

Domestic Violence

Women-Centred Approaches and the Need for Feminist Counselling

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Introduction

The psychological perspective on domestic violence in the Western world has largely viewed women who have faced violence through a bio-medical approach. (DSM-IV (2000) 4th rev. ed.) The premise was that violence was triggered because of some kind of lack in the woman. This could range from problems in adjusting to the marital home, an inability to perform gender-ascribed roles laid out for women, their so-called impulsive behaviour, their irrational expectations, their sexual coldness and more. Such an approach continued to view violence against women as a result of the intrapsychic make-up of women.

Feminists across the world have been strongly critical of this approach as it blames women for the violence they face, and expects them to adjust to the home environment and even conform to traditional norms in order to maintain the institution of family and/or marriage. Victim blaming was common in the traditional counselling approach. As against this approach, a feminist perspective in counselling is premised on the belief that it is essential to explore external and contextual factors that contribute to problems, thus making the connection between the personal and the political.

In feminist counselling the counsellor is aware of the socio-economic-political and cultural context, as well as the patriarchal norms within which women live and the myriad ways in which these influence and impact women's physical, mental and emotional health. This understanding of the environment is critical in helping women rebuild their lives.

Our essay discusses the need for a feminist perspective in developing domestic violence response interventions. It highlights the contribution of the women's movement vis-à-vis feminist values and beliefs and describes emerging feminist practices prevalent in the country over three decades. It speaks of the contribution made by the women's movement in India with respect to the beliefs and principles underlying feminist perspectives in responding to women facing domestic violence and the ways in which organizations over the past two decades have built on those principles. We also make a case for the need to follow standards in counselling women who face domestic violence and we provide basic steps in regulating the counselling practices of organizations.

A Brief History of Feminist Counselling

Countries of the West have contributed in major ways to feminist counselling. Some of the early insights on ways in which women cope with domestic violence came from Lenore Walker (1974–1980). Though the theory 'battered women syndrome' was later critiqued for being too exclusive in defining the 'victim' of domestic violence, it brought to light the circumstances of abuse and how women deal with it. The theory attempted to reject gender stereotypes and questioned power imbalances. (Walker, 1979) Feminist psychiatrists and mental health professionals in Western countries heavily critiqued the bio-medical approach used by mental health professionals and simultaneously contributed to the formulation of different feminist intervention models to effectively respond to women facing abuse (Worell and Pamela, 2003; Chaplin, 1998).

The trajectory of the formulation of feminist interventions was very different in the Indian context. It was the second wave of the

Indian women's movement that brought forth the issues of oppression faced by women within their homes. Different forms of protests by activists in the movement enabled women to come out in the open and question inequality, discrimination as well as the violence faced by them. While more and more women started speaking out against abuse at the hands of their families, the movement realized the need to create spaces for responding to individual women. In India, the women's movement was critical of psychiatric and psychological counselling for survivors of violence (Vindhya U, 2013). Activists critiqued how psychiatry medicalised women who faced abuse and made efforts by reaching out to survivors at an individual level. Providing alternatives such as shelter in their own houses, legal and emotional support was consistently done by those from within the movement. The principle 'personal is political' was discussed with them to help them recognize that if so many women faced abuse, it could not be an individual and isolated problem. Such consciousness raising efforts were made by activists for over a decade in order to change the power relations between men and women. These strategies aimed at taking away the aspect of shame from survivors of abuse and drove home the point that women face violence as a result of power structures, especially patriarchy, that allow those in power to inflict abuse. However much of the movement's energy from the eighties to the nineties was focused around awareness and mobilization on the issue of violence and abuse and not on creating models for psychological counselling.

