

# Mindful Self-Compassion Strategies for Survivors of Intimate Partner Abuse

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**Abstract** Intimate partner abuse is a significant public health issue that is associated with a number of negative emotional responses (such as self-blame and shame), as well as mental health outcomes (such as depression, anxiety, PTSD, and suicidality). Although not commonly utilized with survivors of intimate partner abuse (IPA), current research indicates that mindful self-compassion (MSC), a concept embodied by the principles of self-kindness, common humanity, and mindfulness, can improve emotional responses and mental health outcomes for individuals who have experienced trauma. We lay out the research and potential benefits of using MSC as a healing technique for those who have experienced IPA. Intervention strategies to assist survivors in applying MSC are offered as tools for practitioners in working with survivors. Recommendations are made to guide future research in this area.

**Keywords** Mindfulness · Self-compassion · Intimate partner abuse · Domestic violence · Counseling

## Introduction

Intimate partner abuse (IPA) is a significant public health issue affecting approximately one quarter of the women in the USA each year (Tjaden and Thoennes 1998). Not surprisingly, IPA is associated with a number of negative emotional responses in survivors, such as self-blame (Arata 1999; Littleton and Radecki Breitkopf 2006; Meyer and Taylor 1986), feelings of shame (Littleton and Radecki Breitkopf 2006), depression (Campbell 2002; Kramer et al. 2004), anxiety (Lieschutz et al. 1997), PTSD (Campbell 2002; Kemp et al. 1995;

Saunders 1994), and suicidality (Holtz and Furniss 1993; Kramer et al. 2004). Emotional intricacies are interwoven into the effects of IPA. For example, depression is a predictor for suicide, anxiety is associated with avoidance coping and PTSD, and shame is often accompanied by social isolation, all of which are paramount in the overarching treatment of IPA (Campbell 2002; El-Bassell et al. 2000; Golding 1999; Kramer et al. 2004).

IPA deeply impacts individuals and can lead to a number of urgent practical needs, with physical safety being first and foremost among them (Bennett et al. 2004). Other urgent practical needs come forward, including housing, legal assistance, and employment (Brown et al. 2000; Gordon 1996). Due to practicality and the primacy of meeting physical safety needs, domestic violence shelters, one of the often used assistance sites for IPA survivors, have historically focused on case management and emergency housing services. Many domestic violence agencies provide individual and group counseling (Brown et al. 2000; Gordon 1996), yet there are gaps in research on the effectiveness of mental health interventions (Allen et al. 2004; Gordon 1996). A search of the literature provided little information on types of therapeutic interventions specific to IPA, although several studies discussed the application of therapeutic interventions for children exposed to violence (Vickerman and Margolin 2007).

In an effort to expand the therapeutic tools available to practitioners working with IPA survivors, we provide an intervention strategy which incorporates mindful self-compassion (MSC) in counseling and other therapeutic interactions with survivors. MSC is a relevant and useful therapeutic framework for IPA survivors because the concepts have been shown in the literature to improve many of the emotional responses commonly associated with IPA (Gilbert and Irons 2004; Gilbert et al. 2006; Gilbert and Procter 2006; Leary et al. 2007; Neff and Beretvas 2012; Neff and Germer 2013; Neff and Pommier 2012; Thompson and Waltz 2008; Yarnell and Neff 2012). In

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particular, increased levels of MSC have been closely correlated with lower levels of shame, avoidance coping, social isolation, depression, anxiety, PTSD, and suicidality, all of which are associated with IPA. Furthermore, MSC may be a particularly effective intervention because it addresses self-blame (Arata 1999; Goss and Gilbert 2011; Littleton and Radecki Breitkopf 2006; Meredith and Mark 2011), an often powerful emotional response common among survivors (Leary et al. 2007; Neff 2003a, b; Neff et al. 2007; Tanaka et al. 2011; Thompson and Waltz 2008). This article will provide guidance and strategies for practitioners to incorporate MSC in their already established interventions assisting survivors of IPA.

