



CHARISMA

Counseling Manual

Empowerment counseling
to improve women's ability to
use PrEP safely and effectively



Acknowledgments

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Introduction

ABOUT CHARISMA

CHARISMA¹ is an empowerment counseling intervention to improve safe and effective use of new antiretroviral (ARV)-based HIV prevention technologies by addressing some of women's biggest challenges to consistent HIV prevention use—harmful relationship dynamics with male partners and exposure to intimate partner violence (IPV). Throughout this document, we will refer to ARV-based HIV prevention technologies as "PrEP" (pre-exposure prophylaxis).

The intervention is comprised of four steps (see Figure 1) administered by counselors as part of PrEP service delivery:

- **Step 1:** Relationship assessment (HEALTHy Relationship Assessment Tool or HEART)
- **Step 2:** Counseling
- **Step 3:** Educational materials for male partners
- **Step 4:** Support and referrals

For more information about CHARISMA, refer to the CHARISMA Guide to Intervention Implementation and Adaptation.

¹ CHARISMA is an acronym for "Community Health Clinic Model for Agency in Relationships and Safer Microbicide Adherence." We refer to it only as CHARISMA because the community component was dropped after the pilot and because the term "microbicides" is not being used in PrEP programs.

WHAT'S INCLUDED?

The CHARISMA Counseling Manual provides detailed information for counselors to implement all four steps of the CHARISMA intervention. It includes time estimates, objectives, details on each step, and suggested language to use with clients. This resource should be shared with the counselors when they are trained and used as a reference guide as they begin conducting CHARISMA counseling. The manual has an accompanying job aid, which is a tabletop flip book. Counselor pages in the job aid include key steps and messages to cover in each counseling session, including the relationship assessment (HEART), all four counseling modules, male partner packets, and referrals. With time and practice, counselors will no longer need to reference the counseling manual and can rely solely on the counseling job aid.

- **Step 1** is an introduction to CHARISMA and the administration of the relationship assessment called HEART.
- **Step 2** includes all of the counseling modules. It begins with Healthy and Unhealthy Relationships (**Module A**),

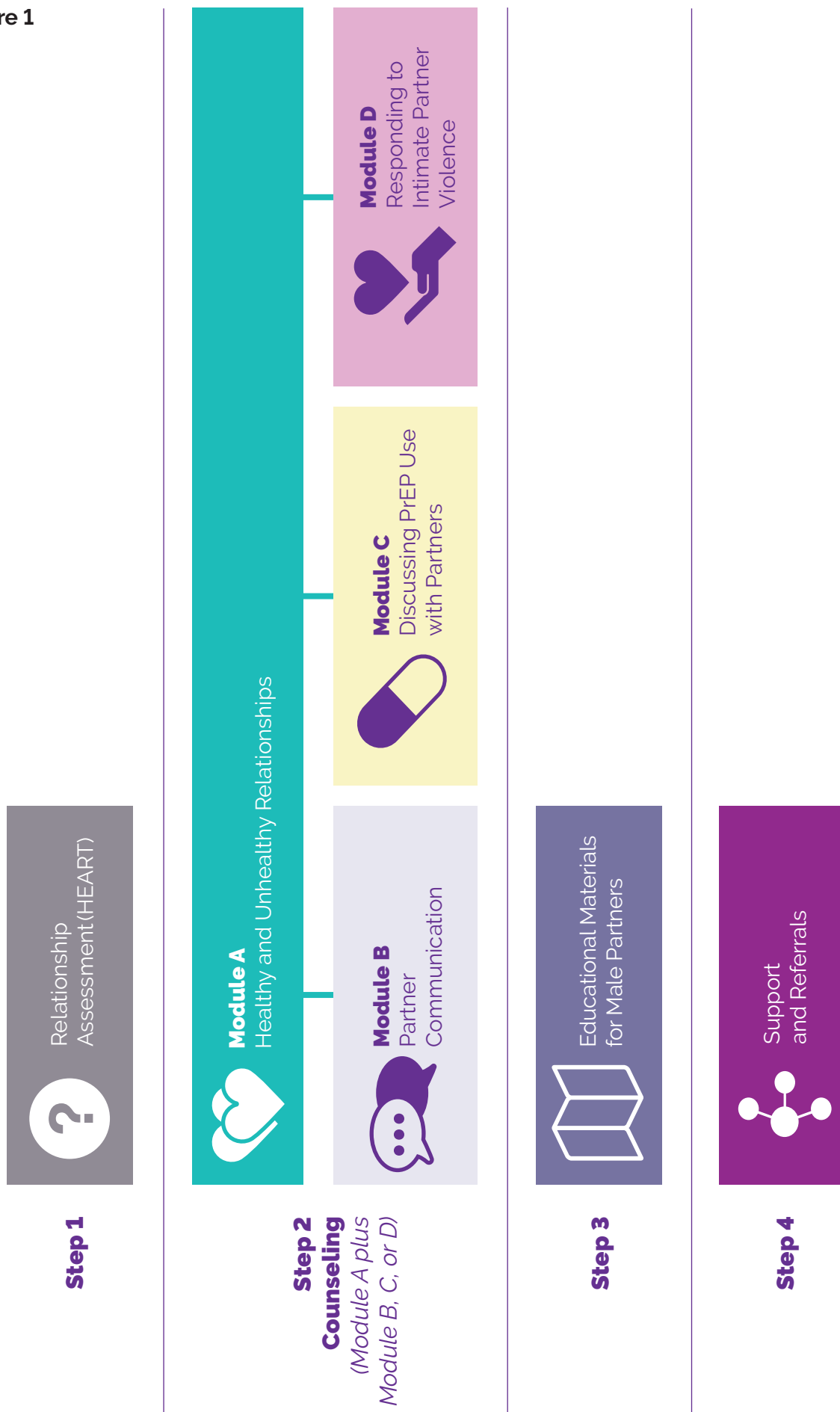
which is conducted with all clients, followed by three skills-building modules:

- Partner Communication (**Module B**)
- Discussing PrEP Use with Partners (**Module C**)
- Responding to Intimate Partner Violence (IPV) (**Module D**)

Typically, clients will receive only one of three skills-building modules in a counseling session, pending the results of the relationship assessment (Step 1), as outlined later in the manual. If a client is returning for a repeat visit, you can offer another counseling module if appropriate.

- **Step 3** includes provision of educational materials on HIV prevention, PrEP, violence, and other relevant topics for clients to share with their male partners.
- **Step 4** concludes the counseling session by discussing the types of support clients need and making referrals, as appropriate for each woman's situation.

Figure 1



WHO SHOULD USE IT?

The Counseling Job Aid and this manual are resources for counselors who are supporting women who are using or who would like to use ARV-based HIV prevention methods. The job aid and this manual specifically focus on oral PrEP. However, all materials can be adapted to include other HIV prevention technologies.

Before working with clients, counselors should complete training using the CHARISMA Counselor Training Curriculum and three mock counseling sessions following the guidance in this manual and the CHARISMA Counseling Job Aid.

HOW SHOULD IT BE USED?

This manual serves as both a training tool and a reference. It is not meant to be used during a counseling session.

Before conducting counseling, review the guidance in this manual and the job aid carefully to ensure that you can use them as intended. Each section of this manual includes the following components:

Objectives: Describe the intent of each activity and highlight what clients should learn as a result. Begin each activity in the counseling session by telling clients why they are doing the activity and what you hope they will get out of it. Example language, shown in italics, has been included in the counseling content section.

Time: This is how long the activity should take during a typical counseling session. These timings are not fixed and may shift because of the individual you are working with or based on the time you have available.

Instructions and content: This is the main body of the activity and includes both sample language (italicized) and important information for your reference. The sample language is a guide, not a script. You can adjust the language

to fit the context and the client you are speaking with so that it comes across naturally and the client feels you are listening to and learning about her individual experience.

Counselor note: Some activities include additional notes to explain how or when those activities will be used.

Key points: Some activities include key points that clients should learn from the activity. These key points will be useful while you are facilitating the discussion during the activity, as well as in summing up the discussion at the end of the activity.

Additional materials: This manual is accompanied by several other materials.

- *CHARISMA Guide to Intervention Implementation and Adaptation:* Provides background on how the intervention was developed and tested, details about each of the tools, and guidance for implementing and adapting the intervention.
- *CHARISMA Counselor Training Curriculum:* The manual is for the staff person who is responsible for training counselors to implement the CHARISMA intervention. Before implementing any counseling activities, staff who will be supervising lay counselors, and lay counselors, should complete this training.
- *CHARISMA Counseling Job Aid:* The job aid is a flip book for the lay counselor to use during counseling. The job aid displays images for the client to view and high-level instructions and key messages for the counselor. It can be laminated so that you can use an erasable marker to make notes on images when appropriate. Or, if needed, counselors can use plain paper from a notepad and pens or pencils to conduct the activities described in the job aid. It is intended for use by counselors who have completed the training, mastered the knowledge and skills described in this manual, and successfully completed three mock counseling sessions.

