

Caring for Survivors of Sexual Violence in Emergencies

Training Pack



GENERAL and PSYCHOSOCIAL MODULES

Participant Manual

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Abbreviations

DCAF	Geneva Centre for the Democratic Control of Armed Forces
GBV	Gender-based Violence
GBV AoR	Gender-based violence Area of Responsibility (<i>under the umbrella of the Protection Cluster</i>)
GBVIMS	Gender-based Violence Information Management System
IASC	Inter-Agency Standing Committee
IEC	Information, education, communication
IR	Incident Recorder (part of the GBVIMS)
IRC	International Rescue Committee
PPT	PowerPoint (MS Office)
RHRC	Reproductive Health Response in Conflict Consortium
SCR	United Nations Security Council Resolution
SGBV	Sexual and gender-based violence
SOP	Standard Operating Procedure(s)
UCLA	University of California Los Angeles
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
VAW	Violence against women
WHO	World Health Organisation

Workshop Purposes and Intended Outcomes

This workshop is designed to introduce participants to a new resource related to addressing gender-based violence in conflict and other emergency affected contexts. The **Caring for Survivors Training** is designed to assist all professionals who come into direct contact with survivors to understand key concepts related to gender-based violence and apply basic engagement skills that promote the safety and well-being of survivors.

Objectives

- ✦ To introduce participants to basic concepts related to working with survivors, including gender, GBV, and multi-sectoral programming;
- ✦ To review possible bio-psycho-social consequences of violence and survivors' related needs;
- ✦ To provide all participants, regardless of their professional responsibilities, with practical methods for communicating with survivors that increase survivor comfort and facilitate survivor coping skills.
- ✦ To provide all participants a thorough understanding of the dynamics and the physical and psychosocial consequences of sexual violence in conflict-affected areas and other emergency settings. To provide all participants, regardless of their professional responsibilities, the tools to use survivor-centred skills when engaging with survivors, including with child-survivors.
- ✦ To practise survivor-centred skills in context-specific roles.
- ✦ To provide all participants with information on the different roles and responsibilities of all actors engaging with survivors of sexual violence.
- ✦ To provide information about protection activities and justice mechanisms involving survivors of sexual violence.

Pre-course Handout: A Self-Assessment

We would like you to answer the following questions as honestly as you can. This is an anonymous self-assessment. Please **do not** put your name on this paper.

Please send back the completed form, at the latest, **one-week before the start of the training.**

1. Why did you decide to take this program (self-interest, job, employer, etc.)?

2. List three (3) goals you hope to accomplish upon completion of this program:

1) _____

2) _____

3) _____

3. In your work experience, have you cared for a sexual assault survivor in the past year?

No _____ Yes _____

If yes, what was the most difficult and/or stressful part of the experience for you?

4. In your personal experience, have you cared for or helped a sexual assault survivor in the past year?

No _____ Yes _____

If yes, what was the most difficult and/or stressful part of the experience for you?

5. What aspect (skill/task) of caring for a sexual assault survivor most concerns you?

6. What aspect (skill/task) of caring for a sexual assault survivor you would like to learn more about in this training?

7. Your occupation: _____

8. Have you ever taken any workshops or studied on the topic of sexual violence:

No _____ Yes _____

9. Is there anything you would like to add to this self-assessment?

Thank you! Good luck!

Pre-course Handout: A pre/post-test

Dear Training Participant:

We always hope to make our trainings as effective and useful as possible. This questionnaire is one way we do this.

This is an anonymous questionnaire. Please **do not** put your name on this paper. Do make sure that you write your unique code on this paper. **PLEASE make sure you write the same code you wrote on your Self Assessment. You will also use this same code on the Post-Course Questionnaire.**

Write your unique code here: _____.

Thank you.

PART I: ATTITUDES

Please indicate how strongly you agree/disagree with the following statements.

1) It is easy for girls to lie about rape.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

2) Some women get raped because they behave or dress in a way that makes men want to have sex.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

3) There are times when it is acceptable for a male to hold a female down and physically force her to engage in sexual intercourse.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Agree				Disagree
5	4	3	2	1

4) If a survivor doesn't fight back, s/he wasn't really raped.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

5) If a man is drunk when he forces sex on a woman, it isn't rape.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

6) You can tell if a girl has been sexually assaulted by the way she acts when you talk to her.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

7) Rape is a sexual act.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

8) Physical injury is the only health outcome of rape.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

9) People who have been raped should keep it a secret.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

PART II: KNOWLEDGE

10. Define the term “gender-based violence.”

11. Name five physical and/or psychological effects of sexual violence on a survivor.

1. _____
2. _____
3. _____
4. _____
5. _____

12. Name three of the guiding principles of survivor centred skills.

1. _____
2. _____
3. _____

13. Name three aspects that are important when communicating with child-survivors.

1. _____
2. _____
3. _____

PART III: SELF-PERCEPTION OF LEARNING

Please indicate how strongly you agree/disagree with the following statements.

14) I feel confident I have an understanding of the emotional needs of survivors of sexual violence.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

15) I feel confident I have the communication skills needed to work with women and children who have been raped.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

16) I know the minimum services that should be available for survivors of sexual violence.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

17) I feel confident that I know how to refer a survivor to the appropriate services.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

18) I feel confident that I know at least two self-care techniques to help prevent or address stress I may experience because of my work with survivors.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

PART IV: HEALTH CARE PROVIDERS ONLY

This section only applies to health-care workers. If you are not a health-care worker, you do not need to complete this section.

19) I feel confident I have the skills needed to create a safe environment for patients who need health care because they have been raped.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

20) I feel confident that I have a basic understanding of how to both medically and forensically examine a patient who has been raped.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

21) I feel confident that I have a basic understanding of how to objectively document my findings when I examine a patient who has been raped.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

22) I feel confident I can counsel a woman who has been raped about emergency contraception and provide her treatment if she wants it.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

23) I feel confident I can counsel patients who have been raped about presumptive treatment for sexually transmitted infections (including prophylaxis for HIV infection) and provide appropriate management when patients want it.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

24) Medical staff should make conclusions based on their findings.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

25) Name three human rights relevant to the medical evaluation and care of the survivor of a sexual assault.

1. _____

2. _____

3. _____

26) What STIs may need to be treated after a rape?

27) What are the medical treatment goals in caring for the survivor of a rape?

28) What are the forensic goals of the history and physical exam of the survivor?

29) Name three ways to make the survivor more comfortable while conducting the history and physical exam.

1. _____

2. _____

3. _____

Thank You!

Module 1: Welcome, Introduction and Opening Exercises

Session 1.1: HANDOUT 1.3.1 - The general objectives of the training

○ *General:*

- To provide all participants a thorough understanding of the dynamics and the consequences of sexual violence in conflict-affected areas and other emergency affected environments, both physical and psychosocial.
- To provide all participants, regardless of their professional responsibilities, the tools to use survivor-centred skills when engaging with survivors, including with child-survivors.
- To practise survivor-centred skills in context-specific roles.
- To provide all participants information on the different roles and responsibilities of all actors engaging with survivors of sexual violence.
- To provide information about protection activities and justice mechanisms involving survivors of sexual violence.

By the end of the workshop participants will be expected 1) to have a survivor-centred attitude towards the survivors of sexual violence they meet in their communities and 2) to be able to practically apply the following knowledge and skills acquired during this training:

Knowledge

All participants will:

- Demonstrate a comprehensive understanding of the dynamics of sexual violence in general and specifically as it occurs in conflict and war environments and other emergency affected environments..
- Identify the consequences of the sexual violence for the survivor, his/her family and community.
- Understand the importance of guiding principles for helping survivors of sexual violence and of the related survivor-centred skills.
- Identify the various roles and responsibilities needed to support survivors of sexual violence.
- Understand the goals and limitations of protection work involving survivors of sexual violence in conflict-affected settings and other emergency affected environments.

Have a basic understanding of international human rights provisions relating to gender-based crimes, including sexual violence; identify national legal and justice mechanisms and services

for protection and remedy to survivors; and implications for interviewing and referring survivors.

Attitude

All participants will:

- Develop a survivor-centred attitude towards survivors of sexual violence in conflict situations and other emergency affected situations.

Skills

All participants will:

- Be able to demonstrate a survivor-centred attitude and use survivor-centred skills when engaging with survivors. This includes:
 - ensuring the safety of the survivor
 - ensuring confidentiality
 - respecting the wishes, needs and capacities of the survivor
 - treating the survivor with dignity
 - adopting a supporting attitude
 - providing information and managing expectations
 - ensuring referral and accompaniment
 - Treating every survivor in a dignified way, independent of her/his background, race, ethnicity or the circumstances of the incident(s).
- Be able to fully apply the rules around confidentiality
- Be able to ask for consent from survivors
- Be able to understand, discuss and inform survivors about available services while respecting the survivors' right to choose
- Be able to apply survivor-centred skills with children
- Recognize the potentially stress-inducing impact of dealing with survivors of sexual violence and practice self-care strategies.

Module 2: Introduction to Sexual violence

Session 2.1: HANDOUT 2.1.6 – Universal Declaration of Human Rights

Universal Declaration of Human Rights

Adopted and proclaimed by General Assembly resolution 217 A (III) of 10 December 1948

On December 10, 1948 the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights the full text of which appears on the following pages. Following this historic act the Assembly called upon all Member countries to publicize the text of the Declaration and "to cause it to be disseminated, displayed, read and expounded principally in schools and other educational institutions, without distinction based on the political status of countries or territories."

PREAMBLE

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, therefore THE GENERAL ASSEMBLY proclaims THIS UNIVERSAL DECLARATION OF HUMAN RIGHTS as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal

and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3

Everyone has the right to life, liberty and security of person.

Article 4

No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 6

Everyone has the right to recognition everywhere as a person before the law.

Article 7

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

Article 9

No one shall be subjected to arbitrary arrest, detention or exile.

Article 10

Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11

(1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.

(2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Article 13

- (1) Everyone has the right to freedom of movement and residence within the borders of each state.
- (2) Everyone has the right to leave any country, including his own, and to return to his country.