Self-compassion principles were developed, researched (Neff 2003a), and utilized by other researchers as a useful intervention (Baer et al. 2006; Leary et al. 2007; Shapiro et al. 2005; Shapiro et al. 2007). Neff (2003b) developed an assessment scale to measure the self-compassion construct that has since been tested internationally (Gilbert and Irons 2004; Gilbert and Procter 2006; Gilbert and Procter 2006; Mills et al. 2007; Neff 2003a, b; Neff et al. 2008). MSC embodies three fundamental principles: (1) self-kindness and caring about ourselves, (2) an awareness of our common humanity with others who also sometimes suffer, and (3) our attention and mindfulness about our thoughts and emotions.

Self-kindness personifies kindness towards oneself, while at the same time acknowledging one's shortcomings. Self-kindness can be prompted in the same manner that one might express compassion for another person or being. Our connection to common humanity recognizes that our pain is not unique to ourselves. Discovering connections with others who suffer is a partial antidote to isolation, loneliness, and existential detachment from the rest of the world. Our conscientious association with and empathy for the suffering of others helps us realize that our own suffering is part of the human experience and that we are not fundamentally damaged in any way. Mindfulness about emotions and problems attempts to lessen overwhelming painful feelings and thoughts, which are often referred to as "over identification." Mindfulness also focuses attention on the situation and feelings at hand in a pragmatic fashion to reduce the avoidance of problems. This awareness may be necessary to develop greater insight and make better informed decisions. The ultimate goal of mindfulness is to transform painful emotions into more realistic and less overwhelming thoughts and feelings (Neff 2003a).

A variety of styles and techniques have been used to teach participants to internalize self-compassion. For example, Gilbert and Procter (2006) completed a small but extensive course called a compassionate mind training (CMT), similar to MSC training. The study participants were provided twelve 2-h sessions of compassionate mind training at a mental health clinic. At the end of the study, participants experienced significantly reduced levels of depression, anxiety, self-criticism, shame, and feelings of inferiority, as well as increased levels

of self-soothing and self-reassurance. In another study by Gilbert, Baldwin, Irons, Baccus, and Palmer (2006), 197 undergraduate students were asked to visualize their own self-reassurance and self-warmth. The researchers found a correlation between participants visualizing self-reassurance and self-warmth, and reduced depression and social comparison.

A study by Leary, Tate, Adams, Batts Allen, and Hancock (2007) showed similar results using writing exercises with 115 undergraduate students. The researchers compared different types of writing exercises: (1) a self-compassion writing exercise, (2) a self-esteem-boosting writing exercise, and (3) a standard diary-writing exercise. Participants in the self-compassion group were buffered more from life difficulties than either the self-esteem or diary-writing groups. The self-compassion group was also more likely to understand their role in personal life experiences, which may be a pragmatic tool for survivors of IPA. Understanding one's role in a situation can serve to empower survivors for making safe decisions for themselves and family members, without crossing over into self-blame or self-criticism (Harding 2009). The variety of different treatments and interventions based on the principles of MSC are a promising sign of how widely mindful self-compassion can be applied.

#### Therapeutic Application of Mindful Self-Compassion for IPV Survivors

Based on previous research (Leary et al. 2007; Neff 2003a, b; Neff et al. 2007), we argue that interventions based on the principles of MSC may be useful for mitigating the negative effects of IPA, as they have been shown to effectively address the following mental health problems often experienced by IPA survivors: self-blame (Arata 1999; Littleton and Radecki Breitkopf 2006; Meyer and Taylor 1986), shame (Gilbert and Procter 2006; Littleton and Radecki Breitkopf 2006), depression (Campbell 2002; Kramer et al. 1994), anxiety (Liebschutz et al. 1997), PTSD (Campbell 2002), and suicidality (Kramer et al. 2004; Liebschutz et al. 1997). Moreover, individuals with higher levels of MSC have been shown to have higher levels of social connectedness, wisdom, life satisfaction, optimism, and well-being (Leary et al. 2007; Neff 2003a, b; Neff and Beretvas 2012; Neff and Germer 2013; Neff and Pommier 2012), all of which are important components for the healing process for survivors.