The early nineties saw the growth of non-governmental organizations, organized funding sources and concerted efforts to respond to violence faced by women in their private lives. Most of these new and evolving organizations were dissatisfied with institutionalized hierarchies and rejected the traditional and formal structures. They created alternate structures based on principles of decentralization and collective participation. Just as women's groups had started formalising their initiatives, they had to struggle against getting co-opted by the government and fundamentalist lobbies which had appropriated the language of the movement. Fundamentalist groups and organizations providing counselling to women facing domestic

violence did not place the issue of violence in the context of power and control, but rather applied the notion that the family as a unit had to be preserved at any cost. This implied that women would be asked to change their behaviour and adjust, something they believed would stop violence. Further women who were tolerant of abuse were also glorified and premium value was placed on gendered characteristics such as being tolerant, adjusting and so on. These practices were challenged by the women's movement. Despite these challenges, feminist principles such as the validation of women's experiences, belief in women's agency and the capacity to make independent decisions, also encouraging women to take steps to stop abuse, continued to be central to services being provided by feminist organizations to respond to domestic violence. (Kumar, 1993)

Most organizations/groups of the seventies and eighties were involved in political activity related to creating awareness on the issue of violence against women. Methods such as protest marches, pamphlet distribution, picketing, street plays were implemented to bring the issue of violence against women out of the closet. Slowly this awareness led women to approach groups/organizations and individuals from the campaign. Around this time, a need for setting up counselling services and shelter spaces was felt and many of these groups worked out of the homes of volunteers or makeshift offices. As the number of women approaching groups/organizations grew, volunteers and activists struggled to ensure that women were supported and that the campaign to end violence against women continued. An additional constraint was that most groups were volunteer based and sought no funding whatsoever. Despite a rich body of experience within women's groups, not much has been documented of the actual counselling or support services provided by them.

At CEHAT (Centre for Enquiry Into Health and Allied Themes), we documented different feminist intervention strategies in domestic violence responses from the inception of the women's movement to record the varied efforts made by activists in reaching out to women facing domestic violence. (Bhate-Deosthali, Rege and Prakash, 2013) This essay draws upon these documented practices.

Early Feminist Interventions

The early eighties were marked by intense protests and action, as well as raising awareness by women activists on the issue of violence, more specifically domestic violence. Awareness building in the community often involved drawing attention to popular myths about women in street plays and performances and then using law, fact, and evidence to refute them. At some point women activists began to feel the need to go beyond protesting against the state or making demands of it and pushing for changes in the law. It was also important to focus on the individual situation of women. Protests were often reactive, and took place only when a certain incident had taken place. By then, the harm had been done. It was thus that activists began to think of setting up direct services for women victims and survivors of domestic violence. Organizations and groups such as Vimochana, Saheli, Stree Sangharsh, Jagori, Karmika, Awag and Sahiyar were some of the first ones to set up services at the level of the community.

Reaching out to women and intervening in individual cases of women facing domestic violence stemmed from the belief that activists too are from the same social milieu and thus even they are not protected from the experience of being abused. Hence there was always a very thin line between those who sought services to deal with the abusive situation and those who provided support. Most of these groups did not call their interventions 'counselling' at that point because counselling was a term derived from the discipline of psychology, and most mental health professionals invariably ended up pathologizing women instead of seeing women's response to the situation of abuse as a way of coping with abuse.

The nature of interventions in the eighties included listening to women's narrations and validating their experiences. Interventions did not always have a single counsellor and a single client but sometimes the discussions would take place in groups. The idea was to enable women to not feel that they were to blame and to remove the shame at being abused and place the onus of abuse on the person who abused them. The objective of these interventions was not just to enable the woman to question the abuse in her life, but to ensure

that she also became an advocate and could provide similar support to others facing abuse. The personal disclosure of abuse was used as a method to enable other women to deal with similar situations in their lives. 'Sisterhood' was a powerful and constantly used slogan to unite women against abuse.

Though women's groups made several demands of the state, asking for shelter services, improved laws to deal with violence against women, creche facilities for children of working women and so on, they knew too that it would take time for these to be put in place. Given this, the groups developed several innovative methods of dealing with abuse. Saheli, for example, set up a people's committee comprising of well known and respected members of the community who could hold the abuser accountable for his actions. Vimochana and Jagori engaged in dialogue with natal families who were reluctant to support their daughters facing violence in marital homes and Sahiyar created a structure of support at the level of the community to protect women against abuse. This meant that specific people from the community would be located and they would then help women at the receiving end of abuse. (Rege and Chandrasekhar, 2013)