Article 14

- (1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.
- (2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Article 15

- (1) Everyone has the right to a nationality.
- (2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 16

- (1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.
- (2) Marriage shall be entered into only with the free and full consent of the intending spouses.
- (3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Article 17

- (1) Everyone has the right to own property alone as well as in association with others.
- (2) No one shall be arbitrarily deprived of his property.

Article 18

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

Article 19

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 20

- (1) Everyone has the right to freedom of peaceful assembly and association.
- (2) No one may be compelled to belong to an association.

Article 21

- (1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.
- (2) Everyone has the right of equal access to public service in his country.
- (3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

Article 22

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23

(1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

(2) Everyone, without any discrimination, has the right to equal pay for equal work.

(3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

(4) Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26

(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

(2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

(3) Parents have a prior right to choose the kind of education that shall be given to their children.

Article 27

(1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

(2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

Article 28

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

Article 29

(1) Everyone has duties to the community in which alone the free and full development of his personality is possible.

(2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

(3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

Article 30.

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Session 2.1: HANDOUT 2.1.3 – Summarizing Concepts, Case Studies

- Case Study #1: *In a very traditional and patriarchal family, the father of a 19 year old girl tells her that he has arranged for her to marry a certain man. The girl does not know the man very well who is much older than she is, but she agrees to the marriage.*
 - Do you think this kind of situation could happen?
 - Did she give her informed consent to this marriage?
 - Was there any force used in this incident?
 - Who is more powerful in this example – father or daughter?
 - What kind of power does this father have?
 - What kind of power does the daughter have?
 - How does power relate to choice in this example?

- Case Study #2: *A refugee woman with 3 children approaches an armed soldier at a checkpoint. The woman has been separated from the rest of her family and community; she is seeking refuge in a town on the other side of the checkpoint. The soldier asks the woman for some money to pay the fee; then he will let her through the checkpoint (there is no fee – he is asking for a bribe). The woman explains she has no money and nothing of value to offer. The soldier tells the woman that he will let her through if she has sex with him. The woman agrees.*
 - Do you think this kind of situation could happen?
 - Did she give her informed consent for sex?
 - Was there any force used in this incident?
 - Who is more powerful in this example—soldier or woman?
 - What kind of power does this soldier have?
 - What kind of power does this woman have?
 - How does power relate to choice in this example?

Session 2.2: HANDOUT 2.2.1 – Definitions

- *The following definitions are taken from the IASC Guidelines for GBV Interventions in Humanitarian Emergencies.*¹

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

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

The nature and extent of specific types of GBV vary across cultures, countries, and regions.

Examples include:

- Sexual violence, including sexual exploitation/abuse and forced prostitution
- Domestic violence
- Trafficking
- Forced/early marriage
- Harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, and others

Sexual Violence falls under the umbrella of GBV and includes; at least, rape/attempted rape, sexual abuse, and sexual exploitation. Sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using

¹ IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings, p. 7-8. Available at: http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp.

coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work.”

Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.

Rape/Attempted Rape is an act of non-consensual sexual intercourse. This can include the invasion of any part of the body with a sexual organ and/or the invasion of the genital or anal opening with any object or body part. Rape and attempted rape involve the use of force, threat of force, and/or coercion. Any penetration is considered rape. Efforts to rape someone which do not result in penetration are considered attempted rape.

Rape of women and of men is often used as a weapon of war, as a form of attack on the enemy, typifying the conquest and degradation of its women or captured male fighters. It may also be used to punish women for transgressing social or moral codes, for instance, those prohibiting adultery or drunkenness in public. Women and men may also be raped when in police custody or in prison.

Rape/attempted rape may include:

- Rape of an adult female
- Rape of a minor (male or female), including incest
- Gang rape, if there is more than one assailant
- Marital rape, between husband and wife
- Male rape, sometimes known as sodomy

Sexual abuse (a type of sexual violence) is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. (See also “sexual exploitation.”)

Sexual exploitation (a type of sexual violence) is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. (See also “sexual abuse.”)

Survivor/victim: Person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably. “Victim” is a term more often used in the legal and medical sectors. “Survivor” is the term generally preferred in the psychological and social

support sectors because it implies resiliency, and this is the term that is used throughout this training.

Perpetrator Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will.

Session 2.3: HANDOUT 2.3.1 - Gender-based Violence: Scope of the Problem

Globally, at least one in three women and girls will experience physical or sexual abuse in her lifetime. Such violence is associated with a wide range of health problems.

War-related sexual violence²

- Between 50,000 and 64,000 internally displaced women in Sierra Leone experienced sexual violence at the hands of armed combatants.
- Twenty-five percent of Azerbaijani women surveyed in 2000 by the US Centers for Disease Control acknowledged being forced to have sex; those at greatest risk were among Azerbaijan’s internally displaced populations.
- It is estimated that between 20,000 and 50,000 women were raped during the war in Bosnia and Herzegovina in the early 1990s.

Sexual exploitation

- In 6 of the 12 countries studied, *“the arrival of peacekeeping troops has been associated with a rapid rise in child prostitution”*.
- 37% of prostitutes in Sierra Leone are under the age of 15.
- Field research in nine countries concluded that 60-75 % of women in prostitution were raped, 70-95 % were physically assaulted.

Harmful traditional practices

- 60 million girls worldwide are missing due to sex-selective abortion, infanticide, neglect.
- 90 million girls in Africa have undergone female genital mutilation.

Intimate partner violence

- Affects 16% - 41% of women in Canada, New Zealand, Switzerland, United Kingdom, United States, Cambodia, India, Korea, Thailand, Egypt, Israel, Kenya, and Uganda.
- Over 60% of all murder cases in Harare, Zimbabwe are husbands accused of murdering wives.
- Increases in the aftermath of natural disasters.

Trafficking³

² Adapted from the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings, Available at: http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp

- A recent CIA report estimated that between 45,000 to 50,000 women and children are brought to the United States every year under false pretences and are forced to work as prostitutes, abused labourers or servants.
- UNICEF estimates that more than 200,000 children are enslaved by cross-border smuggling in West and Central Africa. The children are often "sold" by unsuspecting parents who believe their children are going to be looked after, learn a trade or be educated.
- Women and children are particularly vulnerable to trafficking for sexual exploitation, the most reported form of trafficking.

Session 2.3: HANDOUT 2.3.2 – Reporting and Interpreting Data on Sexual Violence from Conflict and Disaster-affected Countries “Do’s and Don’ts”

INTRODUCTION

Information on the nature and scope of sexual violence during and immediately after conflict and/or a natural disaster is increasingly demanded by governments, NGOs, UN bodies (such as the Security Council), and humanitarian workers. When collected, analysed and reported correctly, data on sexual violence can serve many purposes, including drawing political attention to the issue and mobilizing resources for comprehensive gender-based violence (GBV) prevention and response programmes. Data can also help shape the mandates of international peacekeepers and rule of law actors. This note is intended to assist staff from UN Country Teams and Integrated Missions to improve data collection, analysis and reporting on sexual violence in conflict and natural disasters. Any data collected on sexual violence must respect established ethical and safety principles, such as security, confidentiality, anonymity, informed consent, safety and protection from retribution, and protection of the data itself (*see Key Resources*; page 30).

THE DO’S AND DON’Ts FOR COLLECTING, ANALYSING, AND REPORTING ON SEXUAL VIOLENCE

A. GENERAL

- **Do seek advice from data experts** to agree on what information to collect, share and report and how to do so safely and ethically.
- **Do verify the information wherever possible.** Obtain data from at least three different sources and always inquire about the methodology used to collect this data.

³ UNODC: Trafficking in Persons: Global Patterns, at: http://www.unodc.org/unodc/en/trafficking_persons_report_2006-04.html

B. ANALYSING DATA

- **Do examine how the data match** other information coming from the field and consider how contextual factors influence data quality.
- **Do assess the quality of the data.** Have the data been collected and analysed in methodologically sound ways? Are they generalisable to a larger population? If so, to which population?

C. REPORTING

- **Do keep in mind the audience and possible use.** If the data are being shared with the media, donors or policymakers make sure that guidance is offered on the interpretation of the data. Briefing notes may help.
- **Do provide the context for all data reported.** If known, and safe to do so, provide information on the camps/clinics/districts from where cases are reported. Be specific, e.g. “reported cases from X number of health facilities”.
- **Do provide a comprehensive description of the incident** as long as this cannot be linked back to individual survivors (precise date and location; information on the survivors and perpetrators; ethnicity, age, and sex should be included when safe to do so).
- **Do provide additional information that may have contributed to changes in the number of reported cases.** For example, more services available, public information campaigns, upsurge in violent attacks. Whenever possible, information on when incidents took place should be collected and the information reported along with aggregated numbers.
- **Do label all tables, charts and maps appropriately** to avoid being taken out of context and clearly state the sources for any data cited.
- **Don't share data that may be linked back to an individual or group of individuals.**
- **Don't take data at face value:** assess original sources, including their quality/reliability.

SOURCES OF DATA ON SEXUAL VIOLENCE

A. CASE REPORTS

Case reports on sexual violence are often collected by health service providers, social workers, police, courts or humanitarian/human rights workers. In addition to specific descriptions of the

nature of the crime, case reports include information on who reported the case, when s/he reported and to whom, the perpetrator(s), the place and time the incident took place, and the survivor's support network.

Strengths of case reports (when aggregated and properly contextualized):

- May be used to **alert actors to issues of concern** for further investigation and action.
- Can **help identify the services survivors report to** and whether these or other services need to be strengthened.
- Can **help inform prevention and response programming.**
- Can **support efforts to ensure accountability for sexual crimes.**

Limitations of case reports:

- Case reports **represent only specific cases which have been reported** and do not reflect the totality of those affected. A very small percentage of those who experience sexual violence actually report the crime because of stigma, shame, fear of retribution, or lack of confidence and/or accessibility in services. It is not possible to make accurate assessments about the number of cases of sexual violence from case reports alone. **It is inappropriate to make assumptions about trends from case reports.**
- **Those who report their experiences of sexual violence may not be the “average” victim** in terms of personal characteristics, type/severity of attack, impact, characteristics of perpetrator, and likelihood of further violence if the perpetrator is identified.
- Aggregated data drawn from case reports do not provide an accurate picture of trends. For example, an increase in the number seeking services for sexual violence may follow public awareness campaigns to reduce stigma and alert to services; if not contextualized, the increase may be misinterpreted as representing a sudden increase in sexual violence incidence.
- Data on case reports may **combine cases from multiple years, obscuring the magnitude of the problem.** There is often a lapse between the time a sexual violence crime occurs and when it is reported.