#### Mindful Self-Compassion to Reduce Feelings of Self-Blame for IPA Survivors

IPA survivors often experience feelings of self-blame following an experience of IPA. Gilbert and Procter (2006) cite many sources that correlate self-blame with IPA survivors. Self-blame may serve a functional purpose as a way to subdue conflict when a potentially deadly or harming threat may be happening, or when the residual effects are still felt by

survivors. While self-blame may placate the abuser and create temporary safety for the survivor, the residual effects are often internalized. Feelings of self-blame and self-loathing are associated with negative outcomes (Meyer and Taylor 1986) and impede healing. In particular, research has shown that feelings of self-blame among survivors have been associated with depression (Frazier 1991), anxiety (Meyer and Taylor 1986), and PTSD (Koss et al. 2002; Ullman et al. 2007). MSC, which strongly focuses on self-kindness, may serve as an antidote for self-blame and the host of negative outcomes it engenders for the survivor.

Health and mental health experts understand the significance of self-compassion and self-kindness to alleviate the negative effects of self-blaming. Meredith and Mark (2011) discussed how people's attitudes affected their health-care behaviors. They found that people who treated themselves with more self-kindness were less likely to blame themselves and more likely to devote more attention to self-care and improving their health. Compassion experts Goss and Gilbert (2011) discussed similar health and mental health issues including the importance of increasing self-compassion to reduce self-blame and self-judgment in order to improve mental health and health behaviors.

Additionally, though reducing survivors' self-blame is important for increasing mental health well-being, it may have additional pragmatic benefits as well. Reducing survivor self-blame potentially impacts survivors' safety. Safety planning is a primary crisis counseling procedure that domestic violence counselors provide for IPA survivors (Goodkind et al. 2004; Lindhorst et al. 2005; Harding 2009; Waugh and Bonner 2002). In a study by Zabelina and Robinson (2010), people who were low in self-compassion and high in self-judgment (similar to self-blame) were also low in creativity. Creativity can be a critical skill for problem solving, including safety planning, during times of crisis. MSC techniques may assist in helping survivors reduce feelings of self-blame so that their creativity is improved and safety and survival plans can be creatively strategized by the survivor.

#### Mindful Self-Compassion to Reduce Feelings of Shame for IPA Survivors

MSC is also useful for sorting out feelings of shame, a salient emotion in the lives of survivors of IPA (Plesset 2007; Rodriguez et al. 1996). In a study of sexual abuse by Feiring, Taska, and Lewis (2002), the level of feelings of shame had a stronger association with adjustment than actual severity of abuse. This highlights the importance for IPA providers to address survivors' potential thoughts and feelings about shame as it relates to the abuse they experience in their situations. Understanding shame is particularly important because it can become a barrier to receiving services by reducing disclosure of the abuse or delaying the initiation of help-

seeking behavior. Both disclosure and help-seeking behavior are useful for ending on-going abuse, as well as increasing emotional well-being (Coker et al. 2002). Shame reduction by means of internalizing self-compassion is an important protective mechanism for reducing feelings of isolation. Linking individual experiences of survivors to the stories of others' suffering provides comfort and normalizes survivors' difficult feelings or circumstances and thereby reduces shame.

Two studies showed that self-compassion may be negatively correlated with feelings of shame. Mosewich, Kowalski, Sabiston, Sedgwick, and Tracy (2011) studied female athletes and found that women with more self-compassion felt less shame about their bodies and less shame overall. Similarly, Schanche, Stiles, McCullough, Svartberg, and Nielsen (2011) gave individuals with cluster C personality disorders 40 sessions of self-compassion mental health treatment. These participants experienced decreased levels of shame, guilt, and anxiety. These studies give credence to the potential of MSC for reducing shame.

#### Mindful Self-Compassion to Reduce Depression and Suicide for IPA Survivors

Research has shown that there is an association between IPA and depression (Kramer et al. 2004). Depression is also commonly associated with feelings of isolation and a lack of social support which are also common to survivors of IPA. Levels of social support from family or service organizations, as well as interventions aimed at improving social support, have been found to improve psychosocial outcomes (Constantino et al. 2005; Vostanis et al. 2001), as well as lower levels of suicidality (Coker et al. 2002) in women who have experienced IPA. Unfortunately, many survivors do not possess a strong and active social support network. The application of self-kindness, common humanity, and mindfulness through MSC has potential to increase survivors' capacity to reduce isolation, seek and maintain social support, and address issues of depression.