- *Videos:* These comprise a series of three videos to be shown during counseling sessions. They accompany the modules on Healthy and Unhealthy Relationships (Module A), Partner Communication (Module B), and Discussing PrEP Use with Your Partner (Module C).
- *Educational Materials for Male Partners:* Includes materials on PrEP, HIV prevention, violence, and other topics relevant to men that the counselor can offer to a woman during counseling. Also includes a letter the client can give her partner inviting him to come to the clinic for PrEP counseling.
- *Referral Templates:* Templates that can be adapted to facilitate referrals to other services (e.g., psychosocial support, social services), especially for those who are experiencing IPV.

CHARISMA Introduction and Relationship Assessment (HEART)



INTRODUCTION TO CHARISMA AND WHAT TO EXPECT



OBJECTIVE

Introduce CHARISMA counseling, including what is involved and why it is helpful.



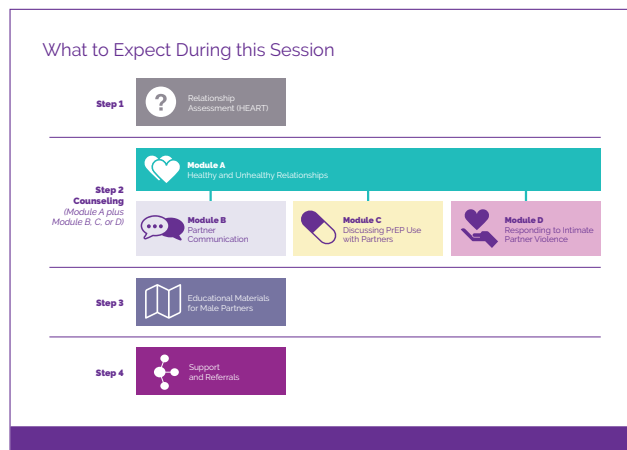
TIME

5 minutes



INSTRUCTIONS AND CONTENT

Show the client the Counseling Job Aid page titled “What to Expect During this Session.”



Explain what she can expect during your time together today:

CHARISMA is a special kind of counseling to help women use oral PrEP safely. We know that it can be challenging to use PrEP, depending on the type of relationship you have with your partner or partners. We want to make sure you have the tools you need to use PrEP successfully and safely. Today we want to talk about what you want out of a relationship and what a healthy relationship is. We also want to ask you about your current relationship. After that, we will work on some specific skills that may be helpful to you. First, we're going to ask you to respond to a few questions. Does that all sound okay?

RELATIONSHIP ASSESSMENT (HEART)



OBJECTIVE

To help identify potential barriers to using PrEP and possible risk of abuse or violence in a woman's sexual relationships.

Counselor Note

The HEART assessment can guide the selection of counseling modules.



TIME

10 to 15 minutes



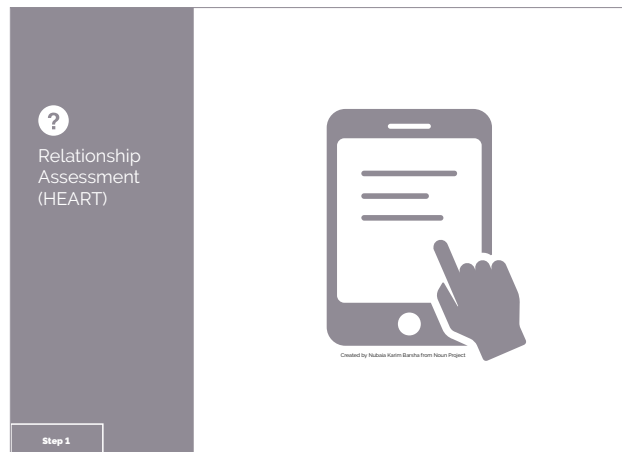
INSTRUCTIONS AND CONTENT

INTRODUCTION AND OVERVIEW

Counselor Note

The HEALthy Relationship Assessment Tool (HEART) is a set of questions that will assist a counselor to tailor empowerment counseling to an individual woman's relationship and needs. The questions cover partner characteristics, communication and decision-making in her relationship, how her partner treats her, her experience with abuse and violence, and whether she has told her partner about PrEP or wants to tell him. HEART has been programmed for use on a tablet or laptop so that the data can be collected electronically. A counselor should conduct the assessment in a private setting. When the HEART is conducted on a tablet or laptop, the scores will be automatically calculated. If a tablet or laptop is not available, use a printed copy of the HEART Assessment to record the client's responses.

Show the client the Counseling Job Aid page titled "Relationship Assessment."



Frame the activity: *I would like to ask you some questions about you and about your relationship with your partner(s). These questions will help me understand what kind of counseling and support you might need from us.*

Ask: *I would like you to take a moment to think about the partner or partners you have been involved with sexually during the last year. Do you have a primary sex partner – a man you have sex with on a regular basis, or who is your husband, or who you consider to be your main sex partner?*

[If yes] Please think about that person when you answer the questions I'm going to ask you.

[If no] If you do not currently have a primary sex partner but have had a primary sex partner in the past year, please think about that person when you answer the questions I'm going to ask you. Otherwise, you can think of another recent sexual partner.

Please answer as honestly and openly as you can. Please note that everything we discuss will be kept confidential.

Ask: *Does your partner know that you are using PrEP for HIV prevention?*

Yes

No (SKIP next question)

Ask: *What was his reaction when he first found out?*

Supportive

Neutral

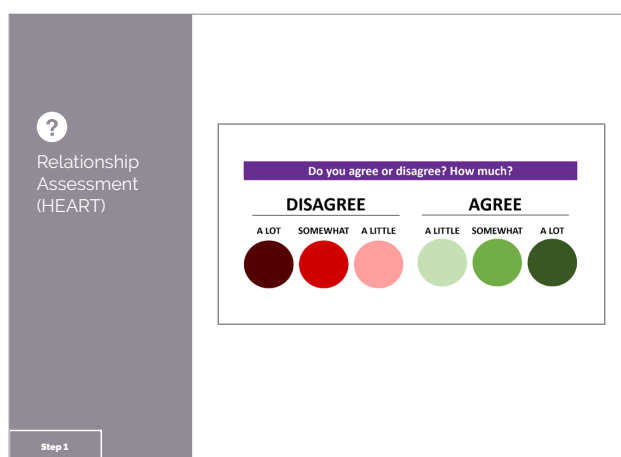
Opposed

Don't know

Show the client the Counseling Job Aid page "Do you agree or disagree? How much?" with the response options shown below.

Explain the response options: *Here's how it works. I will read a statement aloud. For each statement, please tell me first if you:*

- *Disagree or Agree, and then*
- *How much you disagree or agree: A Lot, Somewhat or A Little*



If completing the assessment and scoring on a tablet or laptop

1. Read each set of client instructions (identified by "READ") exactly as written on the tablet/laptop.
2. If the client has not understood the statement, you may repeat it. Emphasize that her responses will be confidential.
3. Ask whether the client generally DISAGREES or AGREES. Then ask HOW MUCH? (Do not ask the client to give a numeric response from 1-6. This is because some statements are scored from 1 to 6 and others are scored from 6 to 1.)
4. Encourage the client to answer each question.
5. Enter each of the client's responses on the tablet or laptop.
6. A "No Response" option should be recorded if a client refuses to respond to a specific question. Do NOT offer this option to a client. It is only to be used when a client is unwilling to provide a response to a specific question.