Data from case reports:

- **-Do not tell us the totality of those** affected: likely to be tip of the iceberg
- **-Do not tell us who** is globally affected: those reporting may not be the "average" victim

- **-Do not tell us temporal or location trends:** at most they tell us who is reporting and when

B. CASE NARRATIVES:

Case narratives are first-person accounts that detail personal experiences of sexual violence.

Case narratives are generally collected by journalists.

Strengths of case narratives:

- Case narratives contextualize and **put a human face on the data.**

Limitations of case narratives:

- Case narratives are **limited by their individuality** and cannot be used to infer a trend. Those who choose to tell their stories may differ significantly from those who do not (in terms of personal characteristics, type/severity of attack, impact, characteristics of perpetrator and likelihood of further violence if the perpetrator is identified).

- Journalists will edit for length and clarity, and often **the most shocking narratives will be published.**

KEY RESOURCES

1. http://www.stoprapenow.org/pdf/UN%20ACTION_DosandDonts.pdf
2. WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. Geneva, World Health Organization, 2007. http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf
3. Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies. Inter-Agency Standing Committee. Geneva, 2005. http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp

Session 2.4: TOOL 2.4.1 - Statements⁴

⁴ Taken from: 'Rethinking Domestic violence: A training Process for Community Activists', Dipak Naker and Lori Michau, Raising Voices, p. 28.

Read out the following statements, you can also make up your own statements based on the group you are working with. Please note that the following list is meant to initiate a discussion and includes statements that we agree with and ones that we do not agree with.

- Women are not as important as men.
- Men beat women as a way of showing love.
- All human beings are equal in value.
- Sometimes women need to be 'disciplined' by their husbands.
- Men have the right to demand sex from their wives whenever they want.
- Women have a right to say "no" if they don't want to have sex with their husband.
- A husband has a right to beat his wife when she makes mistakes.
- Women have the right to have equal share in family's wealth.
- Boys and men should not have to do housework like cooking, washing, or cleaning; it's women's work!
- Girls and boys have the same right to play.
- Women have a right to contribute their views in all matters that affect them.
- Women are responsible for raising children.
- Bride price makes women seem like men's property.
- Girls can be just as clever as boys.
- Shouting is not a form of violence.
- It is natural for a man to lose his temper if his wife disagrees with him.

Session 2.4: Handout 2.4.2 - What does the news say?⁵

Use the questions below to analyse the news article that was given to you.

- 1) Gender roles: Are traditional gender roles reinforced – for example in relation to portrayal of family life or occupation outside the home?
- 2) What physical attributes apply to the survivor (e.g. Age, weight, clothing, general appearance)? How are these relevant to the story?
- 3) Does the article discuss any factors as playing a role in the perpetration of gender-based violence? For example, was alcohol involved? What other aspects of the violence (location, number of witnesses) are described?
- 4) Does the story identify anything as “the cause” or catalyst of the violence?
- 5) Does the story normalize violence?

⁵ Adapted from Gender, HIV/AIDS and rights: a training manual for the media / Patricia Made IPS, 2003

Module 3: The Impact of Sexual Violence – Understanding Consequences and Identifying Responses.

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 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.⁶

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 traumatic events:

- In most cases reactions to extreme stressors will decrease naturally, without outside intervention, after the stressor has disappeared. However, sometimes, 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 specialised professional help (mental health evaluation and treatment). Survivors suffering from distress or

⁶ IASC. 2005. Guidelines for Gender-based violence interventions in humanitarian settings. p.69.

extreme distress will also benefit from emotional and social support, although they can mostly also rely on their own coping mechanisms and capacities.

Session 3.1 - HANDOUT 3.1.3: The After Effects of Sexual Violence⁷

The after-effects and outcomes of sexual violence:

▪ **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

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

▪ **EMOTIONAL – PSYCHOLOGICAL – SOCIAL**

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

Emotional and Psychological Consequences	Social Consequences
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⁷ 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>

Anxiety, fear Anger Shame, self-hate, self-blame Suicidal thoughts, behaviour Withdrawal and hopelessness Mental disorders like: Post Traumatic Stress Disorder Depression	Blaming the victim Loss of role functions in society (e.g. earn income, care for children) Social stigma Social rejection and isolation Relationship and family problems
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Session 3.2: HANDOUT 3.2.1 - The guiding principles

Every lesson taught in this training is guided by the four guiding principles.⁸ 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 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***⁹. 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

⁸ *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.

⁹ See Handout 7.2 for exceptions to confidentiality

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 gender-based violence.

Guide all decisions and actions based on the wishes, the rights and the dignity of the survivor. This means conducting conversations, assessments or interviews in private settings 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
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 any more...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	M. ANXIETY

nothing seems to interest me anymore.”	
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.¹⁰

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 sexual violence?
 - If a survivor has experienced (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

¹⁰ Definition adapted from: John D. and Catherine T. MacArthur Research Network on Socioeconomic Status and Health

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 sexual violence 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 from culture to culture, influence coping and recovery.¹¹ Religion can offer a sense of purpose that can facilitate coping.

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

¹¹ UNICEF, psychosocial programming, a field guide

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

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

Consequence: ANXIETY

Survivors of sexual assault 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 safe ways 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

Sexual assault 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 sexual assault – 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 sexual violence).

As caretakers and community members it is important to sensitize the community about the causes and consequences of sexual violence to minimize rejection of survivors by the community. It is important to stress that 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 sexual violence involve a survivor losing power over his or her body during the assault, 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

After the assault, 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 of sexual violence.

Coping mechanisms:

As caretakers, we can support survivors by explaining that intense mood changes are common and normal responses to extremely stressful events such as sexual violence. The survivor should also be reassured that as they better understand and cope with the effects of the assault these reactions will 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 was never raped! 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. Also, some survivors may feel that if the offender did not penetrate them then they were not sexually assaulted, or alternatively, 'if the offender did not ejaculate then it was not as bad'.

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 sexual assault exists on a continuum and that all forms of 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 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 sexual assault 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 sexual 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 sexually assaulted 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 acknowledged 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 been sexually assaulted 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 sexual assault.

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 – this can be especially effective in situations where sexual violence is widespread and widely acknowledged.

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

Consequence: LOSS OF SELF CONFIDENCE

The experience of assault 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. Sexual assault 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 assault 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 after sexual violence. This can take many forms including neighbors 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 rape, things have been tense in my family."

Consequence: RELATIONSHIP DIFFICULTIES

Many survivors experience difficulties in relationships as a result 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. 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 sexual violence, provide them with general information about the effects of sexual violence and 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: DEPRESSION

Many survivors of sexual violence suffer periods of depression. 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 assault 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 assault. 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, that no one is going to hurt her, that this reaction is very normal, that it does not mean she is going crazy.



Session 3.2 – HANDOUT 3.2.3: Obstacles on the path to help: the story of Constance

Case study

Constance, a 27-year-old single mother, is regularly beaten up by her ex-lover, who lives in the village nearby but continues to visit her almost daily. Sometimes he also rapes her. The neighbours know what is happening. One day, the lady next door comes to talk to Constance, trying to convince her to look for help or go to the police. The neighbour tells Constance that she is worried about her and wants to help her; she wants her to be happy. Constance refuses and even denies that her ex-lover 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 ex-lover gives her a lot of money? The neighbours start to avoid contact with Constance 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: Consequences of sexual abuse or violence for children and their coping mechanisms

Consequences of sexual abuse or violence on children¹²

- 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 Behavioral Reactions

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

Inappropriate Sexualized Behaviour

¹² WHO(2003). Guidelines for medico-legal care for victims of sexual violence. p.75-92; <http://whqlibdoc.who.int/publications/2004/924154628X.pdf>

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.

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 sexual violence on children:

Consequences of sexual violence 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 the sexual violence and undermine their long-term development. If sexual violence 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 after sexual violence and abuse.

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 cope¹³:

- 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 towards sexual violence 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 sexual 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 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 sexual violence on children?

A few examples:

¹³ UNICEF, Psychosocial support of children in emergencies, field version 2007. p. 9

- 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: Providing support to children after sexual violence

Possible methods to support children¹⁴:

Offer safety:

¹⁴ 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.

- 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 sexual 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 the abuse does not happen again'*.
- 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 abuse, 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.

Module 4: Basic Communication Skills

Session 4.1 – Handout 4.1.2: Survivor-centred skills

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

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

Guiding Principles

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

Survivor-centred Skills

✦ *Consider the safety of the survivor:*

- Always be aware of the security risks a survivor might be exposed to after sexual violence. Hold all conversations, assessments and interviews in a safe setting.
- Try, as much as the context and your position allow you, to assess the safety of the survivor (Does the survivor have a safe place to go to? Will the survivor be confronted with the perpetrator?).
- Inform yourself about all options for referral available to the survivor.

2. Guarantee confidentiality.

- If possible, take action to ensure the safety of the survivor.

✦ *Ensure Confidentiality:*

- 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:*

- Every action you take should be guided by the wishes, needs and capacities of the survivor.
- Ensure attention for all needs of the survivor: medical and psychosocial needs as well as material needs and the need for justice.
- Respect the strength and capacities of the survivor to cope with what happened to her/him.
- After the survivor is informed about all options for support and referral, s/he has the right to make the choices s/he wants.
- For children, the best interests of the child should be a primary 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:*

- 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:*

- Provide emotional support to the survivor. Show sensitivity, understanding and willingness to listen to the concerns and story of the survivor.
- Retain a caring attitude, regardless of the type of intervention you make.

✦ *Provide information and manage expectations*

- 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.
- 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.

- 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.
- Always be clear about your role and about the type of support and assistance you can offer to a survivor.
- Never make promises that you can't keep.
- Always refer the survivor to the appropriate services.
- Respect also the limitations of what you can do (see as well Module 8).

