Ministry of Public Health

Directorate of policy and plan

Directorate of Gender

MODULE 3: THE IMPACT OF GBV – UNDERSTANDING CONSEQUENCES AND IDENTIFYING RESPONSES

MODULE 3: THE IMPACT OF GBV– UNDERSTANDING CONSEQUENCES AND IDENTIFYING RESPONSES

Facilitator guide

Purpose:
This module will help participants enhance the understanding of the wide range of consequences of GBV –and sexual violence in particular - and its immediate and long-term impact on survivors, their families and communities. Further the Moduleoffers participants a framework for response at the individual, community and services level. Special attention will be given to the considerations towards health professionals.

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

- Identify the immediate physical and psychological reactions
- Identify the after-effects: The long-term physical and psychosocial effects and the impact on the family and the community
- Identify the survivors' needs and capacities
- Identify the consequences and needs of children
- Understand, describe and abide by the guiding principles for caring for survivors
- Understand the importance of coping mechanisms and capacities of survivors, factors that promote recovery and obstacles on the path to help; learn what an individual and the community can do to help a survivor
- Describe the relationship between consequences/after-effects, survivor needs, and response services
- Identify the minimum recommended response services that must be available to reduce harmful consequences and prevent further injury and harm
- Identify both formal and informal support services that already exist in the community that can provide support and help to survivors

Estimated Time:12.5 hours

Module 3 at a glance

Session	**Time**	**Handouts**
Session 3.1: The physical, emotional and social effects of GBV 3.1.1 Exercise: Just listen 3.1.2 Discussion: Stress, distress and disorder 3.1.3 Lecture: The after-effects	3.5 hours	Tool 3.1.1: Just listen Handout 3.1.2: Stress, distress and disorder Handout 3.1.3: The after-effects and outcomes of GBV
Session 3.2: Responding to GBV	4.5hours	Handout 3.2.1: The Guiding

3.2.1 Exercise: The guiding principles for helping survivors 3.2.2 Exercise: Factors that promote coping, resilience and recovery 3.2.3 Exercise: Obstacles on the path to help		Principles Handout 3.2.2(1): Coping with reactions Handout 3.2.2 (2): Factors that promote coping, resilience and recovery Handout 3.2.3: Obstacles on the path to help, the story of Malalai
Session 3.3: Consequences of GBV, sexual abuse and/or violence for children 3.3.1 Discussion: Understanding the consequences and coping mechanisms 3.3.2 Lecture*:* Providing tools to support children	2.5 hours	Handout 3.3.1: Reactions and coping mechanisms of children Handout 3.3.2: Providing comforting tools
Session 3.4: MHPSS as part of a Multi-sectoral response 3.4.1 Discussion: Overview of minimum survivor services 3.4.2 Demonstration/Discussion: Reinforce Need for Multi-Sectoral Response Services 3.4.3 Exercise: Mapping of services in the community	2 hours	***/***

Session 3.1: The Physical, Emotional and Social Effects of GBV

Objective:

- To identify the immediate physical, psychological and social reactions and effects;
- To identify the after-effects: the long-time physical and psychosocial consequences and the impact on the family and the community.
- To agree on common definitions and terms used to describe different levels of stress and of disorder.

Activities:

3.1.1 Exercise: Just listen

3.1.2 Discussion: Stress, distress and disorder

3.1.3 Lecture: The after-effects

Total Time: 3.5 hours

Preparations:

- Prepare the story of the survivor "Rana" in Tool 3.1.1.
- On a flip chart page, draw five columns with the following headings: Body reactions, Emotions, Thoughts, Behaviours, Social Reactions.
- You may want to ask one of the participants to assist you in eliciting discussion and writing down local words and expressions.

Handouts:

Tool 3.1.1: Just listen (see end of this Module)

Handout 3.1.2: Stress, distress and disorder

Handout 3.1.3: The after-effects and outcomes of GBV

Materials: Flip chart and markers

3.1.1. Activity: Just Listen[1]

Materials: flip chart and markers

Preparations: Prepare a testimony of a survivor Tool 3.1.1

Handouts: Tool 3.1.1: Just listen (see end of this Module)

Group sizes: Whole group

Time: 1 hour

3.1.1. Session: TOOL 3.1.1: Just listen

Testimony from Rana, 16 years old:

I was hiding in the bush with my parents and two older women when the armed men found our hiding place. I was the only young woman. There were ten armed men, including four children, armed with AK-47. The armed men did not use their real names and covered their heads. The armed men said that they wanted to take me away. My mother pleaded with them, saying that I was her only child and to leave me with her. The armed men said that "if we do not take your daughter, we will either rape her or kill her."

The armed men ordered my parents and the two other women to move away. Then they told me to undress. I was raped by the ten armed men, one after the other. One of the armed men was about twelve years. Three were about fifteen. They threatened to kill me if I cried.

My parents, who could hear what was happening, cried but could do nothing to protect me. I was physically injured. My mother washed me in warm water and salt but I bled for long. We stayed in the bush until the armed men took over our town. When we came out of the bush, even adults would run away from me and refused to eat with me because I smelled badly. I have nightmares and feel discouraged.

Adapted from: IASC Caring for Survivors of Sexual Violence in Emergencies. Training Guide

1. Prepare participants for the story:

   "Before we listen to the story of Rana, I want you to pay attention to what your body is doing right now. Start at the top of your head and move to your toes. Take an inventory of your muscles, internal body state, feelings and thoughts. What is your posture? How are you sitting in your chair? What is your facial expression?"

2. Assure participants that you know that listening to the story can be difficult. Explain that it is OK to stop listening to the story, or to leave the room for a few minutes if necessary.

3. Read the story.

4. Allow for a few minutes of silence. Then ask participants to again check in to their bodies, thoughts and feelings and to talk about their reactions. Follow the categories on the flip chart (Body reactions/Emotions/Thought/Behaviours/Social Reactions). Write down the answers on the flip chart in the according column.

[1] Exercise based on "Debriefing the Accused" activity.

- Examples of questions to generate responses:

    1. Body reactions:
        - *"Describe the way your body felt."*
        - *"Describe what you felt in your stomach and internal organs."* (nausea, pain, etc.)
        - *"Describe what your arms or legs felt."* (sweaty palms, tension)
        - *"What was happening to your muscles?"(*Tightened throat, tense jaw, etc.)

    - Emotions:
        - "*What are your feelings?"* (anger, rage, sadness, helplessness, fury)

    - Thoughts:
        - "*What were you thinking?"* or *"What thoughts did you have?"*

    - Behavioural response:
        - *"What did you want to do right here in this room?" (I.e. get up and run out of the room, hit someone, etc.) or*
        - *"What did you do as you were listening to the story?"(Fidgeting, changing positions in their seats, not paying attention, clenching fists, crossing legs, etc.)*

5. Emphasize that there are similarities between the reactions of a survivor and our reactions when listening to the story/watching the movie.

6. Then focus on *social reactions*.

   Social reactions are the reactions of people around the survivor, as well as the changed interactions and relationships between the survivor and her environment. Very often these changes are triggered by emotional, cognitive and behavioural reactions of the survivor (e.g. feelings of shame and guilt, fear, withdrawal), but also by reactions of the environment (e.g. feelings of shame and guilt of the family and/or victim-blaming attitudes, social stigma and rejection by family or community).

   Ask:

   - *What are the social reactions Ranadescribing in her story? How do people around her react? How do interactions between her and her environment change?*
   - *"Rana says that when she came out of the bush adults would run away from her and refuse to eat with her. How do you think these social reactions have an impact on her situation, on her thoughts, emotions and behaviour?"*
     (Social reactions like avoiding the victim lead to social isolation, increase feelings of shame, guilt, hopelessness, disgust about her own body; She might start to think that it is all her own fault. Relationships with family and the community might change.)
   - *"Imagine that the social reactions after the incidents would be different, how would it impact on her thoughts, emotions and behaviour?"*
     If her people around her would show acceptance, understanding and social support, it may be easier for her:

     - to express her emotions and thoughts,
     - to feel that it is not her fault,
     - to ask for help

- to regain self-esteem
- to deal with feelings of shame and guilt
- to regain her place in the community

7. Mention also that Rana's capacities and coping mechanisms have an influence on these immediate physical, cognitive, emotional and social reactions. Explain that this will be discussed in detail later in this Module(see 3.2.3).

8. Conclude by emphasizing the importance of looking at immediate reactions in their social context.

∇ Good to know!

- In this activity, participants will be confronted with a story of an incident of sexual violence or another story of an extremely stressful event. This can be very confrontational to participants. Listening to the story can provoke intense reactions that might be difficult to handle. Make therefore sure that:
  - You can give participants enough time to express their reactions and emotions;
  - You can build in a break immediately after the exercise, if needed;
  - You can ensure that participants, including possible survivors among participants, have a support system to fall back to (within their organisation, colleagues, or others…) at the end of the training.
- Make sure you address any expressions of a **victim-blaming attitude** ('it was her fault') that might come up in the discussion.

3.1.2. Discussion: stress, distress and disorder

Material: Flip chart and markers

Preparations: On a flip chart page, draw five columns with the following headings: Body reactions, Emotions, Thoughts, Behaviours, Social Reactions.You may want to ask one of the participants to assist you in eliciting discussion and writing down local words and expressions.

Handouts: 3.1.2: Stress, distress and disorder

Group sizes: Whole group

Time: 1.5 hour

1. Explain that when we talk about the reactions after sexual violence, we often say that survivors 'have experienced extreme distress'. What do we mean by this? And do these words have the same meaning in different cultures and contexts?
   Now we will look at definitions of stress, distress and disorder and try to find the words that are used in your culture to name or express these conditions.

