

Clinical Care for Sexual Assault Survivors

PSYCHOSOCIAL TOOLKIT

Accompanying Resource to the CCSAS Multimedia Training Tool



The International Rescue Committee



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Introduction to the Clinical Care for Sexual Assault (CCSAS) Psychosocial Toolkit

The CCSAS Multimedia training tool was produced in 2008 by the International Rescue Committee (IRC) and the University of California, Los Angeles (UCLA). The goal of the tool is to improve clinical care and general treatment of sexual assault survivors by providing medical instructions and encouraging competent, compassionate, and confidential care. A multi-country evaluation¹ of the CCSAS tool was carried out in 2012. This evaluation showed that further training on psychosocial care approaches was needed for health workers to provide quality support to survivors during their medical exams. This new toolkit aims to respond to these specific gaps in the CCSAS multi-media training tool.

The specific training topics included in this new toolkit have been developed to accompany and complement the original CCSAS multimedia training tool. The sections are meant to:

- » Help health care providers develop the skills to confidently and competently respond to the psychosocial needs of sexual assault survivors when they seek treatment in a healthcare facility
- » Enable providers to establish a relationship of trust with survivors. The set up of the toolkit allows facilitators to pick and choose topics to enhance their training on psychosocial care according to the specific needs of the training participants
- » Please note that this toolkit is not a training module on comprehensive case management or complete psychosocial care. Instead, it reinforces the theme of survivor-centered care, which shows compassion for survivors while giving health care providers practical tools to understand, engage, assess, and refer survivors to relevant follow up care.







USING THE PSYCHOSOCIAL TOOLKIT

This toolkit is divided into seven topics and contains lectures, discussions, exercises and handouts, relevant to each training topic. Table 2 below presents an overview of the different topics with objectives and estimated durations. The content of the different topics is adapted from other well-known training modules,² and has been tested in various field contexts. In the CCSAS facilitator's guide, references to the different topics of this toolkit are provided where relevant in order to help the facilitator prepare for the training.

1 Evaluating Effectiveness of the Clinical Care for Sexual Assault Survivors Multimedia Training Tool in Humanitarian Settings, International Rescue Committee, June 2012 (available on request)

2 See references in introduction to each topic.

TABLE 1: ICONS FOUND IN THE CCSAS PSYCHOSOCIAL TOOLKIT

Suggested timing	
Discuss	
Exercise	
Lecture	
Handout	
Refer to CCSAS psychosocial toolkit. (Only found in CCSAS facilitator's guide)	

The topics contained in the CCSAS psychosocial toolkit are meant to enhance the CCSAS multimedia training tool overall. They can be added into the core CCSAS training or used to develop follow up trainings for health care providers who have already been CCSAS certified.

TABLE 2: OVERVIEW OF TOPICS, OBJECTIVES AND ESTIMATED DURATION OF CCSAS PSYCHOSOCIAL TOOLKIT

TOPIC 1: INTRODUCTION TO GENDER-BASED VIOLENCE		
DURATION	OBJECTIVES	CONTENT
3 hours and 5 minutes	<ul style="list-style-type: none"> » Understand and describe the difference between sex and gender. » Understand and describe the relationship between gender based violence (GBV), power, use of force and consent. » Define different forms of GBV and sexual violence 	<p>A: Key Concepts</p> <p>Exercise #1: Men/women should/shouldn't</p> <p>Discussion: Sex and gender</p> <p>Exercise #2 Gender or sex?</p> <p>Discussion: Power, use of force and informed consent</p> <p>Exercise #3: Case studies about consent</p> <p>B: Defining Gender-based Violence</p> <p>Discussion: Forms of gender-based violence</p>

TOPIC 2: UNDERSTANDING THE CONSEQUENCES OF GBV

DURATION	OBJECTIVES	CONTENT
5 hours and 10 minutes	<ul style="list-style-type: none"> » Identify the consequences of sexual violence and coping mechanisms » Understand the impact on the individual, the family and the community. » Understand the importance of coping mechanisms factors that promote recovery; learn what an individual, the community or health care providers can do to help a survivor. » Agree on definitions and terms used to describe different levels of stress. » Identify the common, immediate emotional and behavioral reactions after sexual violence. » Identify contributing/risk factors and root causes for GBV » Understand and describe the guiding principles of working with survivors of GBV 	<p>A: The consequences of GBV Discussion: The consequences of GBV Lecture: Factors that promote recovery and obstacles on the way to help Exercise #4: The story of Constance</p> <p>B: Common immediate emotional, behavioral and psychological reactions after GBV Lecture: What do we mean by stress? Exercise #5: Coping with reactions</p> <p>C: Responding to sexual violence Lecture: Factors associated with GBV Exercise #6: Social and cultural norms that support GBV Discussion: The guiding principles for helping survivors of sexual violence Exercise #7: The guiding principles for helping survivors of GBV Exercise #8: The GBV tree</p>

TOPIC 3: SURVIVOR CENTERED COMMUNICATION SKILLS		
DURATION	OBJECTIVES	CONTENT
3 hours and 25 minutes	<ul style="list-style-type: none"> » Understand the importance of survivor-centered skills: » Understand the importance of a non-blaming attitude when dealing with survivors. » Understand the difference between informing vs. advising. » Apply basic communication and engagement skills like active listening skills and techniques for asking questions. 	<p>A. Introduction to Survivor Centered Skills</p> <p>Excercise #9: Working with survivors and receiving disclosures</p> <p>Discussion: What are survivor-centered responses?</p> <p>B: Survivor-Centered Engagement and Communication skills: How to listen and to ask questions</p> <p>Discussion: Introduction to active listening</p> <p>Lecture: Techniques for active listening and asking questions</p> <p>Exercise #10: Practice engagement skills</p> <p>Discussion: Communications do and don'ts</p>

**TOPIC 4: DIFFERENT ROLES, DIFFERENT GOALS:
HELPING SURVIVORS ACCESS SERVICES**

DURATION	OBJECTIVES	CONTENT
2 hours and 35 minutes	<ul style="list-style-type: none"> » Identify the minimum recommended response services that must be available to reduce harmful consequences of sexual violence and prevent further injury, trauma and harm. » Identify various actors who deal with survivors of sexual violence and know their different roles and responsibilities in responding to sexual violence. 	<p>A: Multisectoral Response to sexual violence</p> <p>Discussion: Overview of minimum survivors services</p> <p>Discussion: Reinforce need for multisectoral response services</p> <p>Exercise #11: Resistance from community and actors</p> <p>B: Different roles, different goals.</p> <p>Exercise #12: Different roles, different goals</p> <p>Discussion: Importance of division of responsibilities</p>

TOPIC 5: SURVIVOR-CENTERED COMMUNICATION WITH CHILDREN

DURATION	OBJECTIVES	CONTENT
1 hour and 50 minutes	<ul style="list-style-type: none"> » Apply survivor-centered communication skills with a child survivor 	<p>Discussion: What is good communication with children</p> <p>Exercise #13: Talking with children about sexual violence</p> <p>Lecture: Best practice in communication with children</p> <p>Exercise #14: Communicating with child survivors</p>

TOPIC 6: SPECIAL CONSIDERATIONS FOR WORKING WITH MALE SURVIVORS		
DURATION	OBJECTIVES	CONTENT
2 hours	» To increase awareness and knowledge about key concerns and needs of male survivors of sexual violence.	Discussion: Needs and concerns of male survivors Lecture: Key issues that may impact a male survivors' willingness to disclose Discussion: Understanding reactions of male survivors after sexual violence
TOPIC 7: SELF-CARE FOR PROVIDERS		
DURATION	OBJECTIVES	CONTENT
2 hours and 20 minutes	<ul style="list-style-type: none"> » Increase awareness about stress in daily life and work, particularly related to dealing with survivors of sexual violence. » Identify ways to deal with stress and apply strategies for self-care. » Understand how social and organizational support can contribute to reducing stress related to working with survivors. 	<p>A: Different forms and signs of stress</p> <p>Lecture: Mental health and psychosocial well-being when working with survivors of GBV</p> <p>Exercise #15: What gives me stress? What gives me strength?</p> <p>Lecture: Identifying different forms of stress</p> <p>B: Tools for Basic Stress Management</p> <p>Exercise #16: Super stress buster</p> <p>Discussion: Coping mechanisms</p> <p>Exercise #17: Developing a self-care plan</p>

PURPOSE

To help participants understand and describe key concepts and basic issues underpinning all forms of gender-based violence, with a specific emphasis on sexual violence; to increase participants' abilities to discuss the key concepts in ways that can be well understood by their colleagues and community.

SPECIFIC OBJECTIVES

At the end of this Module, participants should:

- » Understand and describe the difference between sex and gender.
- » Understand and describe the relationship between GBV, power, use of force and consent.
- » Define different forms of GBV and sexual violence

 **Estimated Time:** 3 hours and 5 minutes


The lectures, discussions and exercises in this section are adapted from the following resources:

- » Caring for Survivors of Sexual Violence in Emergencies (IASC 2010)
- » GBV training: Multisectoral and interagency prevention and response to gender-based violence (RHRC, 2004)
- » IRC Case Management Resources

A: KEY CONCEPTS

OBJECTIVES

- » Understand and describe the difference between sex and gender.
- » Understand and describe the relationship between GBV, power, use of force and consent.

 **Time:** 2 hour 25 minutes

MATERIALS

- » Flip chart + markers

EXERCISE #1: MEN/WOMEN SHOULD/SHOULDN'T (30 MIN)

Explain to the participants that in this section we will look at the different roles of men and women in their culture.

DISCUSSION: SEX AND GENDER (20 MIN)

1. On the flip chart, write the word “sex” on the left side and “gender” on the right side.
2. Ask participants to explain the meaning of these two words and translate them into local languages. Write their responses under the appropriate heading.
3. Explain the definitions of sex and gender:
 - » SEX
 - Refers to the physical/biological differences between males and females.
 - Determined by biology.
 - Does not change (without surgical intervention).
 - » GENDER
 - Refers to attributes and roles differentially ascribed to males and females, it refers to widely shared ideas and expectations concerning men and women.
 - Determined by social factors—history, culture, tradition, societal norms, religion.
 - Gender in any given society involves the socialization for boys and girls, men and women that determines roles, responsibilities, opportunities, privileges, limitations, and expectations.
 - Gender roles can change over time.
4. Participants' understanding of the concept of gender is essential for their understanding of sexual and gender-based violence.

EXERCISE #2 GENDER OR SEX? (15 MIN)

DISCUSSION: POWER, USE OF FORCE AND INFORMED CONSENT (60 MIN)

1. On the flip chart, write the word **POWER** and ask participants to translate into local languages.
2. Discuss various types of power—ask for some examples (without names) of people who have power in the world, in the community.

3. Ask the group what gives someone power? Write their answers on the flipchart.

DISCUSSION POINTS

- » Perpetrators can have real or perceived power. Some examples of different types of power and powerful people:
 - Social: peer pressure, religious leaders, teachers, parents, medical staff.
 - Economic: control over money or access to goods/services/money/favors. Often money gives us more choices and thereby more power to make decisions for ourselves.
 - Political: elected leaders, discriminatory laws
 - Physical: strength, size, use of weapons, controlling access or security, soldiers, police, robbers, gangs.
 - Age-related: often the young and the elderly have the least power.
 - Sex-related: often men have power over women, husband over wives, brothers over sisters.
- » Power is directly related to choice. The more power one has, the more choices are available. The less power one has, fewer choices become available. People with less power have fewer choices and are therefore more vulnerable to abuse.

SOME EXAMPLES:

- A young pregnant girl who wants to seek health care may not have the power to decide for herself whether to go or not. This might be the decision of the husband or the mother-in-law.
- A refugee woman with three children who wants to cross a border may not have many choices when facing armed soldiers (for example, she may need to cross the border in order to be safe from violence)
- » In most prevailing patriarchal systems, men have more power than women.
- » Gender-based violence involves the abuse of power. Unequal power relationships are exploited or abused.
- » Do all people with power abuse their power? (No)

4. Explain that gender based violence is about abusing power. Whether the power is real or perceived, the survivor of the abuse believes the power is real.

Tape the Power flip chart to the wall nearby, where it can be seen and referred to later on.

5. On a new blank flipchart, write the word **VIOLENCE**.
6. Ask each participant to take a piece of paper and write two words or phrases to describe what we mean by violence in relation to GBV. Allow a few moments for everyone to write their two words.

7. Go around the room, one by one, asking each person to give ONE word/phrase they wrote. Put the words on the flip chart. Keep going around the room until you have everyone's words on the flipchart.
 - » This should be a very quick exercise; ask participants not to repeat things that others have already said.
 - » Participants usually give a combination of examples of types of violence as well as some definitions of the word violence. Write all on the flip chart.
8. Stand back from the flip chart and facilitate a short discussion to call out the key discussion points. Clarify any confusing points; cross out any words or phrases that participants agree do not belong on the list.

DISCUSSION POINTS

- » Force does not always mean physical force. It might be physical, emotional, social or economic in nature. Violence may also involve coercion or pressure. Force also includes intimidation, threats, persecution, or other forms of psychological or social pressure (e.g. in the case of forced marriage). The target of such violence is compelled to behave as expected or to do what is being requested, for fear of real and harmful consequences.
 - » Violence involves the use of physical force or other means of coercion such as threat, inducement or promise of a benefit to obtain something from a weaker or more vulnerable person.
 - » Using violence involves forcing someone to do something against her/his will = use of force.
9. At the top of the flip chart, write **USE OF FORCE** next to **VIOLENCE**. It should look like this VIOLENCE / USE OF FORCE
 10. Summarize by explaining that violence in this context is any act that causes harm. It involves the use of some type of force—real or implied—and this is a key element in defining what we mean when we talk about GBV.
 11. Tape the Violence flip chart on the wall near the Power flip chart, where they both can be seen and referred to later in the session.
 12. On a new blank flipchart, write the word **CONSENT**.
 13. Ask participants what consent means to them and how it translates into their local language. Write their responses on the flipchart.
 14. Discuss their responses and be sure to stress the two necessary components of consent: that it is informed and voluntary.

DISCUSSION POINTS

- » Consent means saying "yes", or agreeing to something.
- » In medicine we talk a lot about "Informed consent". What does that mean? It means making an informed choice freely and voluntarily by persons in an equal power relationship. To ensure consent is "informed", providers must ensure the following:
 - Provide her with all the possible information and options available to her so that she can make choices.
 - Inform her that she may need to share her information with others who can provide additional services.
 - Explain to her what is going to happen to her and ensure that she understands.
 - Explain the benefits and risks of the service to her and ensure that she understands.
 - Explain to her that she has the right to decline or refuse any part of services and ensure that she understands.
 - Explain and discuss confidentiality with her and its limitations and ensure that the client fully understands the implications.

Make examples from the health sector (surgery, family planning, etc.)

- » Acts of gender-based violence occur without informed consent. Even if she says "yes" this is not true consent because it was said under duress—the perpetrator(s) used some kind of force/abuse of power to get her to say yes. If there is coercion or force, consent cannot occur!
- » Children (under age 18) are deemed unable to give informed consent for acts such as female genital cutting/mutilation (FGM/C), marriage, sexual relations, etc.




EXERCISE #3: CASE STUDIES ABOUT CONSENT (20 MIN)

B: DEFINING GENDER-BASED VIOLENCE

OBJECTIVES

- » To define different forms of GBV and sexual violence.

 **Time:** 40 min

MATERIALS

- » Flip chart + markers
- » Handout #1: Definitions

DISCUSSION: FORMS OF GENDER-BASED VIOLENCE (40 MIN)

1. Make the whole group of participants brainstorm on different types of GBV and write them on a flip chart
2. Introduce the core types of GBV
 - » DOMESTIC VIOLENCE
 - Physical abuse
 - Sexual abuse
 - Emotional abuse
 - Economic abuse
 - Psychological abuse
 - » SEXUAL VIOLENCE
 - Intra-familial sexual abuse
 - Sexual assault
 - Sexual exploitation
 - Sexual harassment
 - Rape
 - » HARMFUL TRADITIONAL PRACTICES
 - FGC
 - Early/forced marriage
 - Honor killings
 - Dowry abuse
 - Widow ceremonies
 - Denial of education

3. Divide the participants into pairs. With their partner they will be assigned two types of GBV and should discuss the following:
 - » Make a definition for each type that makes sense to them.
 - » Describe some examples of how the two types take place in their community.
 - » Discuss if there are different settings within their community (areas, camps, etc.) where different forms occur.
4. Remind the group that these types of violence happen everywhere, but that some types are more frequent in some countries/regions. Which ones are the most common types in their culture? Which ones do we see most frequently in the health facilities?

DISTRIBUTE HANDOUT #1: DEFINITIONS

5. Inform the participants that we often use the term “Survivors” when talking about GBV. Write the following words on a flip chart: Survivor, Client, Victim, Patient.
6. Facilitate a discussion on what the different words mean. Which words are used in which sectors? What do they mean?