✦ *Ensure referral and accompaniment:*

- Make sure you are well informed about the options for referral (medical, psychosocial, economic, judicial) and available services, along with their quality and safety.
- Inform the survivor about these options.
- Ensure that the survivor has access to the appropriate services s/he would like to consult.
- 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).*

- Treat all survivors equally.
- Do not make assumptions about the history or background of the survivor.
- Be aware of your own prejudices and opinions about sexual violence and do not let them influence the way you treat a survivor.

- 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 during the sexual 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 sexual violence, 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 care providers will have access to medical data (written reports, videotapes, 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 of the essential elements that lead to an increased sense of security for survivors; when programmes maintain confidentiality, more survivors feel comfortable reporting what happened to them, and therefore they are able to pursue help.¹⁵
- When a programme serving survivors of sexual violence 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.

Possible Exceptions¹⁶:

- **Suspicion of child abuse or neglect**
 - In many countries you 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.

¹⁵ UNHCR (2001), How To Guide: Sexual and Gender-based Violence Programme in Liberia. www.rhrc.org/pdf/h2g008.pdf.

¹⁶ RHRC Consortium, Communication Skills Training Manual – Facilitator’s Guide, p.50. http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html

- **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 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!

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)¹⁷ = *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 organisations¹⁸ (e.g. general information about the number of cases of sexual violence a centre supported).

¹⁷ 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, see also Module 7.

¹⁸ UNHCR. (2003). Sexual and Gender –Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response.

- 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 (see Handout 7.2.1 for more details).

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 (to a health care worker or humanitarian worker), 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.

Right to Choose¹⁹

- The right to choose is particularly important because it gives back a feeling of control and power to the survivor, which s/he lost during sexual 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

¹⁹ WHO/UNHCR (2005). Clinical Management of Rape Survivors, p. 3

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 guardian²⁰.

- 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.

Session 4.2 – Handout 4.2.2: Right or Wrong?

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)

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

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

2. A health worker can keep general statistics about the number of women that consulted after sexual violence, without asking the survivors for their consent.

RIGHT (as long as the information is anonymous)

3. 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.)

²⁰ 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.

4. 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).
5. 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).
6. 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.)
7. 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 techniques²¹:

²¹ 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

- ✦ 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'...*)
- ✦ Using reassuring body language to demonstrate attentive, careful interest (*looking at the person as you speak with him/her, nodding, leaning forward towards the person. However, cultures differ in the way body language is interpreted. In some cultures, seeking eye contact or leaning forward towards a person may be considered inappropriate!)*
- ✦ 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 saying or jumping into conclusions after a few sentences
- ✦ Not letting the person finish his/her sentence
- ✦ Using inappropriate body language or not being aware of your body-language (*tone of voice, looking away from the person, crossing your arms, 'hanging' in your chair, being distracted...*)
- ✦ Making assumptions about the person: even if you don't express these explicitly, the person will pick it up (*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

Session 4.3 – Handout 4.3.5: Communication Do and Don'ts

DO	DON'T
<p>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.</p>	<p>DON'T pressure the survivor to tell the details of what happened to her/him: Never insist on telling the story or revealing details about what happened when a survivor does not feel ready to talk about this.</p>
<p>DO believe and validate the survivor's experience: 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.</p>	<p>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.</p>
<p>DO make referrals and promote access</p>	<p>DON'T refer survivors to services that will</p>

<p>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).</p>	<p>not provide confidential, respectful care: Community groups should work together to ensure that they refer survivors to agencies that provide compassionate and confidential care.</p>
<p>DO help the survivor to plan for safety: Whenever possible, ensure the survivor is not in immediate danger of re-victimization; if the perpetrator of the violence is in the survivor’s home, help find the survivor an alternative place to stay 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.</p>	<p>DON'T ignore the survivor’s need for safety: Do not instruct the survivor to return to a home or a village that she knows to be unsafe, or where her perpetrator continues to threaten her.</p>
<p>DO acknowledge the injustice: Sexual violence is NOT the survivor’s fault; do your best to ensure the survivor understands this.</p>	<p>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?” Sexual violence is NEVER the survivor’s fault. Reinforce this fact to the survivor.</p>
<p>DO provide information to the survivor: Inform the survivor about who you are, what you can do for him/her, and what the options are to seek help.</p>	<p>DON'T tell a survivor what to do: You may suggest options for assistance to the survivor, and help a survivor to make a choice, but you should never decide for a survivor what to do.</p>

Session 5.1 – HANDOUT 5.1.1: Different Roles, Different Goals

Sector-specific tasks, roles and goals towards survivors of sexual violence²²:

Remember that:

- Also within one group, different professionals can have different responsibilities (e.g. a protection officer of an NGO has not the same responsibility as a police officer or a lawyer, a nurse has not the same tasks as a doctor...)
- Some tasks and responsibilities may overlap.

The Health Group:

- Ask detailed questions about what happened during the incident
- Ask detailed questions about injuries
- Conduct a medical examination of a survivor
- Document injuries and collect forensic evidence
- Provide emergency contraception, and treatment for injuries and STIs
- Provide a medical certificate
- Provide testimony in court
- Provide information about possible health consequences of sexual violence

The Psychosocial Support Group:

- Where trained professionals are available conduct individual counselling or group counselling and if the survivor appears unusually distressed or is unable to function in daily life, conduct a mental health assessment of the survivor
- Provide skill-training for survivors
- Provide material support to survivors (clothes, food...)*
- Facilitate access to income-generating activities for survivors*
- Ensure that existing clinical mental health services can deal with disorders resulting from sexual violence
- Work with the community to reduce stigma and discrimination against survivors of sexual violence and to mobilise the community to support and protect survivors from further harm

The Protection/Security Group:

²² Partly adapted from: IASC Guidelines for Gender-based violence Interventions in Humanitarian Settings

* These roles reflect socio-economic support. While they are in many settings taken up by the psychosocial support group, it can be important to see the 'socio-economic support' as a separate group, to highlight the importance of socio-economic support to survivors.

- Take detailed statements from survivors, establish facts
- Investigate cases of sexual violence

- Ensure same-sex police officer conducting interviews of survivors or provide a choice to the survivor of the sex of the police officer
- Arrest perpetrators of sexual violence
- File charges with the court
- Identify relevant national laws and policies regarding sexual violence
- Identify traditional systems in the community for protection, problem-solving and/or justice
- Identify high-risk areas in the setting, e.g. where sexual violence incidents occur, where women and girls perceive safety and security risks, etc.
- Establish strategies for improving security to prevent incidents and to protect survivors who want to report incidents.
- Provide information about legal and judicial remedies to survivors
- Provide shelter to survivors
- Share de-identified data about sexual violence cases with other sectors

The Legal Justice Group:

- Provide information about legal justice mechanisms to survivors
- Provide legal counselling and representation to survivors
- Monitor court cases
- Assist survivors in bringing their case to court
- Take detailed statements from a survivor; establish facts
- File charges with the court
- Apply the relevant national laws regarding sexual violence
- Inform survivors about their rights and possibilities for legal action

Roles and goals of everyone dealing with survivors of sexual violence:

- Consider the safety of the survivor
- Provide information about support options to the survivor and manage expectations
- Ensure referral to the appropriate services
- Treat the survivor with dignity, ensure confidentiality
- Show sensitivity, understanding and willingness to listen to the concerns and, if appropriate, the story of the survivor
- Coordinate support with other sectors

Session 5.1 – HANDOUT 5.1.2: Conversation, Assessment, Counseling and Interview

A conversation:

- Can be 'a normal talk' you have with someone.
- Is not linked to a specific context.
- Can be without a precise goal.
- The subject of the conversation can be many things.
- Can be used by everyone.
- A confidential conversation is often the entrance to talk about sexual violence (e.g. disclosing an incident of sexual violence in a confidential conversation with a trusted person).
- A confidential conversation can be a good tool to provide emotional support to the survivor and support them to identify and deal with their problems.
- In a conversation about sexual violence with a survivor, survivor-centred skills should always be applied.

Examples of a conversation:

- Two neighbours who talk about their children.
- A teacher who talks with a schoolgirl about sexual violence
- A community worker talks with a woman who tells her that she was raped
- Two survivors who exchange their experiences

An assessment²³:

- Is used in a specific context.
- Is mainly used by service providers.
- Has a specific goal, namely: gathering information or data at a given moment of time and evaluating it for the purpose of making an appropriate decision about what course of action to take.
- Uses the process of inquiry, the decision to take action is based on the evaluation of data, less on the opinion of the person who conducts the assessment.
- In an assessment of the needs of a survivor, survivor-centred skills should always be applied.

²³ RHRC Consortium, Communication Skills Training Manual – Facilitator's Guide, p.23.
http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html

Examples of an assessment:

- A counsellor or psychosocial worker who conducts an assessment of the psychosocial needs of a survivor.
- A health worker who conducts a medical assessment (also called examination or exam) of a survivor to find out which treatment s/he would need.

Counseling²⁴:

- Is used in a specific context and practised by professionally trained service providers: counsellors, psychologists and social workers.
- Can exist under different forms, but is often a process in which a client addresses and resolves problems and works through feelings.²⁵
- Providing support is among the main goals of counselling.
- In counselling after sexual violence, the counsellor will assist the client to identify and respond to needs that arise as the result of the assault or abuse. In addition to providing emotional and psychological support, the counsellor can act as an enabler and an advocate for clients. S/he can provide access to information, resources and services, help maintain individual rights and access to the legal and judicial systems, assist with coping, help restore family relationships and attachments, and access community resources and support.²⁶

²⁴ Being a counselor requires extensive professional training and supervision. Participating in a Caring for Survivors training cannot be considered sufficient to be called a counselor.

²⁵ Adapted from: glossary of the Royal College of Psychiatrists - <http://www.rcpsych.ac.uk/mentalhealthinformation/definitions>

²⁶ IRC Tanzania, SGBV Counseling Training, p.18

Examples of Counselling:

- An NGO counsellor who provides individual counselling to women.
- A health centre counsellor who gives psychosocial support to women who consult after sexual violence, and who refers them to other services.
- A religious counsellor who offers spiritual assistance to survivors.