2. Draw three columns with the headings: Stress – Distress/Extreme Distress –Disorder on a flipchart.

3. Ask participants to give examples of these different conditions. Also ask for local words, expressions, 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:

   - *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 (see Handout 3.1.2)

7. Now look at DISTRESS/EXTREME DISTRESS.

   Give the following examples:

   - "Imagine that 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."

   Point out that the difference between distress and extreme distress lies in the gradation of the severity of the events/stressors and of the reactions to the events/stressors.

8. Ask:

   - *What could be some of the reactions of distress and of extreme distress?*

     ➢ Elicit answers that refer to physical, emotional, cognitive, behavioural and social reactions. Refer back to the reactions of survivors described in exercise 3.1.1.

     ➢ Mention:

     - *Physical reactions*: shock symptoms, high blood pressure, headaches, palpitations, startle-reflex, sleeplessness, dizziness or disorientation, fatigue, hyper-arousal.
     - *Emotional reactions:* irritability, feeling overwhelmed, anxiety, fear, sudden mood shifts, denial, isolation or 'numbness', feelings of hopelessness.
     - *Thoughts (Cognitive) reactions:* nightmares, reliving the incident, responses to triggers, dissociation, concentration and memory problems, blaming yourself.
     - *Behavioural reactions*: nervousness, decreased appetite, suicide-attempts.
     - *Social reactions*: changes in the interaction with others, like withdrawal, isolation or fear to be alone, rejection, changes in the relationship with family etc., partly caused by the reactions of people around the survivor, partly caused by the emotional, behavioural and cognitive reactions of the survivor

   - *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 distress or 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, …)*

9. Read and explain the definitions of distress and of extreme distress (see Handout).

10. Then refer to the last column DISORDER.

Explain that some people develop a mental disorder after stressful or extremely stressful events, for instance after sexual violence and in other cases of GBV, both after a single incident and in cases of ongoing stressful situation.

Read and explain the definition of a mental disorder that can develop after extremely stressful or potentially traumatic events (see handout).

Ask:

- *"Why is it important to distinguish between stress, distress/extreme distress on the one side and a disorder on the other side?*
    - Point out that it is important to make the distinction distress – disorder because survivors with a disorder will most likely not be able to cope on their own. They need specialised professional help (mental health evaluation and treatment). Survivors suffering from distress or extreme distress will also benefit from emotional and social support, although they can mostly also rely on their own coping mechanisms and capacities.
- *"What can be examples of mental disorders in cases of GBV, including sexual violence?"*
    - Survivors can develop depression, anxiety, panic attacks, Post-Traumatic Stress Disorder, psychosis and other syndromes, which may continue long after the situation is over. (See also Handout 3.1.3)

Remember:

- ***Stress is a normal response to a physical or emotional challenge and occurs when demands are out of balance with resources for coping.***
- ***We all have ways of coping with stress in our daily lives.***
- ***However, sometimes people's coping mechanisms get overwhelmed by certain situations and they require some extra assistance.***

∇ Good to know!

- You can ask one of the participants to assist you in eliciting discussion and writing down local words and expressions.
- Be attentive for local words or expressions that describe 'insanity' or 'being crazy', point out that this is a common association that is made in many cultures. Stress that in fact most people react normally to abnormal events and manage to overcome their reactions in a health way. Explore how using terms like insanity or being crazy are disrespectful towards the survivor.

3.1.3. Lecture: The After-Effects [2]

Materials: /

Handouts: Handout 3.1.3: The after-effects of GBV

[2] Adapted from: Heise L, Ellsberg M, Gottemoeller M. (2002) *Reproductive Health and Rights: Reaching the Hardly Reached Article 10: Victims of Gender-based Violence.* In: PATH Series: Reproductive Health and Rights: Reaching the Hardly Reached, Article 10. Available at: http://www.path.org/publications/pub.php?id=513
Ward, J., 'An introduction to basic issues and concepts related to gender-based violence prevention and response', UNFPA Afghanistan (slides)

Group sizes: Whole group

Time: 1 hour

1. Explain that critical incidents of GBV, such as sexual violence causes very strong immediate reactions, but also has a wide range of after-effects or consequences which impact on the survivor, his/her family, community and society.
2. Draw a table with three headings (Physical/Health – Emotional/Psychological – Social/Socio-economic). Ask participants what they think the after-effects of critical incidents could be. Classify the answers under the three headings.
3. Distribute Handout 3.1.3. Give an overview of all after-effects; highlight those which have not been mentioned by participants.
   - Emphasise also:
     - the wide range of after-effects
     - the large economic and social costs
     - the fact that many effects are hidden (e.g. chronic physical effects, psychological effects like depression, shame…)
     - that GBV very often leads to changed relationships between the survivor and her husband, children, extended family and community. Very often these changes are triggered by feelings of shame and guilt of the survivor and the family, but also by victim-blaming attitudes, social stigma and rejection. Also if the victim does not react the social environment expects, this may lead to the belief that the victimwas complicit in the crime.
     - that the social consequences are very often serious and may lead to further emotional damage, including shame, self-hate and depression. The social need for 'obvious' signs of distress, may mask the severe and chronic, but less 'obvious' internal distress (sense of emptiness or hopelessness, lack of trust, fear for children, future etc.…)
     - because of social stigma, most survivors will not report the incident and will not seek help. Rejection and isolation make emotional recovery difficult due to withdrawal from day-to-day activities and from social support. As a result, most after-effects stay hidden and the survivor continues to suffer.
     - Psychological effects should be considered as normal reactions to abnormal events. However, if they continue and become a disorder (and affect and incapacitate the daily life of a survivor), survivors should be referred to specialised professional help.
4. Conclude by explaining that everyone who interacts with survivors of GBV should be aware of the often hidden psychosocial consequences that are usually involved.

Session 3.2: Responding to GBV
Objective • To understand, describe and abide by the guiding principles for caring for survivors. • To understand the link between the guiding principles and survivor-centred skills. • To understand the importance of coping mechanisms and to learn what an individual and the community can do to help a survivor.
Activities: 3.2.1 Exercise: The guiding principles for helping survivors 3.2.2 Exercise: Factors that promote coping, resilience and recovery 3.2.3 Exercise: Obstacles on the path to help **Total Time**: 4.5 hours
Preparations: Exercise 3.2.1: Write the guiding principles on index cards (one principle per card). Exercise 3.2.2: Make sure the statements are adapted to the local context and are translated precisely. If needed discuss beforehand with the translator and/or resource person. In some cases, may want to look for culturally adapted statements to express certain reactions.
Handouts: Handout 3.2.1: The Guiding Principles Handout 3.2.2(1): Coping with reactions Handout 3.2.2 (2): Factors that promote coping, resilience and recovery Handout 3.2.3: Obstacles on the path to help, the story of Malalai
Materials: Index cards

Note:*focus on the identification and development of coping skills. You can use these presentations, depending on the level of expertise of the participants and how much time you can dedicate to this area:*

a) Basic approach.

Helpful coping skills	**Un helpful coping skills**
- Sharing with friends and family	- Alcohol and drugs

- Religious practices - Daily activities - Playing with children - Getting enough rest and relaxation	- Spending time alone - Aggression (boiling pot)

b) Advanced approach

Encourage positive coping strategies	Discourage negative coping strategies
- Talk and spend time with family and friends - Discuss problems with someone you trust - Do activities that help you relax (pray, sing, play with children, …) - Do physical exercise - Practice relaxation exercise - Use calming self-talk - Help others - Get enough sleep - Eat as regularly as possible and drink water	- Don't take drugs or narcotics or drink alcohol to cope - Don't isolate yourself from family and friends - Don't sleep all day - Don't over-eat or under-eat - Don't be violent - Don't neglect personal hygiene - Don't work all the time

Give information and help the person access other services (psychological, social, legal and protection services) that she/he might think helpful, but provide appropriate warnings about taking it home and keeping it in a safe place where others cannot find it as this may further compromise their safety.

- Give plain and correct information about her/his rights, the importance of security and various available services (psychological, social, legal and protection)
- Provide contact details for the services with appropriate warnings about taking it home and keeping it in a place where others cannot find it.
- Refer the survivor directly
  - If possible and appropriate, accompany the person to the service
  - Call the service and make an appointment
- Provide follow-up for the referral, if needed

Help the survivor to connect with family/ family networks and other social supports

GBV survivors who have good social support will cope better.

- Explain the importance of social support
- Help her identify people from within her social network with whom she can reach out to and that she trusts in case she wants to talk about her experience.
- If a survivor lets you know that prayer, religious practice or support from religious leaders might be helpful for them, try to connect them with their spiritual community[3].

[3]From Gender-based Violence Treatment Protocol for Healthcare Providers in Afghanistan.Ministry of Public Health and WHO. Afghanistan 2015.

3.2.1. Exercise: The guiding principles for helping survivors

Materials: Index cards

Preparations: Write the guiding principles on index cards (one principle per card).

Handouts: 3.2.1 The Guiding Principles

Groups sizes: 4 small groups

Time: 1.5 hours

1. Explain that if we want to think about coping mechanisms and possible responses to GBV, we need to know the guiding principles for helping survivors. These principles have been developed to deal with survivors in the best way possible.

2. 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,
    - Why they think that this principle is 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 (nurse, midwife, counsellor, medical doctor, etc.)