Responding to Domestic Violence in Rural Settings

Efforts to respond to domestic violence were not restricted to urban areas. In fact in the eighties, organizations such as Vanangana in Uttar Pradesh and Masum in Maharashtra to name only two, initiated efforts to respond to domestic violence. Vanangana recognized caste and the feudal system as additional axes of discrimination. Women from marginalized castes often had to travel for hours to fetch water because they were not allowed access to water from the village tank or well. While challenging the feudal power structure in rural settings, Vanangana also equipped women with technical skills of building and using hand pumps. Vanangana's active presence in the rural areas also worked as an enabling factor and gradually women started to talk

about their personal lives with activists from the organization. This prompted Vanagana to respond to domestic violence. While doing so, there was also a realization that women from the marginalized castes, especially Dalit women, needed to build leadership skills to unite against abuse from upper castes as well as provide support to each other in situations of domestic violence. Vanagana's consistent work in Uttar Pradesh led to the formation of Dalit Mahila Samiti, an organization of rural Dalit women.

Masum is another organization where the founder members moved from a city base to a rural drought prone area. One of the biggest problems for communities in this area was access to health care. Masum engaged in extensive discussions with women and men from the community to identify health care issues. *Dais* (midwives) and rural women were trained to look into health aspects connected to women's lives, whether these were gynaecological issues or reproductive health issues. Through a process of engagement, women started sharing histories of abuse faced by them and Masum helped women to make connections between violence and its impact on their health. Masum firmly believes that women from the community can be trained to provide support to each other. Several of the organization's programmes, such as the right to health care, and support services to deal with domestic violence are led by rural women who are trained to respond to these issues.

Specialized Feminist Counselling Services

By the late eighties, the women's movement had succeeded in putting in place some reforms in the legal system. An important development was the establishment of family courts. Setting up of family courts gave women the assurance that they could access a more 'approachable' formal structure to seek redress in situations of domestic violence. The mandate of such courts was that they have a gender sensitized judiciary with an understanding of the issue of violence against women. It was during this period that Section 498A Indian Penal Code (IPC), a provision in the criminal law that

enabled women to file a criminal complaint in cases of domestic violence, was brought in. This law established and named domestic violence as cruelty at the hands of the husband and/or his family members. Cruelty was defined as both physical and psychological cruelty which can lead to a woman ending her life or attempting to end her life.

By the nineties the efforts of women's groups to get the government to set up shelters and day care facilities for children of working women had met with some success. There was also a steady increase in feminist counselling services across the country. *Susamvad* in Pune, *Olakh* in Gujrat, *Swayam* in Calcutta were some of the many organizations that set up such services. By this time, groups had also managed to have counsellors who were formally trained, unlike in the previous decade where things were much more informal. Several of the principles of the women's movement were operationalized in these set ups and efforts were made to document the process of counselling and maintain such information in a systematic manner.

Activists had also begun to unpack the category 'woman' and look at women as differentiated by caste and class and religion and education, and so on. This recognition translated into the setting up of organizations such as *Tarshi*, *Seher* and *Rahi*. *Tarshi* (1996) was one of the first organizations to set up a telephone helpline to respond to the questions that women and young people have about sexuality. The aim was to enable women to seek support, no matter what the issue. *Rahi* was set up in 1996 to respond to adult women survivors of incest (non-consensual child sexual abuse by member of the family) and enable them to cope with life challenges when they found that experiences of incest were interfering with their lives. The issue of sexual abuse was brought to fore by *Rahi* and besides providing counselling services, the organization also creates awareness about incest in schools and colleges. *Rahi* believes that individual healing is an important step and healing could also lead to survivors becoming advocates to fight against abuse.