2

Topic

Understanding the Consequences of GBV

PURPOSE

This session will help participants understand the wide range of consequences of gender-based violence—in particular sexual violence—and its immediate and long-term impact on survivors, their families and communities. As health care providers, it is key to survivor's healing that they understand the impact the trauma of violence has on their emotional, psychological and physical health.

OBJECTIVES

At the end of this session participants should be able to:

- » Identify the consequences of sexual violence and coping mechanisms.
- » Understand the impact on the individual, the family and the community.
- » Understand the importance of coping mechanisms that promote recovery; learn what an individual, the community or health care providers can do to help a survivor.
- » Agree on definitions and terms used to describe different levels of stress.
- » Identify the common, immediate emotional and behavioral reactions after sexual violence.
- » Identify contributing/risk factors and root causes for GBV
- » Understand and describe the guiding principles of working with survivors of GBV



Estimated Time: 5 hours and 10 minutes

The lectures, discussions and exercises in this section are adapted from the following resources:

- » Caring for survivors training guide (IASC, 2010)
- » GBV training: Multisectoral and interagency prevention and response to gender-based violence (RHRC, 2004)
- » Understanding and addressing violence against women (WHO, 2012)

A: THE CONSEQUENCES OF GBV

OBJECTIVE

- » To identify the consequences of sexual violence and coping mechanisms.
- » To understand the impact on the individual, the family and the community.
- » To understand the importance of coping mechanisms that promote recovery, learn what an individual, the community or health care providers can do to help a survivor.



Time: 1 hour 35 min

MATERIALS

- » Handout #2: Common consequences of GBV
- » Handout #3: Factors that promote recovery

DISCUSSION: THE CONSEQUENCES OF GBV (30 MIN)

1. Explain that GBV/sexual violence causes very strong immediate reactions, but also has a wide range of after-effects that impact the survivor, his/her family, their community and society.
2. Draw a table with three headings (1. Health, 2. Emotional/Psychological 3. Behavioral/Social). Invite the participants to take markers and write possible consequences of GBV/sexual violence in the three categories.



DISTRIBUTE HANDOUT #2: COMMON CONSEQUENCES OF GBV

3. Give an overview of all consequences; highlight those that have not been mentioned by participants.
4. On a blank flip chart write the following three categories: Individual, Household and Community. Discuss with the participants, which of the consequences mentioned belong to which of the categories on the flip chart?
 - » How does sexual violence impact a household?
 - » How does sexual violence impact the community?

EMPHASIZE

- » The wide range of consequences
- » The large economic and social costs
- » Many effects are hidden (e.g. chronic physical effects, psychological effects such as depression and shame)
- » That the social consequences like blaming the survivor, social stigma and rejection very often leads to further emotional damage, including shame, self-hate and depression,
- » Due to social stigma, most survivors will not report the incident and will not seek help. As a result, most consequences stay hidden and the survivor continues to suffer.

Conclude by explaining that everyone who interacts with survivors of sexual violence should be aware of the often hidden psychosocial consequences of sexual violence.

NOTE TO THE FACILITATOR

- » **Patterns of violence against women are different from those against men.** Globally, men are more likely to die as a result of armed conflict, interpersonal violence by strangers and suicide, while women are more likely to die at the hands of someone close to them, including husbands and other intimate partners. Thus, women are often emotionally involved with, and economically dependent upon, their aggressors.
- » **Prevailing attitudes in many societies serve to justify, tolerate or condone violence against women, often blaming women for the violence they experience.** These attitudes often stem from traditional beliefs that view women as subordinate to men or entitle men to use violence to control women.
- » **Many countries have legal systems that minimize or ignore acts of violence against women.** Even where appropriate legislation exists, it may be inadequately implemented or may allow interpretation that reflects harmful traditional attitudes



LECTURE: FACTORS THAT PROMOTE RECOVERY AND OBSTACLES ON THE PATH TO HELP (45 MIN)

FACTORS THAT PROMOTE RECOVERY

1. Explain that the way a survivor deals with the consequences of sexual violence depends on various factors. Some factors can promote resilience and recovery. Resilience is a person's ability to overcome difficulties and adapt to change. Resilience is determined by the characteristics of the survivor as well as a number of outside factors.
2. Ask participants to name factors that in their view (or in their experience) can stimulate resilience and recovery. Generate discussion; write key words on a flip chart; distinguish between characteristics of a survivor and outside factors.
3. Highlight that how others treat them or react when they disclose violence can help or hinder recovery.
4. Also highlight that factors related to culture can impact recovery. Often, traditional ways of self-expression and rituals, both religious and secular, play a part in culturally accepted ways of coping with difficult situations. In addition, rules for expressing emotions such as anger and sorrow vary greatly from culture to culture.



DISTRIBUTE HANDOUT #3: FACTORS THAT PROMOTE RECOVERY

NOTE TO FACILITATOR

Ask the group to check whether the coping methods and/or traditional coping skills comply with the guiding principles.

FOR EXAMPLE:

- » Survivors should only take part in cleansing rituals if they choose to do so – this should never be imposed. Public ceremonies, in which the sexual assault is explained, can be a breach of confidentiality (if the survivor did not consent to it).
- » Be particularly mindful of strategies that could be a breach of the right to choose, where a survivor is advised (or forced) to do something or where he or she is been told that this is the best solution.

5. Explain that for some survivors it is very difficult to come forward, look for help and/or benefit from factors that promote recovery. Some of these obstacles on the path to help are related to the context in which the violence took place.
6. Ask participants to give examples of such factors. Which ones are specific to the health care facility?

FOR EXAMPLE:

- » In war situations, there is often no safe place where they can tell their story,
 - » The survivor doesn't trust the services that are available (providers, guards, triage staff, etc.)
 - » The survivor knew the perpetrator and/or is afraid of revenge
 - » Cultural/societal beliefs: in many societies it is a duty for a woman to have sex whenever the husband asks for it. Sexual violence from a husband is often not recognized or not seen as a crime by the community.
 - » Survivors who come forward are blamed and stigmatized
 - » The survivor thought that the violence was his/her fault.
 - » The survivor does not know which services are available at the health facility.
7. Explain that:
 - » Sometimes there are more complex reasons why survivors do not seek help. Some obstacles are so deeply rooted in the mind and heart of the survivor that they are difficult to see, or to understand for other people.
 - » This makes such factors difficult to overcome, and can make caregivers (professionals as well as people close to the survivor) feel frustrated—there might be situations where they suspect or know that sexual violence took place but the survivor refuses help or does not take steps to secure his or her own rescue.



EXERCISE #4: THE STORY OF CONSTANCE (20 MIN)

B: COMMON EMOTIONAL, BEHAVIOURAL AND PSYCHOLOGICAL REACTIONS IMMEDIATELY AFTER AN INCIDENT OF GBV

OBJECTIVES

- » To agree on definitions and terms used to describe different levels of stress.
- » To identify the common, immediate emotional and behavioural reactions after sexual violence.



Time: 1 hour

PREPARATIONS

- » Write the 14 different reactions on index cards and stick them to the white board or on the wall

MATERIALS

- » Flip chart paper, A4 paper, markers
- » Index cards



LECTURE: WHAT DO WE MEAN BY STRESS? (45 MIN)

1. Explain that when we talk about the immediate reactions after sexual violence, we often say that survivors “have experienced extreme distress.” What do we mean by this? Do these words have the same meaning in different cultures and contexts?

Now we will look at definitions of different levels of stress and try to find the words that are used in your culture to name or express stress.

2. Draw three columns with the headings on a flipchart: Stress – Distress – Extreme Distress/Trauma.
3. Ask participants to give examples of each level of stress and possible reactions to stress. Also ask for local words, expressions, and metaphors that describe the different examples and terms. You can start by giving an example yourself.
4. First, look at the word **STRESS**.
Give an example: “I, as a facilitator of this training, felt stress last night. I was stressed about fulfilling your needs as a trainer. I felt nervous, I slept but I woke up several times during the night”.

5. Ask participants:
 - » Who can give me another example of stress?
 - » What are the words used in your language(s) to describe this kind of situations or to describe stress?
 - » Do you know any metaphors to describe stress (e.g. carrying a heavy burden on your shoulders)?
 - » Do the terms you use in your language describe what is in the definition?
 - » What are possible reactions of your body and mind that you associate with stress?

6. Read the definition of stress:
 - » Stress is an immediate, biological, physiological and psychological response to a change in the situation around us. It is an “alarm-reaction” when we are confronted with something that might be a threat. This threat might be a change in our internal or external environment to which we have to adapt, and with which we have to cope. Every person reacts differently to stress, and people have different thresholds to different stress levels. Not everyone feels stress in the same situation.
 - » Stress is a normal and natural response designed to protect, maintain and enhance life. If our ways of managing stress are adaptive and healthy, we may find stress to be a positive thing. Stress that we cannot manage well is experienced more negatively. This is sometimes known as distress.

7. Now look at **DISTRESS**. Give an example: If I was so stressed out by this training that I could not eat, I could not sleep, I could not actually stand up here today, I would be distressed.

8. Ask:
 - » Who knows another example of distress?
 - » What could be some of the reactions?
 - » How would you describe this kind of situation in your language, what words and images would you use?

9. Read the definitions of distress:
 - » Distress is a temporary disruption of coping and problem-solving skills, but is not necessarily related to a life-threatening situation.
 - » Distress covers a wide range of feelings, from powerlessness, sadness, and fear, to depression, anxiety, and panic. In addition to feelings, distress may also affect such areas of your life as your thoughts and behavior.

10. Finally, look at the column with the word **EXTREME DISTRESS/TRAUMA**. Give an example: If there would be a sudden attack on the classroom, with soldiers storming in threatening to kill me, then I would experience extreme distress or traumatic stress.
11. Ask: Which signs of extreme distress do you know that can help us describe it really well?
 - » Elicit answers that refer to physical, emotional, cognitive and behavioral reactions.
 - » What are some of the words and images you use to describe such experiences in your language? In which context is it used?
 - » Do you know any metaphors to describe extreme distress (e.g. I feel like I my body was frozen or numb, as if I am poisoned, as if something broke inside me)?
12. Explain the definition of extreme distress. Explain that it is also called traumatic stress.
 - » Extreme distress or traumatic stress can occur following an extremely stressful event (also called traumatic event) in which there was a threat of injury or death to the person or someone close to the person. Reactions can be physical, emotional, cognitive and behavioral and include reliving the event, avoidance and signs of arousal.

Make sure you highlight that:

- » During an extremely stressful event (e.g. rape) a person often thinks that they will die, or that someone else will die. It makes one feel powerless, out of control, and anxious.
- » People experiencing traumatic stress experience a confused mental state as a result of intense stress also known as shock. An extremely stressful event, like sexual violence, is often so shocking and painful that it overwhelms the person going through it. This means that at that moment, a person is unable to cope as they would in other situations.
- » In most cases, the reactions to extreme distress will decrease naturally, without outside intervention. However, for some survivors the memory of the event lingers on. The emotional, physical, cognitive and behavioral effects might continue for many months and even years, mainly because the event was so overwhelming that it is difficult to give it a space in the memory or in the heart. It can also affect physical health.

 **EXERCISE #5: COPING WITH REACTIONS (15 MIN)**


13. Ask participants to mention which health consequences are linked to the different forms of stress and reactions to stress following sexual violence. Mention:
 - » Shock symptoms, high blood pressure, loss of memory, headaches, palpitations, startle-reflex, sleeplessness, dizziness or disorientation, fatigue, hyper-arousal, chronic pain, negative effects of drug abuse/smoking, malnutrition, etc.

14. Remind participants that some of these immediate reactions can continue over a long time. Underline that every person reacts differently and explain to participants that culture is also an important factor that determines the way survivors respond.
15. Conclude by highlighting that extreme distress is a normal reaction to an abnormal situation!

C: RESPONDING TO SEXUAL VIOLENCE

OBJECTIVE

- » To identify contributing/risk factors and root causes for GBV
- » To understand and describe the guiding principles of working with survivors of GBV.

 **Time:** 2 hours 35 min

PREPARATIONS

- » Write the guiding principles on index cards (one principle per card).
- » Prepare flip chart papers with GBV tree

MATERIALS

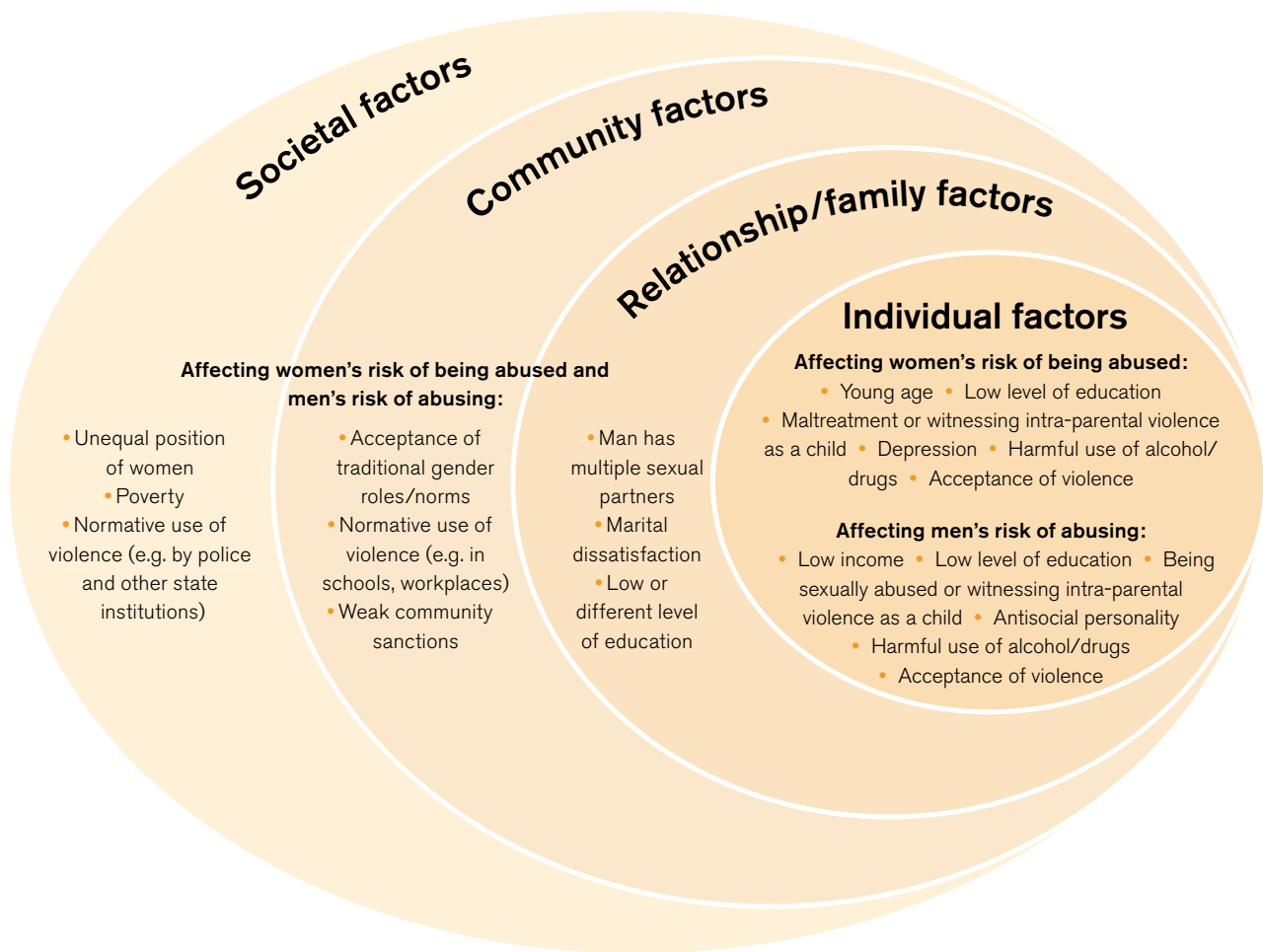
- » Index cards
- » Handout #4: The Guiding Principles for helping survivors of GBV.
- » Flip chart + markers

LECTURE: FACTORS ASSOCIATED WITH GBV (30 MIN)

1. Earlier we discussed the consequences of sexual violence. In order to understand and respond properly to GBV, we also need to know what causes violence. Why do some people end up as survivors or victims, and why do others perpetrate? Who is responsible for the violence?

These are complex questions. The most widely used model for understanding violence is the ecological model, which is based on research from all over the world.

2. Draw the ecological model on a flip chart with headlines only.



3. Ask participants to give examples of what might put someone at risk of becoming a survivor of GBV? Ask participants what might put someone at risk of becoming a perpetrator?
4. Explain that these are what we call risk or contributing factors. Contributing factors are those that perpetuate GBV or increase the risk of GBV, and influence the type and extent of GBV in any setting. Contributing factors do not cause GBV although they are associated with some acts of GBV. Some examples:
 - » Alcohol/drug abuse is a contributing factor—but all drunks/drug addicts do not beat their wives or rape women.
 - » War, displacement, and the presence of armed combatants are all contributing factors, but all soldiers do not rape civilian women.
 - » Poverty is a contributing factor, but all poor women are not victimized by forced prostitution or sexual exploitation.