Interview:

- Can be used in several contexts and can exist under various forms.
- Has a specific goal, namely: collecting information, establishing facts, history etc. related to the interviewee and/or the assault.
- Does not necessarily aim at *assisting* the survivor (e.g. the aim of the interview can be to collect generic data on sexual violence)²⁷
- Has often a fixed structure and consists of a set of specific questions.
- The main goal of an interview is not to provide emotional support, but a survivor-centred interviewer should maintain a supportive attitude towards the interviewee throughout the interview. Survivor-centred skills should always be respected!

Examples of Interviews:

- *A medico-legal or forensic interview:* the health worker will ask specific questions to the survivor to collect the assault history with the goal of allowing this history to guide the medical exam.

Example:

Survivor: *"I tried to push him away but he grabbed me."*
Health worker: *"Where did he grab you? Can you show me where he grabbed you?"*

In human rights work, the word forensic is also used for example in cases of examining the contents of mass graves.

- *An investigative interview:* This type of interview is usually conducted by the police; its goal is to determine whether a crime has been committed, and the nature or circumstances of the assault (what happened? how did it happen? who were the perpetrators?) and the outcome of the assault.
Human rights officers also conduct investigative interviews, which could be turned over to the police and military officials for investigation and prosecution.

²⁷ Although an interview not always aims at assisting the survivor (e.g. in case of data-collection), it is necessary to ensure that the interviewed survivors have access to minimum services. This will be discussed further in Module 6.

- *An interview to collect information about human rights abuses:* In this type of interview human rights workers will ask a survivor to tell his/her story and ask specific questions in order to collect information to establish generic facts, for instance, about the systematic use of sexual violence in war.²⁸

Remember:

- A conversation is a tool that can be used by everyone.
- Conducting an assessment, counselling or an interview requires particular training. These tools are therefore used by specific professional groups in a specific context.
- The main goal of a conversation and counselling is usually to provide emotional support. The main purpose of an assessment and an interview is to gather information.
- Survivor-centred skills are tools that should be used by everyone when dealing with a survivor, regardless of the type or goal of the interaction!

Session 5.2 – Handout 5.1.3: Assessment or Assumption²⁹?

The difference between an assumption and an assessment:

An *assessment* is based on the evaluation of data that are gathered at a given moment of time. Any decision following an assessment will be taken based on this information gathered.

An *assumption* is the process of formulating conclusions based on the individual perspectives and opinions of the person who makes the assumption. If you base a decision for action on an assumption, you might not respect the needs and wishes of a survivor!

Example:

“I hear you say that you would not like to go to the police” = an assessment

“I assume that you would like to press charges? This is such a horrible crime; every victim should go to the police!” = an assumption

²⁸ OHCHR. Training Manual on Human Rights Monitoring, Chapter VIII: Interviewing, p: 109 – 126.

²⁹ Adapted from: RHRC Consortium, Communication Skills Training Manual – Facilitator’s Guide, Activity sheets http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html

Statements: Is it an assumption or an assessment? Why?

1. I see you are upset because you are crying.
2. I know you wanted to leave your husband after he gave you that black eye.
3. Your child is not talking like a four year old. He is probably developmentally slow.
4. I saw your teenage daughter talking to that known troublemaker. She is probably a troublemaker.
5. I am sure you are depressed about your situation and would like to seek counselling.
6. Your husband sounds crazy. I am sure he is pathological.
7. You need money again? You sure can't manage your money.

Session 5.2 – Handout 5.2.1(1): Protection³⁰

How can we define Protection?

Definitions:

- *IASC definition of Protection:*

Protection is widely defined as *all* activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of human rights, refugee and international humanitarian law. Protection involves creating an environment conducive to respect for human beings, preventing and/or alleviating the immediate effects of a specific pattern of abuse, and restoring dignified conditions of life through reparation, restitution and rehabilitation.

³⁰ Taken from:

IASC Gender Handbook - Women, girls, boys and men, different Needs, equal opportunities, Chapter 'Legal Framework', p.15.

UNOCHA, (2003). Glossary of Humanitarian Terms in Relation to the Protection of Civilians in Armed Conflict. <http://ochaonline.un.org/DocView.asp?DocID=572>

IASC, (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings, Action sheet 3.1-3.

Categories:

Responsive Action: Activities undertaken in the context of an emerging or established pattern of abuse and aimed at preventing its recurrence, putting a stop to it and/or alleviating its immediate effects.

Examples: undertaking immediate actions to ensure the physical protection of survivors, reporting cases of sexual violence to police, arresting perpetrators, providing information about legal justice mechanisms to survivors

Remedial Action: Activities aimed at restoring women's, girls', boys' and men's dignity and ensuring adequate living conditions through effective remedy and reparation, including supporting due process of law and justice for survivors while combating impunity.

Examples: providing health and psychosocial care to survivors, organising income-generating activities for survivors, setting up water and sanitation projects, provide shelter.

Environment Building: Activities aimed at creating or consolidating an environment conducive to full respect for the rights of individuals.

Examples: establishing strategies for improving security to prevent incidents and to protect survivors who want to report cases, advocate for women's rights.

Activities for protection will vary according to specific institutional mandates and capacities. Both human rights workers and humanitarian workers ensure that people can live their lives in dignity.

For example, human rights workers may protect women and girls by monitoring and investigating abuses, working with national authorities to judicial inquiries, and pursuing prosecutions of perpetrators.

Humanitarian workers protect women, girls, boys and men by, for instance, ensuring the delivery of critical relief supplies or improving the physical security of people affected by conflict.

Who has the responsibility to protect?

Protection is first and foremost the responsibility of the State. States are required to educate and control the conduct of all armed forces on their territory and to prosecute all those who breach international humanitarian law. States are also required to meet their obligations to provide assistance for protected persons. In some situations, actors of the State perpetrated or been complicit in acts of violence—like sexual violence—against civilians.

Where States cannot meet their responsibilities under international human rights and humanitarian law, they have the duty to grant access to humanitarian and human rights organisations to provide assistance and protection to individuals at risk. Such organisations include UNHCR, ICRC, UNICEF and OHCHR.

Session 5.2 – Handout 5.2.1(2): Protection Activities³¹

What are possible protection activities in support of survivors of sexual violence or as prevention against sexual violence in conflict-affected areas?

- See also Handout 5.1.1 for roles and tasks of humanitarian organisations and State actors (police, ...)
- *Humanitarian Advocacy:*
 - Advocate for new policies and laws to better protect people against sexual violence.
 - E.g. Develop coordinated action to pressure the state to ratify and/or implement the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other instruments and to more effectively investigate and prosecute sexual assault crimes.

³¹ IASC, (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings
IASC (2007). Guidelines on Mental Health and Psychosocial Support in Emergency Settings. 'Action Sheet 3.1: Apply a human rights framework through mental health and psychosocial support.', p. 50-55

- Build networks with judges, prosecutors, police and traditional systems to ensure that existing laws related to sexual violence are upheld.
 - Collect de-identified data about sexual violence (about frequency, patterns, perpetrators...) and use the information for advocacy. For example, in many conflict affected countries monitoring and reporting mechanisms of grave violations against children, including sexual violence, have been established.
 - Advocate with authorities to ensure the protection of those exposed to sexual violence.
 - E.g.: advocate, within the context of a GBV working group, for an increased police-presence in areas where sexual violence frequently occurs...
 - Support groups that develop activities for legal redress for sexual violence.
- *Humanitarian Assistance:*
 - Ensure access to health care, education etc. for all vulnerable groups.
 - Ensure that survivors of sexual violence have access to confidential health care, psychosocial care and socio-economic assistance.
 - Ensure access to safe education for girls and boys.
 - Use health and psychosocial programmes as an entry point to talk about human rights: explain to beneficiaries their rights and explore ways of realising those rights...
 - Creating 'safe spaces' for children in camps to play and spend time.
 - Enhance safety for women living in camps: ensure safe fuel collection, implement safe water and sanitation programmes...
 - Encourage active participation of communities in the implementation of programmes (water, food distribution, health care, education...)
 - *Presence and Accompaniment:*
 - The physical and visible presence of female police officers, community workers, NGOs, human rights workers in the community can be a form of protection against sexual violence in conflict areas. Having others stay with or accompany a survivor of sexual violence to services may reduce the risk of that person being further harmed.

- *Information as Protection:*
 - Organise a sensitisation on sexual violence, or gender-based violence more broadly, for communities.
 - Sharing information about sexual violence with authorities and organisations can be part of a protection strategy.
 - Informing communities about their rights, about services available, about options for legal justice after sexual violence can help them to take initiatives to ensure their own protection and support their coping strategies.
 - Informing communities about the security situation (on the roads, in their home villages, etc.) can also help them in taking decisions to protect themselves.

What are the risks and limitations related to protection work?³²

Engaging in protection activities, especially in conflict and post-conflict areas, is not without risk and everyone involved should be aware of the dangers related to, or created by protection-initiatives!

- Insensitive and unprofessional protection work might create –like any other unprofessional intervention- an increased risk for victims and survivors. Insensitive and unprofessional fact-finding and advocacy activities can expose particular individuals and communities to an increased risk for violence, for retaliation or punishment.

E.g.: Collecting information from survivors of sexual violence about perpetrators or type of violence and using this information uncensored for advocacy can put survivors at increased risk for retaliation by perpetrators, armed groups, or other people.

E.g.: Forcing survivors (for example after domestic violence) to report to the police and to press charges, without ensuring the safety of the survivor, can expose him/her to increased risk for repeated violence.

- Protection activities can also be dangerous for local and international staff or community workers involved! It might also jeopardise activities of organisations and their access to communities at risk.

E.g.: Health care workers might be threatened or health centres might be targeted when it becomes known that they collect information from survivors about sexual violence. As a result the access of patients to the centre might be limited.

³² Slim, H., Bonwick, A.. (2005). Protection, An ALNAP guide for humanitarian agencies. ALNAP Overseas Development Institute, London. p.84-93

E.g.: Community workers who assist survivors of sexual violence and collect information might feel unsafe or be at risk for threats or violence.

- Humanitarian actors may face the dilemma in trying to address human rights violations while safeguarding their ability to deliver relief supplies. Both actions – preventing violations by seeking to hold perpetrators accountable and delivering much-needed food and medical supplies – will contribute to the goal to protect. However, it may prove difficult for the same actor to achieve both actions simultaneously.³³

E.g.: Humanitarian organisations may risk losing access to a population in need when they choose to speak out about human rights violations.