    Remind participants of the after-effects! Refer back to Handout 3.1.3.

3. Each group briefly presents the principle and the examples they found. Ask the presenters also to explain to the group why the principle is important in their view. Elicit discussion.

4. Explain that later in the training we will talk about survivor-centred skills to deal with survivors. By using these skills, we put the guiding principles into practise.

5. Distribute Handout 3.2.1

∇ Good to know!

- Make sure that the link between the guiding principles and the impact of GBV on the survivor is made explicit. Emphasise that respecting the guiding principles is important for the recovery of the survivor.
    - E.g. *'Ensure physical safety'*: GBV very often leads to fear and anxiety. Survivors often do not feel safe anymore; they are scared that it can happen again. Some survivors are also in real danger (e.g. of retaliation).
    - *'Respect the wishes of the survivor'*. In GBV situations the control is often very limited. During sexual violence, the survivor had no control; his/her wishes and rights were denied.
    - *Guarantee Confidentiality*: survivors are often ashamed of what happened; in what is still happening; they tend to blame themselves; if the violence becomes public, the survivor might be blamed for it by the community.
    - *Ensure non-discrimination:* GBV is a violation of human rights. In addition, survivors are often stigmatised by their communities.

3.2.2. Exercise: Factors that Promote Coping, Resilience and Recovery

Materials: flipchart and markers

Preparations: Use handout 3.2.2

Handouts: 3.2.2(1): Coping with reactions

3.2.2(2): Factors that promote coping, resilience and recovery

Group size: Up to 20 participants' maximum, distributed in smaller groups

Time: 2 hours

1. Explain that in this exercise, we will first focus on emotional, behavioural, social and cognitive consequences of GBV such as sexual violence for survivors. In a second step we will discuss the way survivors cope with these consequences and be helped to cope.

2. Distribute Handout 3.2.2(1) (Coping with consequences).

3. Divide the group into small groups of maximum 5 people. Give the groups 5 min to connect all the statements of the survivors with the right emotional reaction.

4. Go through the list of statements and check with participants the right consequence.

   Corresponding pairs:

1	**2**	**3**	**4**	**5**	**6**	**7**
E Fear	M Anxiety	B Anger/ Hostility	J Alienation/ Isolation	G Powerlessness/ Loss of Control	K Mood Changes	H Denial

8	**9**	**10**	**11**	**12**	**13**	**14**
C Guilt/ Blame	F Embarrassment /Shame	D Loss of Self Confidence	N Stigma and Discrimination	L Relationship Difficulties	I Depression	A Flashbacks &nightmare s

5. Discuss their observations in plenary. Explain the different consequences (see Handout).

6. Explain that the way a survivor is dealing with the consequences of GBV and/or sexual violence, depends of various factors. Some factors can promote coping, resilience and recovery. Explain the definitions (Handout 3.2.2(2)).

7. Ask participants to name factors that in their view (or in their experience) can stimulate coping, resilience and recovery of survivors. Explain that it is important to distinguish between characteristics of a survivor and outside factors (see Handout). Generate discussion; write key words on a flip chart.

8. Ask every group to look again at two statements/reaction-pairs (indicate which ones!) and brainstorm about how a survivor can cope with these reactions and which interventions can help them coping. Remind them to also think about traditional ways of coping with such reactions in Afghanistan, which are nowadays used in our context.

9. Generate discussion. Explain that throughout the training there will be many more examples of how each one of us, irrespective of our professional role, can help survivors to cope with the impact of GBV and/or sexual violence.

10. Distribute Handout 3.2.2(2) (Factors that promote coping, resilience and recovery).

∇ **Good to know!**

- Very often participants find it difficult to connect the statement with the correct reaction. Point out that it is important to recognise statements of survivors as a first step to support survivors.
- Check with the group whether the proposed coping methods, also traditional coping methods, are in line with the guiding principles. Be particularly mindful of coping strategies which could be a breach of one of the 'the right to choose'; in which a survivor 'is advised (or forced) to do something or where he or she is been told 'that this is the best solution'.
  For example: survivors should only take part in (cleansing) rituals if they choose to do so, it should never be imposed. Public ceremonies, in which the situation of violence is explained, can be a breach of confidentiality (if the survivor did not consent to it).

3.2.3 Exercise: Obstacles on the Path to Help

Materials: /

Preparations: /

Handouts: 3.2.3 Obstacles on the path to help, the story of Malalai

Group size: Whole group

Time: 1 hour

1. Explain that for some survivors it is very difficult to come forward, look for help and/or benefit from factors that promote coping, resilience and recovery. Some of these obstacles on the path to help are related to the context in which the violence took place.

2. Ask participants to give examples of such factors.

   For example:

   - In complex environments, there is often no safe place where they can share their concerns or tell their story,
   - The survivor doesn't trust the services that are available,
   - The survivor knew the perpetrator 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 is often not recognised or not seen as a crime by the community. In some cases, society says it is ok for a man to beat his wife under some circumstances. Women may come to expect it and even rationalize it as a sign of love /caring. Men who do not beat their wives will be marginalized.
   - Survivors who come forward are blamed and stigmatised
   - The survivor thought that the violence was his/her fault.

3. Explain that:

- Sometimes there are more complex reasons why survivors will 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 these factors difficult to overcome and it can make caregivers (professionals, but also people close to the survivor) feel frustrated, since there might be situations that they suspect or know that violence takes place but are confronted with a survivor who refuses help or does not take steps to secure his or her own rescue.

4. Read the case study: the story of Malalai (see Handout 3.2.3)

5. Ask participants*: "What are the obstacles that prevent Malalai from accepting help?"*

   For example:
   - Malalai might be afraid to lose material support she still sometimes got from her ex-husband.
   - There might also be issues around the support to and custody over the child.
   - The neighbour is making assumptions about what is best for Malalai.
   - There is not enough confidentiality.

6. Add that another obstacle might maybe be the survival strategies that Malalai has developed.

   Explain:
   - In case of long lasting and serious abuse the relationship between the perpetrator and the survivor is often characterized by violence, manipulation, control, exploitation and abuse but also sometimes by an emotional dependency. In these very violent situations survivors sometimes develop so-called 'survival strategies' to adapt their behaviour in order to reduce the risk of further incidents or abuse that might be 'worse'.

7. Distribute the handout 3.2.3

8. Explain:
   - The experience of long lasting violence can be very damaging for the survivors. They might withdraw from social relations and the process of isolation and 'disempowerment' might be reinforced. The survivor might have internalised shame and stigma and have developed the feeling that 'it is all her fault'. Recovery might take a long time. Trying to build up a relationship of trust with the survivor, while not judging her behaviour, is often a first step towards assisting the survivor in looking for help.[4]

9. Ask: *What could you do to help if you were the neighbour of Malalai?*

10. Ask: *What could you do to help if you were a health worker attending Malalai?*

    Important possible responses:
    - 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

[4] adapted from: Fisher, Neue wegen in der Opferhilfe (1998). In: anti-trafficking training manual for Judges and Prosecutors in SEE, International Centre for Migration Policy Development.

- Eventually trying to express your worries and concerns
- Assisting her in finding solutions and assistance, if she wants to.

Session 3.3: Consequences of GBV, including Sexual Abuse and/ or Violence for Children
Objective To understand reactions of children and to identify tools to comfort children.
Activities*:* 3.3.1 Discussion: Understanding reactions of children 3.3.2 Lecture*:* Providing tools to support children **Total Time:** 4 hours
Preparations*: /*
Handouts*:* Handout 3.3.1: Consequences of GBV including violencefor children and their coping mechanisms Handout 3.3.2: Providing support to children
Materials*: /*

Note: when we talk about GBV on children we need to consider not only the violence suffered directly by them but also the situations where children are indirect victims of violence (e.g. in dysfunctional family environments).

3.3.1 Discussion: Understanding the consequences and coping mechanisms

Materials: /

Preparations: /

Handouts: 3.3.1: Understanding the consequences and coping mechanisms

Group sizes: whole group

Time: 1 hour

1. Start the session by asking participants why they think it is important to look at the psychological and social consequences of GBV, including sexual violence, on children separately.

   Make sure you highlight:

   - That children react differently than adults;
   - That children often express suffering differently than adults;
   - That the immediate reactions of children and the possible long-term consequences depend on:
     - the type of the violence,
     - the duration of the violence,
     - the identity of the perpetrator (was it a person close to the child?)
     - the developmental stage of the child (and the ability to understand what happened).

2. Continue by reminding participants briefly the concept of developmental stages:

    - In every phase of its life, a child develops skills in different areas, which are all closely related to each other (motor, emotional, cognitive, social, identity…). One can also say that a child has a number of age-specific developmental tasks, particular things s/he has to learn and develop in a certain phase, in order to grow up in a balanced way.
      For instance: a very small child will learn to communicate, to express needs and wishes. This capacity helps a child to interact with people, develop friendships and social networks.

    - Important is that the way a child goes through all these stages depends very much on the support s/he gets from its environment: caretakers or other people close to the child. A child practises cognitive and motor skills, emotions and social behaviour through play and in relationship with caregivers.

3. Explain that sexual violence is always a brutal and intrusive act which impacts heavily on children, on their current stage of development, and possibly also on later stages of development. (See Handout 3.3.1).

4. Ask participants to think of examples of possible short-term reactions and longer-term consequences of sexual violence on children. List answers. Give additional examples. Explore with participants why certain reactions and consequences occur (see for examples and explanation Handout 3.3.1).