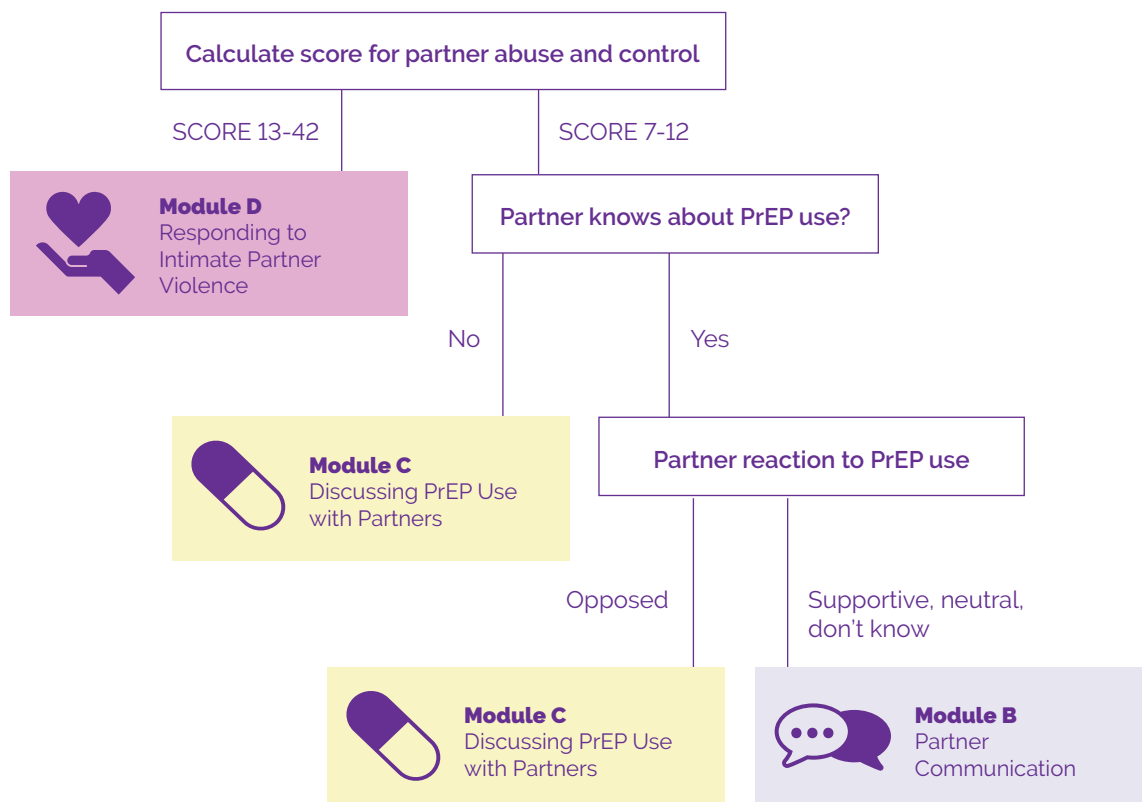
If completing the assessment on paper and scoring on tablet/laptop

1. Read each set of client instructions (identified by "READ") exactly as written.
2. If the client has not understood the statement, you may repeat it. Emphasize that her responses will be kept confidential.
3. Ask whether the client generally DISAGREES or AGREES. Then ask HOW MUCH? (Do not ask the client to give a numeric response from 1-6. This is because some statements are scored from 1 to 6 and others are scored from 6 to 1.)

4. Encourage the client to answer each question.
5. Based on the client's response, circle the score for each question.
6. Write the number in the last column of the row (SCORE).
7. A "No Response" option should be recorded if a client refuses to respond to a specific question. Do NOT offer this option to a client. It is only to be used when a client is unwilling to provide a response to a specific question.
8. As soon as a tablet or laptop is available, enter the client's responses to the HEART paper-based tool into the tablet or laptop for scoring.

If completing the assessment and scoring on paper

1. If a tablet or laptop is not available for completing or scoring the HEART, complete the 'Traditional Values,' 'Partner Abuse and Control' and 'Partner Support' sections of the HEART on paper. You can also complete the 'Partner Resistance to HIV Prevention' and 'HIV Prevention Readiness' sections, but they are not required.
2. Make sure the client has answered every question in those three sections (none can be skipped when scoring on paper).
3. Add the numbers in the last column (SCORE) to obtain a TOTAL SCORE for each section of the HEART. This number should fall within the range that is provided next to the TOTAL SCORE label.
4. Use the figure below and the instructions on the next page to determine which counseling module to offer the client.



5. If the total score for Partner Abuse and Control is 13-42, **Responding to Intimate Partner Violence (Module D)** is recommended for this client.
6. If the total score for Partner Abuse and Control is 7-12 AND the client's response to the question "Partner knows about PrEP use?" was:
 - a. NO (her partner does not know that she is taking PrEP) then **Discussing PrEP Use with Partner (Module C)** is recommended for this client.
 - b. YES (her partner knows she is taking PrEP for HIV prevention), AND the "Partners reaction to PrEP use" was:
 - i. Opposed, then **Discussing PrEP Use with Partner (Module C)** is recommended for this client
 - ii. Supportive, neutral or she doesn't know, then **Partner Communication (Module B)** is recommended for this client.
 - c. If the total score for Partner Abuse and Control is less than 13 but the client discloses some form of partner abuse or control to the counselor, the counselor can decide to offer **Responding to Intimate Partner Violence (Module D)**.

Note: If time is limited, at a minimum, complete the Partner Abuse and Control section.

Final selection of a counseling module

If you complete the scoring on a tablet or laptop, the laptop/tablet program will tell you what counseling module is recommended. If you complete the scoring on paper, the scoring guide shows you which module is recommended. However, in all cases the final decision about which module to use (B, C, or D) will be made after you complete Module A. Your discussion with the client during Module A may reveal additional information about her relationship that will help you decide which counseling module (B, C, or D) to use.

If the HEART recommends Discussing PrEP Use with Partners (Module C) or Partner Communication (Module B) but the client talks about abusive or controlling behaviors by her partner during Module A, you can decide to offer Responding to Intimate Partner Violence (Module D) instead.

HEALTHY RELATIONSHIP ASSESSMENT TOOL

READ With the first set of statements, I would like to understand how you feel about the kind of roles that men and women should have in their everyday lives. Please answer as honestly as you can.

If the statement is not clear, I can repeat it. These questions will help us to consider how much or how little support you might receive from this partner.

	TRADITIONAL VALUES	DISAGREE			AGREE			
		A Lot	Some	Little	Little	Some	A Lot	Score
1	I think that a woman cannot refuse to have sex with her husband.	1	2	3	4	5	6	
2	I think that if a man has paid lobola* for his wife, he owns her.	1	2	3	4	5	6	
3	A woman should always listen and abide by the word of her husband without questions.	1	2	3	4	5	6	
4	A man should have the final word about decisions in his home.	1	2	3	4	5	6	
5	A real man produces a male child.	1	2	3	4	5	6	
6	I think that if a man has paid lobola for his wife, she must have sex when he wants it.	1	2	3	4	5	6	
7	I think that a man should have the final say in all family matters.	1	2	3	4	5	6	
8	A woman should accept her partner's wishes – even when she disagrees – to keep the family together.	1	2	3	4	5	6	
9	I only think I am attractive if other people think I am.	1	2	3	4	5	6	
TOTAL SCORE (Range=9-54)								

*bride price

READ With the next set of statements, I would like to get a better sense about your relationship in general with the partner we have just identified. Do you have that partner in mind? Please answer

as honestly as you can. If the statement is not clear, I can repeat it. These questions will help us to consider how much or how little support you might receive from this partner.

PARTNER SUPPORT		DISAGREE			AGREE			Score
		A Lot	Some	Little	Little	Some	A Lot	
1	My partner is as committed as I am to our relationship.	1	2	3	4	5	6	
2	In general, my relationship has a lot of tension.	6	5	4	3	2	1	
3	I feel trapped or stuck in our relationship.	6	5	4	3	2	1	
4	Arguments with my partner result in me feeling down or bad about myself.	6	5	4	3	2	1	
5	My partner does what he wants, even if I do not want him to.	6	5	4	3	2	1	
6	I feel safe in my current relationship.	1	2	3	4	5	6	
TOTAL SCORE (Range=6-36)								

READ In this next section, I would like to ask you some questions about how your partner treats you. Some of these questions might be difficult to answer. Please respond as honestly as you can.

	PARTNER ABUSE AND CONTROL	DISAGREE			AGREE			Score
		A Lot	Some	Little	Little	Some	A Lot	
1	My partner slaps, hits, kicks, or pushes me.	1	2	3	4	5	6	
2	My partner does things to scare or intimidate me on purpose.	1	2	3	4	5	6	
3	My partner makes fun of me or humiliates me.	1	2	3	4	5	6	
4	My partner makes most of the decisions about how the household finances are used.	1	2	3	4	5	6	
5	I feel frightened by what my partner says or does.	1	2	3	4	5	6	
READ The next two questions ask how you feel in general about decisions you make.								
6	I can't seem to make good decisions about my life.	1	2	3	4	5	6	
7	I do not trust myself to make good decisions about my life.	1	2	3	4	5	6	
TOTAL SCORE (Range=7-42)								

READ These next items will help assess whether you might face any risks from asking your partner about using HIV prevention products.

PARTNER RESISTANCE TO HIV PREVENTION		DISAGREE				AGREE			Score
		A Lot	Some	Little	Little	Some	A Lot		
1	If I asked my partner to use a condom, he would get angry.	1	2	3	4	5	6		
2	If I asked my partner to use a condom, he would think I'm having sex with other people.	1	2	3	4	5	6		
3	If I asked my partner to use a condom, he would get violent.	1	2	3	4	5	6		
4	I cannot tell my partner about PrEP use because he will become angry.	1	2	3	4	5	6		
5	If I asked my partner to use PrEP, he would get violent.	1	2	3	4	5	6		
TOTAL SCORE (Range=5-30)									

READ The last set of items are about your readiness to use an HIV prevention product – in this case, oral PrEP. Are you ready?