As previously mentioned, MSC has been shown to be negatively correlated with depression and psychological maladjustment. Pauley and McPherson (2010) showed that people who experience depression tend to have less self-compassion. In another study by Wei, Liao, Ku, and Shaffer (2011), college students were given self-compassion and psychological well-being questionnaires. Wei and colleagues showed that students who rated their own levels of self-compassion high tended to have fewer problematic emotions. In a cross-cultural study by Ghorbani, Watson, Chen, and Norballa (2012), Iranian Muslims who self-reported more self-compassion were shown to have less depression and experience better psychological adjustment. Ghorbani and colleagues point out that MSC can be used across many cultures to increase psychological well-being.

As IPA can be associated with severe depression, resulting symptoms can lead to increased risk for suicide (Holtz and Furniss 1993; Golding 1999). Self-criticism (the antithesis of self-compassion) is a strong predictor of both depression and suicidality (Gilbert and Procter 2006; Gilbert and Irons 2004; Gilbert and Procter 2006; Mills et al. 2007). A study by Donaldson, Spirito, and Farnett (2000) found that perfectionism, anxiety, and depression were all associated with suicidality, but of all those factors, self-criticism had the strongest association. In two separate studies, youth who had been receiving mental health services for neglect and/or abuse were given questionnaires to determine the relatedness of suicidality and self-compassion (Tanaka et al. 2011; Vettese et al. 2011). Both studies showed that youth who had higher levels of self-compassion were less likely to make serious suicide attempts. In addition, both studies showed that youth who had been abused also tended to have lower levels of self-compassion. These studies highlight the importance of increasing self-compassion for previously traumatized and abused individuals as a protective factor against depression and suicidality.

#### Mindful Self-Compassion to Reduce Anxiety for IPA Survivors

Research has also shown a relationship between IPA and anxiety (Liebschutz et al. 1997). In contrast, many studies demonstrate the link between MSC and lower levels of anxiety. In a qualitative study of people with depression and anxiety by Pauley and McPherson (2010), having self-compassion was shown to reduce anxiety problems. In another study by Wei et al. (2011), college students who had more self-compassion also tended to have less “attachment anxiety” (preoccupation with one’s own distress) and less “attachment avoidance” (not connecting to other people). Similarly, Mosewich et al. (2011) found that women athletes with higher levels of self-compassion also had lower levels of anxiety. In an intervention treatment study by Schanche et al. (2011), 50 people received mental health services that focused on MSC. As the participant’s self-compassion increased, their anxiety decreased. In another study by Vettese et al. (2011), youth who had lower levels of self-compassion had more emotional regulation difficulty (which includes anxiety as a feature). A person with more emotional regulation difficulty might be described as having poorer impulse control, poorer self-awareness of one’s own emotions, and less ability to moderate different emotions (such as anxiety). Thus, self-compassion and mindfulness which promotes the awareness of emotions may be useful to help improve emotional regulation.

#### Mindful Self-Compassion to Reduce PTSD for IPA Survivors

PTSD is a common mental health issue for IPA survivors (Campbell 2002) due to trauma which is compounded by having

been inflicted by someone once trusted, often over a prolonged period of time. Avoidance coping is a common feature of PTSD in that it is a coping mechanism meant to avoid trauma triggers. Avoidance behaviors to avoid trauma triggers are an attempt to reduce overwhelming feelings of fear, as well as feelings of shame or embarrassment. Although useful in some ways, avoidance coping can, at times, be counterproductive for emotional well-being. Avoidance coping has the potential to increase isolation; reinforce self-blame, shame, and self-criticism; and, consequently, reduce problem solving or safety planning.

