Ministry of Public Health

Directorate of policy and plan

Directorate of Gender

Module 4: Communication and Survivor-centred Skills

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Facilitator guide

Purpose:

The purpose of this module is to help participants understand and practice the key-principles of communication to be applied when receiving a disclosure of GBV or when dealing with survivors in different professional contexts. Health care providers are also given the opportunity to further develop their skills.

Specific Objectives:

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

- Understand the importance of survivor-centred skills:
    - Understand the importance of confidentiality, obtaining informed consent and the survivors' right to choose; know how to put these principles in practice when communicating with a survivor.
    - Understand the importance of a non-blaming attitude when dealing with survivors.
    - Understand the difference between informing vs. advising.
- Apply basic communication and engagement skills like active listening skills and techniques for asking questions in their own professional contacts.

Estimated Time: 8 hours

Module 4 at a glance

Sessions	Time	Handouts[1]
Part 1: Skills Development and practice		
Session 4.1: Introduction to Survivor-centred Skills 4.1.1 Exercise: Dealing with survivors and receiving disclosures 4.1.2 Discussion: What are survivor-centred skills	75 min	Handout 4.1.2: Survivor-centred skills
Session 4.2: Confidentiality, the right to choose and consent 4.2.1 Lecture: Confidentiality, the right to choose and consent 4.2.2 Exercise: Right or Wrong?	1.5 hours	Handout 4.2.1: Confidentiality, the Right to Choose and Consent Handout 4.2.2: Right or Wrong?

[1]Partially adapted from: IASC Caring for Survivors of Sexual Violence in Emergencies.Training Guide.

Session 4.3: Engagement and Communication skills: how to listen and to ask Questions? 4.3.1 Exercise: Introduction to Active Listening 4.3.2 Exercise: With or without hat? 4.3.3 Lecture: Techniques for active listening and asking questions 4.3.4 Exercise: Practice engagement skills! 4.3.5 Exercise: Communication do and don'ts	3 hours 15 min	Handout 4.3.3: Active listening techniques and 'listening roadblocks' Handout 4.3.5: Communication Do and Don'ts.
Part 2: Health care professionals practice		
Session 4.4. Survivor centred communication practice. Health care.	2 hours	Handout 4.4. [2]Healthcare scenarios

[2]Partially adapted from: Gender-based Violence Treatment Protocol for Healthcare Providers in Afghanistan.Participant Handbook Ministry of Public Health and WHO. Afghanistan 2015

Part 1: Skills Development and practice

Session 4.1: Introduction to Survivor-centred Skills
Objective: To understand the importance of using survivor-centred skills when dealing with survivors of GBV, in particular when receiving disclosures.
Activities: 4.1.1. Exercise: Dealing with survivors and receiving disclosures   4.1.2. Discussion: What are survivor-centred skills?
Preparations: /
Handouts: Handout 4.1.2: Survivor-centred skills
Materials: /

4.1.1. Exercise: Dealing with survivors and receiving disclosures

Materials: flip chart and markers

Preparations: /

Handouts: /

Group sizes: whole group

Time: 45 minutes

1. Ask participants to think for a few minutes about their own experiences with dealing with survivors of GBV.
   - Did you ever receive a disclosure from a survivor? How did you respond? What did you do?
   - Think about an experience you had with talking to/dealing with survivors which was particularly difficult. What made it difficult or challenging?

2. Ask participants to write down some of their responses and reactions as well as things they found challenging,
   - For example: "I tried to listen", "I didn't know what to say, I felt uncomfortable", "I told the person what to do", "I wanted to help but didn't know how" …

3. Ask participants to walk around in the room. After 30 seconds, ask them to stand still in front of someone and share with this person some of the responses they wrote down. The 'partner' can ask questions to clarify the answers or to find out what was difficult or challenging. They can take 10 to 15 minutes for this exercise.

4. Discuss the activity: invite participants to share some of the experiences, reactions and responses they discussed with their partner in the exercise. Elicit discussion, make a list of responses on a flip chart, group them under 'survivor-centred responses' and 'challenges'. In the second column (challenges) you can also include reactions and responses that participants may have labelled as helpful or positive but which do not reflect a survivor-centred attitude (e.g.: giving advice).

5. Optional: You can also ask participants what made it difficult or easy to share these experiences with a partner in this exercise. Highlight responses that show a parallel with survivor-centred skills.
    - Example: "my partner showed that he/she was listening", "he/she asked the right questions (which questions?)" or: "it was difficult to share this with someone I don't really know", "I didn't feel comfortable (why?)" …

∇ Good to know!

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

4.1.2. Discussion: What are survivor-centred skills?

Materials: flip chart and markers

Preparations: */*

Handouts: 4.1.2: Survivor-centred skills

Group sizes: Whole group

Time:30 minutes

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

    Write down key-words on a flip chart.