HIV PREVENTION READINESS		DISAGREE			AGREE			Score
		A Lot	Some	Little	Little	Some	A Lot	
1	Using PrEP with my partner will help us communicate better.	1	2	3	4	5	6	
2	I am nervous to learn my HIV status.	6	5	4	3	2	1	
3	I worry that PrEP will affect my sex life.	6	5	4	3	2	1	
4	I worry that others will think I am promiscuous if they know I am using PrEP.	6	5	4	3	2	1	
5	I worry that my partner will think I do not trust him because I am using PrEP.	6	5	4	3	2	1	
TOTAL SCORE (Range=5-30)								

Module A

Healthy and Unhealthy Relationships



DEFINING AN IDEAL PARTNER



OBJECTIVE

Describe the personal qualities that clients would want in a partner. Identify the differences and similarities between what men and women want. Begin to understand what women and men need in order to communicate better about what they want from each other in relationships.



TIME

5 to 7 minutes

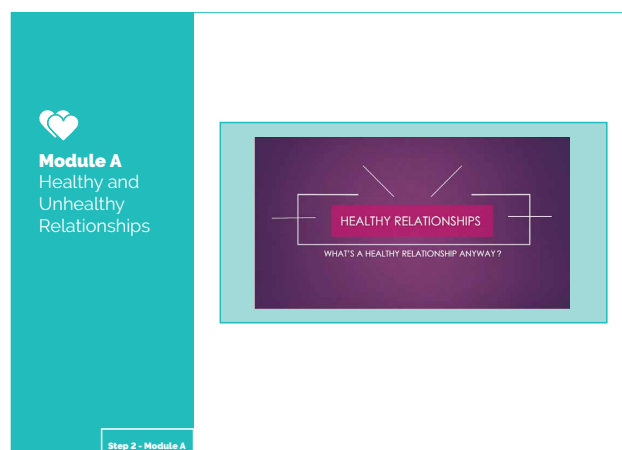


INSTRUCTIONS AND CONTENT

Show the client the Healthy Relationships video. If unable to show the video, skip to the next page in the job aid.

Counselor Note

Before you select and administer the appropriate counseling module (B, C, or D), you should set the stage for counseling on Healthy and Unhealthy Relationships (Module A). If needed—for example, if the woman is crying or upset after answering questions around violence on the HEART—skip Module A for now and move directly into counseling on Responding to Intimate Partner Violence (Module D),



Show the Counseling Job Aid page titled "Defining an Ideal Partner."



Ask the client the discussion questions below to gather her thoughts about healthy relationships. Write down everything the client mentions on a separate sheet of paper. If the client is only listing physical characteristics, encourage her to think about other qualities.

Discussion questions

Let's start by talking about healthy relationships.

- *What do you think a woman wants in an ideal partner?*
- *Great, now what you think a man wants in an ideal partner?*
- *How can women and men communicate better about what they want/need from each other?*

Say: *Thanks for sharing. This is a great starting point for our conversation today about your relationship. I would like to help you get closer to your ideal relationship by helping you improve communications with your partner. To do that, we will spend a little more time talking about your relationship and its challenges and strengths. Then we will work together to develop an action plan for improvement.*

DEFINE UNHEALTHY RELATIONSHIPS AND ABUSE



OBJECTIVE

Challenge abuse as an acceptable "norm" and ensure that women understand that abuse in relationships can take many forms. Help women distinguish between physical abuse and other types of abuse.



TIME

5 to 7 minutes



INSTRUCTIONS AND CONTENT

Frame the activity: *I want to discuss one last thing before we start talking about your relationship. I want to think about unhealthy relationships and abuse. Abuse in relationships is a form of violence. We've all seen it happen to someone in our lives, whether in our families or among friends or neighbors, and we saw some examples in the video we watched. We usually only talk about physical abuse, but there are other types of abuse in relationships. What other types of relationship abuse do you know of?*

Brainstorm different types of power and control.

Show the Counseling Job Aid page titled "Defining Unhealthy Relationships and Abuse."



You've mentioned a number of types of abuse, but let's look at this page [in job aid] to see some of the different ways it can present itself in relationships.

Describe specific examples of each type of abuse:

- **Physical abuse** may include slapping, beating, pinching, hair pulling, threatening or attacking with a weapon, or locking a partner in a room.
- **Sexual abuse** may include forcing a partner to have sex or do something sexual they do not want to do.

- **Financial abuse** may include refusing to give money to support your child, taking a partner's earnings, or not sharing money in the home fairly.
- **Emotional and psychological abuse** may include insults, humiliation, intimidation, and control. These might include things like: saying "You're so ugly" or "You're so useless"; putting down a partner in front of others; forbidding a partner to leave the yard or house, or from seeing family and friends; wanting to know everything a partner does; trying to use a woman's children against her; offering no help with work in the home; preventing a woman partner from speaking with other men; hurting something or someone she loves to punish and scare her; not caring about a partner's health and well-being; and yelling, throwing things, and threatening violence.

Ask and explore: What questions do you have about these different types of abuse?

Key points

- Abuse comes in many forms, not just physical and sexual.
- Emotional and psychological abuse are common and often lead to other kinds of abuse.
- All forms of abuse are wrong.
- Abuse in relationships is often called "intimate partner violence."
- Women deserve to feel safe in their relationships.
- Women deserve equal treatment from their male partners.

REFLECTING ON YOUR CURRENT RELATIONSHIP



OBJECTIVE

Acknowledge that the client has already responded to questions in the HEART about her relationship and demonstrate that you are interested in her unique relationship and experience. This will also provide you with additional context needed to tailor counseling activities. For example, during this session you may learn that the woman and her partner have the greatest conflict around finances, which you can then use to individualize your instructions and role-plays.



TIME

5 to 7 minutes



INSTRUCTIONS AND CONTENT



Show the Counseling Job Aid page titled "Reflecting on your Relationship."

Frame the activity: *All women deserve to be treated with respect by their partners, and we want to make sure this is the case for you. You've already answered a few questions to help determine if you're in a healthy relationship, but now I'd like to give you a chance to talk about your relationship in your own words.*

- *What parts of your relationship are healthy?*
- *Are there any unhealthy parts of your relationship?*

Ask the following questions to review other relevant characteristics of her relationship, as needed:

- *How long have you been in your current relationship?*
- *Are you married or unmarried?*

- *Are you living with your partner or living separately?*
- *What's the current level of trust and honesty in the relationship?*
- *Do you feel treated as an equal by your partner?*
- *Are you experiencing emotional, physical, or sexual abuse or other types of controlling behaviors in your relationship?*

Summarize strengths and challenges: *It sounds like the strengths of your relationship are (the length of your relationship, ability to communicate with your partner, sense of honesty and trust, shared financial support, etc.).*

It sounds like the challenges of your relationship are (newness, difficult communication, prior/current infidelity, mistrust related to financial decisions, alcohol use/going out, difficulty negotiating when or what type of sex to have, difficulty discussing oral PrEP/HIV prevention, etc.).

Does that sound right? What else would you add?

The content in this activity was adapted from: the HIVE, Combination Prevention Counseling.

TRANSITION TO SKILLS BUILDING MODULES



OBJECTIVE

Clearly communicate what counseling module the client will receive.



TIME

3 minutes



INSTRUCTIONS AND CONTENT

Make the final decision about which counseling module (B, C, or D) to complete with the client. Remember, if the HEART recommends Discussing PrEP Use with Partners (Module C) or Partner Communication (Module B) but the client talked about abusive or controlling behaviors by her partner during Module A, you can decide to offer Responding to Intimate Partner Violence (Module D) instead.

Share the recommended counseling module with the client.

We're about to move into the skills-building part of our session. Based on what you've told me about your relationship, I'd like to spend some time talking about:

- (Module B) *Ways to improve communication with your partner*
- (Module C) *Ways you can safely discuss oral PrEP with your partner or use PrEP without telling your partner*
- (Module D) *Ways you can keep yourself safe in your relationship*

Does that sound okay?

Counselor Note

The following modules focus on skills building. Typically, only one of the three modules should be used with a client in a counseling session. If the client comes back to the clinic, she could receive another counseling module, if appropriate.

Counselor Note

Women receiving Responding to IPV (Module D) may be surprised by the results of their assessment. In this situation, explain that many women experience violence and abuse. In fact, it is so common, that we often do not realize it is happening in our own relationships. Let her know that you will discuss examples later in the session.

Module B

Partner Communication



WAYS OF COMMUNICATING



OBJECTIVE

To discuss how the way we communicate and how the behavior of both people in the relationship contributes positively or negatively to one's relationship.