Seher, a psycho therapeutic programme, set up in 2004 under the *Bapu Trust*, challenged the bio-medical model of dealing with mental distress and illness and introduced a community model of

responding to people with mental illness. The programme catered to both men and women and was based on the firm belief that living with abuse leads to mental health consequences and thus it also attempted to demystify the issue of mental illness. One of its unique features was that it addressed the issue of healing by moving away from intra psychic focus to locating the reasons for emotional/psychological distress in a social context in which women live. (Davar, 2004)

Engaging Public Systems

The Resource Centre for Interventions on Violence against Women (Special Cell) in 1984 and Dilaasa in 2000 have been two important efforts at working with public systems, namely the home department, the women and child department and also with health systems to make them accountable to survivors of violence. The special cell was set up in 1984 by social workers who found that the police response to women reporting domestic violence was abysmal and that there was a need to engage and make the police machinery responsive to women. Those involved with the formulation of the special cell were also backed with experience of having been a part of the women's movement. (TISS, 2014)

The Special Cell for Women and Children started as a field project of the Tata Institute of Social Sciences (TISS) and was established to respond to women facing domestic violence and seeking redress from the police machinery. Thus, the programme had a direct link with the criminal justice system and, under it, trained social workers are based in police stations. Evidence from their work shows that women reach police stations only when abuse escalates. Therefore, providing effective crisis intervention services and preventing further abuse has been an important objective of the cell. In many instances, the abuser was brought to the police station to get him to stop abuse. The backdrop of the police system helped the special cell members to summon perpetrators and negotiate for non-violence. Such negotiations have been invaluable because, all too often, despite

heightened abuse, women want to continue in the relationship. This has been a challenging situation not just for the special cell but also for organizations working on preventing domestic violence. The special cell was brought under the ambit of the Home Affairs and Women and Child Department of the Government of Maharashtra in 2011 and 39 such cells were set up in Maharashtra alone. The Research Centre for Interventions, (RCI) of TISS has been instrumental in setting up, expanding and upscaling these cells in states such as Orissa, Haryana, Gujarat, Delhi, Rajasthan and Andhra Pradesh.

Dilaasa, a hospital-based crisis intervention department, was backed with research and evidence related to the impact of violence on women's health from CEHAT, a health research organization set up in 1994 under the Anusandhan Trust. CEHAT drew from both the women's movement and the health movement. Backed with field evidence from Mumbai as well as internationally, it aimed to set up a model in collaboration with the health department to respond sensitively to women. (Bhate-Deosthali, T K and Vindhya, 2012)

Dilaasa was established on the premise that women facing any form of violence reach the health system for health care, they may not approach a police station as complaining against a family member is still difficult, but they will almost always have some kind of contact with the health system. Dilaasa's primary efforts were to sensitize the health professionals to the issue of domestic violence and enable them to play a role in responding to the needs of women. At the same time, counselling was recognized as a health care need and so the Dilaasa hospital based department set up crisis intervention services to respond to women. Dilaasa's efforts had a significant impact on bringing an understanding of domestic violence as a public health issue to the system. Set up in 2000, the centre was replicated in another public hospital in Mumbai. The department was externally evaluated and found to be an upscalable initiative. Efforts have been under way in four other states to replicate the model. Anweshi, a Women's Counselling centre in Kerala, (Anweshi, 2014), North East Network (NEN, 2014), a North East based network, Soukhya (Soukhya, 2014) and SWATI (Society for Women's Action and Training Initiatives) a non-profit organization that works for the

socio-economic empowerment of women in the state of Gujarat (Swati, 2014) are undertaking the setting up of similar models in their respective states.

Beliefs Underlying a Feminist Perspective

The last three decades have been marked by several different kinds of services and support systems created for women facing domestic violence. The nature of support services has also evolved over the years. The early groups that were linked to the movement reached out to survivors and encouraged them to break their silence vis-à-vis domestic violence. Protest rallies, posters, street plays as well as speaking to survivors and opening their own houses as shelters, were the highlights of the movement in the eighties. The focus was on encouraging women to break their silence vis-à-vis domestic violence. However the groups never looked on the support they provided as counselling. More recently, groups have consciously been developing counselling practices as shown in the examples cited above.

The Personal is Political: The second wave of feminism in the West coined the term 'The personal is political'. (Gupte, 2013). In the Indian context too, groups and organizations set up to respond to women facing domestic violence, clearly held the belief that violence faced by a woman is not a personal problem, but is connected to the social and political environment in which she lives. Several methods have been used by different organizations to translate this belief into practice. Engaging women vis-à-vis gender ascribed roles and how these get operationalized in their daily lives, connecting the socio-political understanding related to abuse of power, are some of the ways to encourage women to arrive at the fact that abuse is not because of inadequacies in them, but rather that it occurs because it is used as a tool to maintain the status quo in favour of men. However, these discussions are aimed at enabling women and prompting them to share their views of abuse and why it occurs. The aim of doing so was to explain how those in positions of power use violence as a

means to establish control as well as assert/establish their position by being violent so that the power equations within the family are not challenged.