MSC can help alleviate some of the problems that can come from avoidance coping. Thompson and Waltz (2008) studied MSC and PTSD symptom severity, while also looking at self-criticism and avoidance of internal experiences (e.g., thoughts, emotions, and sensations). The study found that people who rated high in self-compassion were less likely to utilize avoidance coping. This relationship between self-compassion and avoidance coping is notable when working with survivors of IPA because some studies have shown that increased avoidance coping has been correlated with worsening maladjustment to trauma and can in fact maintain chronic PTSD, depression, and anxiety over time (Marx and Sloan 2005; Thompson and Waltz 2008; Ullman et al. 2007).

MSC is effective for reducing avoidance coping because mindfulness aims to target the two extreme paths of awareness people may take of either avoidance of thoughts/feelings or over identification of thoughts/feelings. Both extremes are dependent on each other in that over identification of thoughts/feelings creates the need to avoid them in order not to be overwhelmed by them. Mindfulness helps to reduce rumination, add focus, and avoid either of the two extreme paths.

Traumatized populations have been helped by mindfulness and self-compassion training. For example, mindful based stress reduction (MBSR) has been successful for reducing PTSD symptoms for combat veterans (Kearney et al. 2012; Owens et al. 2012). Similarly, Beaumont, Galpin, and Jenkins (2012) studied the effects of compassionate mind training counseling interventions for post-trauma participants and found it to be effective, especially when combined with other therapies, such as cognitive behavior therapy. The success of these interventions with other traumatized populations illustrates the potential of MSC with IPA survivors.

#### MSC Intervention Strategies for IPA Survivors

The scholarly literature on the application of MSC with survivors of IPA is scant. Scientifically tested interventions are virtually nonexistent. This article seeks to (1) push the literature forward by highlighting the potential for mindful self-compassion in helping IPA survivors and (2) offer specific strategies to guide practitioners which then

might be implemented and tested to determine the effectiveness with IPA survivors.

Survivors may be at various stages in their recovery process; therefore, it is important that any intervention or strategy partner well with the predominant strategy being used to support survivors of domestic violence at any particular time, especially in situations where safety planning takes precedence (Goodkind et al. 2004; Lindhorst et al. 2005; Harding 2009; Waugh and Bonner 2002). One of the strengths of mindfulness self-compassion is that as an intervention strategy, it partners well with other intervention strategies. As always, caution is recommended when working with IPA survivors or other individuals who have undergone a traumatic experience or who may be in a crisis situation. IPA counseling is a specialized field; consequently before utilizing any therapeutic technique including MSC, it is essential to determine that the IPA survivor is being helped by well-trained practitioners with experience working with IPA issues. A plan should always be in place with resources immediately available to assist survivors should they experience any trauma triggers while discussing their situation.

Three sets of strategies are provided below for practitioners to initiate a self-compassionate conversation with survivors. The first strategy is a series of six sessions that apply the MSC concepts. The second strategy is a list of open-ended questions divided into the three principles of MSC (self-kindness, common humanity, and mindfulness). The third strategy is a detailed exercise that gradually walks the survivor into accepting a more self-compassionate self-concept. Strategies are designed to be independent yet overlap. Practitioners may find it more practical to use any one of the strategies separately, two together, or all in combination.

#### First Strategy: Six Sessions

Recommendations for focused sessions are detailed in [Appendix 1](#). These questions are designed for individuals who may be experiencing IPA; however any question or session should be altered to fit specific individuals and their unique situations in ways that are the most supportive. These sessions are meant to be simple so that practitioners can easily integrate MSC with other IPA counseling and program needs. These sessions are not designed to be in a particular order because different issues may take precedence.

#### Second Strategy: Open-Ended Questions

Practitioners rely on open-ended question to provide counseling for those who are experiencing any kind of mental health trauma or concern. [Appendix 2](#) is a list of MSC open-ended questions designed to help practitioners encourage survivors to think in ways that are more self-compassionate. These questions can always be adapted to the needs of each person

and situation and may help survivors internalize self-compassion more deeply. The questions in the second strategy are also applied to the sessions in the second strategy, but are categorized into the three principles of MSC developed by Neff (2003b), which include self-kindness, common humanity, and mindfulness. These questions should be adapted by the practitioner who is trained in IPA to meet individual survivor needs and situations.