2. Distribute Handout 4.1.2, explain the skills and ask participants to give examples. Make the link between the survivor-centred skills and guiding principles, as addressed in Module 3 (see Handout 4.1.2).

3. Explain the difference between informing and advising (see Handout 4.1.2).

4. Explain that in the next sessions, we will learn more about survivor-centred skills and practice how to use them.

∇ Good to know!

- For more background information about skills for providing support to people in complex emergencies, check the **IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings,** e.g. p 119 (Providing psychological first-aid. Available at: http://www.humanitarianinfo.org/iasc/content/products/default.asp

Session 4.2: Confidentiality, therighttochoose and consent
Objective: To understand the importance of confidentiality, obtaining informed consent and the survivors' right to choose as central elements of a survivor-centred attitude;   Know how to put these principles in practice when communicating with a survivor.
Activities*:*   4.2.1. Lecture: Confidentiality, the right to choose and consent   4.2.2. Exercise: Right or Wrong?
Preparations*: /*
Handouts*:*   Handout 4.2.1 Confidentiality, the Right to Choose and Consent   Handout 4.2.2: Right or Wrong?
Materials: /

4.2.1. Lecture: Confidentiality, the Right to Choose and Consent

Materials: flip chart and markers

Preparations: ***/***

Handouts: 4.2.1 Confidentiality, the Right to Choose and Consent

Group sizes: whole group

Time:1 hour

1. Explain that you would like to talk more about 'Confidentiality', 'the right to choose' and 'Consent'. They are three very important elements of survivor-centred skills, which are also closely related to each other.

2. Recap with participants the concept of confidentiality. Ask participants why they think this is so important when you deal with survivors? Generate answers. (See Handout 4.2.1)

3. Make sure you highlight:

   - Safety of the survivor (and of family members accompanying the survivor)
   - Respect for the survivor

4. Ask participants what confidentiality means in the context of a survivor-centred attitude. Generate answers. See Handout 4.2.1. Explain.

5. Highlight the exceptions to confidentiality (see Handout 4.2.1).

6. Ask what consent could mean. Generate answers. Explain the concept of informed consent (see Handout 4.2.1).

7. Link consent with the right to choose. Explain the right to choose. (See Handout 4.2.1).

∇ Good to know!

- Highlight that where children are concerned, extra precautions should be taken to ask for consent.
- Make sure you clearly highlight the relevance of confidentiality; consent and the right to choose as part of survivor-centred skills (see also Handout 4.2.1).

4.2.2. Exercise: Right or Wrong?

Materials: ***/***

Preparations: ***/***

Handouts: 4.2.2 Right or Wrong?

Group sizes: whole group

Time:30 minutes

1. Explain that you will do a short exercise to illustrate the concepts of confidentiality, consent and the right to choose as part of survivor-centred skills.

2. Read out the statements on Handout 4.2.2. After each statement participants should indicate whether they think the statement is right or wrong.

    - Participants who think it is right should *clap their hands.*
    - Participants who think it is wrong, should shout *'nononononono…'*

3. Listen to the sound that dominates, explain and discuss the right answer. Refer back to Handout 4.2.1.

4. Distribute Handout 4.2.2

∇ Good to know!

- Some statements can be right and wrong! Make sure you explain well the nuances.

Session 4.3: Survivor-centred Engagement and Communication Skills: How to Listen and to Ask Questions?

Objective:

To learn to apply communication and engagement skills like active listening skills and techniques for asking questions, as part of developing survivor-centred skills.

Activities:

4.3.1. Exercise: Introduction to Active Listening

4.3.2. Exercise: With or without hat? Open-ended and Closed questions

4.3.3. Lecture: Techniques for active listening and asking questions

4.3.4. Exercise: Practice communication skills!

4.3.5. Exercise: Communication do and don'ts

***Preparations**:*

Exercise 4.3.5:

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

***Handouts**:*

Handout 4.3.3: Active listening techniques and 'listening roadblocks'

Handout 4.3.5: Communication Do and Don'ts.

***Materials**:*

Exercise 4.3.2: A hat

Exercise 4.3.5: A ball

12 index cards

4.3.1 Exercise: Introduction to Active Listening[3]

Materials: /

Preparations: /

Handouts: /

Group sizes: whole group

Time:20 minutes

1. Ask participants to visualise a time when they felt really listened to.
   Guiding questions:

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

- What was going on for you at the time that made you decide to talk to someone? It may have been a problem, difficulty, concern or something you wanted to share with someone else.
- How did you feel about talking to this person? What were your fears, anxieties and thoughts about how it might be received?
- What qualities did the person you talked to have that made you decide that it would be safe to talk to them?
- What were some of the things that s/he said to you?
- How did you know that the person really listened?
- How would you describe the experience of feeling really listened to?

2. Ask a few participants to share their experiences. Remind them that they should only share what they feel comfortable sharing!

3. Explain participants that these are examples of active listening. These are the kind of feelings that you want to elicit from a survivor when s/he shares his/her experiences with you.