Dealing with Psychological Distress: It is well known that mainstream counselling treats anxiety and negative emotions experienced by women in a vacuum without addressing the underlying abuse faced by them. In contrast, the feminist approach stems from an understanding that being subjected to violence has not just a physical but also a psychological impact. Such an approach enables women to recognize that living in abuse can expose them to tremendous psychological distress. At the same time it is also possible that coping mechanisms to deal with violence may fail. Such a breakdown is interpreted in feminist interventions as a temporary phase and it is felt that counselling will help those at the receiving end of violence to reflect upon ways in which they have dealt with the ongoing abuse in their lives. This kind of acknowledgement is essential to prevent women from perceiving themselves and their emotions negatively. Feminist interventionists are also aware of the fact that women suffering from mental illnesses are often abandoned by their families and do not receive any care. In such circumstances, interventionists engage with the families and discuss the need for care.

Accepting Ambiguity: An important belief in feminist interventions is to recognize women's vacillations. When a woman enters a counselling centre, she may express anger about the ongoing abuse and say that she wants to end the relationship. However, her decision may change after a few days when she comes back to the centre; this time round she may say that she wants to give the relationship another chance, as she believes that the abuser will change or that she can change him. Feminist counsellors recognize and give scope for a woman to examine her personal vacillation. Such a recognition is based on issues such as women being economically dependent on the abuser, the fear of living alone, the apprehension of being stigmatized as someone with a 'poor' character, the fear of losing children and also the hope that the abuser may change.

Consciousness-raising: Feminist interventions do not occur in a vacuum. The goal of feminist consciousness is to create awareness about institutions such as the family and marriage as products of a patriarchal system, and that these have inherent contradictions, mostly to the disadvantage of the woman. Consciousness raising is done with the purpose of understanding different social disadvantages that women face. To cite an example, women who are in a heterosexual relationship, married and have children gain far more respect than women who are married and don't have children. Women who are in a same sex relationship are often dismissed as 'not normal' and may not be allowed to marry or raise a family. Parental families disown women who may have a relationship outside the marriage. Consciousness raising enables women to see their social locations, advantages and disadvantages based on these and also reach out to other women living in abuse.

Principles of Feminist Counselling

Feminist principles for responding to domestic violence have emerged from the work carried out by the women's movement in India. A similar line of thought was seen in the interventions carried out by women's organizations consistently in the eighties, nineties and into the new century. The principles described in this section have emerged from an acute consciousness among women's movement activists about women's subversive status within the family and the community, and a belief in women's own agency. These principles are described below.

Self-awareness: The nature of feminist counselling constantly calls upon the counsellors to re-examine their own values, both personal and professional, vis-à-vis each woman who comes to them for help. This value implies that a counsellor needs to be aware of his or her own beliefs. It also implies that the counsellor has to be introspective and responsible. When counsellors are aware or do not accept women's beliefs, they risk becoming prescriptive in their

approach. What sets apart a feminist interventionist is analysis of the intersections to which a woman belongs and the disadvantages she may face due to her social locations such as caste, class, religion etc. Hence, unlike mainstream mental health counsellors, feminist counsellors have the responsibility of understanding women's social location and to be aware of their own sense of these.

Self-determination: Mainstream psychological counselling follows a method of assessment of the woman that is both intellectual and emotional. But, feminist counselling seeks to follow the path of recognition and acceptance and the development of alternatives. Feminist intervention does not perceive the woman as a helpless victim of uncontrollable circumstances, but as an active participant in determining ways and means of dealing with the abusive situation at hand. In a situation where women are often reprimanded about their decision-making capacities, feminist principles aim to increase the woman's confidence and control over the situation.