TIME

5 to 7 minutes



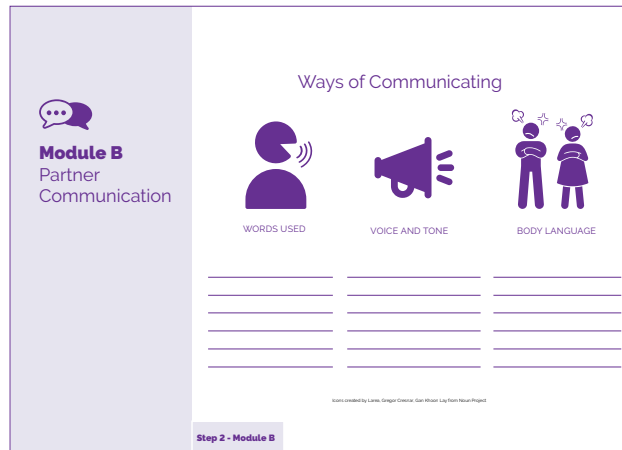
INSTRUCTIONS AND CONTENT

Frame the activity: *You've indicated that you'd like to improve communication in your relationship. This is important and can help make your relationship healthier. Good communication can help build trust, intimacy, and openness. To help think about how communication can affect your relationship, we're going to first watch another video and then talk about how we send and receive messages to others—in this case, our partners.*

Show the client the Partner Communication video. If unable to show the video, skip to the next page in the job aid and modify the activity to discuss “ways of communicating” without discussing the video content.



Show the Counseling Job Aid page titled "Ways of Communicating."



Conduct activity: Now let's think about different ways that we communicate that we may have seen in the video. What are different elements that contribute to how you communicate?

Refer to the elements of communication above (e.g., words, voice and tone, and body language). Ask probing questions to encourage the client to think of elements not mentioned.

Let's think about how these elements can be either a positive or a negative.

- *What are positive things you say to your partner? What are some negative things?*
- *What are positive and negative ways you use your voice and tone with him?*
- *What about body language—things like posture, facial expression, and distance/closeness?*
- *How do these things affect the way you react to what a partner is communicating to you?*
- *Can you suggest one way your communication could improve in each of these areas?*

Elements of communication

Words—what you say

Voice and tone—pitch, volume

Body language—posture, facial expression, proximity

Write what the client says about strengths of her communication and ways to improve communication with her partner for each of the elements of communication (i.e., words, voice and tone, body language).

The content in this activity was adapted from: Manitoba Department of Education, Communication: The Cornerstone to Healthy Relationships.

USING "I" STATEMENTS



OBJECTIVES

Demonstrate how to discuss a problem with a partner without either antagonizing him or avoiding the problem. Practice making nonjudgmental statements and using language that can open, rather than close, discussion of a difficult subject.

Counselor Note

Refer to the types of good and bad communication behaviors the woman cited in the previous activity to re-emphasize their importance and demonstrate that you're listening to her specific circumstances



TIME

5 to 7 minutes



INSTRUCTIONS AND CONTENT

Show the Counseling Job Aid page titled "Using 'I' Statements."

Using "I" Statements

1	2	3	4
THE ACTION:	MY RESPONSE:	REASON:	SUGGESTIONS:
"When..."	"I feel..."	"...because..."	"I would like..."

① When you come home at night after the bar, I feel ②
disappointed, because I would like ③ to see more of you, and I ④
would like some money for food for the children, I would like ④
us to discuss how we can make things better together."

Step 2 - Module B

Frame the activity: Now that we've talked about how positive or negative communication and behaviors like body language can influence the health of your relationship, let's learn about and practice using what we call "assertive" communication. This is a way of communicating your needs in a healthy way. We're going to practice using "I" statements.

Refer to information and examples from the box on the next page.

INFORMATION FOR THE “I” STATEMENT ACTIVITY

An “I” statement is a way of clearly expressing your point of view about a situation. It includes an expression of how a situation is affecting you and how you would like to see it change. The best “I” statement is free of specific demands and blame. It opens up the discussion and leaves the next move up to the other person. We should aim for “I” statements to be clear (that is, to the point) and clean (that is, free of blame and judgment). We should beware of “you” statements, which place blame on someone else, hold them responsible, demand change from them, or sound like a threat.

Two examples of a “you” statement:

“You are such a disgrace to me. You are always getting drunk and flirting with other women. I don’t want to go to social events with you any more even if you are my husband. You must control yourself.”

“You are always so drunk when you come home at night, and you never give me money to buy food. I don’t know why I ever moved in with you. You must stop going to that bar from now on!”

These statements are judgmental and make the listener feel defensive.

Two examples of an “I” statement:

“I felt very embarrassed last night because you were so drunk and you were letting that woman kiss you and dance with you in a very sexy way. If you are unhappy about our relationship and your mind is straying to thoughts of other women, I would like us to talk about it in private.”

“When you come home at night after the bar, I feel disappointed, because I would like to see more of you, and I would like some money for food for the children. I would like us to discuss how we can make things better together.”

These statements carry no blame and are phrased not to annoy the listener. The expectations within them are presented in a nonjudgmental manner (there is no “you must...”) and are not accusing the listener. They state the speaker’s expectations or hopes, but they do not demand that they be met.

"I" STATEMENT FORMULA

The action: "When..." Make it as specific and nonjudgmental as possible, e.g. "When you come home at night..."

My response: "I feel..." Say "I feel..." rather than "I think..." and make the statement about your own feelings: "I feel hurt/sad/happy/disappointed/ignored...", for instance. Not: "I feel that you are being mean!"

Reason: "...because..." If you think an explanation helps, you can add one here. But make sure it is still not blaming the other person. e.g., "... because I like to spend time with you."

Suggestions: "What I'd like is..." A statement of the change you would like. It is OK to say what you want, but not to demand it of the other person, e.g., "What I'd like is for us to discuss this" or "What I'd like is to make arrangements that we can both keep," not "You must stop being so lazy!"

This is a structured format and may seem strange to start with. It takes time to absorb new skills and begin to use them unconsciously. Adapt the language to suit your situation.

Ask and explore

1. *Let's think about some things that are particularly challenging between you and your partner and try to come up with an "I" statement about them. First, what are two topics you fight about most often?*
2. *Now, think about the most recent time you fought about one of those topics. Can you come up with one "I" statement that you could have used?*
3. *What do you think about this approach? What's useful or not useful?*
4. *Can you commit to using at least one "I" statement with your partner the next time you have a disagreement?*

Key points

- This is a useful way of separating feelings and facts in order to clarify what the problem really is.
- The formula may seem strange and unfamiliar, but it can become more natural the more you use "I" statements. This is a tough discipline and needs practice!
- "I" statements can be used at work, at the market or the shops, with friends, on public transport, or at any time when you feel that your needs are not being met. They are not just for use with a partner, so you can start practicing with others if practicing with your partner is too hard!

The content in this activity was adapted from: *Stepping Stones: A Training Manual for Sexual and Reproductive Health and Relationship Communication Skills and Empowerment.*

DECREASING CONFLICT



OBJECTIVES

Explain that conflict itself is not a problem, but conflict escalation can create problems in relationships. Describe the types of problems encountered in relationships, discuss some in the woman's relationship, and problem solve.



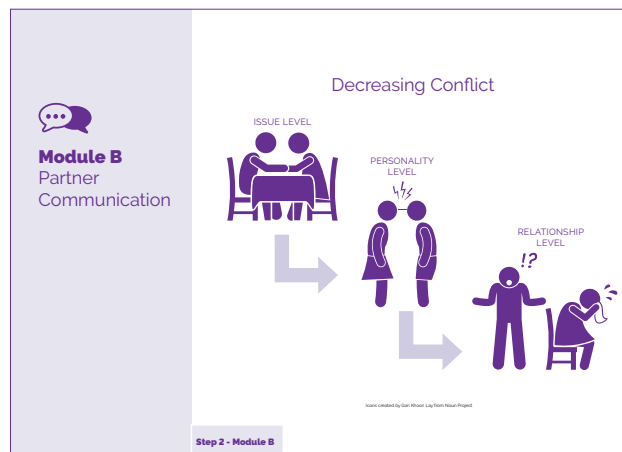
TIME

5 to 7 minutes



INSTRUCTIONS AND CONTENT

Show the Counseling Job Aid page titled "Decreasing Conflict."



Frame the activity: *Let's talk a little more about conflict in relationships. Conflict is part of every relationship, but it is important to learn how to deal with conflict in a healthy way to have a healthy relationship. Conflicts get worse when one or both people start using "dirty fighting" and emotionally abusive and controlling behaviors. They move from the issue level (where they are respectfully talking about the issue at hand, seeking compromise, etc.), to the personality level (e.g., making statements such as, "You're a drunk"). From the personality level, couples often move to the relationship level, where they question the relationship (e.g., making statements such as, "If you don't like it, leave me!")*

Let's think about the conflicts you say you usually have with your partner. When you fight, do you usually fight about an issue, your partner's characteristics, or about the relationship?

