WORKING THROUGH THE HURT: *EASING EMOTIONAL BURDENS AND BURNOUTS CAUSED BY ABUSIVE RELATIONSHIPS*

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Form of Abuse:

- Physical: hitting, kicking, biting, pulling hair, pushing, grabbing.
- Emotional: name-calling, manipulations, threats
- Sexual: assault and rape as well as coercion, pressure, threats, and sexual bargaining for things in return
- Financial: placing partner in debt, stopping accounts without consent and discussion, giving an allowance that infantilizes victim
- Neglect: reserving affection, intimacy & attention

FACTS

- Abuse is not episodic; it is pattern.
- Abusive relationships ALWAYS involve power and control;
- Abuse builds fear for the victim and the feeling of walking on eggshells, and it creates low self-esteem and doubt.

WHY IS IT HARD TO EXIT?

LOVE, FEAR OF DANGER, FEAR OF NOT BEING BELIEVED, CHILDREN, FINANCES, HEALTH OR DISABILITY OF THEIR PARTNER OR THEMSELVES, IMMIGRATION STATUS, RELIGIOUS UPBRINGING, THREATS THAT THE ABUSER MAY HAVE MADE REGARDING KILLING HER OR HIMSELF,

CHALLENGES

- Immediate affection is often followed by disillusion
- For the victim of emotional abuse, the most devastating effect is the inability to recognize that one is emotionally abused.
- The blame that the perpetrator of emotional abuse puts on his or her victim looks like smoke and mirrors or gaslighting.

CREATING BOUNDARIES AS A HEALTHCARE PROFESSIONAL THAT WILL NOT OVERSTEP THE PATIENT'S DECISION.

- DON'T INTERFERE WITHOUT CONSENT FROM VICTIM
- DON'T TRY TO **FIX** CLIENTS RELATIONSHIP PROBLEMS. WORK LIKE ***SLICING A SALAMI.***
- PSYCHOLOGICAL AID IS NO #1. EDUCATE PATIENT A SET OF SKILL TO EASE STRESS AND BURNOUT AFTER ABUSED OCCURRED.
- MONITOR PROGRESS, PAY ATTENTION TO "PULING AN OX SYNDROME". ARE WE DRAINED EASILY AFTER SESSION?
- TAILOR TREATMENT EACH PATIENTS.
- PAY ATTENTION TO TRAPPED QUESTION. LOOK NO #1
- SLOW PROGRESS MANY TIMES INDICATES FOR REFERRAL SIGNAL.

How can you avoid replicating relational patterns from the past even if clients expect it?

Counsellor or therapist with high experiences would find this classic situation in most cases of an abusive victim in the relationship; they ought to:

- Identify the abusive pattern
- Patient's have a strong attachment to familiar situations, indicating counsellor/therapist to activate 'radar' whenever it happens.
- Restrain patients from too much caretaking, shoul be avoided.
- I tried to avoid patients to enter friends-zone

What do you do when you identify disruptive and violent behaviours during therapy?

1. Identify anger/irritability and aggression
2. Stay calm and keep your emotions cool. Avoid escalation
3. Keep safe zone
4. Let the client air his/her feelings and acknowledge them.
5. Utilize Assertive and Effective Communication
6. Adopt a passive and non-threatening body posture