5. Ask them to also think about coping mechanisms of children. Refer back to activity 3.2.2

6. Remind participants that they have to be cautious in making assumptions

7. While the presence of this type of behaviour may raise concern, it does not necessarily mean that a child has suffered this type of situation. Especially in conflict-affected settings, many children might show temporarily reactions to stress, which might be similar to the reactions we described. Therefore, a careful assessment of the child is necessary.

8. Conclude by explaining that specific behaviour of children should always be seen in the context of their current stage of development.

    - Some children will react with behaviour that shows a temporary regression to a previous developmental stage (e.g. a child which starts bedwetting again).
    - Other children will show delayed development after the abuse (e.g. learning problems at school) or give the impression to develop faster in certain areas of development (e.g. manifesting sexualised behaviour at an early age).

9. Distribute Handout 3.3.1.

GBV reactions on children at a glance:

- ***Emotional disturbance***
- ***Behavioural disturbance***
- ***Feelings of guilt and responsibility for the GBV***
- ***Difficulty at school***
- ***Difficulty relating to peers***

3.3.2. Lecture: Providing tools to support to children

Materials: ***/***

Preparations: ***/***

Handouts: 3.3.2. Providing tools to support to children

Group sizes: Whole group

Time: 1.5 hours

1. First explain that it is important to know how to recognise and respond to reactions and consequences in children, in order to:

    - protect children against further harm
    - provide support to children

2. Now we will look more at how children cope, ways to support children or ways to encourage parents or other caregivers to support their children after such events.

3. Give a few examples of how children cope and ways to support children (see Handout 3.3.2).

4. Ask participants to give more examples of how we could respond to reactions and consequences of GBV on children or of how we could help parents to support their children. Generate answers. Probe for examples of culturally accepted means of addressing consequences of violence (e.g. ritual remedies).

5. Ask participants to think of things we should not do or not advise parents to do to support children. Generate responses. Ask why these would be bad strategies.
   Explain important points (see Handout 3.3.2).

6. Distribute Handout 3.3.2.

Session 3.4: MHPSS as part of a Multi-sectoral approach to GBV

Objectives[5]

- This session reinforces and builds on the previous session about consequences of GBV and teaches participants about the minimum recommended response services that may be needed to reduce the harmful consequences and prevent further injury, trauma, and harm.
- The session introduces the four primary sectors/disciplines/specialties necessary for response and concludes with a mapping exercise so that participants can identify services that already exist in their community.
- Describe the relationship between consequences/after-effects of GBV, survivor needs, and response services.
- 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 both formal and informal support services that already exist in the community that can provide support and help to survivors.

Activities*:*

3.4.1 Discussion: Overview of minimum survivor services

3.4.2 Demonstration/Discussion: Reinforce Need for Multi-Sectoral Response Services

3.4.3 Exercise: Mapping of services in the community

Total time: 2 hours

Handouts*: /*

Materials*:*

Flip chart, markers, tape

4-legged chair

A4 paper – 10 sheets

Three types of seeds (corn, rice, beans) or cut up pieces of paper at least 3 different colours

[5]The session lays the groundwork for further discussions about multi-sectoral and interagency coordination in other training sessions.

3.4.1 Discussion: Overview of Minimum Survivor Services (Response)

Materials: flip chart and markers

Preparations: Post the lists of Consequences/After-effects from previous sessions nearby

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

Handouts: /

Group sizes: Whole group

Time: 30 minutes

1. Point to the Consequences/After-Effects list and remind participants of the previous discussions about survivor needs. You will be reinforcing these previous sessions/previous learning throughout this session.

2. Point to the flip chart you prepared (Response =) and read it aloud.

3. Ask the group what kinds of help a survivor might need to reduce psychosocial harmful consequences. As they offer response actions, write them on a blank flip chart. The flip chart should begin to look something like this:

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

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

   All must work in collaboration with one another

4. Emphasize that not all survivors need—or want—all of this help. Our job is to ensure that services are ***available***, ***accessible***, *and of* ***good quality*****.** Discuss the meaning of these words, reinforcing previous learning about compassionate care, confidentiality, 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, all sectors, all levels—whether community volunteers or staff—to respond compassionately, confidentially, and appropriately.

- Reporting and referral systems (i.e., working with the community – especially women - to establish accessible methods for reporting cases and seeking help.)
- Documentation of reported incidents, data analysis, monitoring and evaluation
- Coordination and information sharing systems among the various actors and organizations to avoid duplicating efforts and confusing survivors.

Do not harm at a glance:

- ***Never force someone to discuss a traumatic event if they do not want to.***
- ***If someone becomes very upset when talking about an event, give them the option to stop.***
- ***Never 'interrogate' the survivor.***
- ***Do not make promises you cannot keep.***

3.4.2 Demonstration/Discussion: Reinforce Need for Multi-Sectoral Response Services

Materials: a chair

Preparations: ***/***

Handouts: ***/***

Group sizes: Whole group

Time: 30 minutes

1. Explain that response to GBV 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 to do their job properly and consistently if the chair is to function as a chair. If one leg is broken or missing, the chair falls down.

   During this discussion, pick the chair up, set it down loudly, push it over so it falls down, move it around—make a memorable visual show of the functioning and non-functioning of the chair.

2. Ask the participants and discuss: Why do all four sectors health, MHPSS, Security and Legal justice need each other?

∇ Good to know!

- 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 of services that should be in place anywhere.

3.4.3 Exercise: Mapping Services in the community– 10 sheets

Three types of seeds (corn, rice, beans) or cut up pieces of paper at least 3 different colours

Preparations: /

Handouts: /

Group sizes: groups of 5 maximum

Time: 1 hour

1. Introduce the activity by telling participants that discussions so far in this session have been about specific tasks, jobs, actors, sectors with specific responsibilities for responding to survivor needs. Explain that in this activity, we will focus on community level response – to think about and identify the various ways that many different people in the community can help survivors by providing information, support, and compassion.

2. Split participants up into groups of 5 or have one large group activity - depending on whether participants are from several different regions or from the same town.

3. Give each group a piece of flip chart paper, 3 coloured markers, seeds (3 types), or cut up pieces of coloured paper (3 colours).

4. Ask participants to map out their community, drawing roads, significant buildings, areas where people gather, market places, health care centers, mosques, sports areas, educational facilities, youth hang-outs, restaurants, etc. Give them 15 minutes for this.

5. Then ask participants to use the seeds or cut up pieces of coloured paper to mark out the places where a survivor of GBV such as sexual violence and exploitation can get help. They should use different coloured seeds or paper for medical, psychosocial, legal/justice support (e.g. beans-medical, rice-social, corn-legal). Participants should put up to 10 seeds where they think a survivor can receive comprehensive and good quality support and a fewer number of seeds where they can receive only a small amount of support. Give them 30 minutes to discuss and mark their maps.

6. Be sure to walk around to the different groups to listen to the discussions. Ask participants why they think certain places can provide more help than others, and who is in those places that provide the help. Encourage participants to think broadly about different groups in the community including:

    - Children – can provide information about where to go for help
    - Religious scholars – can provide information about where to go for help; can provide emotional/spiritual support
    - Women can talk and support each other when they are collecting water, washing, doing other activities
    - Teachers and others who work in schools – may be able to reach out to a child who seems to be troubled, can provide information about where to go for help, can provide emotional support.

7. At the end of the 30 minutes, have a large group discussion (15-20 min) to identify how the various needs of survivors of GBV can be met by different members of the community that they have identified.

    - During this discussion, participants will probably identify people/places in the community that can be harmful to survivors or not survivor-centred. If there is time, it is useful to have a brief discussion about why this occurs, identifying community attitudes; and discuss ideas for how to influence change in those attitudes and behaviours.

8. Close this session by reinforcing learning from previous sessions that emphasized the need for a supportive environment – to help a survivor to feel safer and less isolated and to access legal, medical and psychosocial services.

In Afghanistan the GBV sub-cluster has developed the 4 Ws (Who is Doing What, When and Where) within the cluster system[6]. It is important to make sure that all sectors are aware of the GBV MHPSS capacity, in order to integrate MHPSS at the early stages of planning and implementation.

Victims in more need of help are often less likely to demand for services, health professionals should be able to identify the regular places where community members interact and have access to information and support.

[6] Afghanistan GBV Protection Sub-cluster
https://www.humanitarianresponse.info/en/operations/afghanistan/gender-based-violence

Participantguide

SESSION 3.1 – HANDOUT 3.1.2 Stress, distress and disorder

Definition of stress:

- **Stress** is an immediate, biological, physiological, social 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, with which we have to cope. Every person reacts differently to stress: people have different 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, a "challenge." Stress that we cannot manage well is experienced more negatively. This is sometimes known as distress.

Definition of distress and extreme distress:

- **Distress** is a temporary disruption of coping and problem-solving skills as a reaction to a very stressful situation.
- Distress covers a wide range of feelings, from powerlessness, sadness, and fear to anxiety and panic. In addition to feelings, distress may also affect such areas of your life as your thoughts and behaviours.
- **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, behavioural and/or social and include extreme fear, re-living the event, hyper arousal (such as being very jumpy), depression, severe relationship difficulties and substance abuse.

People experiencing extreme distress may experience a confused mental state as a result of intense stress (also known as shock). An extremely stressful event, like GBV, including sexual violence, is often so "shocking" and painful that it can overwhelm the person going through it. When this occurs, the person is, at that moment, unable to cope as s/he would in other situations.