4. Ask participants why they think active listening is an important aspect of survivor-centred skills.

4.3.2. Exercise: With or Without Hat? – Open-ended and Closed Questions

Materials: a hat, flip chart and marker

Preparations: / You can use a hat or something else you find available and relevant in the local context

Handouts: /

Group sizes: whole group

Time:25 minutes

1. Hold a hat in your hand. Start asking participants simple questions while wearing the hat (open-ended questions) or while taking off the hat (closed questions).

   - Example:

   Tell me what you did after you went home last night? (an open-ended question: put on the hat).

   Did you eat lunch during your break? (a closed question: take of the hat).

2. Ask participants what is different about responses to questions 'with a hat' and 'without a hat'. Write down key-words in two columns (open-ended / closed or leading questions).

3. Explain the difference between open-ended and closed or leading questions.
   - Answers to open-ended questions are usually longer, they are not "yes" or "no" questions, open-ended questions do not guide respondents in their answers.
   - Leading questions are not helpful because they suggest that there is a specific answer, they often put words into the respondent's mouth. For example, *'did you fight back?'* suggests that a fight would have been appropriate. Instead, asking 'what did you do?' does not suggest that there was a specific action the

survivor should have taken, but rather elicits information about what took place.

4. Ask participants:
   - Which style of questioning is better for eliciting truthful and complete answers?
   - What would happen if they posed the following questions to survivors*: 'did you fight back?', 'Did you look at him in a certain way?', 'Are you upset or angry?'*

Highlight that:

- Because open-ended questions do not guide respondents in their answers, they are better to elicit truthful and complete answers.
- Leading or closed-ended questions can easily be perceived as victim-blaming.

4.3.3. Lecture: Techniques for active listening and asking questions

Materials: 2 chairs for role –play, flip chart and markers

Preparations: */*

Handouts: 4.3.3. Active listening techniques and roadblocks

Group sizes: whole group

Time: 45 min

1. Explain that active listening is more than just listening. It requires an active attitude and the use of specific skills. Aside from using open-ended questions, there are a number of other techniques that can help to listen and to ask questions in a survivor-centred way.

2. Invite a volunteer to participate in a short role-play. Sit in front of the volunteer and ask him/her to tell a personal story. Make sure the volunteer chooses a story which s/he feels comfortable sharing with others. If necessary, you briefly discuss this beforehand.

3. Demonstrate ways to ask questions about the story and to offer support to the volunteer. You can also demonstrate 'listening roadblocks' (see Handout 4.3.3 for examples).

4. After a few minutes you stop and ask the volunteer how s/he feels, which interventions were helpful or not to tell the story.

5. Write down, together with participants, a list of skills for active listening and asking questions. Specify how these techniques can be helpful for survivors. (see Handout 4.3.3)

6. Make another list of 'listening roadblocks': elements that might stop the person from telling his story in a good way and that prevent you from listening. (see handout)

7. Distribute Handout 4.3.3.

8. Conclude by stressing that:

- Active listening requires knowledge, skills but also the right attitude. You need a willingness to listen and to take distance from any assumptions you might have about the person you listen to develop survivor-centred skills and to engage with survivors in a helpful way.
- You don't master communication skills overnight; a lot of practise is required. This training can only offer you basic skills; it does not turn you overnight into a counsellor!

∇ **Good to know!**[4]

***REMEMER CORE ACTIVE LISTENING CONSIDERATIONS*:**

- Use non-verbal communication techniques
- Use summarising and paraphrasing statements and clarifying questions
- Avoiding giving opinions or arguing
- Trying not to be distracted
- Focusing on what the person is saying, rather than guessing, or preparing what you yourself will say next
- Being awake, focus and attentive
- Allowing time for silence and thoughts

4.3.4. Exercise: Practice engagement skills!

Materials: /

Preparations: /

Handouts: /

Group sizes: groups of 3

Time: 1 hour

∇ **Good to know!** [5]

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

OPTION 1:

1. Divide the group into groups of three.

2. Assign each person a different role: listener, respondent and observer.

[5]Adapted from UNFPA Myanmar PSS and GBV training.

3. Ask the groups to discuss a neutral subject during 5 to 10 minutes. (For instance: food - what food do they eat now? how does it differ from the food they ate when they were kids? …)

4. Assign tasks:
   - The respondent should tell a personal story about the subject;
   - The 'listener' should help the respondent to tell his/her story in the best way possible.
   - The observer takes note about the techniques the listener used and about the body-language of the respondent and the listener. He/she should also note any 'listening roadblocks' s/he observed.

5. Watch the time and make sure every group stops their conversation after 5 to 10 min (shout 'stop' when the time is over).

6. When the conversation is over, observers should share their observations in a constructive manner with the listeners.
   The respondent can also give feedback on how s/he experienced the conversation (What helped him/her to tell the story? What was difficult or not helpful?)