It's important to recognize how you fight so that you can focus on the issue and make sure they don't increase the conflict. Conflicts get worse when we use five types of dirty fighting:

1. *Criticism (when you point out your partner's weaknesses)*
2. *Defensiveness (tendency to react, quick to take offense)*

3. *Belittling (making your partner feel "small," name calling)*
4. *Humiliation (embarrassing your partner, often in front of others)*
5. *Withdrawing (refusing to talk, silent treatment)*

Happy couples still have disagreements, but they don't use dirty fighting, or they apologize quickly when they do. When a simple argument looks like it's getting out of hand, they'll say things like:

"I can see you're upset and want to talk, but I'm feeling overwhelmed and I would hear you better if we wait to talk about this until tomorrow."

Show the Counseling Job Aid page titled "Tips for Decreasing Conflict."



Describe the key principles for conflict de-escalation. As examples, use the prior arguments and "I" statements you discussed with the client. Explain each principle:

- **Use a "softened start-up" and be respectful**—Bring up your issue respectfully, starting with easier (soft) topics before raising more difficult ones, and use "I" statements.
- **Stay on the issue level**—Discuss one problem at a time.
- **Use effective communication skills**—These include listening carefully and speaking with respect.
- **Identify the real issue**—Determine what's really going on (e.g., an argument over what movie to see may be about who makes decisions in the family).
- **Make decisions together and look for areas of agreement**—Be willing to compromise and allow the other person to have some influence.

Ask and explore

- *Let's think again about one of the arguments we talked about earlier that you have had with your partner. What could you say to de-escalate the conflict, while letting him know that you care about what he has to say and want to solve the problem?*
- *Could you try this with your partner?*

Work with her to develop an action plan to use these communication and de-escalation skills with her partner. Record this plan for the woman to take with her.

Move to educational materials for male partners (Step 3) or support and referrals (Step 4) as appropriate.

The content in this activity was adapted from: John Hamel,
Gender-Inclusive Treatment of Intimate Partner Violence

Module C

Discussing PrEP Use with Partners



PREP KNOWLEDGE AND PARTNER REACTIONS



OBJECTIVE

Confirm if a client's partner knows about her PrEP use and examine the partner's attitude, perceived or actual, toward oral PrEP in order to set the stage for further discussion.



TIME

5 minutes

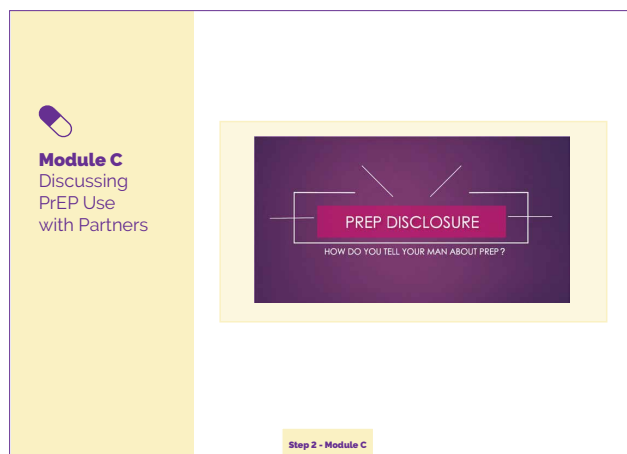


INSTRUCTIONS AND CONTENT

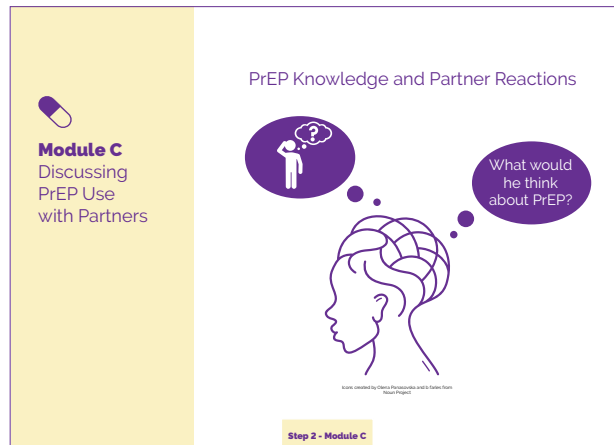
Show the client the PrEP Disclosure video. If unable to show the video, skip to the next page in the job aid.

Counselor Note

The following module may be used with women who have not told their partner they are using oral PrEP or with women who indicate in the relationship assessment that their partners are not supportive of their oral PrEP use.



Show the client the Counseling Job Aid page titled "PrEP Knowledge and Partner Reactions"



Ask and explore: *Now let's talk about your oral PrEP use.*

- *You said that your partner [does/does not] know about your PrEP use. Is that correct?*
- *[If he knows] How does your partner feel about oral PrEP? Is he supportive? What are his concerns?*
- *[If he does not know] Have you talked with your partner about PrEP in general?*
 - *[If yes] How does your partner feel about PrEP? What does he support? What are his concerns?*
 - *[If no] How do you think your partner would feel about oral PrEP? Would he be supportive? What would his concerns be?*

CONSIDER WHETHER TO TELL YOUR PARTNER



OBJECTIVES

Explore the woman's interest in telling her partner she is using oral PrEP and support her decision to either tell her partner or not. Empower her with skills to tell her partner or to use PrEP without him knowing.

Counselor Note

If the woman's partner does not know about her oral PrEP use, complete this section of the module.



TIME

5 minutes



INSTRUCTIONS AND CONTENT

Ask and explore the client's interest in discussing PrEP use with her partner:

There are many reasons that women do and don't tell their partners about their use of oral PrEP. For example, some women tell their partners because:

- They like to make decisions with their partner; they "share everything"
- They worry their partner would be more upset if he found out without her telling him
- They don't want their partner to have misconceptions about oral PrEP

Other women do not tell their partners because:

- They worry their partner may not be supportive and will think she doesn't trust him
- They worry their partner may start sleeping around
- They worry their partner may ask or force them to stop using oral PrEP
- They worry their partner may be violent
- They don't feel the need to share the decision with their partner; it's women's bodies and their decision

Let's talk about the reasons you would or wouldn't tell your partner.

Why would you tell him? Why wouldn't you tell him?

Counselor Note

If the client mentions fear of a violent reaction, ask more questions to understand if her partner has been violent before (e.g., determine what causes her concern). Try to understand if the client would prefer to talk about how to take PrEP without discussing it with her partner or if she would benefit from the Responding to IPV Module (Module D) to create a safety strategy.

MALE PARTNER CONCERNS AND POTENTIAL RESPONSES



OBJECTIVE

Encourage the client to anticipate potential responses from partners to PrEP use and prepare to respond to concerns.



TIME

5 to 7 minutes



INSTRUCTIONS AND CONTENT

Show the Counseling Job Aid page titled "Male Partner Concerns and Potential Responses."

COMMON MALE PARTNER CONCERNS ABOUT ORAL PREP	POTENTIAL RESPONSES
You're having other partners or want to	
You don't trust me	
It will cause me to have health problems or is unsafe	
It will affect future fertility	
It will interfere with sex	
We don't have to use condoms now	
I don't need to test for HIV now that you're testing	
[other concerns]	

Step 2 - Module C

Frame the activity: *Let's talk about some ways your partner might respond if you decide to discuss your use of oral PrEP with him. As we go through these responses, I want you to help me consider ways you might respond to your partner.*

Ask and explore other anticipated male partner concerns.

- *Are there any other responses you think your partner [may have/has had]? What are they?*
- *Out of all these responses, which do you think your partner might raise?*

Role-play

1. Tell the client that you will pretend to be her male partner.
2. Ask her to practice talking to you about PrEP use and responding to the concerns that you raise.
3. Respond with one of the concerns that she suggested may be most relevant to her male partner and have her respond to your concern.

4. Reflect on how she felt in the situation and if there was anything else she could have said or done.
5. Repeat with other concerns.

Conclude

How do you feel about talking to your partner about oral PrEP? Would you like to talk to him about it?

- **If she would like to:** *Great, I'm glad to hear you feel comfortable talking to your partner. We'll talk about some tips for that conversation before you leave today. [Go to the next section, "Tips for Telling Your Partner". If time allows, ask if she would also like to discuss "Tips for Using PrEP without Telling Your Partner" in case she talks to her partner about PrEP use and he is unsupportive but she wants to continue using it.]*
- **If she does not want to:** *It's okay if you still don't want to [tell/talk to] your partner. That is your choice. [Ask if it would still be okay to discuss tips for telling her partner and to role-play that discussion in case she changes her mind in the future and wants to tell her partner. Complete the remaining two activities.]*

TIPS FOR TELLING YOUR PARTNER



OBJECTIVE

Encourage the client to think about all aspects of telling her partner in order to make that discussion as safe and comfortable as possible.