Every person reacts differently to extreme stressors:

- The capacities and coping mechanisms of a person can determine how s/he reacts after stressful events.
- Also the social context (the reactions of people close to the survivor, the level of social support provided, etc.) has an important impact on the physical, emotional, cognitive, social and behavioural reactions.
- Culture also determines the way survivors respond. In some cultures, failure to act in specific ways, consonant with being "crazy," may lead to the belief that the survivor was complicit in the crime and therefore increase victim blaming by the family and community as well as the survivor him or herself! Also, the social need for "obvious" signs of distress, may mask the severe and chronic, but less "obvious" internal distress (sense of emptiness or hopelessness, lack of trust, fear for children, future, etc.) experienced by the survivor.
- For most survivors' reactions of distress or extreme distress are normal reactions to extremely stressful events. Especially with social and emotional support, many survivors learn to cope and the distress decreases over time.[7]

The difference between distress and extreme distress lies in the gradation of the severity of the events/stressors and of the reactions to these events/stressors.

Definition of a mental disorder:

That can develop after extremely stressful or potentially traumatic events:

- In most cases reactions to extreme stressors will decrease naturally, without outside intervention, after the stressor has disappeared. However, sometimes, potentially traumatic events can lead to internal psychological dysfunctions, also called mental disorder.
- Such dysfunctions are reactions that continue long after the events and/or the conditions have changed.
- A mental disorder is a group of symptoms or reactions, called a syndrome, that form a 'dysfunction in the individual'. It also leads to impairment in the survivor's ability to continue to perform daily tasks such as work, caring for others, schooling etc.

It is important to make the distinction distress – disorder because survivors with a disorder will most likely not be able to cope on their own. They will need specialisedprofessional help (mental health evaluation and treatment). Survivors suffering from distress or extreme distress will also benefit from emotional and social support, although they can mostly also rely on their own coping mechanisms and capacities.

[7] IASC. 2005. Guidelines for Gender-based violence interventions in humanitarian settings. p.69.

SESSION 3.1 - HANDOUT 3.1.3: The After Effects[8]

The after-effects and outcomes:

HEALTH:

With all types of gender-based violence, there are serious and potentially life-threatening health outcomes.

Fatal Outcomes:
Homicide
Suicide
Maternal Mortality
Infant Mortality
AIDS-related

[8] Adapted from: Heise L, Ellsberg M, Gottemoeller M. (2002) *Reproductive Health and Rights: Reaching the Hardly Reached Article 10: Victims of Gender-based Violence.* In: PATH Series: Reproductive Health and Rights: Reaching the Hardly Reached, Article 10. Available at: http://www.path.org/publications/pub.php?id=513

Non-fatal Outcomes:			
Acute Physical	Chronic Physical	Reproductive	Mental Health
Injury Shock Disease Infection	Disability Somatic Complaints Chronic Infections Chronic Pain Gastrointestinal Eating Disorders Sleep Disorders Alcohol/Drug Abuse	Miscarriage Unwanted Pregnancy Unsafe Abortion STIs including HIV Menstrual disorders Pregnancy complications Gynaecological disorders Sexual disorders	Post-Traumatic Stress Depression Anxiety Substance abuse Self-harm etc.

EMOTIONAL – PSYCHOLOGICAL – SOCIAL

With all types of gender-based violence, there are serious and potentially life threatening emotional, psychological and social outcomes.

Emotional and Psychological Consequences	Social Consequences
Anxiety, fear	Blaming the victim
Anger	Loss of role functions in society
Shame, self-hate, self-blame	(e.g. earn income, care for children)
Suicidal thoughts, behaviour	Social stigma
Withdrawal and hopelessness	Social rejection and isolation
Mental disorders like:	Relationship and family problems
Post-Traumatic Stress Disorder	
Depression	

SESSION 3.2: HANDOUT 3.2.1 - The guiding principles

Every lesson taught in this training is guided by the four guiding principles.[9] In this training, we will learn to put these guiding principles into practice, by using survivor-centred skills.

The guiding principles:

1)Ensure the physical safety of the victim(s) / 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

[9] *United Nations High Commission for Refugees. *Sexual violence against refugees: guidelines on prevention and response*. Geneva: The Commission; 1995, chapter 2.
*IASC Guidelines for Humanitarian Gender-based Violence Interventions in humanitarian settings.

organization (a court judiciary or a counselling centre for example), ***you must first obtain the survivor's written consent, or that of a parent or guardian if the survivor is a child***[10]. In all cases, information about survivors should never be shared if it includes the individual's identifying details. 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 victim(s)/ survivor(s) and consider the best interests of the child, when making any decision on the most appropriate course of action to prevent or respond to an incident of GBV

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 with interviewers/translators of either the same sex or the sex chosen by the survivor. 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 participate in 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.

SESSION 3.2 - HANDOUT 3.2.2(1): Coping with Consequences

(Tool for exercise)

Connect the statement with the corresponding consequences.

Statement	Reaction
1. "I'm constantly scared. A sudden noise, an angry voice, moving bushes and I am afraid. I am also afraid that husband will divorce me if he finds out, and my family will take my children."	**A. FLASHBACKS AND NIGHTMARES**
2. "I feel so tense and jumpy".	**B. ANGER / HOSTILITY**
3. "I want to kill him; I hate him, everything, everyone."	**C. GUILT / BLAME**
4. "I feel like I don't have anyone to talk to who understands and supports me. I can't tell anyone around me about this.	**D. LOSS OF SELF CONFIDENCE**
5. "I feel so helpless. Will I ever be in control again?"	**E. FEAR**

[10] See Handout 7.2 for exceptions to confidentiality

6. I feel I am going crazy – one minute I feel nothing then suddenly I feel really angry".	**F. EMBARRASSMENT / SHAME**
7. "I'm okay. I'll be alright. I don't need any help."	**G. POWERLESSNESS / LOSS OF CONTROL**
8. "I feel as if I did something to make this happen. If only I hadn't..."	**H. DENIAL**
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?"	**I. DEPRESSION**
10. "I feel I can't do anything anymore...I'm disgusted by myself. I'm just worthless."	**J. ALIENATION/ ISOLATION**
11. "Suddenly people in my community won't talk to me – my neighbours stopped helping me, and the kids at the school tease my children."	**K. MOOD CHANGES**
12. "Since the rape, things have been tense in my family."	**L. RELATIONSHIP DIFFICULTIES**
13. "How am I going to go on? I feel so tired and hopeless, and nothing seems to interest me anymore."	**M. ANXIETY**
14. "I can't stop thinking about the attack. I have nightmares when I sleep."	**N. STIMGA AND DISCRIMINATION**

Session 3.2 – HANDOUT 3.2.2(2): Factors that promote coping, resilience and recovery

Definitions:

- **Resilience** is a person's ability to 'bounce back', to overcome difficulties and adapt to change and difficulties. It is determined by the characteristics of the survivor and a number of outside factors.

- **Coping** refers to the specific efforts, behavioural, psychological and social, that people employ to master, tolerate, reduce or minimise stressful events.

    - There are different types of coping strategies. The main important types are problem-solving strategies – efforts to do something active to ease stressful circumstances – and emotion-focused coping strategies, which involve efforts to regulate the emotional consequences of stressful or potentially stressful events.
    - The type of coping style used depends on the characteristics of the person as well as on the type of stressful event and the social environment.[11]

Both individual factors and factors in the environment have an impact on coping, resilience and recovery.

- **Individual capacity of the survivor:**
    - The skills, knowledge and personality of the survivor:
        - Characteristics like high self-esteem, self-control, positive coping skills, sense of optimism, ability to seek help and assistance will have a positive impact on coping, resilience and recovery.
    - The personal history: did the survivor grow up in a safe environment? Has s/he experienced earlier incidents of abuse or GBV?
        - If a survivor has experienced GBV, (sexual) violence and/or abuse and neglect earlier in life, especially during childhood, his or her coping skills may be affected.

- **Environmental factors:**
    - Social network and support: Can the survivor rely on support from immediate/extended family and community? What is the place of the survivor in his/her community? What is the socio-economic situation of the survivor and his/her family? Does s/he have a source of income?
        - The presence of a social network (family, friends) will make it easier for the survivor to deal with reactions and seek help. Strong social support can facilitate coping, resilience and recovery.
    - Societal factors, culture and religion: Is there peace and security? How is GBV perceived by the society of the survivor? What are the traditional ways of dealing with violence in the society? Is the survivor religious?
        - Often traditional ways of self-expression and rituals, both religious and secular, play a part in culturally accepted ways of coping with difficult situations. Also rules for expressing emotions such as anger and sorrow, which vary greatly

[11] Definition adapted from: John D. and Catherine T. MacArthur Research Network on Socioeconomic Status and Health

from culture to culture, influence coping and recovery.[12] Religion can offer a sense of purpose that can facilitate coping.

Coping Mechanisms

Encourage positive coping strategies	Discourage negative coping strategies
- Talk and spend time with family and friends - Discuss problems with someone you trust - Do activities that help you relax (pray, sing, play with children, …) - Do physical exercise - Practice relaxation exercise - Use calming self-talk - Help others - Get enough sleep - Eat as regularly as possible and drink water	- Don't take drugs or narcotics or drink alcohol to cope - Don't isolate yourself from family and friends - Don't sleep all day - Don't over-eat or under-eat - Don't be violent - Don't neglect personal hygiene - Don't work all the time

Give information and help the person access other services (psychological, social, legal and protection services) that she/he might think helpful, but provide appropriate warnings about taking it home and keeping it in a safe place where others cannot find it as this may further compromise their safety.