#### Third Strategy: Therapeutic Exercise

When practicing mindful self-compassion, it is often easier to begin by creating scenarios in which the individual feels compassion for another person, especially a good friend, and then working towards feeling compassion for oneself. In this way, the practitioner can gradually move the conversation towards deeper and more personal levels that may be more emotionally difficult to discuss. In this gradual exercise, which is described in detail in [Appendix 3](#), it is helpful to start with a seemingly mild, more impersonal situation and then move towards a situation that may be more personally relevant. As with the first and second strategy, this third strategy should be altered to fit the needs of the person or situation, and the practitioner should be trained in working in IPA.

### Recommendations for Domestic Violence Practitioners

These recommended MSC strategies are an attempt to develop new and useful therapeutic techniques for IPA practitioners, in light of there being a need for more counseling techniques for IPA survivors. Practitioners can use these exercises as a guide for helping survivors internalize feelings of self-compassion. Incorporating the principles of self-kindness, common humanity, and mindfulness into interactions with survivors can create a nurturing and supportive environment. Furthermore, integrating MSC is inexpensive and relatively easy to apply. It can be used widely by agencies working with survivors. This is especially important due to the high demand for domestic violence services, as well as the limited resources of service providers. Moreover, integrating MSC into therapeutic interactions is accessible and user friendly, which will enable a variety of service practitioners to use MSC with the women they serve.

As previously mentioned, one of the strengths of MSC is that interventions based on the principle are often complementary with other approaches and can be used concurrently or as a supplement. MSC can be applied during individual counseling, in support groups, and with other therapeutic activities, including journaling and art-based interventions. Using techniques already proven to be effective is important because few evidence-based therapeutic interventions have been uniquely designed for survivors of IPA. These therapeutic strategies

specifically target issues that are common for survivors and are designed to address key problems related to IPA, namely emotional responses, such as self-blame and shame, as well as depression, anxiety, and trauma-related reactions. In addition, these exercises provide a basic framework that is flexible and can be customized to each survivor's unique situation. Finally, MSC is a concept that survivors can practice and internalize in order to use on their own once they are no longer receiving services.

## Conclusions

Future research on the application of MSC interventions should focus on IPA survivors. This is an important population to address due to the sheer prevalence of IPA, as well as the magnitude of the negative consequences often associated with this form of violence. Research on this topic should seek to develop and scientifically test therapeutic interventions based on the concept of MSC with IPA survivors. MSC interventions for IPA survivors should be tested using rigorous research designs. Appropriate research designs could include time series designs with additional repeated measures or experimental designs, among others. Research should examine the effectiveness of interventions for survivors who are actively seeking services for IPA, as well as for those who are no longer actively receiving services. It is also essential that these interventions be tested on both female and male survivors as both groups are in need of interventions tailored to their unique needs. Finally, additional information could be obtained by assessing the impact of self-compassion according to the type of violence experienced by the survivor, such as emotional, physical, or sexual abuse.

Despite the sparsity of scientific literature on the application of MSC with survivors of IPA, current research in related fields has shown that MSC can improve emotional responses and mental health outcomes for individuals who have experienced trauma. MSC is a relevant and useful therapeutic framework for IPA survivors because the concept has been shown to improve many of the emotional responses and mental health problems commonly associated with IPA, such as shame, self-blame, depression, anxiety, PTSD, and suicidality (Gilbert and Irons 2004; Gilbert et al. 2006; Gilbert and Procter 2006; Leary et al. 2007; Thompson and Waltz 2008). This article elucidates the research and potential benefits of using MSC as a healing technique for those who have experienced intimate partner abuse. In providing strategies for how to incorporate MSC, this article makes a contribution to the scholarly literature by expanding the therapeutic tools available to practitioners serving IPA survivors. Due to the sheer prevalence of intimate partner abuse and the magnitude of its effects on survivors, therapeutic interventions based on the promising effects of MSC are an area for future research, which can always be expanded to help other trauma survivors.