Some principles of protection work³⁴

- Prioritise people's personal safety, dignity and integrity.
- Recognise people at risk as key actors of their own protection.
- Avoid increasing the risk to endangered populations by misconceived or badly implemented activities.
- Engage the legal responsibilities of authorities and individuals.
- Help key government and civil society actors to build a positive and long-term protection environment for all.

Session 5.2 - Handout 5.2.2: What can justice offer to survivors?

Statements about justice³⁵:

³³ IASC Gender Handbook, 'The legal framework for protection', p. 1.

³⁴ Slim, H., Bonwick, A.. (2005). Protection, An ALNAP guide for humanitarian agencies. ALNAP Overseas Development Institute, London. p.47

³⁵ Statements partly taken from:

*HRW (2005) 'Seeking Justice: the Prosecution of Sexual Violence in the Congo War'. Vol 17, No. 1(A), p.38, 42. (statement 5 and 6).

*Michels, A. (2006) 'As if it was happening again': Supporting especially vulnerable witnesses, in particular women and children, at the Special Court for Sierra Leone – Chapter 10 in: International Criminal Accountability and the Rights of Children. Hague Academic Press. The Hague. p 133 (Statement 1 and 4).

*Website of UNIFEM. <http://www.womenwarpeace.org/issues/justice/justice.htm> (statement 7 and 8).

1. 'I am happy that I had the courage to testify in court; now they will all know, there will be justice and the dead can finally rest.'
2. 'I do not want to encourage women to go to Court here. They are treated so badly by the police. Victims and their families often have to pay for everything, even for the paper and pens. They are not respected and some of them feel like if they were the criminals.'
3. 'Before you can go to Court, you need to go to the police. But the police only want to take a statement if you have a medical certificate. And victims often don't have money to go to a doctor or they don't dare to. And when they finally manage to file a complaint, they have to wait very long because there is a huge backlog at the Courts. In this way, justice is a long and painful process.'
4. 'I did not want to come to the Special Court because when something happens to you and you start explaining, you feel the pain as though it was happening anew. I am feeling the pain as I did before. If you don't say anything to anybody, you don't have to feel it again.'
5. 'Many women I speak to want to take their case to justice. They say, "I wish he would be punished today." When you explain to them that they can conceal their identity in court, they say: "I have nothing to lose. I am ready to stand in court and say openly what happened."
6. 'Who will protect me if I say who it was who raped me? The men with guns still rule here. The U.N. only protects a small part of town and they will not help me if these men come to my door.'
7. 'We know who these people are, we know them by name, by face and we know that many are still hiding. We will not agree to live side-by-side with them unless justice is done.'
8. 'We need to hear that these atrocities are condemned to at least relieve some of the shame and the grief. It is not just a legal issue. It is about people's lives. Something must be done so the society that was affected by the conflict can invest in peace.'

Session 5.2 – Handout 5.2.3: Justice Mechanisms in Situations of Transition

What is transitional justice?³⁶

When violent conflict ends, the perpetrators and victims of violence must often resettle together in their communities. This can be immensely difficult. The high number of victims and perpetrators, the various perceptions of who was in the “right” or in the “wrong” and the breakdown of state institutions make the pursuit of justice and reconciliation quite complex.

Transitional Justice refers to a range of approaches that societies undertake to address these legacies of widespread or systematic human rights abuses as they move from a period of violent conflict or oppression towards peace, democracy, the rule of law and respect for individual and collective rights.

In making such a transition, societies must confront the painful legacy, or burden, of the past in order to achieve a holistic sense of justice for all, to reconcile people and communities, and to prevent further abuses. A variety of approaches to transitional justice are available that can help wounded societies, victims and survivors start anew.

These approaches are both judicial and non-judicial, and they seek to encompass broadly the various dimensions of justice that can heal wounds and contribute to social reconstruction.

There are two underlying values involved: Justice and Reconciliation. Justice can be retributive, or focused on punishment and corrective action for wrongdoings, or restorative, emphasising the construction of relationships between individuals and communities. Reconciliation can mean many things: simply co-existence or dialogue, remorse, apology forgiveness and healing.

A few of the major approaches to transitional justice:

³⁶ Adapted from: The website of the International Center for Transitional Justice, <http://www.ictj.org/eng/tj/>
Anderlini, S. N., Conaway, C. P., Kays, L. (2004) *Transitional Justice and Reconciliation*. In: Inclusive Security, Sustainable peace: A Toolkit for Advocacy and Action. Women Waging Peace & Alert joint publication.
www.huntalternatives.org/download/49_transitional_justice.pdf

- Prosecutions of perpetrators of war crimes, crimes against humanity, and the crime of genocide (see below) in international courts.
 - E.g.: the International Criminal Court (ICC),
 - the ad hoc tribunals for Rwanda (ICTR), and Ex-Yugoslavia (ICTY); the Special Court for Sierra Leone.
 - **Note:** Also national courts can be used to prosecute crimes under international law. However, it is often very difficult to get indictment for crimes of sexual violence at the national level. During or after conflict, many national court systems have collapsed or have very limited means to operate.
 - Truth-seeking mechanisms, including national and international Truth commissions.
 - E.g.: Truth and Reconciliation Commissions in South Africa, Peru, Guatemala, and Sierra Leone.
 - Providing reparations to victims of human rights violations, including compensation, restitution or symbolic reparation.
 - E.g.: Reparations paid to victims of the Holocaust by Germany and Austria
 - Provisions for reparations in the ICC statute.
 - Promoting reconciliation within divided communities, including working with victims or with (existing) traditional justice mechanisms.
 - E.g.: the work of the traditional courts (Gacaca) in Rwanda; cleansing rituals for child ex-combatants to promote their return to communities (Sierra Leone).
 - **Note:** Traditional justice mechanisms often use customary or traditional law. These laws often provide very poor protection to women. Practices like marital rape, widow inheritance, or female genital mutilation—all harmful to women—might be allowed. Therefore, traditional mechanisms are very often not appropriate to deal with crimes of sexual violence.
 - Constructing memorials and museums to preserve the memory of the past.
 - E.g.: Museums for Holocaust victims all over the world, memorials for victims of the genocide in Rwanda or Cambodia
- *Are there any transitional justice mechanisms in this country? What do you know about them? How do they address crimes against women? How are survivors of gender-based violence involved?*

Rape as a War Crime, a Crime against Humanity or a Crime of Genocide³⁷

Rape and sexual violence are named offences under international humanitarian law. The International Tribunals ICTY and ICTR have been the first (in 1993 and 1994) to include sexual violence as recognisable and independent crimes in their statutes.

The statute of the International Criminal Court (see below), states that crimes of sexual violence can be a war crime, a crime against humanity or a crime of genocide. The Rome Statute stipulates that:

A War Crime is an act that breaches the internationally recognised laws of war and other acts that are prohibited in armed conflict or in internal conflicts such as civil wars. A crime is a war crime when it is committed against non-combatants, including civilians and medical and religious personnel who are not taking part in hostilities, sick and wounded combatants and prisoners of war (all persons properly protected by the Geneva Conventions). War crimes include acts such as murder, torture and inhumane treatment, the taking of hostages, recruitment of children under the age of 15, pillaging and other crimes.

A single act of such violation can constitute a war crime.

- Also rape and other forms of sexual violence, like sexual slavery, enforced prostitution, forced pregnancy, mutilation or enforced sterilization can, if committed during armed conflict, be considered a war crime.

Crimes against humanity are acts of violence committed on a widespread or systematic basis against any civilian population, with knowledge of the attack. Crimes against humanity can be murder, extermination, persecution, deportation or forcible transfer of a population, enforced disappearance of persons and apartheid.

Crimes against humanity can occur in times of peace and in war. They are ‘inhumane acts that by their extent and gravity go beyond the limits tolerable to the international community, which must perforce demand their punishment.’

³⁷ Adapted from:

*UNICEF/NPWJ (2002). International Criminal Justice and Children. p.61 – 68.

*Women’s Initiative for Gender Justice (2005). Gender Training Handbook: Guidelines and methods to address gender-based violence in armed conflict. p. 77 – 84.

* Website of UNIFEM: <http://www.womenwarpeace.org/issues/justice/justice.htm>

- Also rape, sexual slavery, forced prostitution, forced pregnancy, forced sterilisation and other forms of sexual violence are explicitly identified in the Statute of the ICC as crimes against humanity.

Genocide means an act committed with the intent to destroy, in whole or in part, a national, ethnical, racial or religious group. Such an act can be: killing of members of the group, causing serious bodily or mental harm to members of the group, deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part, imposing measures intended to prevent births within the group, and/or forcibly transferring children of the group to another group.

- Under certain conditions, sexual violence can also be one of the means of committing the crime of genocide.

The International Criminal Court (the ICC)³⁸

The International Criminal Court has been established through the adoption of the Rome Statute in 1998. Unlike earlier international criminal tribunals, the ICC is a permanent court, based in The Hague, in the Netherlands. The ICC deals with ‘the most serious crimes of international concern.’, namely genocide, crimes against humanity and war crimes, particularly when committed on a large scale or as a result of a plan or policy. The tribunal has the authority to investigate and prosecute these crimes all over the world, but only under strict conditions. Among the conditions are the requirements that the State of nationality of the perpetrators or the locations of the crimes, has ratified the Rome Statute (the so-called State Parties), unless the Security Council refers a situation to the ICC. It may do so when it judges that the situation constitutes a threat to or a breach of international peace and security. Another limitation is that only crimes committed after 1 July 2002 (when the Rome Statute entered into force) can be prosecuted. In addition, only when a State is unwilling or unable to prosecute these grave crimes itself, the ICC has the jurisdiction to investigate and prosecute. States (and thus national courts) always have the first opportunity to investigate and prosecute crimes.

The ICC will try individuals, but not everyone who commits these crimes. It is the policy of the prosecutor to focus on those individuals who are the most responsible for crimes committed in any situation where an investigation takes place.

³⁸ *UNICEF/NPWJ (2002) International Criminal Justice and Children. p.61 – 68

* The website of the ICC: www.icc-cpi.int

Victims can testify before the ICC. Unique about the ICC is the fact the Statute also contains provisions that enable victims to participate independently (not as a witness) in the proceedings. Victims can put their concerns to the ICC judges when their interests are affected.