   For example: *"you were moving a lot on your chair, which gave me the feeling that I had to tell my story really fast."*

7. Participants should switch roles within the same group, so that they can each experience the role of listener, respondent and observer.

8. Conclude by reconvening the group for a short debriefing. You can discuss:
   - What listeners found most difficult,
   - What observers saw as common 'mistakes',
   - How respondents felt/reacted when they were asked leading vs. open questions, when the listener made assumptions, …

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

OPTION 2

The procedure of this exercise is identical to option 1.

However, instead of discussing a neutral subject, participants set up a role-play in which:

- The respondent plays a survivor,
- The listener plays the role he or she would have in his/her professional situation (nurse, midwife, medical doctor, psychosocial counsellor, community worker, …)
- The observer has the same role as in option 1. In addition, s/he should have attention for the impact of the questions of the listener on the interviewee/survivor.
  Example: - *"The listener said that the survivor is not to blame – the survivor looked more relaxed."*

  - *"As soon as there was silence, the listener hurried to ask a question – the survivor skipped important parts of his/her story."*

- The observer should also observe how well survivor-centred skills are applied.

Example: - *"The listener did not give advice but was listening and gave information."*

- *"The listener gave the survivor the chance to choose between options".*

- *"The listener asked for consent of the survivor".*

∇ Good to know!

- If you choose for option 2:
    - Make sure participants respect confidentiality if they choose to use one of their cases in the role-play. Encourage participants who play the survivor not to use their own name in the role-play, to create more distance to the role.
    - Make sure you do a proper group-debriefing to give participants the chance to give feedback about the experience of playing a survivor or engaging with a survivor.

4.3.5. Exercise: Communication do and don'ts

Materials: Index cards, a ball

Preparations: Prepare 12 index cards, write on each card one do or don't (see handout)

Handouts: 4.3.5 Communication do and don'ts

Group sizes: 3 groups

Time: 45 min

1. Divide participants in three groups. Distribute the 12 index cards you prepared, each of them has a different 'Interview do or don't' written on it. Give each group 4 cards (see Handout 4.3.5).
2. Ask each group to go to a corner of the room; put a ball in the middle of the room.
3. After a few minutes' preparation, ask each group to present a card in 30 sec. role-play or in another creative way (for instance a drawing…). They should just present the statement and not say whether it is a DO or a DON'T.
4. Each time a DO/DON'T is presented, the other groups should guess what is meant. When they know the answer one person has to run to the middle of the room, pick up the ball and shout the answer. The person who answered should also explain why this is DO or a DON´T.
5. Present all cards, the group who has the most correct answers at the end, wins the 'do or don't game'.
6. Distribute Handout 4.3.5. Summarise all 'do and don´ts' and ask whether participants have other examples that are not mentioned on the cards.

Part 2: Health care professionals practice

4.4. Exercise: Survivor centered communication practice. Health care.

Materials: Index cards, paper **Preparations:** You may want to use any of the given scenarios to present the situation. **Handouts:** Survivor centred communication practice. Health care. **Group sizes:** whole group, groups of 3 **Time:** 2 hours

Module 4: Communication and survivor-centred skills

Participant guide

SESSION 4.1 – HANDOUT 4.1.2: Survivor-centred skills

By using survivor-centred skills, the guiding principles for helping survivors are put into practice.

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

Guiding Principles	Survivor-centred Skills
1. Ensure the physical safety of the victim(s) / survivor(s).	✦ *Consider the safety of the survivor:* o Always be aware of the security risks a survivor might be exposed to after an incident of GBV or in an ongoing situation of GBV. Hold all conversations, assessments and interviews in a safe setting. o Try, as much as the context and your position allow you, to assess the safety of the survivor (Does the survivor have a safe place to go to? Will the survivor be confronted with the perpetrator?). o Conduct a participatory safety assessment with the survivor. o Inform yourself about all options for referral available to the survivor. o If possible, take action to ensure the safety of the survivor (including engaging other sectors).
2. Guarantee confidentiality.	✦ *Ensure Confidentiality:* o Do not share the story of the survivor with others. If you need to share information with professionals, for instance to organise a referral, you can only do so if the survivor understands what this implies and has given his/her consent beforehand.

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 gender-based violence.	✦ *Respect the wishes, needs and capacities of the survivor:* o Every action you take should be guided by the wishes, needs and capacities of the survivor. o Ensure the survivor has access to information of the survivor: medical and psychosocial needs as well as material needs and the need for justice. o Respect the strength and capacities of the survivor to cope with what happened to her/him. o After the survivor is informed about all options for support and referral, s/he has the right to make the choices s/he wants. o For children, the best interests of the child should be a primarily consideration and children should be able to participate in decisions relating to their lives. However, adults must take into account the child's age and capacities when determining the weight that should be given to their wishes. ✦ *Treat the survivor with dignity:* o Show that you believe the survivor, that you don't question the story or blame the survivor, and that you respect her/his privacy. ✦ *Assure a supportive attitude:* o Provide emotional support to the survivor. Show sensitivity, understanding and willingness to listen to the concerns and story of the survivor. o Retain a caring attitude, regardless of the type of intervention you make. ✦ *Provide information and manage expectations* o Provide the survivor with information about available services and their quality to enable them to make a choice about the care and support s/he wants. o Check whether the survivor fully understands all the information, and if necessary adapt the presentation of the information to the capacity of the survivor at that time. o Be aware of the fact that when a survivor discloses her/his story to you, s/he trusts you and might have high expectations about what you can do to help. o Always be clear about your role and about the type of support and assistance you can offer to a survivor. o Never make promises that you can't keep. o Always refer the survivor to the appropriate services. o Respect also the limitations of what you can do.