Many contributing factors can be eliminated or significantly reduced through prevention activities. Addressing the root causes through prevention activities requires sustained, long-term action with change occurring slowly over a long period of time

5. To find out what is really behind GBV we need to look at the root causes. The root causes of all forms of GBV lie in a society's attitudes towards gender, and practices of gender discrimination—the roles, responsibilities, limitations, privileges, and opportunities afforded to an individual according to gender. Some examples of root causes include:
 - » Male and/or societal attitudes of disrespect or disregard towards women.
 - » Lack of belief in equality and human rights for all.
 - » Cultural/social norms of gender inequality.
 - » Lack of value of women and/or women's work.

 **EXERCISE #6: SOCIAL AND CULTURAL NORMS THAT SUPPORT GBV (25 MIN)**

 **DISCUSSION: THE GUIDING PRINCIPLES FOR HELPING SURVIVORS OF SEXUAL VIOLENCE (10 MIN)**

When providing services to survivors of sexual assault (health, psychosocial, legal, etc.) we should always make sure that we respect the survivor's wishes and we provide the highest quality of care. Our actions and interventions should be guided by the four guiding principles, which are international standards that all service providers should know and follow.

In this session, participants will familiarize themselves with the guiding principles and learn how to put them into practice.

 **EXERCISE #7: THE GUIDING PRINCIPLES FOR HELPING SURVIVORS OF GBV (30 MIN)**

 **DISTRIBUTE HANDOUT #4: THE GUIDING PRINCIPLES FOR HELPING SURVIVORS OF GBV**

NOTE TO FACILITATOR

- » Make sure that the link between the guiding principles and the impact of sexual violence on the survivor is made very clear. Emphasise that respecting the guiding principles is critically important for the recovery of the survivor.
- » For example:
 - **Ensure physical safety**—sexual violence very often leads to fear and anxiety. Survivors often don't feel safe, and they are scared that it can happen again. Some survivors are also in real danger (e.g. for retaliation).
 - **Respect the wishes of the survivor**—during sexual violence, the survivor had no control; his/her wishes and rights were denied.
 - **Maintain confidentiality**—survivors are often ashamed of what happened; they tend to blame themselves. If the violence becomes public, the community might blame the survivor for it.
 - **Ensure non-discrimination**—Sexual violence is a violation of human rights. In addition, survivors are often stigmatised by their communities.

EXERCISE #8: THE GBV TREE (1 HOUR)

3

Topic

Survivor-Centered Communication Skills

Topic 3 focuses on helping training participants to understand and practice skills associated with compassionate and caring communication. Effective communication skills are fundamental to delivering good care. The heart of compassionate and effective service provision relies on the service provider having the appropriate knowledge and attitudes to communicate trust, comfort, and care to survivors. It is through the dynamic process of communication (verbal and nonverbal) that positive, helpful relationships are developed and healing starts to occur.

OBJECTIVES

At the end of this session, participants should be able to:

- » Understand the importance of survivor-centered skills.
- » Understand the importance of a non-blaming attitude when dealing with survivors.
- » Understand the difference between informing vs. advising.
- » Apply basic communication and engagement skills like active listening skills and techniques for asking questions.



Estimated time for the total module: 4 hours

The lectures, discussions and exercises in this section are adapted from the following resources:

- » Caring for Child Survivors Guidelines. IRC June 2012
- » Raising Voices. Rethinking Domestic Violence: A Training Process for Community activists. Training Manual.
- » RHRC Consortium, Communication Skills Training Manual – Facilitator's Guide.

A: INTRODUCTION TO SURVIVOR-CENTERED SKILLS

OBJECTIVE

To understand the importance of using survivor-centered skills when dealing with survivors of sexual violence, in particular when receiving disclosures.

 **Total Time:** 60 min

MATERIALS

Handout #5: Active listening techniques and listening road-blocks

DISTRIBUTE HANDOUT #5: ACTIVE LISTENING TECHNIQUES AND 'LISTENING ROADBLOCKS

EXERCISE #9: WORKING WITH SURVIVORS AND RECEIVING DISCLOSURES (35 MIN)

DISCUSSION: WHAT ARE SURVIVOR-CENTERED RESPONSES? (25 MIN)

1. Start the discussion by referring to the flip chart of the previous exercise. Go through the first list of responses and explain that these are survivor-centered responses that reflect survivor-centered skills.
 - » Ask participants why they think the skills are called survivor-centered.
 - » Why is the use of survivor-centered skills important for survivors?

Write down key words on a flip chart

2. Help participants make the link between guiding principles and survivor centered skills. To do this, write down the guiding principles on a flip chart and ask people to get into four groups. Each group should brainstorm what the survivor centered skills are that relate to the guiding principles. Use the table below to help guide the discussion.

Below is an overview of the guiding principles and the corresponding survivor-centered skills:

GUIDING PRINCIPLES	SURVIVOR-CENTERED SKILLS
<p>1. Ensure the physical safety of the survivor(s).</p>	<p>Consider the safety of the survivor</p> <p>Always be aware of the security risks that a survivor may be exposed to after sexual violence. Hold all conversations, assessments and interviews in a safe setting. Try, as much as the context and your position allow you, to assess the situation of the survivor—Do they have a safe place to go to? Will the survivor be confronted by the perpetrator? Inform yourself of all options for referral available to the survivor, in order to inform her of options. If possible, take action to ensure the safety of the survivor.</p>
<p>2. Guarantee confidentiality.</p>	<p>Ensure Confidentiality</p> <p>Do not share the story of the survivor with others. If you need to share information with professionals, for instance to organize referral, you can only do so if the survivor understands what this implies and has given his/her consent.</p>
<p>3. Respect the wishes, the rights, and the dignity of the survivor(s), when making any decision on the most appropriate course of action to prevent or respond to an incident of sexual and gender-based violence.</p>	<p>Respect the wishes, needs and capacities of the survivor</p> <p>Every action you take should be guided by the wishes, needs and capacities of the survivor. Ensure attention for all of the survivor's needs, including medical and psychosocial needs as well as material needs and the need for justice. Respect the strength and capacities of the survivor to cope with what happened. After the survivor is informed about all options for support and referral, s/he has the right to make the choices s/he wants.</p> <p>Treat the survivor with dignity</p> <p>Show that you believe the survivor, that you don't question their story or blame them, Show that you respect her/his privacy.</p>

GUIDING PRINCIPLES	SURVIVOR-CENTERED SKILLS
	<p>Assure a supportive attitude Provide emotional support to the survivor. Show sensitivity, understanding and willingness to listen to the story of the survivor. Retain a caring attitude, regardless of the type of intervention you make.</p> <p>Provide information and manage expectations Make sure you are well informed of the options for referral (medical, psychosocial, economic, judicial) and available services, along with their quality and safety. Provide the survivor with all information s/he needs to make a choice about the care and support s/he wants. Checks whether the survivor fully understands all the information, and if necessary adapt the presentation of information to the capacity of the survivor at that moment. Be aware of the fact that when a survivor discloses her/his story to you, s/he trusts you and might have high expectations about what you can do to help.</p> <p>Always be clear about your role and about the type of support and assistance you can offer. Never make promises that you can't keep. Always refer the survivor to the appropriate services. Respect the limitations of what you can do.</p> <p>Inform the survivor about all of the available options for referral Make sure you are well informed about the options for referral (medical, psychosocial, economic, judicial) and available services, along with their quality and safety accessing. Inform the survivor about these options. Consider the possibility of accompanying the survivor to needed appointments, if she requests.</p>

GUIDING PRINCIPLES	SURVIVOR-CENTERED SKILLS
4. Ensure non-discrimination.	<p>Treat every survivor in a dignified way, independent of her/his sex, background, race, ethnicity or the circumstances of the incident.</p> <p>Treat all survivors equally. Do not make assumptions about the history or background of the survivor. Be aware of your own prejudices and opinions about sexual violence and do not let them influence the way you treat a survivor.</p>

KEY LEARNING POINTS FOR THE TRAINER TO HIGHLIGHT

- » Survivor-centered communication skills are important to:
 - Protect survivors from further harm.
 - Provide survivors with the opportunity to talk about what has happened to her/him without pressure.
 - Assist survivors in making choices, and in seeking help if they want to.
 - Cope with the fear that survivors may have of negative reactions (from the community), or of being blamed for the violence.
 - Provide basic psychosocial support to the survivor.
 - Give back the control to the survivor, which he/she lost during the incident of sexual violence.

Survivor-centered skills should be applied by everyone who is in contact with survivors regardless of their role in the community or professional position.

B: SURVIVOR-CENTERED ENGAGEMENT AND COMMUNICATION SKILLS: HOW TO LISTEN AND ASK QUESTIONS

OBJECTIVE

To further develop survivor-centered skills by learning how to apply basic communication and engagement skills such as active listening and techniques for asking questions.

 **Total Time:** 2 hours 25 min

PREPARATIONS

- » Prepare 12 index cards: write on each card one of the interview do or don'ts so that all cards have a different statement written on it.

HANDOUTS

- » Handout #5: Active listening techniques and listening roadblocks.
- » Handout #6: Communication Do and Don'ts.

MATERIAL NEEDED

- » A ball
- » 12 index cards

DISCUSSION: INTRODUCTION TO ACTIVE LISTENING¹ (25 MIN)

1. Ask participants to visualize a time when they felt really listened to. You can have people respond in the larger group or get into groups of two, by turning to the person next to them to share:
 - » Guiding questions:
 - What was going on at the time that made you decide to talk to someone? It may have been a problem, difficulty, concern or something you wanted to share with someone else.
 - How did you feel about talking to this person? What were your fears, anxieties and thoughts about how it might be received?
 - What qualities did the person that you talked to have that made you decide that it would be safe to talk to them?
 - What were some of the things that s/he said to you?
 - How did you know that the person really listened?
 - How would you describe the experience of feeling really listened to?

¹ RHRC Consortium, Communication Skills Training Manual – Facilitator's Guide, p.19. http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html

2. Ask a few participants to share their experiences. Remind them that they should only share what they feel comfortable sharing.
3. Explain participants that these are examples of active listening. These are the kind of feelings that you want to elicit from a survivor when they share their experience with you.
4. Ask participants why they think active listening is an important aspect of survivor-centered skills.



LECTURE: TECHNIQUES FOR ACTIVE LISTENING AND ASKING QUESTIONS (35 MIN)

1. Explain that active listening is more than just listening. It requires a dynamic attitude and the use of specific skills. In addition to using open-ended questions, there are a number of other techniques that can help to listen and to ask questions in a survivor-centered way.
2. Invite a volunteer to participate in a short role-play. Sit in front of the volunteer and ask him / her to tell a personal story. Make sure the volunteer chooses a story that they feel comfortable sharing with others. If necessary, you can briefly discuss this beforehand.
3. Demonstrate ways to ask questions about the story and to offer support to the volunteer. You can also demonstrate listening roadblocks. (See Handout #5 for examples).
4. After a few minutes you stop and ask the volunteer how they feel, which interventions were helpful or not to tell the story.
5. Write down, together with participants, a list of skills for active listening and asking questions. Specify how these techniques can be helpful for survivors. (See Handout #5)
6. Make another list of listening roadblocks elements that might stop the person from telling his story in a good way and that prevent you from listening. (See Handout #5)



DISTRIBUTE HANDOUT #5: ACTIVE LISTENING TECHNIQUES AND LISTENING ROADBLOCKS

7. Conclude by stressing that:
 - » Active listening requires knowledge, skills but also the right attitude. You need a willingness to listen and to take distance from any assumptions you might have about the person to develop survivor-centered skills and engage with survivors in a helpful way.
 - » You cannot master communication skills overnight, a lot of practice is required. This training can only offer you basic skills; it does not turn you into a counselor!

 **EXERCISE #10: PRACTICE ENGAGEMENT SKILLS (1 HOUR)**

 **DISCUSSION: COMMUNICATION DO AND DON'TS (1 HOUR)**

 **DISTRIBUTE HANDOUT #6: COMMUNICATION DO AND DON'TS**

1. Present the Communication do's and don'ts to the group by handing out the do's and don'ts handout to everyone. After presenting each do and don't, ask the group for comments, thoughts or reflections. Explain these do's and don'ts are essential guidelines to help create a supportive, compassionate and non-blaming atmosphere for the survivor.
2. To conclude, ask for last reflections, comments and thoughts from the group. Go around in a circle and ask each person to share what the most important thing they learned from this session was.

4

Topic

Different Roles, Different Goals: Helping Survivors Access Services

PURPOSE

Topic 4 focuses on the different roles and responsibilities of all actors engaging with survivors of sexual violence. The activities will help participants to distinguish between different goals and tasks of the various actors, and understand the implications for communicating and engaging with survivors.

SPECIFIC OBJECTIVE

At the end of this Module participants should be able to:

- » Identify the minimum recommended response services that must be available to reduce harmful consequences of sexual violence and prevent further injury and harm.
- » Identify various actors who deal with survivors of sexual violence, and know their different roles and responsibilities.

 **Estimated time:** 2 hours 35 min

The lectures, discussions and exercises in this section are adapted from the following resources:

- » Caring for survivors training guide (IASC, 2010)
- » GBV training: Multisectoral & interagency prevention and response to gender-based violence (RHRC, 2004)
- » A step-to-step guide to strengthening SV services in public health facilities (USAID 2010)

A: MULTISECTORAL RESPONSE TO SEXUAL VIOLENCE

OBJECTIVE

- » To identify the minimum recommended response services that must be available to reduce harmful consequences of sexual violence and prevent further injury, trauma and harm.



Time: 1 hour 35 min

PREPARATIONS

- » Prepare a flip chart and post it in the front of the room where it can be seen throughout this session:

RESPONSE = PROVIDING SERVICES AND SUPPORT TO REDUCE THE HARMFUL CONSEQUENCES AND PREVENT FURTHER INJURY, SUFFERING, AND HARM.

MATERIALS

- » Flip chart, markers
- » 4-legged chair

DISCUSSION: OVERVIEW OF MINIMUM SURVIVOR SERVICES (45 MIN)

1. Point to the flip chart you prepared (Response = providing services and support to reduce the harmful consequences and prevent further injury, suffering and harm) and read it out loud.
2. Ask the group what kinds of help a survivor might need to reduce harmful consequences. As they offer response actions, write them on a blank flip chart, organized into quadrants by sector area. After a few examples are on the flip chart, write the names of the sectors in each quadrant. Remember that this discussion focuses on services provided (the roles and responsibilities will be addressed in the next exercise). The flip chart should look something like this:
 - » HEALTH
 - Emergency contraception
 - Treat injuries
 - Treat STIs
 - Post-exposure Prophylaxis (PEP)

- » PSYCHO-SOCIAL
 - Emotional support (peer counseling)
 - Income generation activities
 - Skills training
 - Social reintegration, social support
 - » SECURITY
 - Physical safety
 - Safe house or temporary housing
 - Police report and investigation
 - » LEGAL JUSTICE (formal and traditional)
 - Legal protection and assistance
 - Prosecution, adjudication
 - Apply appropriate laws, hold perpetrators accountable (job of police, courts, prisons)
3. Continue to solicit/suggest—and discuss, clarify—response actions until you have listed the key response services. Response includes action to:
- » Assist/support the survivor, respond to her/his needs, using the guiding principles
 - » When appropriate, respond to the perpetrator (i.e., security and justice response)
 - » Restore/maintain security for the survivor and the community

Response can then include action—AT LEAST, AT MINIMUM—in the following sectors / functional areas:

- » Health care
- » Psychosocial assistance
 - Psychological and emotional support
 - Social acceptance and reintegration
- » Security and safety
- » Legal justice—formal and traditional

All must work in collaboration with one another in order to best meet the needs of the survivor.

4. Emphasize that not all survivors need, or want, all of this help. Our job is to identify services that are available and accessible. Discuss the meaning of these words, reinforcing previous learning about compassionate, competent, confidential care, respecting survivor's wishes and choices, the principle of "do no harm" and using a rights-based approach.
5. It is also important to note that we must educate the people who carry out these response services before advertising to the community that services are available. If these service providers are not properly trained and survivors go to them for help, the survivor may face more problems and probably further trauma and harm.

Response must also include:

- » Training for all actors, in all sectors and at all levels—whether community volunteers or staff—to provide compassionate, confidential, competent care.
- » Reporting and referral systems (i.e., working with the community to establish accessible methods for reporting cases and seeking help.)
- » Documentation of reported incidents.
- » Coordination and information sharing systems among the various actors and organizations to avoid duplicating efforts and confusing survivors.