Awareness of Diversity or Multiple Identities: Feminist intervention recognizes that women are not a homogeneous category and belong to different social, political, cultural, religious, economic and sexual identities and backgrounds. Such a perspective in counselling helps women to identify the ways in which these identities impact their situations. For example, a woman belonging to a Dalit community and facing violence would be at a social disadvantage, not only because she is being abused but also because she comes from a community which has faced oppression for several decades. Therefore, it would be crucial to develop interventions that recognize such multiple axes of oppression.

Commitment to Question Sexist Beliefs: Living in a patriarchal society, women and counsellors both absorb the same milieu and form opinions about others within that social context. For example, a client says that her husband is having an extra-marital affair with a widow and that widows are promiscuous. In such a situation, a feminist approach would enable a counsellor to clarify her beliefs about

widows in general, but also empathize with the woman and seek to place the responsibility of the extra-marital affair on her husband. This principle also seeks to challenge the beliefs and prejudices that are common among women, for example that women are women's worst enemies, and explain these as patriarchal constructs developed to divide women.

Recognizing Power Relations: The issue of power between a counsellor and a woman facing abuse has been discussed extensively in western feminist literature (Enns, 2004). The very nature of help-seeking behaviour by a woman facing abuse makes it a challenge to work towards an egalitarian relationship between the counsellor and the woman. Therefore, awareness on the part of feminist counsellors about the power they hold is necessary and important. This awareness will also enable counsellors to ensure that they value women's perspectives in counselling. One way of dealing with power between the counsellor and the counselled is by the former demystifying the process of counselling itself. This in turn can empower the woman and give her a sense of being an educated consumer. (Worell and Pamela, 2003)

SETTING STANDARDS IN INTERVENTIONS/COUNSELLING FOR DOMESTIC VIOLENCE PREVENTION

Opportunities for providing services and reaching out to survivors of domestic violence have grown exponentially after the passage of PWDVA. The new law provides for infrastructure, human resources, new appointments such as protection officers and service providers. But there is also a danger that groups/individuals/organizations will not be adequately equipped to carry out these interventions. It is important to understand that counselling centres do not work in isolation; they negotiate spaces within the institutions of the family, the police, the health system and the judiciary that are riddled with insensitivity and biases against women. Moreover, it is well known that all groups/organizations working with survivors are not necessarily feminist in their perspective and approach to survivors of

domestic violence. Such groups may well be invested in preserving the family as an institution rather than helping the survivor to heal.

Despite several services for domestic violence reduction, no systematic effort has been made to set standards to regulate counselling services. In order to respond to the gap in regulating counselling practice in domestic violence prevention, Dilaasa, a joint initiative of the MCGM and CEHAT, instituted a case conference and supervision for those carrying out counselling. This enabled the counsellors to reach out when support was required as well as voice their concerns, dilemmas vis-à-vis interventions carried out by them. As Dilaasa team members, we felt we needed to understand the discourse on counselling ethics and whether such standards can be set for self regulation by institutions and organizations. In 2011, CEHAT set up an expert group at the national level comprising women's rights advocates, lawyers, ethicists, psychologists, psychiatrists and practitioners to develop ethical guidelines for domestic violence counselling. The committee examined ethical standards for counselling practices in different parts of the world and evolved a set of principles and guidelines for determining such standards in counselling for responding to domestic violence in India. A set of standards was thus developed in consultation with the expert body and a set of ethical guidelines evolved to develop a comprehensive and ethical response to women seeking counselling services. These guidelines have been evolved keeping in mind different settings, both rural and urban, as well as both sectors such as working with the public system and for setting up counselling services. A set of guidelines has been listed in brief in this section (CEHAT, 2012).

Informed Consent for Counselling—Counselling is not a passive process and consent is essential. Though consent is implicit in a counselling relationship, this is the first step in counselling as it helps women facing violence to get a fair idea of the counselling relationship. Similarly, it is important for women to know (at the outset) what the counselling centre can and cannot offer. If a woman demands a job, she should be informed that the centre may not be in a position to provide it. Once she consents to receiving services, it is important to explain

the procedures followed, such as the timings, the assurance of confidentiality and that the counsellors (looking into her case) may change, among other things.