	✦ *Ensure referral and accompaniment:* o Make sure you are well informed about the options for referral (medical, psychosocial, economic, judicial) and available services, along with their quality and safety. o Inform the survivor about these options. o Ensure that the survivor has access to the appropriate services. o Consider the possibility of accompaniment of the survivor throughout the process – that is, having a supportive, trusted person who is informed about the process accompany the survivor to different services
4. Ensure non-discrimination.	✦ *Treat every survivor in a dignified way, independent of her/his sex, background, race, ethnicity or the circumstances of the incident(s).* o Treat all survivors equally. o Do not make assumptions about the history or background of the survivor. o Be aware of your own prejudices and opinions about gender, GBV and sexual violence and do not let them influence the way you treat a survivor.

- Survivor-centred skills are important:
  - To protect survivors from further harm.
  - To provide survivors with the opportunity to talk about their concerns (including if they wish what has happened to her/him) without pressure.
  - To assist survivors in making choices and in seeking help, if they want to.
  - To cope with the fear that survivors may have of negative reactions (from the community or their family), or of being blamed for the violence.
  - To provide basic psychosocial support to the survivor
  - To give back the control to the survivor, which he/she lost due to the situation of violence.

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

The difference between informing and advising:

Advising means telling someone what you think s/he should do and how s/he should do it. It also means giving your personal opinion. Giving advice is not survivor-centred because you cannot know if you are giving the right advice for that person. Applying a survivor-centred attitude is about empowering survivors to make their own decisions about their own lives. Telling someone what to do does not help a person to follow and understand his/her own choices. A survivor might feel you are not listening if you tell him/her what to do.

Giving information means telling someone facts so s/he can make an informed decision about what to do. ***Informing*** is survivor-centred because it empowers a survivor to have control of her or his choices. It also shows that you respect a survivor's opinion and judgment. The information should be adapted to the age and capacity of the person.

SESSION 4.2 – HANDOUT 4.2.1:Confidentiality, the Right to Choose and Consent

Confidentiality, the Right to Choose and Consent are crucial elements of survivor-centred skills.

Confidentiality

- For everyone who is dealing with survivors of GBV, maintaining confidentiality means that *you cannot share* any information about survivors (history, identity…) with anyone without the permission of the survivor.
- Maintaining confidentiality also means that no one except authorized health careproviders will have access to medical data (written reports, etc.) about survivors without their permission. This means that information about survivors *cannot be shared* with reporters from newspapers, with government authorities, or even with other family members or caretakers without the permission of the survivor.
- Maintaining confidentiality ensures that a survivor does not experience further threats and/or violence as a result of seeking assistance.
- Confidentiality is one ofthe essential elements that lead to an increased sense of securityfor survivors; when programmes maintain confidentiality, more survivors feel comfortable reporting what happened to them, and therefore they are able to pursue help.[6]
- When a programme serving survivors of GBV breaks confidentiality, or when a health center is unable to keep their records safe and secure, information about survivors can easily get into the wrong hands. If the information gets into the hands of perpetrators, or other adversaries in the community, the consequences can be devastating. When confidentiality is broken, both survivors and caretakers are at further risk of harm.

PossibleExceptions[7]:

- **Suspicion of child abuse or neglect**
  - You may have the duty to report any suspicion about child abuse or neglect. The safety of the child is in this situation more important than the confidentiality.

- **Emergency or life threatening situations**
  - In situations where the life of the survivor or of others is endangered, you have to release information and undertake action (e.g. if the person is suicidal or expresses a serious threat to harm others).

- Health care workers and psychosocial counsellors can share information about a case with colleagues, to ask for technical advice or in the context of supervision. It is not considered to be a breach in confidentiality. This must be explained to the survivor at the start of the consultation!

[6] UNHCR (2001), How To Guide: Sexual and Gender-based Violence Programme in Liberia. www.rhrc.org/pdf/h2g008.pdf.