DISCUSSION: REINFORCE NEED FOR MULTISECTORAL RESPONSE SERVICES (20 MIN)

1. Explain that response to sexual violence is like a four-legged chair. Bring a chair to the middle of the room and loudly place it on the floor. Discuss the qualities of a four-legged chair:
 - » All four legs must do their job properly and consistently for the chair to properly function.
 - » If one leg is broken, too short or missing, the chair becomes less stable.
 - » During this discussion, pick the chair up, set it down loudly, push it over so it falls down, move it around—make a memorable and visual show of the functioning and non-functioning of the chair.

2. Ask the participants and discuss: Why do all four sectors need each other? For example, successful criminal prosecution of perpetrators requires:
 - » Security: Good police investigation
 - » Health care: Good forensic medical evidence and quality documentation (i.e. medical examination forms).
 - » Health care: The survivor must be healthy and able to function and participate.
 - » Psychosocial: Emotional support for the survivor throughout the process, e.g. police intervention can be potentially harmful if the survivor does not have a support person providing assistance.. Prosecutions can be lengthy, and are usually full of delays—without support, the survivor is likely to become frustrated or discouraged, and may stop going to court
 - » Justice: Legal assistance for the survivor to help her understand what is happening and to advocate for her rights.

NOTE TO FACILITATOR

- » Leave the chair in the middle of the room if you can. As you continue this session, refer to the chair/four sectors working together when it fits with the discussion.
- » This session focuses only on the four primary/essential/minimum kinds (can we pick only one of these words?) of services that should be in place anywhere (in a community? Clarify). There are other services, especially related to preventing sexual violence are also described in the IASC GBV Guidelines.

EXERCISE #11: RESISTANCE FROM COMMUNITY AND ACTORS (30 MIN)

One of the critical challenges to addressing GBV is that communities often resist efforts to bring the issues into the open and tackle them.. Unlike other programs and services, we often first have to convince the community that there really is a serious, life threatening problem and it needs attention.

By “community”, we mean everyone we are trying to work with –teachers, health staff, lawyers, judges, police, religious leaders, community leaders, and officials, etc. What about the general population?

B: DIFFERENT ROLES, DIFFERENT GOALS

OBJECTIVE

- » To identify various actors who deal with survivors of sexual violence and know their different roles and responsibilities in responding to sexual violence.



Time: 1 hour

PREPARATIONS

- » Exercise #10: Prepare paper slips so that each has one responsibility on it by cutting handout # 7 into pieces.

MATERIALS

- » A bottle
- » A blank piece of paper per group
- » Handout #7: Different roles, different goals

EXERCISE #12: DIFFERENT ROLES, DIFFERENT GOALS (45 MIN)

DISCUSSION: IMPORTANCE OF DIVISION OF RESPONSIBILITIES (15 MIN)

1. Ask each group to attach their cards to a piece of flipchart paper and explain how they see their role in engaging with survivors and responding to sexual violence. Other groups can ask questions and react to the presentation. Shared responsibilities are attached on a separate chart. Encourage discussion. Possible guiding questions:
 - » Why is taking a statement a role that should only go to the Security/Protection group and the Legal Justice group?
 - » Why should asking detailed questions about the type of injuries only go to the Health group?
 - » Which are roles and goals that have to be taken up by every sector?
 - » Why is it not the responsibility of the health care provider to decide whether a rape occurred?
2. Explain: The exercise shows that every sector has its own specific responsibility in responding to sexual violence. Some roles overlap or can be taken up by everyone; some roles are very specific for a certain group (show the relevant cards). It is very important that we are aware of these different roles and how they complement each other, since this has implications for how we engage with survivors.

DISTRIBUTE HANDOUT #7: DIFFERENT ROLES, DIFFERENT GOALS

NOTE TO FACILITATOR

- » The group of participants are most likely to be from the health sector, but they will act as police officers, judges, and social workers. In reality, not all sectors will be represented and there might be people who are not part of one specific sector or are part of different sectors. (e.g. researchers, members of youth groups). You can bring this fact into the discussion.
- » Also explain clearly that not everyone has the same responsibility within one sector. For example, in the Security/Protection sector, the police have a different role than a protection officer.
- » In many settings the socioeconomic support sector is integrated in the psychosocial support sector. However, it might still be important to see it as a separate group, to highlight the importance of socio-economic support for survivors (for example, micro-credit groups).

Topic 5 focuses on the guiding principles for working with child survivors and how to communicate with child survivors of sexual violence. Children who have been abused may find it extremely difficult to talk to others their experience and health care providers must demonstrate empathy and belief, build trust, and create a feeling of safety and support. Good communication from the beginning ensures child survivors are willing to engage further, and enables service providers to offer appropriate care and treatment.

OBJECTIVE

At the end of this Module participants should be able to:

- » Participants will be able to name all three of the CCS key issues and the seven guiding principles.
- » Participants and facilitators have a shared understanding of the main challenges to implementing the guiding principles.
- » Identify the nine guiding principles for communicating with children.
- » Understand the role of empathic communication in supporting a child's healing and recovery.



Estimated time: 1 hours 50 min

PREPARATIONS NEEDED

- » Two pieces of printer paper / colored cards, one with word the “easy,” and other with the word “hard”
- » Nine colored cards each labeled with a different form of best practice:
 - Do No Harm
 - Be comforting and supportive
 - Be reassuring
 - Help the child feel safe
 - Talk in a way children will understand
 - Tell children why you are talking to them
 - Use appropriate interviewers
 - Pay attention to non-verbal communication
 - Respect children's thoughts and beliefs

DISCUSSION: WHAT IS GOOD COMMUNICATION WITH CHILDREN?

1. Ask the group what good communication with children looks like. After a few examples, ask them why good communication with children is important, and why does it matter?

EXERCISE #13: TALKING WITH CHILDREN ABOUT SEXUAL VIOLENCE (30 MIN)

LECTURE: BEST PRACTICE IN COMMUNICATION WITH CHILDREN

1. Present the Guiding Principles for Communicating with Children, but do not go into detail explaining what each of these principles looks like in reality.
 - » Be Nurturing, Comforting and Supportive
 - » Reassure the Child
 - » Do NO harm – Be Careful Not to Further Traumatize the Child
 - » Speak So Children Understand
 - » Help Children Feel Safe
 - » Use Appropriate People
 - » Pay Attention to Non-Verbal Communication
 - » Respect Children's Opinions, Beliefs and Thoughts

DISTRIBUTE HANDOUT #8: TELL CHILDREN WHY YOU ARE TALKING WITH THEM

2. Conduct the following exercise to help participants think of practical ways of making the communication best practices with children a reality, through what they say, how they say it and where they say it.

EXERCISE #14: COMMUNICATING WITH CHILD SURVIVORS (30 MIN)

KEY MESSAGES

- » Children who have experienced abuse may find it extremely difficult to talk to others about the incident.
- » Communication must demonstrate empathy and belief, build trust, and create feelings of safety and support.
- » Good communication from beginning ensures child survivors are willing to engage further, and enables service provider to offer appropriate care and treatment.

The purpose of this section is to increase the awareness and knowledge of health providers on the key concerns and needs of male survivors of sexual violence.

OBJECTIVES

At the end of this Module participants should be able to:

- » Speak to the specific needs and concerns of male survivors.
- » Understand common reactions of male survivors and begin to think about how to respond in a compassionate and competent manner.

 **Estimated Time:** 2 hours 20 min

DISCUSSION: NEEDS AND CONCERNS OF MALE SURVIVORS (APPROX. 30 MIN)

1. Explain that it is often assumed that only women are subjected to sexual violence. However, this is not the case. Highlight:
 - » Sexual violence against men and boys involves non consensual sexual acts, including rape, and a range of sexualized forms of torture.¹
 - » In addition to being raped themselves, men and boys may be forced to witness the rape of their wives, sisters, daughters or mothers, and at times are forced to rape persons close to them, whether male or female.²
 - » Sexual violence against boys may also be gender-based. In many conflicts, males are targeted for sexual violence in order to destroy their masculine identity at both the personal and social levels.³
 - » Males, like females, are particularly vulnerable to sexual violence in detention. Surveys of male torture survivors, both from conflict zones and from repressive states, have consistently shown high levels of sexual violence in detention, frequently well over fifty percent.⁴

1 United Nations High Commissioner for Refugees, 2012. Working with Men and Boy Survivors of Sexual and Gender Based Violence in Forced Displacement.

2 United Nations High Commissioner for Refugees, 2012. Working with Men and Boy Survivors of Sexual and Gender Based Violence in Forced Displacement.

3 Sivakumaran, S., (2007) "Sexual violence against men in armed conflict." *European Journal of International Law* , 18(2): 253-276; and Russell, W., (2007) "Sexual violence against men and boys." *Forced Migration Review* , Issue 27 (January).

4 Lunde, Inge and Jørgen Ortmann (1990), "Prevalence and sequelae of sexual torture." *The Lancet*, 36, (4 August): 289-291; Meana, Javier et al. (1995), "Prevalence of sexual torture in political dissidents." *The Lancet*, 345 (20 May): 1307; Peel, M., et al. (2000) "The sexual abuse of men in detention in Sri Lanka." *The Lancet*, 355(10): 2069-2070.

- » WHO has estimated that in a single year (2002), 73 million boys as well as 150 million girls experienced forced sexual intercourse or other forms of sexual abuse⁵.
2. Ask participants what they think some of the specific needs and barriers for men and boys who have experienced sexual violence. Summarize and write participant responses on the flip chart.



LECTURE: KEY ISSUES THAT MAY IMPACT A MALE SURVIVORS' WILLINGNESS TO DISCLOSE (30 MIN)

1. Go through each of the disclosure issues listed below and ask participants to share how each issue may present for men.
2. For example, shame. How does shame present differently with male survivors? What might men be worried or shameful about that is the same or different to women?
3. Discuss together in the large group. You can also have participants break out into smaller group if that works better in the training context.

Disclosure issues: It is generally accepted that rape and sexual violence are under-reported by both women/girls and men/boys globally. Men and boys face many of the same barriers to reporting sexual violence as women and girls do, including:

Shame

Men may find it difficult to talk about being victimized, which they consider incompatible with “being a man”—either in terms of the attack (“a man should have been able to protect himself”) or in terms of its aftermath (“a man should be able to cope”). Men may feel particularly ashamed by an involuntary physical response to an assault (erection, ejaculation).

Confusion and ignorance

Men and boys may lack the words to describe their experiences, or be uncertain about whom to approach or what is required for them to disclose violence. Lack of awareness amongst the general public and by professionals also contributes to a lack of services and appropriate responses, often leading to discrimination and the subsequent silencing of survivors.

⁵ World Health Organization (2006) “Global estimates of health consequences due to violence against children”. Cited in U.N. Secretary General World Report on Violence Against Children, 2006.

Guilt

Men who have been forced into sexual violence against others or boys who have been manipulated or coerced into 'taboo' sexual relations may feel guilty about their actions.

Fear

Men fear that they will not be believed, that their wives will leave them, that their family and community will look down on them, that they will be considered a potential child abuser, that face criminal penalties for being forced to rape, or that disclosure may lead to other unanticipated consequences. They may also fear being labeled as homosexual, since many societies consider sexual contact between two males indicative of homosexuality, regardless of any elements of coercion or force involved.

Isolation

Due to the silence surrounding the issue, men and boys may believe that their experiences are unique, or that no one will believe or understand them. Meanwhile, doctors, counselors and humanitarian workers themselves often do not recognize when sexual violence against males has occurred. Some are not trained to look for signs of sexual abuse in males, and some may take the silence of males on the subject at face value. Some also may not see men as being vulnerable to sexual violence in the first place.

DISTRIBUTE HANDOUT #9: UNDERSTANDING THE NEEDS OF MEN AND BOY SURVIVORS⁶

4. Ask for volunteers to read the handout out loud. Review each point with participants, stopping to discuss any questions or misconceptions that participants may have.
5. Stress that all these aspects show us that engaging with male survivors must be approached with great sensitivity.

DISCUSSION: UNDERSTANDING REACTIONS OF MALE SURVIVORS AFTER SEXUAL VIOLENCE

1. Split participants into three groups. Provide each group with a sheet of flip chart paper and a marker. Ask each group to choose someone to take notes and to present back to the larger group.

⁶ United Nations High Commissioner for Refugees, 2012. Working with Men and Boy Survivors of Sexual and Gender Based Violence in Forced Displacement.

2. Give each group the assignment of brainstorming one of the following types of reactions of male survivors of sexual violence: psychological, social, or physical. Give the groups 15 minutes to brainstorm and write down their responses.
3. Ask each group to present their responses. After each group's presentation, summarize and add additional reactions that may not have been mentioned by the group. Use Handout #9 as a guide.
4. After all of the presentations, ask the group as a whole to think about how they might deal with these types of reactions in their current work setting. Suggest that the group use Handout #9 and the reactions listed on the flip chart paper as a guide to generate ideas.
5. Record the ideas on how to address these issues on a separate piece of flip chart paper under each of the presentations made by each of the three groups. Make the link between the ideas generated and providing a sensitive psychosocial response to male survivors after sexual violence.



DISTRIBUTE HANDOUT #10: REACTIONS OF MALE SURVIVORS AFTER SEXUAL VIOLENCE

PURPOSE

The purpose of this section is to help participants understand how dealing with survivors of sexual violence can affect all of us. The goal of the exercises and lectures is to recognize different forms of stress and offer participants individual and organizational tools for self-care.

SPECIFIC OBJECTIVES

At the end of this Module participants should be able to:

- » Increase awareness about stress in daily life and work, particularly related to dealing with survivors of sexual violence.
- » Identify ways to deal with stress and apply strategies for self-care.
- » Understand how social and organizational support can contribute to reducing stress related to working with survivors.

 **Estimated Time:** 2 hours 20 min


The lectures, discussions and exercises in this section are adapted from the following resources:

- » Caring for Survivors Training Manual for Non-Medical Staff (IASC, 2010)
- » IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC, 2007)
- » Community-based psychological support; a training module (International federation of red cross and red crescent societies, 2003)

A: DIFFERENT FORMS AND SIGNS OF STRESS

OBJECTIVE:

- » To increase awareness about stress in daily life and work, particularly related to dealing with survivors of sexual violence.

 **Time:** 1 hour 10 min

MATERIALS:

- » Handout #11: Identifying different forms of stress

LECTURE: MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING WHEN WORKING WITH SURVIVORS OF GBV (20 MIN)

Ask participants to take their chairs and move into a big circle. Introduce the module, explain to participants that:

- » As providers of health care we experience things on a daily basis that we consider normal because it is a part of our job and professional training. Some of our experiences are positive and confirm to us why we work and that we do it well (e.g. when people leave the facility cured, when healthy babies are born) and other experiences can be demotivating and discouraging (e.g. children dying, increase in diseases). Particularly tragic episodes where we feel we could have done better have the potential to touch us in a very personal way. Examples could be:
 - If the workload in the facility is so heavy that we cannot provide sufficient care for those in need.
 - If resources are too few and we cannot provide drugs or non-consumables to treat patients who came for care.
 - If we make wrong decisions in treatment or care that have negative consequences for the patient and his/her family.
- » Sexual assault is a sensitive topic in all cultures and providing competent, compassionate, confidential care is demanding. Dealing with survivors of GBV and being exposed regularly to accounts of sexual violence can be very difficult and can affect all of us, regardless of the type of work we do..

In order for us to be able to continue working in an efficient and satisfactory manner, we need to be aware of the things that are potentially harmful to us. Therefore it is very important to protect ourselves and to develop tools to care for ourselves and our colleagues. We first need to think about things in our life that cause stress (stressors) and things that make us feel good and/or give us strength (resources).

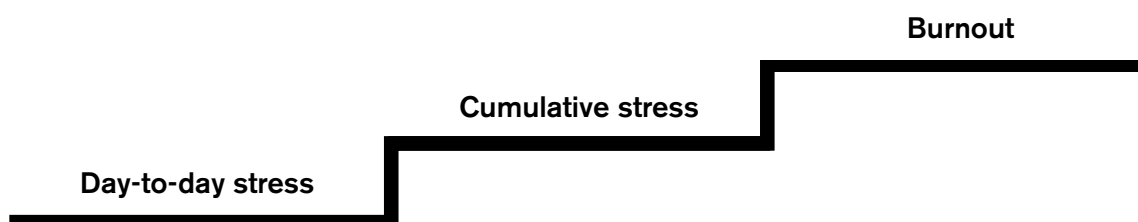
EXERCISE #15: WHAT GIVES ME STRESS? WHAT GIVES ME STRENGTH? (35 MIN)

NOTE TO FACILITATOR

- » Make sure you emphasize the difference between stressors and resources you can control and those you cannot control. Highlight that for what some people is a stressor/resource you can control, might be uncontrollable for others.
- » Ask participants why they think the difference between control/no control as well as individual differences are so important. Explain that very often stressors we cannot control have a bigger impact than those we can control. Resources we can control are often the most helpful.
- » It is important to see stressors in relation to resources. Activities, interpersonal relations and other aspects of life that give us strength can also help to reduce the impact of stressors.