## Appendix 1

### First Strategy: Mindful Self-Compassion Sessions for IPA Survivors

#### 1. Session on practicing self-kindness

The following questions are offered to guide an individual through feelings of self-kindness. It may be helpful to ask the following questions as ice breakers or warm up questions: What are some things you like about yourself? What are some of your strengths? What are some things you are grateful about in your life? What do you appreciate about yourself? When you think of something that troubles you, what is something you could tell yourself to be kinder to yourself?

#### 2. Session on practicing common humanity

Questions that emphasize the universality of suffering are soothing for many people. Knowing that we are not alone in our struggles is sometimes encouraging. It allows us to understand that we are not inherently flawed, and it diminishes our feelings of blame and shame, which can be very painful and traumatizing for abused individuals. The following questions may be helpful for increasing a sense of common humanity: Are there good people, perhaps friends or people you admire in this world who are in similar situations? Do you feel like you ever have to be above average to feel good about yourself? Can you see any advantages to being similar to a lot of other people? What might you say to someone who was going through what you are going through? What wise words might you share? What kind words might you tell them?

#### 3. Session on gradual acceptance

Sometimes, it is easier for individuals to be more compassionate towards others than towards themselves. In such cases, it may be helpful to have someone think of how they would respond to a close friend in a similar situation, then guide them to have that same compassion towards themselves. The following questions may be helpful for this gradual guidance towards self-acceptance and self-compassion: Do you think you are hard on yourself sometimes, maybe even harder on yourself than you would be on anyone else? Talk about when that happens. What kinds of things do you say to yourself? Imagine if someone else was in your situation. How might they also feel or react? What would you say to someone who had similar problems, for example, let's say that person was a very good friend?

#### 4. Session on practicing mindful awareness

When introducing individuals to mindfulness and assisting them in cultivating this awareness technique, a practitioner should delicately lead the survivor to connect

with and acknowledge current feelings and emotions, without becoming overwhelmed or over identifying with their feelings. Some useful statements and questions to help facilitate mindfulness among IPA survivors may include the following: Our mind often wanders a lot. What is going through your mind right now? Everyone has thoughts they don't like to think or talk about. Is there something you try not to think about, but the ideas still dominate your mind or actions anyway? Since those thoughts and feelings might be dominating your mind or life anyway, might there be a way to try to give yourself permission to focus on those thoughts or feelings a little?

#### 5. Session on reducing potential self-blame

Mindfulness practice can help us regulate our emotions and show us that our feelings are not permanent. These questions below are designed to help survivors realize that their current thoughts and feelings will not remain the same, but will evolve over time as their situation changes. We can acknowledge our thoughts and feelings in realistic ways. By viewing ourselves more realistically, we can be less critical of ourselves and decrease self-blame. The following questions may be useful: What are thoughts and feelings you ruminate about, that you can't stop thinking about? Maybe there is a way to see things more realistically so that you are not overly critical of yourself or blame yourself too much. Making things bigger than they really are makes us feel worse. We don't want to be unfair to ourselves. Are there times where you blame yourself for problems? Is it possible that you might be placing too much blame on yourself? How can you think about things differently so you can have a more balanced perspective? How do you think you would view your current thoughts or feelings a year from now?

#### 6. Session on exploring safety

Safety planning is a major feature of IPA counseling practice. An important aspect of safety planning is supporting self-determination and empowerment (Harding 2009). IPA practitioners support self-determination and empowerment because research has found that self-determination and empowerment are motivating for people (<http://selfdeterminationtheory.org/>) and because abused people are often denied these basic rights while in abusive relationships. Mindfulness questions may blend well with some of the safety planning steps that IPA practitioners use to support survivors. Mindfulness can be applied by focusing on the thoughts and feelings that survivors have during the planning process. Some of the following questions might be useful: How do you think you will view your current thoughts and feelings once you are able to figure out a safe situation? What is a good thing that can come out of your \_\_\_\_\_ feelings, thoughts, or actions once a safety plan is made? How might you be kind to yourself during the process of coming up with a safety plan?