Safety Assessment and Safety Plan – Counsellors play a significant role in each of these situations. They focus on understanding the woman's narration of the history of violence and determine whether there is a threat to her life. Counselling centres need to have a series of questions to assess the severity and frequency of violence, its changing nature over time as well as the woman's perceptions of her safety. These questions are useful in assessing whether it is safe for the woman to return to the violent home. These issues are discussed with the woman to determine and explore alternative shelters, if necessary. The presence of informal support systems, such as the natal family, friends, neighbours, colleagues and employers, is also explored during this time. If a woman lacks such support, then information about temporary shelters is provided to her. Simple strategies such as pre-empting an incident of violence, leaving the room if the abuser is present, getting out of the house, holding his hand, calling the neighbours and shouting, are some practical ways of resisting violence and reducing further harm. Thus, understanding the history of violence and assessing the immediate safety of the woman forms an important step.

Suicide Assessment – Just as the physical safety of the woman is determined so also her emotional safety is an important aspect of the safety assessment and plan. It is important for the counsellor to know whether a client has considered suicide. Not every woman acts upon these thoughts, but many do. It is therefore necessary that counsellors be trained to provide suicide prevention counselling. It may also help the counsellor to ask a woman about her emotional state and her feelings – her mood, does she feel low or sad; does she feel like crying and so on. The counsellor can enable the woman to see for herself how the abuse that she faces has pushed her into attempting suicide and develop a plan for overcoming such feelings.

Legal Counselling – Training of counsellors with regard to the laws related to custody, divorce, maintenance, and the provisions of section 498A of the Indian Penal Code and the ramifications of such actions are imperative as they have to provide updated information to the woman seeking counselling. A lawyer should be available for those women who wish to pursue legal action. The most frequent legal assistance needed by women involves processing an injunction order, petitioning for maintenance and, occasionally, filing for divorce. It is however also important to understand that even if women seek legal counselling, many do not pursue litigation

Negotiation for Non-violence – Often women express a desire to call the abusive person/persons for a meeting, and demand that the counsellor resolve the issue immediately. A counsellor should validate the woman's feelings; at the same time, it is important to counsel the woman that there is a need to understand her life situation and those aspects which she wishes to negotiate. If the woman is not adequately prepared, the meeting may not achieve the purpose. The premise of a joint meeting is to build confidence in the woman so that she can negotiate and put an end to the violence she faces. Therefore, the counselling must be geared to providing her the required training to table the issues that she wishes to discuss with the perpetrator. It is also pertinent to seek details about whether such an effort was made in the past, its outcomes, the aspects that need to be covered in the joint meeting and so on. These details can help the counsellor to set the objective for the meeting. It also helps the woman to concretise the base for a joint meeting. It must be kept in mind that such a meeting is not called to bring about an 'adjustment' or a 'compromise' between the abuser and the woman. If this is done, the woman will be at the receiving end; being blamed for not doing or not acting in ways demanded by the family. As a consequence of this, the purpose of negotiating for preventing violence will be defeated. Women also need to be given a realistic idea about the outcomes of these meetings. Sometimes joint meetings do not work. The counsellor can prepare the woman beforehand and enable her to convey alternative demands.

Preparing the Woman to Seek Police Assistance – While dealing with the issue of domestic violence, it becomes important to register a police complaint if the woman wishes it. The counsellor therefore has to state the importance of ensuring that the complaint is recorded as evidence for the violence a woman faces. Much of the time, women's experiences with the police are anything but positive. These so called 'settlements' that the police broker amount to a kind of arbitration. A woman seeking help needs to know what the fallout of such arbitration can be as these rarely end up being in favour of women. Counsellors should explain the nature and extent of the complaint that can be made depending on the nature of the violence. Differences in cognizable and non-cognizable offences also need to be explained. Further, the woman must also be informed about the importance of gathering evidence of abuse, including getting herself examined at a government hospital, preserving the medical report, taking photographs of the bruises and injuries, preserving her letters to her parents/relatives/friends.