LECTURE: IDENTIFYING DIFFERENT FORMS OF STRESS¹ (45 MIN)

1. Start by explaining that we will look at examples and definitions of different forms of stress. Give a general overview to participants by drawing a ladder on a flipchart. Fill in every step of the ladder of stress step by step, when you explain a form of stress we can all suffer from.



¹ Adapted partly from: Stress Management, Session 5.3, Staff Welfare Unit, Career and Staff Support Service, UNHCR HQ, "Managing the Stress of Humanitarian Emergencies." Geneva, July 2001, <http://reliefweb.int/sites/reliefweb.int/files/resources/F6DE23010CE37D9EC1256C7C004E1D7B-unhcr-stress-jul01.pdf>

2. Ask who of the participants can explain what stress is? Introduce the definition of stress (see handout #11).
3. Point out that in the previous exercise we observed that we are confronted by different forms of stress in our normal daily life and work. When we look more closely at the stress which is provoked by stressors listed in the previous exercise, we can easily identify Day to Day Stress. There is nothing abnormal with experiencing daily stress.
4. Ask to give examples of day to day stress. Also point out examples of the previous exercise.
5. Explain day to day stress (see Handout #11).
6. A high level of stress can have a very negative impact on our work and life. In this case we talk about Cumulative Stress. Explain Cumulative stress (see Handout #11).
7. Explain when cumulative stress is not well managed, there is risk for overload, which is the point at which stress overcomes our ability to manage. Overload can lead to Burnout. Explain burnout (see Handout #11).
8. If we look at this definition and we look at the list of stressors, what could be an example of how burnout could occur? Elicit answers. Specifically refer to situations related to their job as health care providers or working with survivors. Possible answers:
 - » To work long hours without any support or recognition from the hospital management.
 - » Working with survivors but not having the resources to provide the care needed.
 - » Being confronted with unwanted changes in an organization.
 - » Having unrealistic expectations about the possible results that can be achieved.
 - » Working under constant pressure or threat.
9. Ask participants what they think could be signs of burnout? Elicit answers (see Handout #11). Refer back to signs of stress from the previous exercise. Discuss how these symptoms and reactions can affect our professional or personal lives (e.g. lack of patience and compassion, no energy, aggressive, etc.).
10. Refer back to the ladder you have drawn and which is now completed. Conclude by explaining that it is important for us to recognize the signs of different forms of stress so that we know when we are climbing the ladder of stress and should take action to prevent stress or to deal with it.

Two other forms of stress also tend to affect providers of care:

11. **Critical Incidents** are highly stressful situations. Simply put, a critical incident is a traumatic event (or perceived life-threatening event) that has sufficient power to overwhelm an individual's ability to cope. Normal physical and psychological responses occur which place considerable pressure upon that person. When the stressor becomes extremely threatening or severe, it often produces a heightened state of cognitive, emotional and

behavioral arousal called Traumatic Stress. Ask participants to give examples of Critical Incident Stress from everyday life and professional life. Possible Examples:

- » Becoming victim of or witnessing security incidents: attacks, robbery, threats, etc.
- » Accidents
- » Being confronted with victims of an incident
- » Being victim of natural disaster
- » Being confronted with the sudden loss of a colleague

12. **Secondary Traumatization**, also called vicarious trauma, is a form of stress that can occur after indirect exposure to extremely stressful events. Ask participants if they are familiar with this type of stress. Example:

- » When we listen regularly and with empathy to accounts of sexual violence, we can become affected ourselves by the stories and start to suffer ourselves from signs of stress that are somewhat similar to those of the survivors. The stories we hear are often very alive in our mind, and we create images of what we hear. This can have a similar impact as being confronted with a terrifying event ourselves.



DISTRIBUTE HANDOUT #11: IDENTIFYING DIFFERENT FORMS OF STRESS


NOTE TO FACILITATOR

- » Different cultures express mental distress in different ways. This is not to imply that particular groups of people do not experience stress. Some cultures teach that emotional expression is negative and somehow shows a weakness of character. In such cultures, people under stress may cry very little, or have very flat emotional reactions. It should never be assumed that this means they are not experiencing stress, but rather that they have a very high threshold for expressing emotion because of how they were brought up or how their culture judges displays of emotion.
- » Every person is unique and experiences stress in a unique way. What is stressful for one person might not have the same impact on someone else. People can react differently when confronted with the same situation of stress or the same critical incident. Therefore never make assumptions about a person's reactions or behavior.

B: TOOLS FOR BASIC STRESS MANAGEMENT

OBJECTIVE

- » To identify ways to deal with stress and apply strategies for self-care.
- » To understand how social and organisational support can contribute to reducing stress related to working with survivors.

 **Time:** 1 hour 10 min

PREPARATIONS

- » Draw a frame on a piece of flipchart paper and write “Super Stress Buster” on it.

MATERIALS:

- » Index cards
- » Flip chart paper and markers

This section emphasizes ways in which care providers can support themselves and their colleagues to better cope with the stress they face through their work. It also focuses on learning techniques that may help to alleviate or prevent severe emotional reactions. It also demonstrates the role that managers and supervisors have in creating a supportive work environment.

EXERCISE #16: SUPER STRESS BUSTER (20 MIN)

DISCUSSION: COPING MECHANISMS (30 MIN)

1. Explain to participants that individual strategies to balance stressors are very helpful but often not sufficient to deal with the impact of dealing with survivors. We also need to look at other coping mechanisms such as social support or organizational interventions.
2. Divide participants into three groups.
3. Every group has to brainstorm about coping mechanisms and interventions that can help them deal with stress at the workplace, in particular related to dealing with survivors.
 - » **Group 1** will think about coping mechanisms that are specific to their culture (relaxation techniques, cultural and recreational activities, religious activities, etc.)
 - » **Group 2** will think about social support mechanisms (options for peer support, self-care groups, staff meetings, mentoring programs, etc.)
 - » **Group 3** will think about organizational and environmental aspects that can contribute to minimizing stress (reduction of the workload, improving the organization of the work, changing the location of the workplace)

4. Every group has to make a brief presentation (maximum five minutes) about ideas related to their topic. They also have to indicate the limitations of their suggestions.
FOR EXAMPLE:
 - » Staff meetings might be a good idea to set up a social support mechanism. They may be good to discuss organizational aspects but not be the best place to talk about personal issues.
 - » Reduction of the workload can definitely have an impact on stress, but is not always possible to achieve.

5. In addition to ideas of participants you can offer the following key strategies for self-care:
 - » Creating boundaries (physical and emotional) at the workplace:
 - Not giving survivors money etc.,
 - Limiting the duration of meetings, sessions, conversations to 50 min.
 - » Establishing support within the work environment
 - Discussing how your organization can best support self-care activities of staff
 - Creating a culture within the facility where providers can openly discuss problems
 - Creating self-care groups within your workplace between staff working with survivors (like other audits that often take place within the health sector)
 - Conducting group and teambuilding exercises
 - » Seeking assistance from outside agencies
 - It is especially important for service providers to be able to rely on other agencies within their communities, so as not to feel solely responsible for managing a survivor. Knowing agencies that exist to help survivors and having a good referral network in place are important parts of being a service provider. It also increases a survivor's choice and decreases their dependency on you.²

NOTE TO FACILITATOR:

- » It is important that participants have the opportunity to brainstorm about coping mechanisms at different levels. By exchanging ideas with colleagues, participants will get ideas about strategies that might be new to them and understand how to look for support.
- » Supportive supervision and self-care groups are common among staff providing case management and psychosocial support staff. Health care providers at all levels can benefit from these interventions whether they work with survivors or not. You can ask participants if this is in place, and if not, what could be done to start supervision.



EXERCISE #17: DEVELOPING A SELF-CARE PLAN (20 MIN)

² RHRC Consortium, Communication Skills Training Manual – Facilitator's Guide, p.41. http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html

TOPIC EXERCISES

EXERCISE #1: MEN/WOMEN SHOULD/SHOULDN'T (30 MIN)

Place 4 flip chart size sheets of paper on the floor and give each one a heading

- » Women should
- » Women shouldn't
- » Men should
- » Men shouldn't

Divide the participants into four groups and give each group one of the flip charts, with one of the four headings. Ask them to write down what applies to their culture/community. Then have each group read aloud what they have written down under their heading.

Discuss by comparing the women/men should/shouldn't lists. Talk about what it is like to have so many rules, assumptions, stereotypes and contradictions governing how we behave as women and as men. Discuss how participants relate to these messages. How are these ideas generated and sustained in a particular society? Compare to other cultures where the situation is different.

EXERCISE #2: GENDER OR SEX? (15 MIN)

Invite the participants to stand up and find an open space. Draw a line on the floor (imaginary or use a rope) and tell the participants that one side is "sex" and the other side is "gender".

The facilitator reads out the statements aloud one by one, and asks the participants to move to the side of the line that they believe is correct. Ask individuals from each side to explain why they think so. Some of the statements don't have clear answers and can be discussed as they go along.

- » Women give birth, men do not. (S)
- » Little girls are gentle, boys are tough. (G)
- » Amongst Indian agricultural workers, women are paid 40-60% less than males. (G)
- » Women can breastfeed babies, men can bottle-feed babies.(S)
- » Most building site workers in Britain are men.(G)
- » In Ancient Egypt, men stayed at home and did weaving. Women handled family business. Women inherited property and men did not. (G)
- » Men's voices break at puberty, women's do not. (S)

- » In one study of 224 cultures, there were 5 in which men did all the cooking, and 36 in which women did all the house-building. (G)
- » According to UN statistics, women do 67% of the world's work, yet their earnings amount to only 10% of the world's income. (G)
- » Women wear high heels and skirts, men don't (G)
- » Men don't cry, women cry easily (to be discussed)
- » Women are caring and have a strong sense of empathy, men are more egoistic and practical (to be discussed)

EXERCISE #3: CASE STUDIES ABOUT CONSENT (20 MIN)

Read out loud the following examples and ask participants to discuss with their neighbor if informed consent is present or not:

1. A 16 year old girl needs school fees and her parents cannot provide them. She goes to the teacher to ask for help, and he says he will help her if she has sex with him. The girl agrees.
2. A woman gets a job at an office as a secretary to an important businessman. She really needs the job and he knows it. He starts to ask her to have sex with him and touches her in the office. When she resists, he says she will be fired if she does not do what he says. He says he can easily find an obedient employee. The woman agrees.
3. In a very traditional and patriarchal family, the father of a 19 year old girl tells her that he has arranged for her to marry a certain man. The girl does not know the man very well, he is much older than she is, but she agrees to the marriage.
4. A refugee woman with three children approaches an armed soldier at a checkpoint. The woman has been separated from the rest of her family and community. She is seeking refuge at a town on the other side of the checkpoint. The soldier asks the woman for some money to pay the fee, then he will let her through the checkpoint (there is no fee – he is asking for a bribe). The woman explains she has no money and nothing of value to offer. The soldier tells the woman that he will let her through if she has sex with him. The woman agrees.

Consent is very connected to the idea of coercion. Coercion is persuading an unwilling person to do something by force, threats, or trickery. In examples #1 and #2 above, the teacher or the boss coerced the person into sex—any coerced sex—sex without informed consent-- is abuse.

Y EXERCISE #4: THE STORY OF CONSTANCE (20 MIN)

1. Read the case study to the participants:
Constance is 27, a mother of two and a widow. She is regularly beaten up by her cousin, who lives in the village nearby but continues to visit her almost daily. Sometimes he also rapes her. The neighbors know what is happening. One day, the lady next door comes to talk to Constance, trying to convince her to look for help or go to the police. She tells her that she is worried about Constance and her children and wants to help her, she wants her to be happy. Constance refuses and even denies that her cousin is abusing her. She becomes very angry. The neighbors don't understand her reaction and people in the village start to talk about her. Why does she not stop this? She must have done something very bad! Maybe her cousin gives her a lot of money? The neighbors start to avoid contact with Constance and she and her children become more and more isolated. The abuse continues....
2. Explain the concept of "survival strategies" to the participants and refer to the text:
 - » **Avoidance:** The survivor does everything within her or his power to avoid further violence or abuse within the relation. The survivor may become docile and completely obedient to the perpetrator.
 - » **Identification with the perpetrator:** The survivor feels that she might not survive the violence and that escape is not possible. She will try to gain approval of the perpetrator as a last chance to survive, she will even try to put herself in the position of the perpetrator, adopt his views, feel and think like he does.
 - » **Numbing:** Eventually the identification has become so strong that the survivor becomes alienated from her emotions and thoughts and shows an extremely high level of apathy or indifference towards her own suffering.
3. Divide the participants into groups of 3–4 and tell them to discuss: What can people in the community do to help Constance?
 - » Trying to get to know her better, not avoiding her
 - » Ensuring her physical safety if possible
 - » Not judging her
 - » Not telling stories about her to others in the village
 - » Showing care, helping her with small things
 - » Listening to her story
 - » Not telling her what she should do, but informing her about options to find help

- » Eventually trying to express your worries and concerns
 - » Assisting her in finding solutions
4. The story continues:
Constance is feeling isolated and unhappy and she sees no way out of the abuse. Her health status is poor and she has chronic lower abdominal pain. Every time she goes to the health center, the nurse gives her antibiotics and painkillers and sends her home. Constance is considering ending her life.
5. What can the health care provider do to help Constance?
6. What are the obstacles that prevent Constance from accepting help?
- » Constance might be afraid to lose material support she still sometimes gets from her cousin.
 - » There might also be issues around the support to and custody over the children.
 - » The neighbor is making assumptions about what is best for Constance
 - » There is not enough confidentiality.

EXERCISE #5: COPING WITH REACTIONS (15 MIN)

1. Explain that in this exercise, we will focus on emotional and behavioral reactions as well as on cognitive reactions (thoughts) of survivors
2. Write the 14 different reactions below on index cards and stick them to the wall or a white board.
3. Ask different participants to stand up and read out the different statements one by one. After each statement the group has to find the corresponding reaction.

STATEMENT	REACTION
1. "I'm constantly jumpy. A sudden noise, an angry voice, moving bushes and I am afraid."	A. Fear
2. "I feel so tense. Constantly on alert even if there is nothing to worry about. It feels like my chest is blocked and I cannot breathe."	B. Anxiety
3. "I want to kill him; I hate him, everything, everyone. Someone should pay for this."	C. Anger/hostility
4. "I can't tell anyone about this. My husband will divorce me if he finds out, and my family will take my children. I'll keep it a secret for the rest of my life".	D. Alienation/isolation
5. "I feel so helpless. Will I ever be in charge of my own life again?"	E. Powerlessness/ loss of control
6. "I feel so empty. Why am I so calm? Why can't I cry?"	F. Numbness
7. "I'm okay. I'll be all right. I don't need any help from anybody."	G. Denial
8. "I feel as if I did something to make this happen. I should have stayed home. If only I hadn't worn that dress."	H. Guilt/blame

<p>9. "I feel so dirty, like there is something wrong with me now. Can you tell that I've been raped? What will people think?"</p>	<p>I. Embarrassment</p>
<p>10. "I feel I can't do anything anymore... even the simplest things. I don't know how and I cannot learn."</p>	<p>J. Loss of self-confidence</p>
<p>11. "I feel like I'm going crazy. One moment I am crying like a baby and the next I feel nothing!"</p>	<p>K. Mood changes</p>
<p>12. "I'm disgusted by myself, by the memories. I'm just worthless and nobody will ever love me again."</p>	<p>L. Low self-esteem</p>
<p>13. "How am I going to go on? I feel so tired and hopeless, I just want to sleep and forget."</p>	<p>M. Depression</p>
<p>14. "I can't stop thinking about the attack. Everything reminds me of what happened. Night and day."</p>	<p>N. Flashbacks and nightmares</p>

EXERCISE #6: SOCIAL AND CULTURAL NORMS THAT SUPPORT GBV (25 MIN)

1. Divide participants into groups of four. Tell them to look at the ecological model and make a list of the contributing factors that are most common in their society/culture.
2. Write the following statements on a flip chart or show a power point:
 - » A man has a right to assert power over a woman and is considered socially superior
 - » A man has a right to physically discipline a woman for 'incorrect' behavior
 - » Physical violence is an acceptable way to resolve conflict in a relationship
 - » Sexual intercourse is a man's right in marriage
 - » A woman should tolerate violence in order to keep her family together
 - » There are times when a woman deserves to be beaten
 - » Sexual activity – including rape – is a marker of masculinity
 - » Girls are responsible for controlling a man's sexual urges
3. Tell the participants that studies from diverse settings have documented many social norms and beliefs that support violence against women. These above are some of the most common ones. Do any of these norms reflect reality in your culture? Are there other norms in the society that can be considered root causes?