[7] RHRC Consortium, Communication Skills Training Manual – Facilitator's Guide, p.50. http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html

Consent – Release of information

- Asking for Consent means asking the permission of the survivor to share information about him/her with others (for instance, with referral services and/or monitoring organisations) - = *consent;*
- and/or to undertake any action (for instance, organising referral and/or starting a medical exam)[8]= *release of information*.
- Under no circumstances should the survivor be pressured to consent to any examination, conversation, assessment, interview or other intervention with which s/he does not feel comfortable. A survivor can also at any time decide to stop an intervention (e.g. during a medical examination).
- Healthcare providers, but also sometimes human rights workers, investigators and others will use a Consent Form. By signing this form survivor can formally agree (or disagree) with a physical examination, receiving medication, sharing information with other organisations etc. The form will clearly state how information will be used, stored and disseminated.
- If a survivor does not consent to sharing information, then only non-identifying information can be released to other organisations[9] (e.g. general information about the number of cases).
- We talk about Informed Consent, since the survivor should fully understand what s/he is consenting to. Before agreeing, s/he should be first informed about all the available options for support. The full range of choices should be presented to the survivor, regardless of the individual beliefs of the community worker, health care worker or others dealing with survivors.
- In the case of children, informed consent is normally requested from a parent or legal guardian and the children.

Elements of informed consent

- Tell a survivor what is going to happen to him/her.
- Explain to him/her the benefits and risks of an intervention (medical treatment, interview…)
- Explain that s/he has the right to decline or refuse any part of an intervention.
- Explain that pressure will not be exerted in any form.
- Explain that if the survivor does not want to be interviewed about the events, this will NOT affect access to health and other services and does not preclude participation in future proceedings related to legal justice.
- Inform the survivor about any mandatory reporting in the setting.
- Inform the survivor that information about him/her will be discussed in the team.
- Ensure that the survivor understands what you have told him/her.

[8] In case a person is under 18 or not able to understand or give informed consent (e.g. when the survivor is disabled), a parent, guardian or family member should be asked for consent.

[9] UNHCR. (2003). Sexual and Gender –Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response.

Right to Choose[10]

- The right to choose is particularly important because it gives back a feeling of control and power to the survivor, which s/he lost at the time of the incident or over the time in cases of multiple events/ongoing violence.

- Survivors should not be forced to or pressured to undergo any treatment, examination, or other intervention against their will. Decisions for health care, counselling, legal aid and other interventions are personal ones and can only be made by the survivor him/herself or in the case of children, the child and their parent or legal guardian[11].

- In this context, it is essential that the survivor receives appropriate information to allow him/her to make informed choices.

- Survivors also have the right to decide whether, and by whom, they want to be accompanied when they receive information, are examined or receive other services. These choices must be respected.

Ethical and safety considerations

The following principles should inform all decisions and actions of healthcare provider, regardless of whether the GBV was established or only suspected.

- Never leave your patient without help. Withholding assistance from the person in need of cure goes against the teachings of Islam and the regulations of Islamic medical ethics.
- Physical safety of the survivor/victim and those who help her/him should be placed at the center of all efforts.
- Safety and well-being of children (possibly witnessing abuse) should constitute one of the primary concerns. Decisions and actions should be guided by the best interests of the child
- Confidentiality of patient's identity, medical records and GBV related experience should be protected by healthcare provider at all times.
- Healthcare provider should always respect the patient's wishes, rights, and dignity.
- Healthcare provider should respect and support the patients' choices at all times.
- Healthcare provider should treat all patients in non-judgemental, compassionate and understanding way.
- Healthcare provider should never discriminate against any patient based on ethnicity, gender, religion, wealth and other socio-cultural and economic factors.
- Leaving abusive relationship is one of the choices that GBV victim can make, however the choice should not be imposed by the healthcare provider.
- Healthcare provider should invest maximum effort into arranging privacy for the patient suffering (or possibly suffering from GBV).
- Healthcare provider should be familiar with safe exists and entrances into the healthcare facility venue and need to ensure that GBV victims have safe access to the healthcare facility.

[10] WHO/UNHCR (2005). Clinical Management of Rape Survivors, p. 3

[11] Throughout the document, the term survivor will be used. In the case of children and consent, this refers both to the child themselves as well as their parent or legal guardian.

SESSION 4.2 – HANDOUT 4.2.2: Right or Wrong?

1. A community worker can ask a close family member of a survivor to take care of her, without informing the survivor.

WRONG (she cannot inform a family member without asking for permission)

2. A teacher can tell a student of hers that it would the best for her if she would go and talk to a counsellor about the situation she suffered from.

WRONG (she can inform her about the option, but not tell her 'that it would be the best for her').

3. A health worker can keep general statistics about the number of women that consulted in connection to GBV (including the different types of violence that may occur), without asking the survivors for their consent.

RIGHT (as long as the information is anonymous)

4. A survivor, who does not agree to give a detailed statement immediately after she was raped, loses her right to press charges and initiate legal action.

WRONG (a survivor can change her mind and decide at any time to press charges. She then of course needs to agree to give a statement.)

5. A survivor can decide to only get medical treatment from a nurse, without having to undergo a medical examination or having to tell her full story.

