of the founders of the Forum for Medical Ethics Society and its journal, IJME (Indian Journal of Medical Ethics, www.ijme.in). He is presently its Editor. He was National Coordinator of the two (2005 and 2007) National Bioethics Conferences of the IJME. He is the national faculty of the ICMR (Indian Council of Medical Research) for its NIH supported research bioethics training programme and a visiting faculty teaching bioethics at various public health and social science institutions in India, Pakistan and Bangladesh. His writings are mainly in the field of public health and bioethics; and has co-authored and co-edited six books.

Anuradha Kapoor Anuradha Kapoor is the Founder and Director of Swayam, a Kolkata based women's rights organization dedicated to ending violence against women and children. Swayam's multi-faceted approach to addressing violence includes direct support to women in crisis; emphasis on empowering women, men and youth to address violence in their communities; broad campaigns to shift social and cultural norms that perpetuate gender based violence; and work at the state and national level with government and judicial bodies to influence policy and practices. She is both an Ashoka Fellow and an Eisenhower Fellow. She was keenly engaged in advocating for the introduction of The Protection of Women from Domestic Violence Act (2005), and continues to work on ensuring its effective implementation at the State and National levels. She is invited to speak on women's rights issues and violence against women at various conferences and seminars conducted by organisations and institutions in India and abroad. She is also a trainer and conducts trainings on gender, violence against women and women's human rights for judges, lawyers, the police, government officials, corporates, educational institutions and social organisations.She initiated the setting up of AMAN Global Voices for Peace in the Home, an international network of organisations working on Domestic Violence and has been involved in planning and executing numerous campaigns on violence against women.

Jaya Sagade is Vice Principal of the ILS Law College, Pune, India. She did her LL.M. (1979) and Ph.D. (1991) from the University of Pune. She taught in the ILS Law College from 1981 to 1989 and joined the post graduate Department of Law, University of Pune as a Reader in 1989 and continued there till 1997. In 1991 she visited the USA as a CIP - Fulbright fellow. She came back to the ILS Law College in 1997. Thereafter she did her S.J.D. (2002) from the University of Toronto, Canada. She has been a UGC Fellow and has also received the ICSSR fellowship and Fellowship of the Netherlands Government for Human Rights course at the Hague. Dr. Jaya Sagade's areas of interest are gender and law, family law, human rights, and reproductive health. She has prepared draft of uniform civil code along with her colleagues. She has to her credit number of publications. She has written monographs on Indian Marriage and Matrimonial Remedies Act – Draft Uniform Civil Code" Indian Secular Society, Mumbai, 1986 and Human Rights and Social Justice" for the Ford Foundation, New Delhi 2002. Her book on Child Marriage in India was published by the Oxford University Press in 2005. She has written a book on"Law of Maintenance: An Empirical Study in 1996 and edited a book on Women, Law and Justice "Stree-Nyaya-Kayada" in 1998. She has completed five research projects on women's issues. She has participated in many national and international conferences and presented research papers.

Manisha Gupte has been part of the women's movement since the mid 1970s. She has also been an activist in the health and civil rights movements in India. She co-founded MASUM, a rural women's organisation in 1987, after living in a drought prone rural area for five years and has been its co-convenor since then. She spent one year in the Department of International Health at the Johns Hopkins University, Baltimore as a visiting fellow. She is actively associated with pro-people and progressive organisations nationally, regionally and internationally as an advisor, trainer or board member. She has also worked on policy issues with state and central governments in India over the past two decades. Manisha has studied microbiology (M.Sc) and sociology. Her PhD thesis deals with the concept and practices of patriarchal honour.

Prabha Nagaraja is a Post Graduate in Child Development from Delhi University. She worked with children with dyslexia and other disabilities before joining TARSHI at its inception in 1996. Her areas of interest include sexuality education for young people and the sexual rights of people with disabilities. Prabha is Director Programmes at TARSHI. Her work includes overseeing the TARSHI helpline, training, developing programmes and publications, networking and programme management.

Soumitra Pathare is a consultant psychiatrist in Pune and also Co-ordinator of the Centre for Mental Health Law and Policy at the Indian Law Society, Pune. Dr Pathare is currently assisting the Ministry of Health and Family Welfare, Govt of India in drafting new mental health legislation to replace the existing Mental Health Act of 1987. Dr Pathare is also a member of the Policy Group appointed by the Ministry of Health and Family Welfare, Govt of India, to frame a national mental health policy. Dr Pathare has worked as a consultant to the World Health Organization in providing technical assistance to different countries in Africa, Asia and the Pacific region in framing mental health laws and national mental health policies.

U. Vindhya is Professor of Psychology and Chairperson, Academic Programmes, at Tata Institute of Social Sciences, Hyderabad. Earlier she had taught at Andhra University, Visakhapatnam where she was also the Director of the Dr. Durgabai Deshmukh Centre for Women's Studies. Her research interests are located in the interface of psychology and feminism and she has published book chapters and journal articles on women's mental health, domestic violence, and the psychological dynamics of women's political activism. In addition to four monographs and over 60 research papers in national and international journals, she has edited a book titled Psychology in India: Intersecting Crossroads (New Delhi: Concept, 2003) and recently co-edited the volume Handbook of International Feminisms: Perspectives on Psychology, Women, Culture, and Rights (New York: Springer, 2011), that has won the 2011 Distinguished Publication Award from the American Psychological Association (Division 35, AWP). She is a past President of the National Academy of Psychology (India) and had also served as its Secretary-General. She is a recipient of the Fulbright Visiting Lecturer Fellowship, USA (2004), the South Asian Visiting Scholarship at Oxford University (1998), and the Visiting Lecturer Fellowship at Eotvos Lorand University, Hungary (2001).