- Give plain and correct information about her/his rights, the importance of security and various available services (psychological, social, legal and protection)
- Provide contact details for the services with appropriate warnings about taking it home and keeping it in a place where others cannot find it.
- Refer the survivor directly
  - If possible and appropriate, accompany the person to the service
  - Call the service and make an appointment
- Provide follow-up for the referral, if needed

Help the survivor to connect with family/ family networks and other social supports

GBV survivors who have good social support will cope better.

- Explain the importance of social support
- Help her identify people from within her social network with whom she can reach out to and that she trusts in case she wants to talk about her experience.
- If a survivor lets you know that prayer, religious practice or support from religious leaders might be helpful for them, try to connect them with their spiritual community.

[12] UNICEF, psychosocial programming, a field guide

Helping Women Cope with Negative Feelings

Job aid

Helping women cope with negative feelings	
The feeling	**Some ways to respond**
Hopelessness	"Many women do manage to improve their situation. Over time you will likely see that there is hope."
Despair یاس	Focus on her strengths and how she has been able to handle a past dangerous or difficult situation.
Powerlessness, loss of control	"You have some choices and options today in how to proceed."
Flashbacks	Explain that these are common and often become less common or disappear over time.
Denial	"I'm taking what you have told me seriously. I will be here if you need help in the future."
Guilt and self-blame	"You are not to blame for what happened to you. You are not responsible for his behaviour."
Shame	"There is no loss of honour in what happened. You are of value."
Unrealistic fear	Emphasize, "You are in a safe place now. We can talk about how to keep you safe."
Numbness	"This is a common reaction to difficult events. You will feel again—all in good time."
Mood swings	Explain that these can be common and should ease with the healing process.
Anger with perpetrator	Acknowledge that this is a valid feeling.
Anxiety	"This is common, but we can discuss ways to help you feel less anxious."
Helplessness	"We are here to help you."

Coping with Consequences Handout Answers

1. Statement: "I'm constantly scared. A sudden noise, an angry voice, moving bushes and I am afraid. I am also afraid that my husband will divorce me if he finds out, and my family will take my children."

Consequence: FEAR

During an assault many victims fear for their lives. Often this fear is a direct result of the offender's threats. After the assault, a survivor may be fearful of the dark, being alone or going out by him/herself. They may experience fear generated by the possibility of pregnancy or sexually transmitted infections (STIs) or live in fear of running into their assailant again. They can also be fearful of the possible consequences of the sexual violence, whether on their relationships with others, their living conditions or their health. A survivor may also fear retaliation from the perpetrator or others if they report the incident.

Coping mechanisms:
All of these fears are very real concerns and the caregiver should try to ensure that practical steps are taken to ensure that the survivor is as secure as possible. In all instances the caregiver should regard the survivor's fears as legitimate and support them to develop strategies that will contribute to a gradual rebuilding of their security and confidence in day-to-day living. A referral to a health service may help to take away fears about the medical consequences of sexual violence. Ensuring

confidentiality will minimise the risk of the potential negative consequences of others finding out what happened.

11. **Statement: "**I feel so tense and jumpy."

Consequence: ANXIETY

Survivors of GBV often experience severe anxiety that may manifest in physical reactions such as difficulties in breathing, muscle tension, nausea, stomach cramps or headaches. They are often easily startled.

Coping mechanisms:
These reactions can be eased as survivors gradually deal with the issues underlying the stress, and employ relevant stress management strategies. Offering relaxation exercises or rituals, and/or physical exercise may also help to deal with anxiety.

3. Statement: "I want to kill him; I hate him, everything, everyone."

Consequence: ANGER / HOSTILITY

Anger is a difficult emotion for most people. Culturally, women and children are often discouraged from expressing anger and it is most frequently displaced rather than directed at the appropriate target. The survivor's anger towards their offender is more than justified. They may also be angry at the response they receive from others to whom they share their experiences with.

Coping mechanisms:
It must be recognized that given their experiences, the survivor's reactions of anger are justified and these feelings of hostility are a natural emotion rather than a necessarily negative one. However, if you deal with a survivor, you need to be aware that you too could be a target of this anger and you must assist survivors to identify ways to safely express their anger. Anger can indicate that the survivor is not placing the entire blame for the assault on him/herself but is recognizing that their perpetrator was responsible. It is most important to work towards the moment when the survivor is able to see the role played by society in creating both the perpetrator and the conditions in which rape occurs. Again, you can help to help the survivor find positive and safeways to vent anger and hostility and use their energy in a positive way, e.g. to participate in a justice process.

4. Statement: "I feel like I don't have anyone to talk to who understands and supports me. I can't tell anyone around me about this."

Consequence: ALIENATION/ ISOLATION

GBV survivors often experience feelings of alienation, isolation and despair if they are unable to share their experiences with others. They avoid talking about their experiences since remembering the violence is painful, they fear that others cannot understand them, and they fear being stigmatized or isolated by friends or family. But many survivors never forget their experiences and these are relived in nightmares and flashbacks. Not speaking about the violence, but reliving it in nightmares and flashbacks, results in a state of speechless fear that prevents survivors from healing.

Coping mechanisms:
As a caretaker, you serve as a "safe person" in whom survivors can confide in. Assure survivors their confidentiality, and refer them to support groups and other safe places where they can share their concerns and begin to recover. It is very important that survivors have the opportunity to be listened to in a compassionate, non-judgemental way. It is very important for survivors to understand that they are not alone, that they are not crazy, and that they can get help. Ensuring that survivors have the opportunity to share their concerns with people who are empathetic and respectful will help to restore the survivor's dignity and help him/her to heal. Survivors may or may not wish to talk about the GBV situation – you should respect this choice while assuring them that if they do wish to discuss it, you are available, will not judge them and would keep the information confidential. You should also help them to determine if there are others around them they could get emotional or practical support from (whether or not they wish to confide in them about their experience of violence).

As caretakers and community members it is important to sensitize the community about the causes and consequences of GBV with special considerations of towards sexual violence to minimize rejection of survivors by the community. It is important to stress that GBV, including sexual violence, not only has consequences for the individual survivor, but also affects the community as a whole.

5. Statement:"I feel so helpless. Will I ever be in control again?"

Consequence: POWERLESSNESS/LOSS OF CONTROL

Because all forms of GBV involve a survivor losing power over his or her body and mind, one of the caretaker's primary roles must be to help the survivor regain a sense of control.

Coping mechanisms:
By explaining procedures and options, by respecting and advocating for their choices, a caretaker can assist the survivor to regain a sense of control in their life. Supporting rather than advising the survivor is one of the most important, and difficult skills of caring for survivors. By helping them to find solutions to problems they face, such as how to make a living, you can help them regain a sense of control.

6. Statement: "I feel I am going crazy – one minute I feel nothing then suddenly I feel really angry".

Consequence: MOOD CHANGES

Survivors' emotions may swing from intense emotional pain to complete numbness. They may feel depressed, restless or deflated, confused or stridently angry. Feeling at the whim of emotions over which they have no control may make them believe they are psychologically unstable or crazy.

Among the most commonly misunderstood reactions is emotional numbness – a common response to terrifying events, especially in initial stages. Those around survivors often misunderstand this response. For example, it may be taken as an indication that they are in control of the situation, or that they are calm and relatively unharmed. A numb reaction may even make people think that the survivor was never raped. However, in reality it is a victim's way of coping with the overwhelming experience.

Coping mechanisms:
As caretakers, we can support survivors by explaining that intense mood changes are common and normal responses to extremely stressful events. The survivor should also be reassured

that as they better understand and cope with the effects of the situation these reactions will progressively subside. For emotional numbness, it is important to recognize that numbness is a normal reaction and not a sign that the person is in control or the situation is/was not real. Explaining such a reaction to a survivor may help them to recognise and acknowledge it. Severe and persistent numbness may be a sign of mental disorder and should be an indicator for referral to receive mental health services.

7. Statement: *"I'm* okay. I'll be alright. I don't need any help"

Consequence: DENIAL

Following the initial shock of the assault, or even months later, a survivor may deny to others or to themselves that they have been assaulted. They try to ignore the memory of what has happened in an attempt to regain stability.

Coping mechanisms:
As a caretaker it is important to help the survivor to acknowledge what happened, so that s/he can accept help if needed and start the recovery process. However, denial is also a strong defence mechanism. Therefore, a survivor should NEVER BE PRESSURED to explain what happened or to reveal details! By listening and showing you care you can create a safe environment in which the survivor can begin to re-establish trust and share as much as they feel is appropriate.

It must be remembered that GBV and sexual assault exists on a continuum and that all forms GBV, sexual harassment and violation are experienced as threatening and can have devastating consequences for the survivor.

8. Statement: "I feel as if I did something to make this happen. If only I hadn't..."

Consequence: GUILT / BLAME

Survivors of GBV, including sexual assault, may feel that they could have avoided it by acting differently. These sorts of reactions are often strongly linked to the myths about GBV that prevail in the community which frequently blame the survivor rather than the offender. The behaviour and reactions of friends, family, neighbours and police may reinforce the survivor's own feeling that s/he 'asked for it' or should have done something to avoid it. The survivor may also feel guilty that they have brought shame on their family and themselves by talking about it or reporting it to the police or others. Similarly, if they believe they could have resisted more forcefully they may also feel at fault. This is particularly true for adult survivors of childhood abuse who tend to see themselves as they are now, as adults, rather than as they were at the time of the abuse.