In addition, the Court can order the payment of reparations to individual victims. The reparations can take different forms: restitution, symbolic reparation, etc. It can also be paid through a victims' fund.

For more information on victims' participation and reparations at the ICC, see http://www.icc-cpi.int/library/victims/VPRS_Booklet_En.pdf or 'FIDH – Victims' rights before the ICC' http://www.fidh.org/article.php3?id_article=4208

Module 6: Practising Survivor-centred Skills

Session 6.1 – Handout 6.1.2: The GATHER Model³⁹

The phases of an assessment:

1. **Greet:** Establish rapport; clarify goals of meeting; explain confidentiality

Example:

- Give your name, ask what name s/he would like to be called.
- Carefully introduce yourself: explain who you are and what your responsibilities are.
- Avoid technical language.

2. **Ask:** Ask client for a brief explanation of how you may assist him/her, i.e. why s/he is seeking assistance. Ask specific questions about the exposure to violence.

Example:

- Begin by saying what you already know about the person, such as 'I know you were sent to me by the Women's group...
- Ask a broad question to start.

3. **Tell:** If the survivor acknowledges experiences of violence, offer validation and support. Reassure him/her that you will try to assist him/her.

Example:

³⁹ Adapted from: UNFPA/IPPF – Integrating HIV voluntary counseling and testing services in reproductive health settings – Guidelines for programme planners, managers and service providers, p. 22
http://www.unfpa.org/upload/lib_pub_file/245_filename_hiv_publication.pdf

See also: RHRC Consortium, Communication Skills Training Manual – Facilitator's Guide, p.27.
http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html

- Reassure the survivor that you will stay with him/her 'for as long as it takes'.
- Repeat, if necessary, the confidentiality rule.
- Acknowledge that you are a stranger, a new person in his/her life but that you are ready to listen and to make sure that s/he is ok.
- Use small support statements when needed.

"I'm glad you came here."

"It's good you are telling me these things."

"I'm sorry this happened to you."

"You are safe here." (if this is true)

"What would it take for you to feel safe here?"

"It's okay to feel..."

"Your feelings are not any different than other women (girls, boys, men)."

"You are not to blame."

"It's not your fault."

"You aren't responsible for what happened."

"What you are feeling is very normal for someone who has been through what you have."

"If you want to stop at any time we can, just tell me."

"If you remember anything else we will stop what we're doing and talk."

4. **Help:** Once basic rapport has been established and you have identified the basic concerns of the survivor, it is important to conduct a more thorough assessment so that you better understand her experiences of GBV and identify related needs.

Example:

- Use active listening skills to help the survivor to tell his/her story (see also Handout 4.3.3).
- Start with broad questions, followed by specific questions for clarification.
- Reassure the survivor that you will be patient and s/he should not hurry through the account.

"We can take as long as you need."

"I'll wait."

"That's okay, take your time."

- Never say 'that you understand how s/he feels' or that you 'know'! It is impossible to know how the survivor must feel.

5. **Educate**: Reflect back to the survivor what you have understood are his/her needs and what you have heard as possible stress reactions. Provide information to the survivor that will help normalise his/her reactions.

Example:

- Summarise what you understood the survivors' needs are.
- Emphasize also his/her strengths
 - 'You had the courage to come here today'
 - 'You managed to tell your story and to tell me what you need.'
- Work with the survivor to identify coping mechanisms to respond to stress.
- Reassure the survivor that his/her feelings and needs are normal.

6. **Refer, Return Review**: Be prepared with a list of referrals that may assist the survivor. Schedule a follow-up if possible. Review the plan with the survivor.

Remember:

- Make sure the room in which the assessment takes place is quiet. Avoid people walking in and out.
- Throughout the assessment, you should offer validation to the survivor.
- You should share resources and knowledge, rather than opinions, when providing the survivor with information.
- You should always seek to refer the survivor with other services, if s/he agrees to it. Creating a good referral network prevents you from feeling like you must meet all the survivor's needs. It also helps the survivor to integrate or reintegrate in his/her community.

Session 6.2 – Handout 6.2.1: Key Principles and Phases of a Survivor-centered Interview

Some Key-Principles for survivor-centered interviewing⁴⁰

⁴⁰ Adapted from:

*OHCHR. Training Manual on Human Rights Monitoring, Chapter VIII: Interviewing, p: 109 – 126.

* WHO. Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies

http://www.who.int/gender/documents/EthicsSafety_web.pdf

- See as well Handout 4.1.2 (Survivor-Centred Skills) and Handout 4.2.1 (Confidentiality, the Right to Choose and Consent)

Ensure Safety

- Before and during the interview, there should be an assessment of the risk for the interviewee/survivor and the measures to protect the safety of the interviewee should be in place.
- The interviewer should inquire as to whether the interviewee is in danger and what security measures the survivor believes should be taken.
- The interview should take place in a quiet place that does not put unnecessary attention on the interviewee and where surveillance is minimal.
- The identity of an interviewee should not be revealed in other interviews with other interviewees.
- Develop a method for keeping in contact with the interviewee, this can be a telephone number, a card... (some interviewees might rather not keep a card for their own safety!)

Ensure Confidentiality

- Confidentiality is crucial to protect the safety of the interviewee and to respect his/her dignity and privacy.
- The mechanisms and limitations of confidentiality should be very clear and should be explained to the interviewee. (Who will have access to the information gathered? How will it be stored?)
- Ask for the consent of the interviewee.
- In case the interviewee is a child, ask consent to a parent or guardian (see Module 7).
- Records should be kept in a secure location at all times. Files might be identified by number, not by names.
- The name of the interviewee should be kept secret as much as possible (an exception might be when a person is interviewed in order to become a witness in court, in that case the modalities have to be explained clearly to the potential witness).

Respect the wishes, the needs and capacities of the interviewee

- Respect the time a survivor wants to take to tell his/her story.
- Never make assumptions about what must have been the most difficult thing for the survivor about the abuse.
- Tell the survivor to talk about any aspects of concern to them. Their most pressing concern may be practical (e.g. how to care for their

children) or emotional (how to overcome their feelings of shame) or a combination of these. The issues of concern will likely change as the person deals with the situation, their circumstances change and as trust is built over time.

- Never pressure a survivor to say things s/he doesn't feel comfortable with.
- Say explicitly to the interviewee that s/he can stop the interview at any time.
- If necessary, determine BEFOREHAND with the survivor what safety cues s/he will use in case s/he feels panic or if telling the story becomes too difficult (e.g. standing up to walk around, stop the interview, ask for a drink...).

Treat the survivor with dignity

- Show your respect for the survivor.
- It might be very difficult for the survivor to explain some sensitive or emotionally difficult things. For instance, if the survivor chooses to explain the story of the violence or to reconstruct the timeframe they may still find it difficult to do so. Always respect the way the survivor is explaining the events, always formulate questions in a respectful manner, and never 'interrogate' the survivor.
- Make sure the survivor can choose to be interviewed by an interviewer and interpreter of the same sex or the opposite sex (for instance, boys who were sexually abused by men may prefer to be interviewed by women). (*see also 'the use of interpreters'*)

Assure a supportive attitude

- The interview might be the first time survivors have spoken about particular concerns or consequences of the sexual violence, or have told the full story of what happened to them. They might become distressed or have difficulties expressing themselves. They might be flooded with memories and the words may rush out or they might not find the words to express themselves. Always keep a supportive attitude to deal with these reactions.
- Provide emotional support and use support statements, when needed.
- Formulate questions in an understanding tone.
- Repeat that it is normal for survivors to find it difficult to tell their story; that s/he is not to blame; that you have all the time...

Provide information and manage expectations

- The interviewee should be explained why s/he is interviewed, who is conducting the interview, what will happen to the information gathered, who will have access to the information, etc.
- Also, where appropriate, explain the role of the interpreter.
- S/he should also be informed about measures that can be taken to protect him/her and about the limitations of these measures, so that he or she can make an informed choice about participating in the interview.
- 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 moment.
- Explain clearly to the interviewee what the possible outcomes of the interview can be. Explain the goals of the interview.
- If you know that the interview will not contribute directly to a change of the situation for the survivor, say this to the interviewee.
- Don't make any promises you can't keep or provide information that is not true.

Ensure referral

- Ensure there are at least minimum survivor support services (medical and emotional support) in place and establish procedures for making confidential referrals for follow up care of interviewees, if they wish to get support.

Treat every survivor in a dignified way, independent of her/his background, race, ethnicity or the circumstances of the incident(s).

- Treat all survivors equally.
- Never communicate through body language, facial expressions or other means that you don't believe the story of the survivor.
- Do not show any personal opinion about the story of the survivor.
- During the interview, be aware of your own prejudices towards sexual violence.

The phases of an interview⁴¹

Phase One: Building Rapport

Discuss:

⁴¹ Adapted from:

*Women's Initiative for Gender Justice (2005). Gender in Practice: Guidelines and Methods to address Gender Based Crime in Armed Conflict. p. 34 – 52.

*OHCHR. Training Manual on Human Rights Monitoring, Chapter VIII: Interviewing, p: 109 – 12

- The interviewers role
- The goal of the interview
- Confidentiality
- Who the information will go to
- Consent: after having received the introductory information, does the survivor agree to give a statement?
- The place where the interview takes place (is it safe for the interviewee?)
- How much time the interview will take approximately
- Concerns of the interviewee

Phase Two: The Interview (information gathering)

STEP 1: Free Narrative Account:

- First, invite the interviewee to explain the events in his/her own words. *'Can you tell me what happened to you?'*
- Avoid interrupting the survivor or ask specific questions.
- If the survivor stops without finishing the story, try to use simple open-ended questions to help him/her to tell the story. *(What happened next?)*

STEP 2: Specific questions:

- Ask questions to put the events in chronological order. Come back to those points that need clarification.
- Use, as much as possible, open-ended questions.
- Start with less stressful questions or topics and move gradually to the more difficult issues. Take cues from the interviewee about the pace of the interview.
- Use small support statements when needed (see Handout 6.2.2). Repeat that the survivor is not to blame.
- Have attention for the emotional state of the person (tone of voice, eye contact, crying, silences, body language, etc.). These observations can be important to include in the statement, they can also indicate when the survivor is overwhelmed and might need a break or want to stop the interview (*'I can see you are crying, are you ok? Would you like a break?'*). Remind the person that they don't have to answer particular questions, can take a break, or stop the interview at any time if they seem distressed

Phase Three: Closing the Interview

- Summarize what the witness has said; use as much as possible his/her own words.
- Provide emotional support.
- Ask if the interviewee wants to add something or has questions.
- Reflect back the concerns of the person.
- Address the possibility of referral, make arrangements, etc.
- Repeat confidentiality.
- Discuss measures in place for protection and communication (gives a telephone number, give instructions what to do if the interviewee feels unsafe, etc.)
- You may want to organise a follow up meeting, make arrangements.
- Thank the survivor for his/her collaboration.