RIGHT (A survivor can choose to only undergo treatment. It is however important to make sure that she fully understand all the options available).

6. A counsellor needs to ask the permission of a survivor when she/he wants to talk about her case with her supervisor.

RIGHT (if the counsellor never explained earlier to the survivor that she shares (anonymous) cases in supervision.)

WRONG (if the counsellor discussed with the survivor beforehand about supervisions and about which information will be shared).

7. It is better not to tell a survivor about the possibility to give a statement to the police if she is too upset.

RIGHT (if you make sure that the survivor gets this information at a later stage).

WRONG (if YOU decide that it would not be good for her to get this information, and therefore you don't give it to her.)

8. A woman comes to you after having been beaten up by her husband, her wounds look severe and you fear for her life. But she does not want you to go to the police, so you can't do anything.

WRONG (if the situation is life threatening for the survivor, you can go to the police.)

SESSION 4.3 – HANDOUT 4.3.3: Active listening techniques and 'listening roadblocks'

Active listening techniques[12]:

- Offering information *('I am … and this is what I can do for you…')*
- Asking broad questions (*'What would you like to talk about?'*, '*Would you like to tell me what happened?')*
- Asking open-ended questions
- Encouraging the person to describe or clarify what happened without forcing him/her to talk *('what do you mean exactly?', 'when did this happen?', 'Can you explain that again?', 'What do you mean by …?')*
- Attempting to place the story in sequence *("What seemed to lead up to this point?" "So this occurred")*
- Allowing silence in the conversation
- Showing that you accept the story of the person *('yes', 'Uh huh', 'I hear what you are saying'…)*
- Attending acts[13] as a basis for listening to and observing the client. Attending well to the client places you in a good position to listen to them, to both their verbal and non-verbal messages!
  There are different ways in which you can show that you are attending to the client:
  - Posture
    a. Your posture needs to be "open", so that you signal that you are willing to engage with the client. Do not cross your arms in front of your chest.
    b. Face the client directly, sit in a centred way, do not lean back in your chair
    c. Do not sit in a higher chair as your client or even behind a desk
  - Eye contact
    a. Maintain constant and direct eye contact, but do not fix the client with a stare! You should use the eye contact to demonstrate your availability.
    b. Be natural and communicate your interest in your client in your own natural way.
  - Facial expression
    a. The client will be watchful of you and your reaction to what he/she says, therefore you need to be aware of the information that your facial expression might convey!
    b. How you look should be consistent with what you are saying.

[12]Raising Voices.Rethinking Domestic Violence: A training Process for Community activists.Training Manual.
RHRC Consortium, Communication Skills Training Manual – Facilitator's Guide.
http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html
[13]Professional Package for Psychosocial Counsellors Working in the BPHS in Afghanistan, Counselling skills and intervention technique, Basic counselling, Communication skills, p.17-26

c. You can also mirror clients by matching your expression with theirs! Letting clients see, by the concern on your face,that you have some sense of the pain they have experienced may free them to begin to access those feelings

- Giving recognition *("It takes courage to tell me your story")*
- Giving feedback about what you see or hear, asking the person to validate those observations *('I notice you are shifting in your chair…what is going on?', 'your muscles appear tight…what are you thinking about?', 'I can see that you are crying, how do you feel?'…)*
- Repeating or restating what the person says to check whether you fully understand what the person means *('It sounds to me that you are feeling helpless right now', 'You mentioned that you feel very frustrated').*
- Reflecting feelings *("Sounds like you feel angry")*
- Exploring *("Could you tell me more about that?")*
- Offering emotional support *('I understand that you must feel very sad'…)*

'Listening roadblocks':

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

SESSION 4.3 – HANDOUT 4.3.5: Communication Do and Don'ts.

DO	DON'T
DO ensure and respect confidentiality: If a woman or child says she needs help, try to have the conversation in a place that makes her comfortable. This may be a private place, or she may prefer a public place to avoid stigmatization. Confidentiality is essential to building trust and ensuring the survivor's safety.	**DON'T pressure the survivor to tell the details of what happened to him/her**: Never insist on telling the story on revealing details about what happened when a survivor does not feel ready to talk about this.
DO believe and validate the survivor's experience: Listen to the survivor and believe her/him. Acknowledge the survivor's feelings and needs and let the survivor know that she is not alone and you will try to get her help.	**DON'T trivialize or minimize the violence:** Not taking a survivor's story seriously is a violation of her/his trust and can serve as a barrier for a survivor seeking help. Not taking a survivor seriously is re- victimizing.
DO make referrals and promote access to community services: Provide information to survivors about medical care and other services and the consequences of seeking help or not doing so; provide practical assistance if needed and available (e.g. transport, calling the service, identifying someone to accompany the survivor).	**DON'T refer survivors to services that will not provide confidential, respectful care:** Community groups should work together to ensure that they refer survivors to agencies that provide compassionate and confidential care.
DO help the survivor to plan for safety: Whenever possible, ensure the survivor is not in immediate danger of re-victimization; if the perpetrator of the violence is in the survivor'shome, help find the survivor an alternative place to stay or a way to keep them safe in the home (e.g. having someone else stay). This may prove difficult in conflict situations, but efforts should be made to improve the survivor's safety.	**DON'T ignore the survivor's need for safety:** Do not instruct the survivor to return to a home or avillage that she knows to be unsafe, or where her perpetrator continues to threaten her.
DO acknowledge the injustice: GBV is NOT the survivor's fault; do your best to ensure the survivor understands this.	**DON'T blame the survivor:** Do not ask questions like "why didn't you run?" or "what did you do to make him hurt you?" GBV is NEVER the survivor's fault. Reinforce this fact to the survivor.