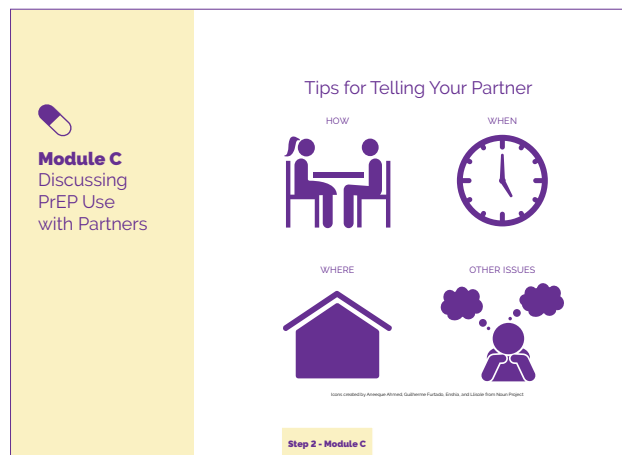
TIME

5 to 7 minutes



INSTRUCTIONS AND CONTENT

Show the Counseling Job Aid page titled "Tips for Telling Your Partner."



Frame the activity: *I'm glad to hear you're interested in talking to your partner. [Or: I know, for now, you are only considering discussing PrEP with your partner.] It can sometimes be difficult to bring up the issue of HIV prevention. I'd like to help make that easier. Let's start by talking about some best practices to make the conversation as easy as possible.*

Discuss the following best practices.

How to tell your partner

- Use clear and simple language.
- Maintain eye contact; remain confident and calm.
- Have prepared answers for anticipated questions.
- Listen objectively to your partner's concerns.
- Avoid blaming others for why you decided to use PrEP.
- Observe his body language.
- Be sensitive to his emotions and feelings.

When to tell him

- When you will have enough time to say everything you need to say
- When you will have enough time for him to respond and ask questions
- When both of you are in a good mood and have a settled mind

Where to tell him

- Tell him in a comfortable and private place where no one else will hear you or interrupt you.
- Don't be too far away from others so that you can get help if you need it.

Issues to consider

- *Why did you decide to use oral PrEP?*
- *What does PrEP use mean for your sexual relationship?*
- *What are the benefits of your use of PrEP for the relationship?*

Additional tips from women with experience telling their partners about PrEP:

- Talk about PrEP generally to see what he says before telling him you are using it.
- Give a little information at a time.
- Only tell him what he needs to know.
- If he is resistant at first, continue bringing it up over time until he becomes more supportive.

Explore challenges and solutions to creating a safe space to tell your partner.

Based on these tips, what are your concerns about starting this conversation with your partner?

- *Finding a good place to tell him?*
- *Figuring when is best?*
- *Knowing what to say?*

Help the client develop a plan for how she will use these tips to talk to her partner about PrEP. Record this plan on paper for her to take with her after the session, if possible.

TIPS FOR USING PREP WITHOUT TELLING YOUR PARTNER



OBJECTIVES

Affirm that the client has the right to make her own decision about discussing PrEP with her partner. Consider factors that may make it difficult to use PrEP without a partner's knowledge, and strategize about how to use PrEP without a partner finding out.



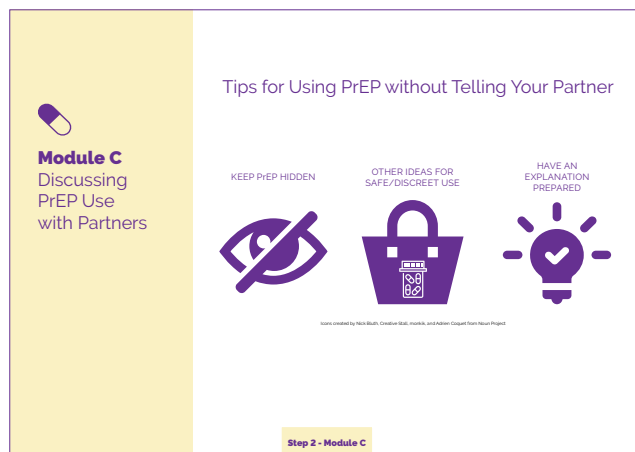
TIME

5 to 7 minutes



INSTRUCTIONS AND CONTENT

Show the Counseling Job Aid page titled "Tips for Using PrEP without Telling Your Partner."



If the client does not wish to tell her partner she is using PrEP, affirm her right to make that decision:

I understand that right now you do not want to tell your partner that you are using oral PrEP because [you're afraid he may be violent, you're worried he won't support you, you aren't interested in sharing with him, etc.]. That is your choice. If, in the future, you change your mind and do want to tell him, we can talk about tips for telling him. For now, let's talk about ways for you to use oral PrEP safely without your partner's knowledge.

Key points

- Many women successfully use oral PrEP without telling their partners.
- If you're anxious or scared about keeping oral PrEP in your house, you could consider storing it in an unmarked container or at a friend's house, especially if you worry for your safety.
- If your partner finds the pills, you could say the pills are for period pains or contraception.

Ask and explore

- *What strategies will you use to feel less anxious about using PrEP without telling your partner?*
- *Can you think about another time in a relationship when you didn't tell your partner about a decision that you made that might have affected you both?*
 - *What was it?*
 - *How did it make you feel?*
 - *Did your partner ever find out? How did he react?*
 - *How different is your use of oral PrEP from that situation?*

Provide examples of what other women do to keep their PrEP use from partners:

- Hide pills in places their partners will not look, such as a handbag or a keychain with storage.
- Ask a neighbor or a nearby friend to keep the pills.
- Say the pill is for period pain or contraception if a partner does find the pills.

Help the client develop a plan for how she will apply these tips for using PrEP without telling her partner. Record this plan on paper for her to take with her after the session, if it is safe for her to do so.

Offer her additional options for support (next section).

ADDITIONAL OPTIONS FOR SUPPORT



OBJECTIVE

Provide her with other supportive options to help her talk with her partner about PrEP.



TIME

2 minutes



INSTRUCTIONS AND CONTENT

Frame the activity: *Often male partners want to be supportive of their partner's oral PrEP use but have questions about PrEP and don't know how to support you. We've discussed how you can talk with him about oral PrEP and address his questions or concerns, but I'd like to offer you some additional resources to help.*

Offer the following options:

1. Materials that she can provide to her male partner that respond to common questions men have
2. An offer to have someone from the clinic contact her partner
3. The chance to bring her partner in for a facilitated conversation
4. Move to educational materials for male partners (Step 3) or support and referrals (Step 4) as appropriate

Module D

Responding to Intimate Partner Violence



CYCLE OF VIOLENCE



OBJECTIVE

Help women reflect on their own relationship and how the cycle/ pattern of violence evolves in many relationships.



TIME

10 minutes, although this can be highly variable based on a woman's situation

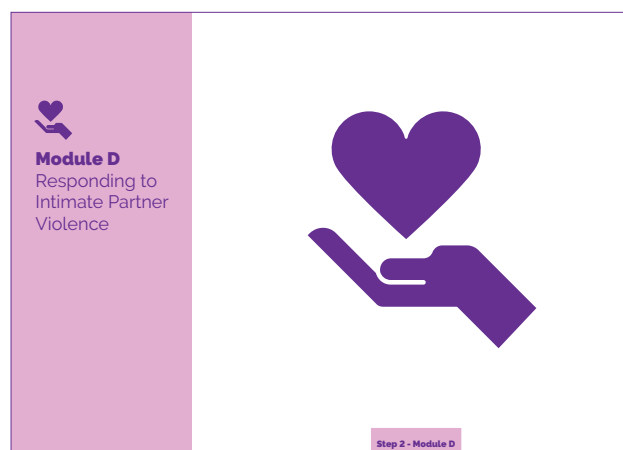


INSTRUCTIONS AND CONTENT

Show the Counseling Job Aid page titled "Responding to Intimate Partner Violence."

Counselor Note

The following module can be used with women who report experiencing violence from their current partner, as identified by the HEART or at any other time during your conversation with the client. It should be administered any time a client reports experiencing partner violence.



Frame the discussion: *First, I want to thank you for sharing that you're experiencing violence or abuse in your relationship. I know it's not easy to tell people. If you don't mind talking a little more about it, will you tell me what happens in your relationship? Has your partner's violence toward you changed over time?*

Show the Counseling Job Aid page titled "Cycle of Violence."



Introduce the cycle of violence and cover the following points:

- In the cycle, a **conflict episode** occurs, and many women seek assistance.
- During the **calm phase**, many women forgive their partner and may return to the relationship. During the calm phase, the abuser may apologize, buy gifts, or make special effort to create an atmosphere of love and peace in the relationship. This is the phase when women may hope that the abuser loves them and will change. They may believe the promises that the abuser makes, and the abuser may be sincere about his promises.
- Over a period of time, tension begins to build again and the woman and others in the family feel anxious and fearful that violence will occur again. During the **tension phase**, the woman usually tries to do things to make the man happy and maintain calm in the family. The woman may think about how to stay safe and may consider taking action.
- Eventually tension is broken with a violent episode. This pattern keeps repeating until it is broken.