Coping mechanisms:
As caretakers and community members, our role is to provide information that demonstrates that men, women and children can and have been suffering GBV under many circumstances. The offender is always at fault, never the survivor. Nothing a survivor does is "asking for it." Under all circumstances, the caretaker must reinforce that the survivor is not to blame and that it is the offender who must take full responsibility for the crime they have committed. However, they need to realise that it may take time for the survivor to accept this and the survivor's feelings of guilt need to be acknowledge while being reassured that they were not responsible.

9. Statement: "I feel so dirty, like there is something wrong with me now. Can you tell that I've been raped? What will people think?"

Consequence: EMBARRASSMENT / SHAME

Many people who have suffered GBV feel intensely ashamed and embarrassed. They often feel dirty and in some way 'marked for life'. This reaction may prevent survivors from speaking out about the assault. Cultural background factors can intensify such feelings, such as societal issues surrounding the honour of women and the need for chastity. Underlying these reactions is that survivors often have to live with day-to-day discrimination and stigma – some also believe the myths pertaining to GBV, and in particular to sexual assault. This is also the case for women that has suffered other types of GBV and did not ask for help at the early stages.

Coping mechanisms:
Providing opportunities for survivors to express and question these beliefs will help them place the responsibility for the assault with the offender. Confidentiality and privacy are particularly important in order to help the survivor feel comfortable in a caregiving setting. Stressing that feelings of embarrassment are very normal reactions can help the survivor to accept these feelings and deal with them. Helping the survivor to recognise those situations in which they face stigma and discrimination that reinforce feelings of shame and embarrassment and how to deal with those situations can help. Providing opportunities for survivors to work with others to change social attitudes towards survivors can help reduce shame and become stronger at personal and social levels.

10. Statement: "I feel I can't do anything anymore…I'm disgusted by myself. I'm just worthless."

Consequence: LOSS OF SELF CONFIDENCE

The experience of violence exposes the survivor to the stark reality that they cannot always protect themselves no matter how hard they try. The assault is not only an invasion of the survivor's physical self but also affects emotions, thoughts and social interactions. The experience of assault brings up many vulnerability issues that can devastate self-confidence and destroy assumptions about the world. Violence humiliates and degrades survivors. Therefore, it is not surprising that survivors often experience low self-esteem.

Coping mechanisms:
To facilitate the healing process, caretakers must concentrate on helping survivors to build a newly defined sense of confidence. This confidence can begin with the realization that surviving the violence took incredible strength and determination. Every action the survivor takes (e.g. going to the police, seeking help, sharing his/her story…) should be encouraged and recognized as a step towards regaining confidence and recovery. It is essential that, as caretakers, we focus our attention on the positive aspects of the survivor's character, coping strategies, and personal achievements.

11. Statement: "Suddenly people in my community won't talk to me – my neighbours stopped helping me, and the kids at the school tease my children."

Consequence: STIGMA AND DISCRIMINATION

A common problem for survivors is the stigma and discrimination they experience. This can take many forms including neighbours and other community members ostracizing the survivor, blatant verbal and sometimes physical abuse of the survivor and/or their family and children, and discrimination in access to services such as health, social welfare and education. This serves both to exacerbate the survivor's emotional distress (shame, isolation, depression etc.) as well as add additional practical difficulties that further undermine their rights to support.

Coping mechanisms:
It is important to help the survivor develop his/her own coping mechanisms to deal with the stigma and discrimination, as well as to help access alternative sources of social support (e.g. identifying neighbours who are supportive or social support networks of other survivors). If possible, engage key community member or leaders to combat stigma and discrimination against survivors. It is also important to provide the survivor with information on services that are sensitive to survivors, and if these do not exist to provide her with accurate information about the existing services and the benefits and risks involved. Where possible, the survivor should have a support person with them when accessing services.

12. Statement: "Since the event, things have been tense in my family."

Consequence: RELATIONSHIP DIFFICULTIES

Many survivors experience difficulties in relationships as a result for GBV,especially in cases of sexual violence. This can stem from many factors, including stigma among family members, changes in the survivor's behaviour and emotions, difficulties of family members to understand and support the survivor, and secondary stressors resulting from the violence such as loss of employment or health problems. For instance, family members may disagree on how to respond to the sexual violence (e.g. a husband may be supportive of his wife but his extended family blames her).

Coping mechanisms:
It is important to try to understand the source of the problem in the family. Discuss with the survivor and try to help her/him find strategies to address the problems. If you are known and trusted by the other family members, and the survivor agrees, discuss with the other family members how the situation is affecting them and how they could better support the survivor in dealing with the consequences. If the family knows about the situation of violence, provide them with general information about its effects how to support survivors – do not ask family members about details of the violence but do listen if they bring it up.

13. Statement: "How am I going to go on? I feel so tired and hopeless and nothing seems to interest me anymore."

Consequence:(POSSIBLE)DEPRESSION

Many survivors of GBV suffer periods of depression and /or low energy. It may take the form of the loss of will-to-live or interest in daily activities, loss of self-worth, numbness, loss of appetite, disturbed sleep or include other physical indications of stress such as constant tiredness or lethargy.

Coping mechanisms:
As a caretaker, you should try to help to express personal grief, and repressed anger: anger at the perpetrator, anger at the injustice of the assault, and often anger at the injustice of the community's reaction. The release of grief and the appropriate re-focusing of anger will empower the survivor. Survivors expressing signs of severe depression (e.g. suicidal thoughts and behaviour) should be referred to specialized mental health services.

14. Statement: "I can't stop thinking about the attack. I have nightmares when I sleep and sometimes during the day I feel as if it is happening over again."

Consequence: FLASHBACKS AND NIGHTMARES

Memories of the assault often return without warning. Nightmares are common among survivors. Sometimes flashbacks during day-time will be so vivid that the survivor feels as if they have re-lived the experience of assault.

Coping mechanisms:
As a caretaker, you need to explain to a survivor that she is having a flashback – she may not realize what is going on. Reassure the survivor that flashbacks are not the result of irreversible psychological damage or an indicator of insanity. They represent a response to the situation that, like nightmares, will decrease as the recovery process progresses.

If a survivor experiences a flashback while talking to you, help them to calm down. Encourage her/him to take slow, gentle breaths. Tell the survivor that s/he is remembering but not experiencing the violence. Help the survivor to look around the room and realize where they are. Tell the survivor over and over again that s/he is in a safe place and give indicators on this that no one is going to hurt her that this reaction is very normal, that is does not mean she is going crazy. Do not continue with the technique if the person expresses severe reactions or states that is not able to continue. Always use this technique progressively and evaluate potential risks. Whenever possible, seek for supervision of a mental health professional to apply this technique

Session 3.2 – HANDOUT 3.2.3: Obstacles on the path to help. The story of Malalai

Case study

Malalai, a 27-year-old mother, is regularly beaten up by her husband. Sometimes he also rapes her. The neighbours know what is happening. One day, the lady next door comes to talk to Malalai, trying to convince her to look for help or go to the police. The neighbour tells Malalai that she is worried about her and wants to help her; she wants her to be happy. Malalai refuses and even denies that her husband is mistreating her. She becomes very angry. The neighbours 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 husband gives her a lot of money? The neighbours start to avoid contact with Malalai and she and her child become more and more isolated. The abuse continues…

Survival strategies

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.

What can everybody in the community do to help? 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 and assistance, if she wants to.

Session 3.3 – Handout 3.3.1: Understanding the consequences and coping mechanisms

Consequences of GBV with focus on sexual abuse or violence on children[13]

- Many (especially small) children will not say anything about abuse that has happened. This often stems from the fear of the perpetrator. Often, the perpetrator has told them that the abuse is normal or that something bad will happen if they react or say anything. Also, children sometimes don't understand that the abuse is wrong.
- However, most children will show reactions after the abuse or violence. These behavioural reactions may be an indicator of abuse. But while the presence of these indicators may raise concern, it does not always mean that a child has been sexually abused. Especially in conflict-affected settings, many children might show temporarily reactions to stress, which might be similar to the reactions described below. Therefore, a careful assessment of the child and their circumstances is necessary.
- In a later stage of development, when they fully understand what happened and develop their own sexuality, many children develop reactions and psychosocial problems, as a backlash of the earlier abuse.

Common Behavioural Reactions

The following are some of the most common consequences of sexual violence on children:

Inappropriate Sexualized Behaviour

When children are sexually assaulted their sense of what is right and wrong becomes distorted. What they had previously learnt about bodies and sexual activity becomes invalid. When a child is raped by someone in their family, he or she may believe that they will get attention by being sexual with another person. If children have experienced sexual feelings, which are common in children who have been sexually assaulted, they are likely to try and recreate those reactions. They may begin to sexually act out with other children to try and make sense of what has happened to them. In some circumstances, the trouble they may get into as a result of this behaviour might then confirm their view of themselves as dirty and bad.

Sexualised behaviour is, to a certain extent, part of normal child development. However, when it occurs at greater frequency or at an earlier age than would be developmentally appropriate, when it is accompanied by coercion (the child forcing another child to engage in sexual acts) or when it is associated with emotional distress it can be an indicator of sexual abuse.

Wetting/Soiling

Many young children lose bladder/bowel control following sexual violence. It can be frustrating for parents and humiliating and embarrassing for children.

All children wet from time to time when they are sick, stressed or anxious. Children who have been sexually assaulted will often bed wet every night and sometimes more than once a night. Bedwetting can be linked to feelings and may be a result of nightmares. Extreme fear can cause loss of bladder control and may serve the purpose of waking a child from a terrifying dream. Bedwetting can also result from feelings of helplessness when children feel a loss of ownership and power over their body when it has been used by someone more powerful than they are.