EXERCISE #7: THE GUIDING PRINCIPLES FOR HELPING SURVIVORS OF GBV (30 MIN)

1. Divide the group in four small groups. Give each group an index card with one of the guiding principles. Ask the groups to brainstorm for 10 min about:
 - » The meaning of this principle – in general and for health care providers?
 - » Why is this principle important for dealing with survivors?
 - » Examples of what we can do to respect the principle. Everybody should think about concrete actions in his or her own setting or role.
2. Each group briefly presents the principle and the examples they found. Ask the presenters to also explain to the group why the principle is important in their view. Elicit discussion.

EXERCISE #8: THE GBV TREE (1 HOUR)

1. Draw a big tree with roots, trunk, branches and crown on several flip chart papers. The tree should be big enough for the whole group to see it clearly.
2. Explain to the participants that we have spent some time trying to understand GBV –what is behind it, what are the implications of it, and how to respond to GBV in an appropriate way. This exercise will summarize our knowledge on the topic and remind us how to address survivors who come to our facility.
3. Explain that for a tree to grow and thrive, it needs to be watered and nursed. If the roots are strong and have access to nutritious soil, the tree will also become strong and carry many fruits. Point out the similarities between the tree and GBV in a community. What makes it grow, and what makes it weak?
4. Ask the participants to mention the different forms of GBV and write them on the trunk of the tree.

NOTE TO FACILITATOR

Some forms of GBV that could be identified depending on the context:

Sexual assault, rape, attempted rape, trafficking, prostitution, sexual harassment, manipulation within the home, the workplace or school, domestic violence, battery, confinement, emotional abuse, pornography, harmful traditional practices, (i.e. FGM, dowry abuse, widow ceremonies), early/forced marriage, punishments directed at women for defying cultural norms, denial of education, food and clothing to girls/women by virtue of their sex.

Encourage all ideas and examples. Make sure that the most common forms of GBV in the country/region are covered. It is also important to explain that men and boys can also be the target of sexual abuse, but that women and girls are affected disproportionately. Since the focus of this training is on sexual exploitation and abuse, it is important that the facilitator emphasize sexual exploitation and abuse as one common form of GBV.

5. Ask the participants to point out what causes GBV. It is important at this point that they know the difference between the root cause and the different factors that put people at risk or contribute to GBV. Put “gender inequalities” at the root of the tree.
6. Divide the participants into smaller groups and hand out post-its (sticky notes).
7. Ask some groups to identify the consequences of GBV and other groups to identify some contributing/risk factors of GBV. They should write down one on each one sticky note.

NOTE TO FACILITATOR

Examples of consequences can include:

Health: Individual consequences to the survivor such as injury, disability, or death. STDs and AIDS. Injury to the reproductive system including menstrual disorders, childbearing problems, infections, miscarriages, unwanted pregnancies, unsafe abortions. Depression, leading to chronic physical complaints and illnesses. FGM, resulting in shock, infection, excessive bleeding or death, and longer-term affects such as emotional damage, including anger, fear, resentment, self-hate and confusion. Loss of desire for sex and painful sexual intercourse. Difficult pregnancy and labor, chronic pain and infection, infertility.

Emotional/Psychological: Individual emotional damage to the survivor including anger, fear, resentment and self-hate. Shame, insecurity, loss of ability to function and carry out daily activities. Feelings of depression and isolation. Problems sleeping and eating. Mental illness and thoughts of hopelessness and suicide. Gossip, judgments made about the survivor, blaming the survivor, treating the survivor as a social outcast.

Impact on wider society: Expensive, drain on community resources, family, neighbors, friends, schools, community leaders, social service agencies, etc. Survivor unable to continue as contributing member of society, unable to keep up with childcare, unable to earn an income. If perpetrators not apprehended or arrested, this sends a strong message that the behavior is somehow acceptable, leading to further incidents of violence.

Legal/Justice System: Lack of access to legal system, lack of knowledge of existing laws, confusion regarding the most appropriate channels i.e. criminal, traditional etc. Survivor reluctant to report due to heavy stigma attached to sexual abuse. Strain on police/court resources already challenged and overburdened. Lack of sensitivity to the issues expressed by judges. Costs incurred by the survivor.

Security, Physical Environment of the Community: Survivor feels insecure, threatened, and afraid. Climate of fear and insecurity impacting women's freedom and perception of personal safety. Lack of female participation in the community life. Fear of traveling to school and work.

NOTE TO FACILITATOR

Some potential factors that contribute to GBV include:

- » Male attitudes of disrespect towards women, including lack of respect for the human rights of women and girls
- » Unquestioned assumptions about appropriate male and female behaviors
- » Desire for power and control
- » Political motives, including GBV as a weapon of war, for power/control, to instill fear. Traditional tensions, feuds
- » Collapse of traditional society and family supports
- » Cultural and traditional practices, religious beliefs
- » Poverty
- » Alcohol/drug abuse
- » Boredom, lack of services, activities and programs
- » Loss of male power/role in family and community; seeking to regain and/or assert power
- » Legal/justice system/laws silently condone violence against women and girls, insufficient laws against GBV

8. Assemble the group and have them present their answers, first the risk/contributing factors and (attaching the sticky notes to the tree) followed by the consequences.
9. Elicit discussion on how to minimize the different categories in their specific community. How does the health sector play an active part in this?

EXERCISE #9: WORKING WITH SURVIVORS AND RECEIVING DISCLOSURES (35 MIN)

1. Divide the participants into groups of 3 and give them each a piece of paper and a pen. Read aloud to the full group the story.

Something horrible happened last night. I went out to watch a football match with a group of friends. My wife is out of town on business so my 15 year-old younger sister agreed to come to my house to look after the children for a few hours. I wasn't gone for more than four hours and when I came home I saw the front door was broken.

I panicked and ran inside, thinking that something bad had happened to my children, my sister or all of them. Luckily I found the children sound asleep in my bed, but I didn't see my sister anywhere. During my search I realized that the television and some CDs were missing, but I didn't pay too much attention to that.

I found her behind the house. At first I thought she was dead because she had blood coming from her ear and her lappa was soaked as well. Then she said my name and started crying. I picked her up and carried her inside. I gave her some clean clothes, made her a cup of tea and tried to make her tell me what had happened. She was really bruised and from the look in her eyes I knew exactly what had happened. I felt a bit uncomfortable and wanted to take her to the health clinic that is not too far from where we live but she refused.

I didn't sleep all night and I know she didn't either. I shouldn't have left her alone. I will try to make her come with me to the center today.

2. Ask the participants to imagine that they are the older brother of the 15 year old girl. Have them discuss what kind of health care worker they would like to meet at the clinic. For example:
 - » What are the characteristics of the health care provider?
 - » Which skills would they look for in that person (professional and personal)?
 - » How is this situation different from having a broken leg or needing a C-section?

3. Ask participants to think for a few minutes about their own experiences when responding to survivors of sexual violence.
 - » Have you ever received a disclosure from a survivor? How did you respond? What did you do?
 - » Think about an experience you had with talking to/dealing with survivors that was particularly difficult. What made it difficult or challenging?
4. Ask participants to write down some of their responses and reactions as well as things they found challenging. For example: “I tried to listen”, “I didn't know what to say, I felt uncomfortable”, “I told the person what to do”, “I wanted to help but didn't know how”...
5. Ask participants to pair up with the person next to them and share with this person some of the responses they wrote down. The partner can ask questions to clarify the answers or find out what was difficult or challenging. They can take 10 to 15 minutes for this exercise.
6. Discuss the activity—invite participants to share some of the experiences, reactions and responses they discussed with their partner in the exercise. Elicit discussion, make a list of responses on a flip chart, group them under survivor-centered responses and challenges. In the second column (challenges) you can also include reactions and responses that participants may have labeled as helpful or positive but which do not reflect a survivor-centered attitude (e.g. giving advice).
7. Optional: You can also ask participants what made it difficult or easy to share these experiences with a partner in this exercise. Highlight responses that show a parallel with survivor-centered skills. Example: “my partner showed that he/she was listening”, “he/she asked the right questions (which questions?)” or: “it was difficult to share this with someone I don't really know”, “I didn't feel comfortable (why?)”.

NOTE TO FACILITATOR

- » Remind participants of the guiding principles/ground rules:
 - They should never reveal the identity of a survivor to other participants.
 - They should only speak about what they feel comfortable with and never feel forced to share experiences they do not want to talk about.
 - Participants who have no experience in dealing with survivors or who have never received a disclosure can focus on their experiences with dealing with survivors of other extremely stressful events in conflict-affected settings. It is however important that the plenary discussion focuses on dealing with survivors of sexual violence.
- » Step 5 is optional.

EXERCISE #10: PRACTICE ENGAGEMENT SKILLS (1 HOUR)

NOTE TO FACILITATOR

This exercise should be adapted to the level and experience of the group. Option 1 can be used for a group with little experience in communicating with survivors. Option 2 can be used for a group with more extensive experience in engaging with survivors. In case you teach a group with a very mixed level of experience you may want to offer option 1 and 2 together and leave the choice of the topic to the participants.

OPTION 1

1. Divide the group into groups of three.
2. Assign each person a different role: listener, respondent and observer.
3. Ask the groups to discuss a neutral subject during 5 to 10 minutes. (For instance: Food—what food do they eat now? How does it differ from the food they ate when they were kids?)
4. Assign tasks:
 - » The respondent should tell a personal story about the subject.
 - » The listener should help the respondent to tell his/her story in the best way possible.
 - » The observer takes note about the techniques the listener used and about the body language of the respondent and the listener. He/she should also note any listening roadblocks s/he observed.
5. Watch the time and make sure every group stops their conversation after 5 to 10 min (Shout “stop” when the time is over).
6. When the conversation is over, observers should share their observations in a constructive manner with the listeners. The respondent can also give feedback on how s/he experienced the conversation (What helped him/her to tell the story? What was difficult or not helpful?) For example: “you were moving a lot on your chair, which gave me the feeling that I had to tell my story really fast.”
7. Participants should switch roles within the same group, so that they can each experience the role of listener, respondent and observer.
8. Conclude by reconvening the group for a short debriefing. You can discuss:
 - What listeners found most difficult,
 - What observers saw as common mistakes?
 - How respondents felt/reacted when they were asked leading vs. open questions, when the listener made assumptions ...

Refer back to the list of active listening skills and listening roadblocks.

OPTION 2

The procedure of this exercise is identical to option 1. However, instead of discussing a neutral subject, participants set up a role-play in which:

- » The respondent plays a survivor.
- » The listener plays the role he or she would have in his/her professional situation (nurse, doctor, community health worker, etc.)
- » The observer has the same role as in option 1. In addition s/he should have attention for the impact of the questions of the listener on the interviewee/survivor.

FOR EXAMPLE:

- » "The listener said that the survivor is not to blame – the survivor looked more relaxed."
- » "As soon as there was silence, the listener hurried to ask a question – the survivor skipped important parts of his/her story."
- » The observer should also observe how well survivor-centered skills are applied.
- » "The listener did not give advice but was listening and gave information."
- » "The listener gave the survivor the chance to choose between options".
- » "The listener asked for consent of the survivor".

If you choose for option 2:

- » If they choose to use one of their cases in the role-play, make sure participants respect confidentiality. Encourage participants who play the survivor not to use their own name in the role-play, to create more distance to the role.
- » Make sure you do a proper debriefing with the group to give participants the chance to provide feedback about the experience of playing a survivor or engaging with a survivor.

EXERCISE #11: RESISTANCE FROM COMMUNITY AND ACTORS (30 MIN)

1. Divide participants into small groups no larger than 5–6 people.
2. Distribute/write on flip chart the following questions for reflection:
 - » Why is GBV so difficult to discuss in the community and with other stakeholders?
 - » What are the reasons behind the resistance we often see?
 - » Why do so many people/actors deny that GBV is a problem?
 - » How can this be addressed in your community?
3. Facilitate 10–15 minutes of discussion where groups share ideas and strategies.

EXERCISE #12: DIFFERENT ROLES, DIFFERENT GOALS (45 MIN)

1. Print/write out the responsibilities from handout #7:
2. Divide the group into four working groups.
 - » Health group: health workers
 - » Psychosocial support group: counselors, community workers, members of NGOs providing socio-economic support etc.
 - » Security/Protection: police, protection officers
 - » Legal Justice: members of legal aid organizations, lawyers and human rights officers
3. Spread the paper slips out on the floor. Every piece of paper has a responsibility written on it. Place a bottle in the middle.
4. Explain why you have put people in certain groups. Tell participants that every working group represents a sector or group of people who respond to sexual violence. Every sector has its own role and goal in dealing with survivors. We will look closer at these different responsibilities by playing a short game.

5. Explain the game to participants:

- One group will start by spinning the bottle.
- When the bottle stops the group that the bottle-neck is pointing at can pick a responsibility from the floor. And spin the bottle again.
- Every group should try to take the pieces of paper that best describe the responsibilities of their group/sector. After picking a responsibility, they should justify why it belongs to them. If another group disagrees they can discuss who should have the paper.
- If a group has all their responsibilities they can give paper slips from the floor to other groups.
- Continue to play until all the cards on the floor are gone.
- Some responsibilities are shared between several or all groups and should create discussion.

EXERCISE #13: TALKING WITH CHILDREN ABOUT SEXUAL VIOLENCE (30 MIN)

This activity should highlight how we all find it difficult to talk about the sensitive subject of sexual activity. Sexual abuse is even harder to talk about, and this is may be more of a challenge for children with limited cognitive abilities and who are developmentally younger. Who we talk to and how we talk about it can help in the process of sharing information about abuse.

STEPS

1. Place a piece of paper on one side of the room with word “easy,” and on other side of the room, the word “hard”
2. Explain that there is a virtual line on the floor / ground at the front of the room, from easy to hard
3. Explain that you will ask a series of questions. Ask participants to volunteer to come up and stand on the line they feel reflects the response that is applicable to the questions asked
4. If it is quite an open group, they may all feel comfortable reflecting their views by standing on the line. You do not need to ask all the questions below, rather choose ones that are generating movement, and which you think will be most suitable in the context.
 - » How easy is it for community members to talk about their sexual concerns?
 - » How easy is it for community members to talk about sexual abuse occurring in the community?
 - » How easy was it for you to talk to your parents when you were a teenager about your feelings?
 - » How easy was it to ask about or talk about sex with your parents? What about your friends or siblings?
 - » How easy or hard is it to talk about child sexual abuse within your work? With survivors or clients? With each other?
 - » Follow up questions when they are in their positions on the line may include – Who did you feel more comfortable talking to? Why? Why didn't we want to talk to our parents?

5. Do not have a plenary discussion after each question. Instead, after asking the three to four questions, and seeing a pattern where people are mostly at the “hard” end of the line, acknowledge to the group that these are not easy issues to talk about with children, community members, and even amongst us in this room.
6. Ask the participants to think for a moment about when they feel comfortable talking about a difficult topic. What is it that makes it easier to talk about a difficult topic? It can be who it is, the relationship you have with them, the location, or the way they talk or listen. Write their one-word responses on a piece of flip chart paper up at the front of the room (which has a symbol of safety).
7. Go through these words and ask everyone to write down one thing in their notebook that makes it easier to talk to someone about a difficult topic. If they prefer, they can write a word in their notebook that is not on the flip chart.

EXERCISE #14: COMMUNICATING WITH CHILD SURVIVORS (30 MIN)

1. Create nine groups.
2. Assign each group a principle – have these written on a separate colored card prior to the activity and distribute one to each of the groups.
3. Ask participants to brainstorm actions and ways of communicating that could demonstrate the principle – they have 10 minutes in their groups.
4. Get the groups to note their responses on flipchart paper.
5. Hang the flipcharts in order of principles on the wall
6. In a plenary discussion, get each group to talk through the flipcharts – allowing them three minutes each group. Request that they do not repeat what others have already said. Be strict, and stop them if they are talking too long. Ask for additions, thoughts, comments or questions after each group presents.
7. You can present the information in the Communication Best Practices Handout (Handout #8 Best Practices for Communicating with Child Survivors), and mention any missing points as you go through the feedback from groups.
8. CLOSE this session.
9. Review the key points for this session.

EXERCISE #15: WHAT GIVES ME STRESS? WHAT GIVES ME STRENGTH? (35 MIN)

1. Ask the participants to take their notebooks and draw a matrix like the example below (this can also be done on individual flip chart papers depending on the cultural context). Ask them to think about things that cause stress in their daily life and work and activities that make them feel good. Below the matrix they can write down personal signs of stress they identify.