Ask the client to share her understanding of and experience with the cycle of violence.

Key points

- Most abusive relationships follow this circular pattern.
- The cycle of violence can take a different amount of time for every couple.
- Women are not to blame for staying in violent relationships.
- A woman should take action only when she is ready.

The content in this activity was adapted from: Safe and Sound, Nurse-led Counseling for Empowerment & Well-being.

SAFETY ASSESSMENT



OBJECTIVE

Identify women who may be at immediate high risk of violence.



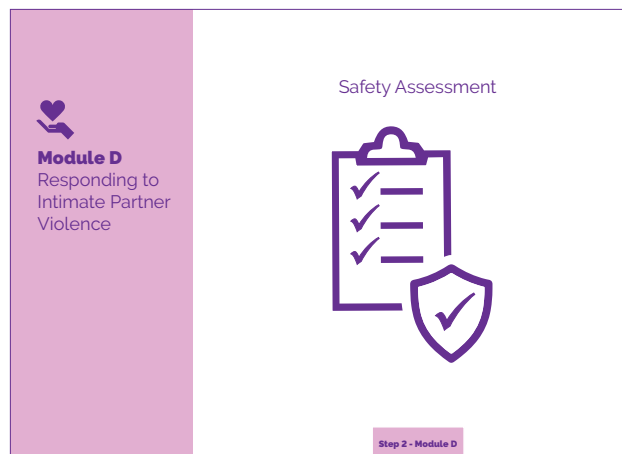
TIME

7 minutes, although this can be highly variable based on a woman's situation



INSTRUCTIONS AND CONTENT

Show the Counseling Job Aid page titled "Safety Assessment."



Ask if she is worried about her immediate safety when she returns home. Some questions that can help you assess this include:

- *Has the physical violence happened more often or gotten worse over the past six months?*
- *Has he ever used a weapon or threatened you with a weapon?*
- *Has he ever tried to strangle you?*
- *Do you believe he could kill you?*
- *Has he ever beaten you when you were pregnant?*
- *Is he violently and constantly jealous of you?*

If she answers "yes" to three or more of the questions, she may be at immediate high risk of violence. In this case, you can say *"I'm concerned about your safety. Let's discuss what to do so you won't be harmed."* You can consider options such as:

- *Contacting the police, if it is safe to do so in your setting*
- *Arranging to stay away from home that night*
- *Referring her to other resources such as crisis counseling, shelters, or financial aid (see support and referrals, Step 4)*

SAFETY PLANNING



OBJECTIVE

Help the woman develop a safety plan that is tailored to her situation and based on culturally appropriate actions for increasing personal safety for herself and any children she has.



TIME

15 minutes, although this can be highly variable based on a woman's situation



INSTRUCTIONS AND CONTENT

Show the Counseling Job Aid page titled "Safety Planning."



Frame the activity: *You may or may not be ready to take other actions today, but I would like for us to create a safety plan so that you have some options in case a dangerous situation arises. Like we saw in the cycle of violence, violence is not likely to end on its own. Let's talk about the different options on this card and figure out which strategies you can start planning in case your partner is violent toward you again.*

Develop a safety plan with the client. Record this plan on paper for her to take with her after the session, if it is safe for her to do so. Walk through the actions on the card and discuss what the woman can do. Here are some key issues to discuss:

Making a safety plan

- *If you need to leave your home in a hurry, where could you go?*
- *How will you get there?*
- *Would you go alone or take your children with you?*

- *Is there a neighbor you can tell about the violence who can call the police or come with assistance for you if they hear sounds of violence coming from your home?*
- *Is there a way to remove any weapons from the home?*
- *Think about how to keep your phone charged and with you in case you need it.*

Preparing your children

- *Do your children know how to use a phone to call the police?*
- *Do your children know their full names, your full name, address, and phone number?*
- *If your children get separated from you, where is a safe space you could meet them?*

Staging an easy exit

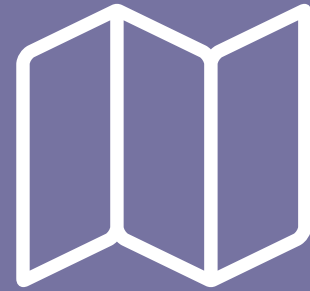
- *Do you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential? What about your PrEP?*
- *Can you put together items in a safe place or leave them with someone, just in case?*
- *Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency?*

Surviving a violent incident

- *If you cannot avoid discussions that may become violent with your partner, try to have the discussions in a room or an area that you can leave easily.*
- *Stay away from any room where there might be weapons.*
- *If you decide that leaving is the best option, make your plans and leave for a safe place **BEFORE** letting your partner know. When a woman leaves her partner, there is a high risk of violence.*

The content of the safety activities in this module was adapted from: World Health Organization (WHO). Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook. 2013. Available at: <https://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/>.

Educational Materials for Male Partners



OBJECTIVE

Provide the client with educational materials that she can share with her partner.



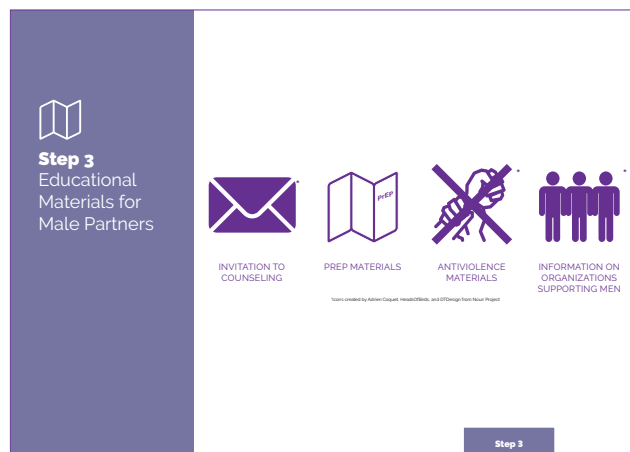
TIME

3 minutes



INSTRUCTIONS AND CONTENT

Show the Counseling Job Aid page titled "Educational Materials for Male Partners."



Explain how these materials can be used to start a conversation with her partner about PrEP and violence and to invite him to the clinic for counseling, if she wants.

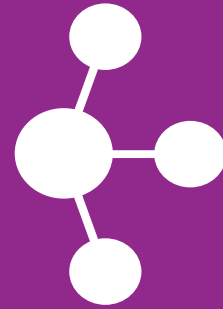
Show the client the materials available:

- An invitation letter for PrEP counseling at the clinic to give to her partner. Reassure her that the clinic will not tell her partner that she is using PrEP.

- PrEP materials:
 - Brochure that provides answers to frequently asked questions about PrEP
 - Pocket-sized book that can be used to answer questions about PrEP in more detail
 - Fact sheet that summarizes what PrEP is and how to start using it
 - Palm card that includes the most essential information about PrEP
- Antiviolence materials
- Information on other topics and on organizations focused on supporting men, as available

Provide any or all of the materials to share with her partner.

Support and Referrals



OBJECTIVE

Assess the woman's needs and help connect her with support and referrals to external services.



TIME

Variable based on the number of referrals required



INSTRUCTIONS AND CONTENT

Explain that the goal of this step is to identify the woman's needs and connect her with support and referrals.

Discuss types of support the client may want or need. Ask, "What would help the most if we could do it right away?" Discuss the client's informal support network including family members, friends, or trusted people in the community.

Show the Counseling Job Aid page titled "Support and Referrals."



Consider using a validated mental health screening tool to identify women experiencing mental health conditions such as depression or anxiety so that you can refer them to mental health support and counseling.

Provide referrals that are the best fit and discuss any fees or other requirements of the referral organization.

- When possible, offer to go with the client to the referral agency.
- If going with her is not an option, offer a “warm” referral.
 - Offer to help her make an appointment by calling for her, making a call with her, or offering a private place where she can make a call. Confidentiality and informed consent must be prioritized; only share information that the woman has agreed can be shared.
- Provide her with a printed referral sheet, if it is safe to do so.
- Help her solve any practical problems that might interfere, for example, no transportation, no child care.

Describe the location of referral organizations with other relevant details—time, location, how to get there, name of person she will see—to enable her to follow through on the referrals. If possible, arrange for a trusted person to accompany her on the first appointment.

Always check to see if she has questions or concerns and to be sure that she has understood. Add the referrals to her action plan and include a date and time when she can go to the referral agency.

The content in this activity was adapted from: Safe and Sound, Nurse-led Counseling for Empowerment & Well-being.