DO provide information to the survivor:	DON'T tell a survivor what to do:
Inform the survivor about who you are, what you can do for him/her, and what the options are to seek help.	You may suggest options for assistance to the survivor, and help a survivor to make a choice, but you should never decide for a survivor what to do.

∇ **Good to know!**[14]

REMEMER CORE ACTIVE LISTENING CONSIDERATIONS:

- Use non-verbal communication techniques
- Use summarising and paraphrasing statements and clarifying questions
- Avoiding giving opinions or arguing
- Trying not to be distracted
- Focusing on what the person is saying, rather than guessing, or preparing what you yourself will say next
- Being awake, focus and attentive
- Allowing time for silence and thoughts

PART 2: Health care professionals practice

SESSION 4.4 – HANDOUT 4.4: Survivor-centered Communications Practice

Group Instructions: [15]

1. Youhave timeto role play 3 differentscenarios. Pleaseconsiderbothtraditionalhealthfacilities and other places in the community where victims/survivors of GBV could be identified.

2. Allgroupswill do allthreestories.

3. Eachpersonwillplay a different role in eachstory. Everyonewillget a turnto be a A.) Survivor, B.) HealthcareProvider (choose a differenttypeeach time, including nurse, midwife, medical doctor and psychosocial counsellor), and C.) Observer.

4. Person 1 istheSurvivor. TheSurvivorshouldreviewtheir individual story. TheSurvivorshouldkeepthestoryconfidential and not show ittotheothers. Be creative and act in anywaythatyouwant. Feel free to be dramaticornot. Somevictimscry, some are silent, some are angry – you can choosehowyouwantto be. Theyshouldact as realistically as they can as a GBV survivorwhoisseeking medical care.

5. Person 2 istheHealthcareProvider. TheHealthcareproviderwill use thesurvivor-centredcommunicationsthatwehavejustlearnedtofindoutwhathappenedtotheSurvivor so they can provide medical careifneeded. RemembertheGuidingPrinciples! TheHealthcareProvidershould try to listen tothestory and ask open-endedquestions,

[14]Adapted from UNFPA Myanmar PSS and GBV training.

[15]Partially adapted from: Gender-based Violence Treatment Protocol for Healthcare Providers in Afghanistan.Participant Handbook Ministry of Public Health and WHO. Afghanistan 2015

practice active listening, and use the GBV GuidingPrincipleswhiletryingtofindoutwhat has happenedtothe GBV survivor in ordertoprovideaccurate medical care.

6. Person 3 is the Observer. You will watch carefully and silently during the role play (you can take notes if you want). You can take notes about the techniques the healthcare provider used and about the body-language of the GBV Survivor and the healthcare provider. He/she should also note any 'listening roadblocks' s/he observed. In addition, s/he should have attention for the impact of the questions of the listener on the interviewee/survivor. For example:

   "The healthcare worker said that the survivor is not to blame – the survivor looked more relaxed." "As soon as there was silence, the healthcare worker hurried to ask a question – the survivor skipped important parts of his/her story."

   The Observer will lead the discussion when the role play finishes. Give positive comments on what Healthcare provider did well. Then give constructive feedback on what they could improve. The observer should also observe how well survivor-centred skills are applied. For example:

   "The listener did not give advice but was listening and gave information."
   "The listener gave the survivor the chance to choose between options".
   "The listener asked for consent of the survivor".

7. Survivor should discuss with the other two about how they felt as they disclosed the story. What helped him/her to tell the story? What was difficult or not helpful? For example: "you were moving a lot on your chair, which gave me the feeling that I had to tell my story really fast."

8. Healthcare Provider should discuss how they felt while hearing the story. Were they nervous? Did they feel like they were upsetting the Survivor? Discuss amongst all three.

9. After you have finished discussion, change roles. Person 1 now becomes the healthcare provider, Person 2 is the Observer, Person 3 is the GBV survivor.

10. Repeat: Person 1 is now the Observer, Person 2 is the GBV survivor, Person 3 is the Healthcare Provider.

11. After all discussions are finished, please inform the facilitator and be prepared to share experiences in plenary.