GIVE EXAMPLES:

WHAT GIVES ME STRESS? WHAT ARE MY MAJOR STRESSORS?	WHAT GIVES ME STRENGTH? WHAT MAKES ME FEEL GOOD? RESOURCES
<p>In my private life: Thinking about work at home. Being a perfectionist Wanting to help everybody. Worrying over my children.</p>	<p>In my private life: Meeting with friends and neighbors Taking a long walk Playing with my kids Being able to help survivors of sexual violence</p>
<p>In my professional life: The on-going conflict in my home area The constant changes in the organization I work for The high number of cases of sexual violence I have to deal with.</p>	<p>In my professional life: My boss being in a good mood. Seeing a positive change in the way community members engage with survivors.</p>

My personal signs of stress: e.g. sleeping badly, having a headache/stomach ache, being easily irritated

2. Give participants some time (5 to 10 minutes) to think and fill in their matrix. If they like they can take a short walk and then come back when they have finished the exercise.
3. Reconvene the group, and ask if anyone wants to share and give feedback about how they filled in their matrix and what they see as their signs of stress.
4. Ask the participants to look at their matrix and differentiate between which “stressors”/ “resources” they can control and which they cannot control. Discuss how we can decrease daily stress in some situations by having protocols in place, organize our work and prepare ourselves. Examples:
 - » We don't control which patients arrive and what condition they are in, but we can make sure that from the moment they arrive the care is efficient and optimal.
 - » If sexual assault survivors present at the clinic, we can make sure that health providers are trained, time is allocated.
5. Conclude by saying that it is important for us to be aware of the stressors we are exposed to and recognize possible signs of stress.

EXERCISE #16: SUPER STRESS BUSTER (20 MIN)

1. Divide participants in small groups (4 to 5 people). Give every group index cards.
2. Ask participants to think about strategies they use to minimize the impact of stressors or activities that are a resource to them. Tell them to write these “Stress Buster” on an index card.
FOR EXAMPLE:
 - » talking to colleagues about what I find difficult at work.
 - » doing sports.
 - » participating in a religious ceremony.
3. The group should put all index cards on the floor and then choose what they consider to be their group's best candidate. Each group should present their favorite “stress buster”, why has it been selected?
4. Go group to group, asking the large group to vote on “the super stress buster” by applause. Whoever gets the loudest applause should get to put the “Stress Buster” in the frame drawn on the flip chart.
5. Briefly review the other stress busters that were identified in the groups. Ask how these strategies can be effective to deal with stressors, especially those generated by working with survivors. Generate discussion.

EXERCISE #17: DEVELOPING A SELF-CARE PLAN (20 MIN)

1. Ask participants to look again at their matrix they filled in earlier.
2. Ask them to write down the outline of self-care plan. They have to write down possible strategies to cope with the stressors they listed. Suggest that they think about individual strategies, cultural-specific coping mechanisms, social support mechanisms as well as organizational aspects. The questions below can be used as guidance.

Guiding Questions for a Self-Care Plan:

- » What activities would help you to relax, take distance from your work, not to take work home?
- » What can you change so that uncontrollable stressors in your life become controllable?
- » How can you deal with the uncontrollable stressors?
- » Where can you seek social support? Who would you go to share experiences related to caring for survivors of sexual violence?
- » Which organizational and environmental changes would help to deal with stress? How can your organization best support you? What can you do to initiate changes? How can you discuss this within your organization?

Advise participants to be realistic in the making of the self-care plans. Suggesting hiring more staff or constructing new facilities is rarely possible in low-resource settings.

3. Ask participants to think about who they would choose as a stress buddy, someone who is close to them, with whom they can discuss their self-care plan and who could help them to take initiatives to deal with stress. The person can be another participant or a colleague, friend, supervisor, etc.
4. Participants who want to share can say something about their self-care plan. You can also give some time to participants to discuss the plan with a partner.

TOPIC HANDOUTS

 **HANDOUT #1: DEFINITIONS****GENDER-BASED VIOLENCE (GBV)**

Gender-based Violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many, but not all forms of GBV are illegal and criminal acts under national laws and policies.

Around the world, GBV has a greater impact on women and girls than men and boys. The term GBV is often used interchangeably with the term violence against women. GBV highlights the gender dimension of these types of acts, in other words, the relationship between the subordinate status of females in society and their increased vulnerability to violence. It is important to note however, that men and boys may also be survivors of GBV, especially sexual violence.

DOMESTIC VIOLENCE

Domestic violence can be defined as a pattern of abusive behavior in an intimate relationship that is used by one person (who is usually a man) to gain or maintain power and control over the other person (who is usually a woman). It can manifest as physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound someone. Specific forms of domestic violence are defined below:

- » **Physical abuse:** Hitting, slapping, shoving, grabbing, pinching, biting, hair pulling, burning, and strangulation are common forms of physical abuse. This type of abuse also includes forced pregnancy, forced abortion, knowingly transmitting STIs, and denial of medical care.
- » **Sexual abuse:** Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes but is not limited to, marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, treating a woman in a sexually demeaning manner.
- » **Emotional abuse:** Undermining self-worth and/or self-esteem. This may include but is not limited to constant criticism, diminishing one's abilities, name-calling, or damaging a woman's relationship with her children.
- » **Economic abuse:** Making or attempting to make a woman financially dependent by maintaining total control over financial resources, withholding her access to money, or forbidding her to attend school or employment.
- » **Psychological abuse:** Elements of psychological abuse include but are not limited to causing fear by intimidation, threatening physical harm to self, a women, her children, or her family or friends, destruction of pets and property, and forcing isolation from her family, friends, or school and/or work.

SEXUAL VIOLENCE

Any completed or attempted sexual act against a person's will or against a person unable to give consent. Sexual violence encompasses a continuum of acts, ranging from unwanted sexual comments or advances to rape. While the majority of acts are perpetrated by someone known to the survivor, examples of people who can perpetrate sexual violence are a stranger, a person in a position of power or trust (i.e. a teacher, a doctor, a humanitarian aid worker), an acquaintance, a relative, a friend, or an intimate partner. Common forms of sexual violence are:

- » **Intra-familial sexual abuse:** A family member involves a child in (or exposes a child to) sexual behavior or activity. The "family member" may not be a blood relative, but someone considered "part of the family," such as a godparent, or very close friend.
- » **Sexual assault:** Any unwanted sexual contact. It includes forced kissing, unwanted touching of a person's body, touching genital areas with body parts or other objects without penetration, attempted rape, and female genital cutting.
- » **Sexual exploitation:** Any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes. This includes profiting monetarily, socially or politically from the sexual exploitation of another.
- » **Sexual harassment:** Any unwelcomed sexual comments, advances, or requests for sexual favors that humiliate, threaten, or embarrass a person. It usually involves a continuous pattern of harassment ranging from uninvited touching, sexist remarks and/or jokes and verbal, visual, or physical conduct of a sexual nature.
- » **Rape:** Forced sexual intercourse, including vaginal, anal, or oral penetration. Penetration may be by a body part or an object. Includes gang rape and marital rape.

HARMFUL TRADITIONAL PRACTICES

These practices are rooted in cultural and religious norms that are underlined by patriarchal interpretations of religious texts and male domination. Although they are as varied as the cultures where they occur, a common attribute of these practices is that they are related to women's sexuality, and are often enforced as a way to keep women in subordinate roles. Among the most known harmful traditional practices are: FGC, early/forced marriage, honor killings, dowry abuse, widow ceremonies, and denial of education.

HANDOUT #2: COMMON CONSEQUENCES OF GBV

The health consequences of violence can be immediate and acute, long-lasting and chronic, and/or fatal. Research consistently finds that the more severe the abuse, the greater its impact on a woman's physical and mental health. In addition, the negative health consequences can persist long after abuse has stopped. The consequences of violence tend to be more severe when women experience more than one type of violence and/or multiple incidents over time.

PHYSICAL	SEXUAL AND REPRODUCTIVE
<ul style="list-style-type: none"> » Acute or immediate physical injuries, such as bruises, abrasions, lacerations, punctures, burns and bites as well as fractures and broken bones or teeth. » Serious injuries that can lead to disabilities, including injuries to the head, eyes, ears, chest and abdomen. » Gastrointestinal conditions, long term health problems and poor health status incl. chronic pain syndromes. » Death, including femicide and AIDS related death. 	<ul style="list-style-type: none"> » Unintended/unwanted pregnancy » Abortion/unsafe abortion. » Sexually transmitted infections including HIV » Pregnancy complications/miscarriage/ still birth. » Premature birth/ low birth weight babies » Vaginal bleeding or infections » Chronic pelvic infections » Urinary tract infections. » Fistula » Painful sexual intercourse and sexual dysfunction.
MENTAL	BEHAVIORAL
<ul style="list-style-type: none"> » Depression » Sleeping and eating disorders » Stress and anxiety disorders (e.g. post traumatic stress disorder). » Self-harm and suicide attempts » Poor self-esteem 	<ul style="list-style-type: none"> » Harmful alcohol and substance use » Multiple sexual partners » Choosing abusive partners later in life » Lower rates of contraceptive and condom use
SOCIAL CONSEQUENCES	
<ul style="list-style-type: none"> » GBV survivors often experience negative social consequences as the result of survivor blaming. These include rejection from family, family breakdown, social rejection and isolation, social stigma, withdrawal from social and community life. 	

EFFECTS ON CHILDREN OF SURVIVORS

Many studies have found an association between intimate partner violence (IPV) against women, and negative social and health consequences for children, including anxiety, depression, poor school performance and negative health outcomes. A large body of evidence indicates that exposure to IPV against the mother is one of the most common factors associated with male perpetration and female experience of IPV later in life. A number of studies have found an association between IPV and child abuse within the same household. In addition, studies from some low-income countries, have found that children whose mothers were abused:

- » are less likely to be immunized
- » have higher rates of diarrheal disease
- » are at greater risk of dying before the age of five.

HANDOUT #3: FACTORS THAT PROMOTE RECOVERY

RESILIENCE

Resilience is a person's ability to overcome difficulties and adapt to change. It is determined by the characteristics of the survivor and a number of outside factors referred to as "protective factors". Resilience is the capacity to transform oneself in a positive way. Our resilience helps us to overcome difficult situations.

RESILIENCE IS

- » The capacity to manage oneself when faced with difficult circumstances.
- » The capacity to transform oneself in a positive way.
- » The capacity to recover or rebound.

PROTECTIVE FACTORS

Protective factors increase a person's resilience. Protective factors can include:

- » Positive relationships with family and friends
- » Ability to access support through a well-established social support network
- » Ability to access resources in the community
- » Ability to get basic needs met (such as food, shelter, safety, physical health, etc.)
- » Feeling connected to family, community, culture
- » Spirituality / spiritual belief
- » Engaged in positive social activities
- » Access to education
- » Livelihood activities
- » Other psychosocial factors which promote the ability to trust and a sense of stability

COPING MECHANISMS

Even though trauma disrupts the world of the person for a time, we know from experience that it is possible to move through difficult times. Coping skills are specific ways in which individuals can rebuild their world. There are many coping skills which people use to help rebuild their world after a traumatic event. Each person has unique ways of coping.

Examples of coping skills:

- » Talk about the problem with someone you trust.
- » Do something that helps you feel useful.
- » Stay with a friend to feel safe.
- » Change your environment to help protect yourself and your family.
- » Seek spiritual help.
- » Attend cultural events.
- » Participate in communal work.
- » Join in recreational activities.
- » Participate in rituals and ceremonies.
- » Return to daily routine: cooking, farming, going to school

RECOVERY IS PROMOTED BY RECOGNISING RESILIENCE, SUPPORTING PROTECTIVE FACTORS AND ENCOURAGING POSITIVE COPING MECHANISMS.

HANDOUT #4: THE GUIDING PRINCIPLES OF WORKING WITH SURVIVORS OF GBV

When providing services to survivors of sexual assault (health, psychosocial, legal, etc.) we should always make sure that we respect the survivor's wishes and that we provide the highest attainable quality of care. Our actions and interventions should be guided by the four guiding principles, which are international standards all service providers should know and follow.

The four guiding principles:

1. **Ensure the physical safety of the survivor(s).**

Ensure the safety of the survivor and survivor's family at all times. Remember that the survivor may be frightened and need assurance of safety. You must be sure not to ask questions or perform services that could threaten a survivor's safety, or the safety of people helping the survivor (family, friends, and community service or health workers).

2. **Guarantee confidentiality.**

All information gathered by participants must be stored securely to protect survivor's confidentiality. Moreover, if you need to share information about a survivor with an outside organization (for example a court judiciary or a counseling center), you must first obtain the survivor's written consent, or that of a parent or guardian if the survivor is a child. In all cases, information about survivors should never be shared if it includes the individual's name. Efforts should also be made to avoid stigmatization in programming, such as identifying survivors because they come to one place or you distribute something specific to them.

3. **Respect the wishes, the rights, and the dignity of the survivor(s) when making any decision on the most appropriate course of action to prevent or respond to an incident of sexual and gender-based violence.**

Guide all decisions and actions based on the wishes, the rights and the dignity of the survivor. This means conducting conversations, assessments or interviews in private settings and with same sex translators whenever possible. This also means that you must maintain a non-judgmental perspective and be patient with the survivor. You must not display disrespect for the survivor or the survivor's culture, family or situation. The survivor should only be asked relevant questions, the status of the survivor's virginity is not an issue and should not be discussed.

The survivor should never be forced to endure any part of an assessment, exam or interview that he or she does not want to participate in. Moreover, if the survivor is a child, the best interests of the child should guide all decisions. Caregivers must consider the age, sex, cultural background, general environment and the child's history when making decisions. Caregivers must also take into account objective standards, subjective opinions, and the child's own views when making decisions about providing the best care possible to a child survivor of sexual violence.

4. **Ensure non-discrimination.**

Every adult or child should be given equal care and support regardless of race, religion, nationality, ethnicity, sex or sexual orientation.

HANDOUT #5 ACTIVE LISTENING TECHNIQUES AND 'LISTENING ROADBLOCKS'

Active listening techniques:¹

- » Offer information (I am _____ and this is what I can do for you...)
- » Ask broad questions (What would you like to talk about? Would you like to tell me what happened?)
- » Ask open-ended questions.
- » Encourage the person to describe or clarify what happened without forcing him/her to talk (What do you mean exactly? When did this happen? Can you explain that again? What do you mean by ...?)
- » Attempt to place the story in sequence ("What seemed to lead up to this point?" "So this occurred")
- » Allow silence in the conversation.
- » Show that you accept the story of the person ("Yes", "I hear what you are saying" ...)
- » Use reassuring body-language to demonstrate attentive, careful interest (looking at the person as you speak with him/her, nodding, leaning forward towards the person. However, cultures differ in the way body language is interpreted. In some cultures seeking eye-contact or leaning forward towards a person might be considered inappropriate.)
- » Give recognition ("It takes courage to tell me your story.")
- » Give feedback about what you see or hear, asking the person to validate those observations ("I notice you are shifting in your chair...is there something you would like to speak to me about?" "Your muscles appear tight...what are you thinking about?" "I can see that you are crying, how do you feel?")
- » Repeat or restate what the person says to check whether you fully understand what the person means ("It sounds to me that you are feeling helpless right now," "You mentioned that you feel very frustrated.")
- » Reflect feelings ("Sounds like you feel angry".)
- » Explore ("Could you tell me more about that?")
- » Offer emotional support ("I understand that you must feel very sad.")

1 Raising Voices. Rethinking Domestic Violence: A training Process for Community activists. Training Manual. RHRC Consortium, Communication Skills Training Manual – Facilitator's Guide. http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html

Listening roadblocks:

- » Lack of privacy or inadequate seating (a noisy room, interruptions by other people.)
- » Asking leading questions (Are you worried about being pregnant?)
- » Asking “Why” questions: they often put the respondent on the defensive and might sound accusatory (Why didn't you tell anyone? Why did you go there?)
- » Guessing what the person is saying or jumping into conclusions after a few sentences.
- » Not letting the person finish his/her sentence.
- » Using inappropriate body-language or not being aware of your body-language (tone of voice, looking away from the person, crossing your arms, hanging in your chair, being distracted.)
- » Making assumptions about the person—even if you don't express these explicitly, the person will pick it up (e.g. thinking it was her fault, thinking she must be a prostitute, what do you expect?)
- » Talking about oneself instead of listening or responding with your own feelings instead of focusing on what the speaker is saying (this once happened to me as well, I feel very angry when you tell me this.)
- » Touching the person inappropriately.