Importance of Referrals – Domestic violence is a complex issue. Therefore, the outcomes of counselling are difficult to ascertain. Also even though they may have filed complaints women have to move on with their lives. But counselling centres can do little in this regard so it becomes important for them to have a good network of organizations that can provide the required support. Counsellors can keep lists of trusts and organizations that provide material resources and financial aid for different needs such as schooling for children, shelter homes and employment opportunities for women. Counsellors also need to be certain of organizations to which they make referrals as this too is an ethical responsibility. (Bhate-Deosthali, 2013).

Emerging Issues and Challenges

A number of different services have been created for women in the past three decades. The nature of the support systems has also evolved. In the early days of the movement activists reached out to

survivors and encouraged them to break their silence about domestic violence but they did not term their support counselling. The belief that 'the personal is political' enabled women to speak out against abuse in their private lives. This slogan later became very important in feminist counselling. But activist groups also realized that women seeking abuse did not necessarily participate in the struggle for social change.

Consistent pressure by women activists on the state to develop services for women has yielded some results and shelter homes, family courts and counselling services have been set up. The understanding that domestic violence should not be tolerated and is unlawful, has also gained ground. And there is a growing understanding of the need to develop gender sensitive individual solutions in counselling. But the process has been slow as organizations are unsure of the wisdom of engaging with the state. Some, like Stree Mukti Sanghata and Swadhar in Maharashtra did take this step and set up family counselling centres with the women and child department of the state to create services for women facing domestic violence. Vimochana, in Bangalore, also decided to engage with the state and set out to build capacity building workshops with public servants on issues concerning women and violence. This engagement was done with the purpose of educating government officials on the need for good quality services.

The passage of the domestic violence prevention law (PWDVA) by the Government of India and its implementation through the Ministry of Women and Child Development helped to create institutional mechanisms to deal with domestic violence. The appointment of protection officers, schemes for setting up of family counselling centres, hostel facilities, the extension of shelter homes such as 'swadhar' for survivors of domestic violence were some of the steps taken by the government. Though these schemes may have greater outreach than civil society organizations, these have not been evaluated and therefore it remains a challenge whether they really reach women living with abuse.

The Planning Commission in its Twelfth Five Year Plan constituted a working group under the chairpersonship of the Secretary,

Women and Child Development, for the creation of hundred One Stop Crisis Centres (OSCCs) across the country to mitigate abuse against women both in their personal lives as well as in workplaces. However, the roll out of the actual OSCC scheme and its operational aspects have not been presented to civil society yet. Thus, while it is true that at one level the state seems to be responding to the needs expressed by women's groups, at another the perspective with which the schemes and services are offered needs to be assessed as these schemes do not necessarily follow a pro-woman approach. This poses a challenge to the efforts to do away with domestic violence

The Way Forward

It is clear that counselling has gained momentum over the past three decades. Psychologists, social workers, lawyers, protection officers, barefoot counsellors, outreach workers across the country both in urban and rural communities, are involved in counselling work. The Protection of Women from Domestic Violence Act (PWDVA) 2005 brought in a new cadre of professionals, termed 'Protection Officers'. Their role has been to assist women to seek services beyond the law. There is a need for such professionals to understand the conditions that lead to violence against women, and it is important that they be equipped with a feminist perspective while counselling women. We are cognizant of the fact that a feminist perspective in counselling has still not been integrated into the disciplines of psychiatry and psychology, disciplines from which counselling actually emerged. There is an urgent need for organizations working in the field to produce evidence related to the utility of feminist counselling and its effectiveness in responding to domestic violence because only such evidence will prompt the academia to integrate feminist analysis in the academic counselling discourse.

Closely associated with feminist counselling is the importance of the regulation of counselling services. For counselling to be effective, organizations should ensure supportive supervision to enhance and maintain the quality of counselling. One of the ways

in which this can be done is for organizations to adopt ethical principles and guidelines in their counselling services. Counselling ethics discourse can sensitize counsellors, protect and promote the rights of women as well as enable counsellors to seek guidance and support when needed.

As professionals enter the arena of domestic violence counselling, it is important to bear in mind that organizations raise the consciousness of professionals by participating in campaigns on ending all forms of violence such as the one based on caste, class and religion as domestic violence cannot be dealt with in isolation.

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