## Appendix 2

### Second Strategy: Mindful Self-Compassion Open-Ended Questions

#### Self-kindness questions

- Do you think you are hard on yourself sometimes, maybe even harder on yourself than you would be on anyone else? Talk about when that happens. What kinds of things do you say to yourself?
- What would you say to someone who had similar problems, for example, let's say that person was a very good friend?
- Are there times where you blame yourself for problems? Is it possible that you might be placing too much blame on yourself? How can you think about things differently so you can have a more balanced perspective?
- What are some things you like about yourself? What are some of your strengths?
- What are some things you are grateful about in your life? What do you appreciate about yourself?
- When you think of something that troubles you, what is something you could tell yourself to be kinder to yourself?
- How might you be kind to yourself during the process of coming up with a safety plan?

#### Common humanity questions

- Can you think about a time when you knew of someone else in a similar position? Can you talk about that?
- Imagine if someone else was in your situation. How might they also feel or react?
- Are there good people, perhaps friends or people you admire in this world, who are in similar situations?
- Do you feel like you ever have to be above average to feel good about yourself?
- Can you see any advantages to being similar to a lot of other people?
- What might you say to someone who was going through what you are going through? What wise words might you share? What kind words might you tell them?

#### Mindfulness questions

- Our mind often wanders a lot. What is going through your mind right now?
- Can you identify the things that bring about \_\_\_\_\_ feelings, thoughts, or actions?
- When you think of \_\_\_\_\_ feelings or thoughts, what are other feelings or thoughts that are connected or underneath \_\_\_\_\_?

- Everyone has thoughts they don't like to think or talk about. Is there something you try not to think about, but the ideas still dominate your mind or actions anyway? Since those thoughts and feelings might be dominating your mind or life anyway, might there be a way to try to give yourself permission to focus on those thoughts or feelings a little?
  - What are thoughts and feelings you ruminate about, that you can't stop thinking about? Maybe there is a way to see things more realistically so that you are not overly critical of yourself or blame yourself too much. Making things bigger than they really are makes us feel worse. We don't want to be unfair to ourselves.
  - How do you think you would view your current thoughts or feelings a year from now?
  - How do you think you will view your current thoughts and feelings once you are able to find a safe situation?
  - What is a good thing that can come out of your \_\_\_\_\_ feelings, thoughts, or actions once a safety plan is made.
- Do you think your friend feels cut-off from others?
  - What are some caring statements that you could say to your friend to help her or him feel better?
  - What kinds of common humanity statements could you say to your friend to help her or him feel better?
  - What are the potential *negative* long-term consequences of your friend judging herself or himself too harshly?
  - What are the potential *positive* long-term effects of your friend practicing self-compassion towards herself or himself?

Step 4: Self-compassion for *yourself* for a *more difficult* situation

Think of something that *you* consider to be a great weakness for which you blame yourself.

- How do your thoughts of self-blame make you feel?
- Do you feel cut-off from others?
- What are some self-kindness statements that you could say to yourself to help you feel better?
- What are some common humanity statements that you could say to yourself to help you feel better?
- What are the potential *negative* long-term consequences of you judging yourself too harshly?
- What are the potential *positive* long-term effects of you practicing self-compassion towards yourself?

### Appendix 3

#### Third Strategy: Mindful and Self-Compassionate Therapeutic Exercise

##### Step 1: Self-compassion for a *friend* for a *mild* situation.

Think of a scenario in which your *friend* is late for a meeting across town. In rushing to get there on time, she or he rear-ends another car, which causes a mild accident.

- What are your thoughts on the situation?
- Is the situation understandable?
- What would you say to comfort your friend?

##### Step 2: Self-compassion for *yourself* for a *mild* situation.

Think of a scenario in which *you* are late for a meeting across town. In rushing to get there on time, you rear-end another car, which causes a mild accident.

- What are your thoughts on the situation?
- Is the situation understandable?
- What would you say to comfort yourself?

##### Step 3: Self-compassion for a *friend* for a *more difficult* situation

Think of a scenario in which your *friend* is going through a great struggle in which she or he feels self-blame.

- How do you think your friend's thoughts of self-blame make her or him feel?

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