[13] WHO (2003). Guidelines for medico-legal care for victims of sexual violence. p.75-92; http://whqlibdoc.who.int/publications/2004/924154628X.pdf

Nightmares

All children have bad dreams from time to time but children who have experienced sexual assault often have nightmares every night sometimes more than once. They may have recurring dreams that are all the more frightening because they know what is coming. Nightmares can make children terrified of the dark leading to difficult behaviours. Their dreams are likely to reflect their fears and their sense of lack of control. Asking them to tell their dreams can help them to talk about what has happened.

Persistent Pains

Lots of children develop aches and pains that have no physical cause. These will often have a connection to an aspect of the assault. Sometimes if a child has experienced physical pain during the assaults their body can retain the memory of this pain, for example, one child who had been tied up continued to have tingling in his hands; another child had severe stomach pains after vaginal penetration. Another boy had blinding headaches because he felt he could not get the offender out of his head. Children may also think that something is broken inside of them. Repeated pain can also be a way for children to gain the extra love and attention they need at the time. Sometimes emotions manifest themselves physically for children because they do not have the ability to put it into words.

Clinginess

Previously independent children often cling closely to their parents or caretakers after sexual assault. It is a communication of a real need to be reassured by the caregiver that they are lovable and secure. Children are attempting to rebuild a sense of safety and trust through their relationships with close adults. They are trying to restore a sense of good touch by demanding affection and cuddles. In essence, they are trying to heal their wounds. Constant physical and verbal demands can be difficult for parents but can be modified by identifying what the child needs and putting limits on when and how they are met. Talking about a child's fears can help reduce clinginess.

Aggression

Aggression in children after sexual assault tends to be related to fear and anger. It can be a direct communication that states, "I am never going to be hurt again." Anger is a normal response and can be a part of the recovery process from any terrifying event. It needs to be expressed in a safe and constructive way with firm limits against hurting yourself or others. To do this, anger needs to be acknowledged and recognized by the child and the adult. A child needs to learn how to control and express their anger in acceptable ways. Adults can help children learn skills in controlling and managing their anger without aggression.

Aggression causes the child more problems as their aggression prevents other people from seeing or understanding the child's needs. It stems from fear and a need to protect themselves from further hurt. This can be evident in boys who may believe they were weak because they did not fight off the offender. Sometimes they can make themselves feel more powerful by hurting other children or animals.

Being aggressive can also cause children to punish themselves and confirm their low self-esteem because they have no friends and are always in trouble.

Other consequences of GBV on children:

Consequences of GBV on children can be wide-ranging and diverse. Other consequences include resuming behaviours from earlier stages of their development or stopping newly acquired behaviours (e.g. toilet trained children may regress to wetting) withdrawal from family and friends, difficulties to

concentrate at school, lack of interest in daily activities, severe fear of strangers, and risk-taking and changes in beliefs and values (especially among adolescents). Secondary effects such as social isolation and stigmatisation, dropping out of school, and lack of marriage and employment opportunities, can compound the initial harm done by GBV and undermine their long-term development. If the situation is not addressed and/or continues for a long time, it risks undermining children's emotional, social and cognitive development.

Coping mechanisms of children: (See also handout 3.2.2 (2))

Just like with adults, different factors have an impact on coping, resilience and recovery of children.

Individual capacity of the child:

Generally, children have a large set of resources to adapt to change after difficult or stressful experiences. In fact, children generally demonstrate a huge resilience and have the capacity 'to bounce back'.

Three aspects of well-being have an impact on a child's ability to cope[14]:

- Skills and knowledge: include life and vocational skills, use of appropriate coping mechanisms, and the ability to process information in order to access resources.
- Emotional well-being: refers to one's sense of security, trust, self-confidence and hope for the future. Spiritual well-being will influence many of these factors; it may be one way of constructing a sense of order in the world, and providing meaning to experiences.
- Social well-being: is the ability to form and maintain positive relationships with care givers, peers and adult role models who promote healthy functioning. This ability also refers to one's having a socially appropriate role and identity within a community.

Family and social support:

More than adults, children need the support of parents, siblings, extended family and friends to feel protected and deal with the impact of sexual violence. Attachment to stable and supportive caregivers is a fundamental building block for a healthy development, including the development of coping mechanisms. A safe environment of a family – which implies that no one of the family is complicit in the abuse - will help the child-survivor to play, deal with their emotions and thoughts, and recover from the violence.

The community, culture and religion:

Factors related to the community, culture and religion will also have an impact on the coping, resilience, and recovery of children. Norms and values, attitudes may help to protect children against further harm and help them in their recovery. Religious and traditional rituals, such as cleansing or healing rituals, can as well promote recovery.

It is important to understand local beliefs regarding the physical and moral consequences of violence against children, including culturally 'appropriate reactions, in order to help children. For example: are child-victims believed to become predators, paedophiles or homosexuals in later life? How are children

[14] UNICEF, Psychosocial support of children in emergencies, field version 2007. p. 9

expected to react to violence? What if they react differently? What are local remedies that are believed by the population to reverse the effects of violence on children?

A few examples:

- Children may use individual or group play, drawing etc. to deal with the effects of sexual violence. (individual capacity)
- Interaction with parents or other caregivers may offer children reassurance and safety, which may help children to deal with the effects of sexual violence. (family and social support)
- Community activities (school, sport, play) can offer a forum to children to express emotions, to find safety and regain self-esteem after sexual violence. (community, culture and religion)
- Traditional cleansing rituals may help children and their families to start the recovery process and/or to find closure after violence. (community, culture and religion)

See also Handout 3.3.2

Session 3.3 – Handout 3.3.2: Providingsupport to children

Possible methods to support children[15]:

Offer safety:

- Protect the child. Limit situations that are dangerous for the child. Work with the children's caregivers to reduce the risk that the child would be exposed to further violence. Provide the child with accurate and reassuring information about their safety in an age appropriate way.
- Make a safety plan with the child if there is a risk or s/he is scared that the abuse will happen again. Identify with the child's family members, friends or neighbours where the child can go if s/he feels unsafe. Give, if the child wants this, the number of the local police station. Repeat that the child can say no if s/he doesn't like the way someone is touching him or her.
- Protect the child from further distress. Do not hesitate to cut short or stop activities that are upsetting the child or give them a chance to sit out some activities. If the child is upset, make sure someone they know well talks to them individually to understand the reason. Do not ask the child private or sensitive information unless necessary, and then only by someone trusted by the child and in private.
- Provide a consistent, predictable pattern for the day and make sure the child knows the pattern: in this way you show children that their caretakers are 'in control'.
- Give the child 'choices' and some sense of control in daily activities appropriate to their age and level of development. Just like adults, children who are survivors of violence have experienced a situation where they were totally not in control. Giving back control that is appropriate to their age and level of development can make children feel confident and safe again.
- Reassure a child that is clinging to his/her caretaker. Prepare the child in advance if you have to leave. Try to always leave the child with someone s/he knows very well.

Offer possibilities to express concerns, feelings and thoughts:

- Give the child opportunities to express feelings and thoughts in a safe environment. Talk with the child in a quiet place; build trust; allow the child to talk about what is on their mind; to express feelings through play or drawings. Give the child the chance to talk about nightmares and flashbacks. For younger children, puppets and dolls can help children to talk about their concerns in a safe way. Do not put pressure on the child to talk about what happened to them. However, if you are in a trusting, ongoing relationship with the child, do let them know that you will not judge them, it is ok to tell you anything that happened to them, and that you will keep it a secret unless they agree to tell someone else.
- Help children to try to learn skills to deal with their problems. Support them to identify key concerns and explore positive ways to deal with these issues.
- Help the child to reengage in daily activities and social interactions that build their confidence, help restore their relations with others, build their sense of security and especially for older children help them restore a sense of purpose and hope in the life.

Offer support:

- Help the child feel positive about him/herself. Give reassuring, accurate messages to the child: '*it was not your fault', 'it is ok to feel scared', 'you are very brave', 'it is good that you talked about it, now we can make sure/put all our efforts to avoid the abuse*

[15] Partly drawn from: Macksoud M. (1993) Helping children cope with the stresses of war. UNICEF, New York. V. Patel (2003). Where there is no psychiatrist. Gaskell, London. p. 170 – 175.

tohappen again'. If the abuse was directly suffered by a family member, we will offer support to this person always careful with the feelings of the child about disclosing the situation, if this is the case.

- If a child demonstrates inappropriate behaviour, calmly try to explain to the child why this might be happening and what we can do to stop it. Use language that is adapted to the level of development of the child.
  Example: (after bedwetting) *'This can happen to everyone, let's get you dry and back to bed. Was there something that was upsetting you?'*

- Show warmth and affection to the child but make sure you do this in a way the child feels comfortable with.

Some don'ts

- DON'T pressure a child to talk about the violent event or situation, to talk about nightmares, flashbacks or feelings.
- DON'T touch or hug a child if s/he doesn't want to. Physical contact and intimacy for child survivors is often associated with confusion, pain, fear or abandonment.
- DON'T scold or punish the child for 'bad behaviour' like bed-wetting, sexualised behaviour, aggression, etc.
- DON'T embarrass a child by talking about the events to family members, siblings, etc.
- DON'T tell children things that are not true. Child survivors need to be able to trust those around them and telling them things that are not true, even if it makes them feel better in the short-term, will further undermine their ability to trust others.