 **HANDOUT #6: COMMUNICATION DO AND DON'TS**

DO	DON'T
<p>DO ensure and respect confidentiality.</p> <p>If a woman or child says she needs help, try to have the conversation in a place that makes her comfortable. This may be a private place, or she may prefer a public place to avoid stigmatization. Confidentiality is essential to building trust and ensuring the survivor's safety.</p>	<p>DON'T force the survivor to tell the details of what happened to her/him.</p> <p>Never insist on telling the story or revealing details about what happened when a survivor does not feel ready to talk about this.</p>
<p>DO believe and validate the survivor's experience.</p> <p>Listen to the survivor and believe her/him.</p> <p>Acknowledge the survivor's feelings and needs and let the survivor know that she is not alone and you will try to get her help.</p>	<p>DON'T trivialize or minimize the violence.</p> <p>Not taking a survivor's story seriously is a violation of her trust and can serve as a barrier for a survivor seeking help. Not taking a survivor seriously is re-victimizing.</p>
<p>DO make referrals and promote access to community services.</p> <p>Advise survivors to seek out medical care as soon as possible, and provide referrals.</p>	<p>DON'T refer survivors to services that will not provide confidential, respectful care.</p> <p>Community groups should work together to ensure that they refer survivors to agencies that provide compassionate and confidential care.</p>

<p>DO help the survivor to plan for safety.</p> <p>Whenever possible, ensure the survivor is not in immediate danger of re-victimization. If the perpetrator of the violence is in the survivor's home, help find the survivor an alternative place to stay. This may prove difficult in conflict situations, but efforts should be made to improve the survivor's safety.</p>	<p>DON'T ignore the survivor's need for safety.</p> <p>Do not instruct the survivor to return to a home or a village that she knows to be unsafe, or where her perpetrator continues to threaten her.</p>
<p>DO acknowledge the injustice,</p> <p>Sexual violence is NOT the survivor's fault, and ensure the survivor understands this.</p>	<p>DON'T blame the survivor.</p> <p>Do not ask questions like "why didn't you run?" or "what did you do to make him hurt you?"</p> <p>Sexual violence is NEVER the survivor's fault.</p> <p>Assure the survivor understands this.</p>
<p>DO provide information to the survivor.</p> <p>Inform the survivor about who you are, what you can do for him/her and what the options are to seek help.</p>	<p>DON'T tell a survivor what to do.</p> <p>You may suggest options for assistance to the survivor, and help a survivor to make a choice, but you should never decide for a survivor what to do.</p>

HANDOUT #7: DIFFERENT ROLES, DIFFERENT GOALS

Sector-specific tasks, roles and goals towards survivors of sexual violence. Remember that:

- » In many settings, socio-economic support is taken up by the psychosocial support group. In order to highlight the importance of socio-economic support to survivors it can be important to see the socio-economic support as a separate group.
- » Also within one group, different professionals can have different responsibilities (e.g. a protection officer of an NGO does not have the same responsibility as a police officer or a lawyer, a nurse does not have the same tasks as a doctor, etc.)
- » Some tasks and responsibilities may overlap.

THE HEALTH GROUP

- » Ask detailed questions about injuries
- » Conduct a medical examination of a survivor
- » Document injuries and collect forensic evidence
- » Provide information about possible health consequences of sexual violence

THE PSYCHOSOCIAL SUPPORT GROUP (*These roles reflect socio-economic support)

- » Provide individual counseling or group counseling
- » Discuss and encourage positive coping mechanisms with the survivor
- » Provide material support to survivors (clothes, food, etc.)*
- » Provide skill-training for survivors*

THE PROTECTION/SECURITY GROUP

- » Take detailed statements from survivors, establish facts
- » Investigate cases of sexual violence
- » Arrest suspected perpetrators of sexual violence
- » Provide information about legal and judicial remedies to survivors

THE LEGAL JUSTICE GROUP

- » Assist survivors in bringing their case to court
- » Take detailed statements from a survivor, establishes facts
- » Apply the relevant national laws regarding sexual violence
- » Decide whether a rape took place or not

ROLES AND GOALS OF EVERYONE DEALING WITH SURVIVORS OF SEXUAL VIOLENCE

- » Consider the safety of the survivor
- » Ensure referral to the appropriate services
- » Treat the survivor with dignity, ensure confidentiality
- » Coordinate support with other sectors

 **HANDOUT #8: BEST PRACTICES FOR COMMUNICATING WITH CHILD SURVIVORS****1. Be Nurturing, Comforting and Supportive**

Children who have been sexually abused most likely will come to your attention through a caregiver or another adult, abused children rarely seek help on their own. Children may not understand what is happening to them or they may experience fear, embarrassment or shame about the abuse, which affects their willingness and ability to talk to service providers. Your initial reaction will impact their sense of safety and willingness to talk, as well as their psychological well-being. A positive, supportive response will help abused children feel better, while a negative response (such as not believing the child or getting angry with the child) could cause them further harm.

2. Reassure the Child

Children need to be reassured that they are not at fault for what has happened to them and that they are believed. Children rarely lie about being sexually abused, and service providers should make every effort to encourage them to share their experiences. Healing statements such as “I believe you” and “It’s not your fault” are essential to communicate at the outset of disclosure, and throughout care and treatment.

Direct service providers communicating with child survivors need to find opportunities to tell them that they are brave for talking about the abuse and that they are not to blame for what they have experienced. It is required for service providers to tell children that they are not responsible for the abuse and to emphasize that they are there to help them begin the healing process.

3. Do NO harm – Be Careful Not to Traumatize the Child Further

Service providers should monitor interactions that might upset or further traumatize the child. Do not become angry with a child, force a child to answer a question that he or she is not ready to answer, force a child to speak about the sexual abuse before he/she is ready, or have the child repeat her/his story of abuse multiple times to different people. Staff should try to limit activities and communication that cause the child distress.

HEALING STATEMENTS

1. I believe you. (Builds trust.)
2. I am glad that you told me (Builds a relationship with the child.)
3. I am sorry this happened to you. (Expresses empathy.)
4. This is not your fault. (Non-blaming.)
5. You are very brave to talk with me and we will try to help you. (Reassuring and empowering.)

4. **Speak So Children Understand**

Every effort should be made to communicate appropriately with children. Information must be presented to them in ways and language that they understand, based on their age and developmental stage.

5. **Help Children Feel Safe**

Find a safe space, one that is private, quiet and away from any potential danger. Offer children the choice to have a trusted adult present while you talk with them. Do not force a child to speak to, or in front of, someone they appear not to trust. Do not include the person suspected of abusing the child in the interview. **Tell the child the truth – even when it is emotionally difficult.** If you don't know the answer to a question, tell the child, "I don't know." Honesty and openness develop trust and help children feel safe.

6. **Tell the Child Why You Are Talking With Them**

Every time a service provider sits down to communicate with a child survivor, they should take the time to explain to the child the purpose of the meeting. It is important to explain to the child why the service provider wants to speak with them, and what will be asked of the child and his/her caregiver. At every step of the process, explain to children what is happening to help secure their physical and emotional well-being.

7. **Use Appropriate People**

In principle, only female service providers and interpreters should speak with girls about sexual abuse. Male child survivors should be offered the choice (if possible) to talk with a female or male provider, as some boys will feel more comfortable with a female service provider. The best practice is to ask the child if he or she would prefer to have male or female trained staff on hand.

8. **Pay Attention to Non-Verbal Communication**

It is important to pay attention to both the child's and your own nonverbal communication during any interaction. Children may demonstrate that they are distressed by crying, shaking or hiding their face, or changing their body posture. Curling into a ball, for example, is an indication to the adult working with the child to take a break or stop the interview altogether. Conversely, adults communicate nonverbally as well. If your body becomes tense or if you appear to be uninterested in the child's story, he or she may interpret your nonverbal behavior in negative ways, thus affecting his or her trust and willingness to talk.

9. **Respect Children's Opinions, Beliefs and Thoughts**

Children have the right to express their opinions, beliefs and thoughts about what has happened to them as well as any decisions made on their behalf. Service providers are responsible for communicating to children that they have the right to share (or not) their thoughts and opinions. Empower the child so he/she is in control of what happens during communication exchanges. The child should be free to answer "I don't know" or to stop speaking with a service provider if he/she is in distress. The child's right to participation includes the right to choose not to participate.

 **HANDOUT #9: UNDERSTANDING THE NEEDS OF MEN AND BOY SURVIVORS¹**

The following needs of boy and men survivors should be identified and addressed:

MEDICAL TREATMENT

Physical consequences of sexual violence frequently include damage to the rectum and to the genitalia, urinary and sexually transmitted infections, and sexual dysfunction. Appropriate health services are frequently unavailable. Intrusive questioning by medical staff (or fear of it) inhibits survivors from seeking assistance.

MENTAL HEALTH

Psychological symptoms include loss of self esteem, depression, hopelessness, anxiety, anger (including desire for revenge), shame, humiliation, resentment, flashbacks, nightmares, guilt, emotional numbing, aversion to being touched, withdrawal from domestic and social activities, fear of certain people (such as soldiers or police) who remind the survivor of the perpetrators, sleep and eating disorders, increased drug and alcohol consumption, and suicidal tendencies.

SOCIAL HEALTH

In addition to difficulties in domestic relations, including abandonment by spouses, survivors often experience loneliness and may be socially stigmatized or ostracized by their community if their history becomes known. They may be excluded from places of worship, recreation, and employment, in addition to losing the respect of their household. Fear that they will not be believed prevents some survivors from seeking assistance. Many survivors are afraid that they are no longer men, and young unmarried survivors may doubt their capacity to establish a family.

LIVELIHOOD SUPPORT

Before, during, and after treatment, many survivors find they are not able to engage in work that requires physical strength. While they recover from treatment, particularly from surgical interventions, survivors may need income and housing support for six to twelve months. Once a survivor is sufficiently recovered, assistance to re establish a means of livelihood will reduce the chances that he will need to resort to high risk survival strategies.

¹ United Nations High Commissioner for Refugees, 2012. Working with Men and Boy Survivors of Sexual and Gender Based Violence in Forced Displacement.

LEGAL PROTECTION

Legal definitions of rape are often specific to women and children, making it impossible for adult men to make a claim of rape. Where same sex relations are criminalized, male survivors are at risk of being interrogated about their sexual orientation and prosecuted for having engaged in same sex activity. Many survivors do not report incidents because they lack confidence in the judicial system. Failure to prosecute could increase the risk that GBV offences may be repeated.

HANDOUT #10: REACTIONS OF MALE SURVIVORS AFTER SEXUAL VIOLENCE²

PSYCHO-SOCIAL CONSEQUENCES

Similar to women and girls, for men and boys sexual violence is a particularly vicious attack on personal and social identity. The psychological consequences of sexual violence often far outlive those of other forms of violence. A few themes emerge in accounts of the perpetration and experience of male-directed sexual violence.

DEMORALIZATION AND DESTRUCTION

- » As a generalized strategy of war, sexual violence is designed to terrify, demoralize and destroy family and community cohesion.

EMASCULATION

- » Sexual violence is often carried out against males to attack and destroy their sense of masculinity or manhood—a constant concern of many survivors.

FEMINIZATION

- » Attackers and survivors often make direct reference to sexual violence making males feel that they have been “turned into a woman”—a statement revealing patriarchal notions of women’s lesser status worldwide.

HOMOSEXUALIZATION

- » Rape by another male can be aimed at stripping a man or boy of his heterosexual status—a particularly powerful attack in cultures where homosexuality is socially or religiously taboo or subject to extreme punishment.

STIGMATIZATION

- » Silence may be preferable to reporting for some male survivors, for fear of ridicule and seen as weak or inadequate or being labeled homosexual or bisexual

PHYSICAL, PSYCHOLOGICAL AND SOCIAL CONSEQUENCES OF MALE-DIRECTED SEXUAL VIOLENCE

Male survivors of both adult and childhood sexual violence experience a wide range of severe physical and psychological consequences of their experiences.

² Russell, Wynne ; Hilton, Alastair; Peel Michael; Loots, Lizle and Liz Dartnall , December 2011. Sexual Violence Research Institute Briefing Paper: Care and Support of Male Survivors of Conflict Related Sexual Violence.

PHYSICAL

- » Male survivors may experience ruptures of the rectum; damage to the penis and testicles, penile/testicular/anal/rectal pain, HIV/AIDS, other sexually transmitted infections, other genital infections, abscesses, damage to reproductive capacity, or sexual dysfunction from physical sources.

PHYSICAL / PSYCHOLOGICAL

- » At the intersection of the physical and the psychological levels, sexual violence survivors are highly likely to suffer from the physical manifestation, or “somatising,” of emotional trauma. Common somatic complaints among male survivors include chronic pain in the head, back, stomach, joints, pelvis or heart; problems urinating or defecating, high blood pressure, general malaise, loss of appetite and weight, exhaustion, palpitations, weakness, sleeplessness, and sexual dysfunction, including impotence and premature ejaculation, that cannot be attributed to physical damage.

PSYCHOLOGICAL

- » Male survivors may experience feelings of overwhelming shame, humiliation, anger, fear and/or powerlessness, destruction of gender identity, or confusion over sexual orientation. These feelings can lead to withdrawal, depression, sleep disorders, loss of concentration, outbursts of anger and aggression, compulsive sexual behavior, anxiety disorders and phobias, alcohol or drug abuse, fantasy and withdrawal, self-harm, and suicide attempts.

SOCIAL

- » As a result of the physical and psychological consequences outlined above, male survivors may experience marital and family problems, social withdrawal, delinquency, or losing their job. For example, wives sometimes request to be divorced from men experiencing impotence as a consequence of sexual violence. Where the violence is known to others, male survivors face being shunned by their community—a consequence well understood by perpetrators, who will sometimes spread word of assaults unofficially in order to ensure social ostracism.

HANDOUT #11: IDENTIFYING DIFFERENT FORMS OF STRESS

GENERAL DEFINITION STRESS

- » Stress is an immediate, biological and psychological alarm-reaction. of a person when s/he is confronted with something that might be a threat. This threat might be a change in our internal or external environment to which we have to adapt, and with which we have to cope. Every person reacts differently to stress, and people have different stress thresholds. Not everyone feels stress in the same situation.

Stress is a normal and natural response designed to protect, maintain and enhance life. If our ways of managing stress are adaptive and healthy, we may find stress to be a positive thing, or a challenge. Stress that we cannot manage or control well is experienced more negatively.

DAY TO DAY STRESS

- » Much of this stress is positive. It motivates us to get up in the morning, accomplish tasks, and seek out the new projects and relationships which we enjoy. As long as we have the feeling that we can control the stressors, we are okay.
- » But chronic exposure to stress or frequent exposure to very high levels of stress reduces our ability to control it and to deal with stress effectively, we can start to feel helpless. A high level of stress can have a very negative impact on our work and life.

CUMULATIVE STRESS

- » This type of stress is the most common for workers in conflict settings. It occurs when a person suffers prolonged exposure to a variety of stressors. The causes are usually a combination of personal, work, and incident specific factors that cause frustration.

BURNOUT

- » This is a response of our body and mind to prolonged occupational exposure to stress. Specifically, burnout is a reaction to demanding interpersonal situations that produce psychological strain and provide inadequate support.³

PHYSICAL REACTIONS⁴

- » Chronic fatigue
- » Sleeping problems
- » Frequent headaches
- » Ulcers, loss of appetite

³ Jenkins SR, Baird S (2002), Secondary traumatic stress and vicarious trauma: a validation study. *Journal of Trauma Stress* 15(5):423–432. "Managing the Stress of Humanitarian Emergencies." Geneva, July 2001,

⁴ "Managing the Stress of Humanitarian Emergencies." Geneva, July 2001, <http://reliefweb.int/sites/reliefweb.int/files/resources/F6DE23010CE37D9EC1256C7C004E1D7B-unhcr-stress-jul01.pdf>

- » Emotional reactions
- » Depression
- » Anger
- » Irritability
- » Feeling frustrated or feeling trapped.

THOUGHTS

- » Having very negative thoughts about own performance or in general
- » Becoming very cynical
- » Starting to focus on your failures and failures of others

BEHAVIOR

- » Not showing up at work
- » Working very hard and long hours
- » Risk taking behavior
- » Over consumption of alcohol, cigarettes, etc.
- » Being in constant fights with colleagues

CRITICAL INCIDENT STRESS

A critical incident is an event which has the effect of overwhelming a person's usual coping ability. Such events are usually sudden, violent, and unexpected. They often present a threat to safety and well-being and are not part of the expectable routine life experience.

SIGNS OF CRITICAL INCIDENT STRESS AND SECONDARY TRAUMATISATION

- » Taking your work "home" with you: This means that even when you are not at work, when you are home or with your own family, you are unable to stop thinking about work.
- » Sleeplessness.
- » Feeling very emotional during or after working with a survivor.
- » General anxiety.
- » Feelings of being overwhelmed, like there is no way you can cope with what is happening around you.
- » Feelings of incompetence, like you can no longer accomplish what you once did well.
- » Listlessness, low-grade depression, never feeling happy or sad, just muted or numb.
- » Intrusive thoughts of patients, families and extremely stressful events, dreams, nightmares, daydreaming, recurring images, vivid mental replaying of client's trauma.
- » Anger at survivors, families, the system, self and/or at staff /culture.
- » Hyper-aroused or over-reacting to insignificant events (especially at home).
- » Revenge fantasies.
- » Haunting memories of one's own terrifying events.
- » Emotional detachment to significant others (numbing, flat affect—see below), loss of humour).
- » Flat affect refers to a change in emotional response wherein a person expresses no emotion, no matter what he or she experiences.