- **The use of interpreters**

Ideally, survivors are interviewed in their own language. In case this is impossible there are a few principles that can help to minimise the negative impact of translation and ensure that a survivor-centred attitude is respected, also by the interpreter.

- Always ensure the availability of same-sex interpreters when you interview survivors or if possible, provide the survivors with a choice.
- Brief interpreters beforehand about the basics of a survivor-centred attitude.
- Interpreters should sign a confidentiality agreement.
- Ensure vetting of interpreters to ensure that no retribution will occur from use of an interpreter who might have affiliations to perpetrators.
- Make sure the interviewee understands the interpreters' role.
- Be attentive (both yourself and the interpreter) to differences in definitions of different words in different languages. "Rape" may mean different things in different languages.
- Remember that the interpreter should only be interpreting. The questions should be asked by the interviewer to the survivor – pay special attention to:
 - Eye contact
 - Using "you" and not "ask her if...."
- Instruct the interpreter to say exactly what you and the survivor say – the interpreter should not "interpret", assume, summarize, skip or add anything that has not been said. Otherwise, you and the survivor could understand things in a completely different way than was intended.
- Make time for a short debriefing with the interpreter at the end of the interview. Does he/she have any particular observations? How was it to translate? Remember that translators can also suffer from stress after being exposed to accounts of sexual violence. They sometimes feel like

they are the voice of the survivor. If translating becomes difficult you may encourage the translator to translate in the third person ('He/she said'), instead of in the first person. This might help to create distance to the story.

- The safety of a translator might also be threatened. Consider protective measures (use of codes in statements, rotating translators, etc.), if necessary.

Session 6.2 – Handout 6.2.2: What to ask Survivors of Sexual Violence?

Patterns of sexual violence⁴²

In conflict situations where acts of sexual violence occur, it would be important for documenters to collect information that can be analysed from the point of view of 'patterns of violence'. Such patterns are important in assessing whether the most serious international crimes (such as crimes against humanity, genocide or war crimes) have been committed. Establishing patterns would require that the questions asked are consistent and standard, and that they are posed systematically across all survivors.

In order to know which questions to ask to survivors in an interview, we need to know in general which type of patterns of sexual violence can occur:

⁴² Adapted from: Women's Initiative for Gender Justice (2005), Gender in Practice: Guidelines and Methods to address Gender Based Crime in Armed Conflict. p. 34 – 52.

- *Patterns with respect to the identity of the survivors:* the survivors of sexual violence might have a number of common characteristics such as gender, profession, occupation, age, ethnicity, type of political activity, and/or residency in certain areas.
 - Are all the survivors of the same age group? Do they all live in the same area?...
- *Patterns with respect to the circumstances surrounding incidents of sexual violence:*
 - Are all incidents of sexual violence preceded by a specific set of events (e.g. an attack of a village)? Do reports of sexual violence increase or decrease following specific events?
- *Patterns with respect to the nature of the harm:*
 - Does the same type of sexual violence (rape, gang rape, and/or sexual slavery) always occur?
- *Patterns with respect to the locations of the incidents of sexual violence:*
 - Where do incidents mostly take place? (Villages, fields, specific regions, specific police stations, prisons.)
- *Patterns with respect to the identity of the perpetrator:*
 - Do perpetrators have common characteristics (members of the same armed group/militia)?
- *Patterns with respect to methods used by perpetrators:*
 - Do perpetrators use similar methods (abduction, killing of family members)? How many perpetrators are usually involved?

To check whether these various patterns exist, it is important to ask survivors questions about:

- the location of sexual violence
- the timing of the incident
- the physical appearance of the perpetrator(s)
- uniforms and weapons used
- the language spoken by the perpetrator(s)
- particular phrases and words used by the perpetrator(s) before, during and after incidents
- particular behaviour
- Military orders (e.g.: Did the survivor think the superior of the perpetrator was aware of the violence?)

Specific Questioning

After you have given the time to the survivor to explain in his/her own words what happened, you can ask specific questions for clarification. Try to only use open-ended questions. *Please note that it is not necessary for every documenter to ask every survivor*

each of the questions below. In fact, in some situations particular questions may lead to additional harm.

Examples:

- Where were you when the incident took place?
- What were you doing?
- How many perpetrators were there?
- How did the soldiers behave towards women?
- How do you know it was a government soldier?
- What did they say to each other?
- What happened after you were taken away?
- Could you describe their outfits?
- What about them told you they received orders to do this?
- When did the incident take place?
- Who was present when it happened?
- How old do you think the perpetrator was?
- Describe the house for me.
- Where did he touch you?

The underlined probes can help to gather specific information without using leading questions. Try to avoid 'Why' questions, since they might sound accusatory (E.g. *Why did you run away?*).

If you need to ask very specific questions which you cannot formulate in an open question—for instance, to check details related to facts that the interviewee already described—you may want to use a few multiple choice questions. You can propose fixed alternatives and to ask the interviewee to choose between them. (E.g. *were you in the bedroom or in the living room when it happened?*). Remember that you are guiding the respondent's answer!

Remember:

- For many survivors it is very difficult to talk about the details of the sexual violence. Some women will only use indirect statements to indicate that they were raped, like *'he dishonoured me'*, *'he used me'*, or *'he did bad things to me'*. You can ask to explain further (*How did he use you? Can you explain to me what happened next? How did he dishonour you?*), but you should be careful not to pressure a survivor to say things s/he doesn't want to say.
- If it is difficult for the survivor to say what happened in words, you may help by using a basic anatomical sketch; this may open the door to talking about the details. (Can you point out on the sketch where he touched you?).
- Some survivors will use 'slang' to describe sexual assault. If you don't understand how a respondent is using a word, ask him/her to explain it or check with the survivor if you understand it correctly. You can also use his/her words in questions.

E.g.: *'He stuck his thing in me'*.

'What do you mean?' or *'Do you mean he stuck his penis in you?'*⁴³

'What happened after he stuck his thing in you?'

Documenting responses

If a survivor agrees to give a statement, it is important to use as much as possible direct quotations from the survivor in a statement or testimony. Documenting the survivor's words requires the interviewer to put his/her words or phrases in "quotation marks". Whenever possible, you should not paraphrase or summarise survivor's responses. The words of the survivor that are documented can for instance be used as evidentiary testimony. This means that the words might serve as proof that the accused indeed committed a crime of sexual violence. By quoting survivors, you will most accurately collect and preserve important data.

Session 6.2 – Handout 6.2.3 (1): Case Study I

Elizabeth S., 25 years old

"I was raped by men who came to rob my home in January 2001. It started at 1 a.m. We were all sleeping. I heard the noise and was the first to wake up. There were ten of them – I could

⁴³ This is not an open question, but since you ask for confirmation it is not a problem.

see them and count them. They came into the compound. I wanted to hide but I couldn't. They said, "Give us your money." Then they said "Get us your father" and told me to wake everyone up. I told them there was no one here. But then my father got up and turned on the flashlight. The combatants who were very well armed were near me. I don't know how, but my father was able to escape by running very fast between the two of them. One said to me "We're going to kill you for letting him get away."

"The leader told the others to shoot Papa. We were all praying. I thought they were going to going to kill us all too. They kept me, my two sisters and another girl who was staying with us sitting on the ground outside – there were two of them watching us. There was another one in the house. They took everything and asked us what else the family had. We told them the only thing left is the clothes we are wearing; everything else is in the house. They left the goats and chickens but took everything else. The men said, "We can kill you" and shot in the air four times to show what they could do."

"The assailants then raped each of us. The youngest of us was 14 years old. Each combatant took one of us to one of the small houses outside the compound. There was no way to resist. They gave themselves names like Kofi and Bamba. It didn't take too long. I think they didn't need to kill us. They did what they wanted to do. They stole everything and went away at about 4 a.m."

(Adapted directly from 'The War Within The War: Sexual Violence Against Women and Girls in Eastern Congo,' by Human Rights Watch; Copyright © June 2002).

Session 6.2 – Handout 6.2.3 (2): Examples of Statements and Questions for Case Study I

Statement

Clarification/Question

I was raped by men who came

to rob my home in January 2001.

It started at 1 a.m.

We were all sleeping.

Who is we? Who was there?

I heard the noise and was the first to wake up.

What noise did you hear?

There were ten of them – I could see them and count them.

What could you see?
Describe them for me.

They came into the compound.

I wanted to hide but I couldn't.

They said, "Give us your money."

Who said that?

Then they said, "Get us your father," and told me to wake everyone up.

Who said get us your father?"

I told them there was no one here.

But then my father got up and turned on the flashlight

The combatants who were very well armed were near me.

What do you mean by very well armed?

I don't know how, but my father was able to escape by running very fast between the two of them.

What did they do then?

One said to me "We're going to kill you for letting him get away."

Who said that to you?

"The leader told the others to shoot Papa.

How did you know he was the leader?

We were all praying.

<i>I thought they were going to to kill us all too.</i>	What were they doing that gave you those thoughts?
<i>They kept me, my two sisters, and another girl who was staying with us sitting on the ground outside – there were two of them watching us.</i>	Which two were watching you? What did they say? What did they do?
<i>There was another one in the house.</i>	Describe the one in the house.
<i>They took everything and asked us what else the family had.</i>	What do you mean by everything?
<i>We told them the only thing left is the clothes we are wearing; everything else is in the house.</i>	What happened next?
<i>They left the goats and chickens but took everything else.</i>	What did they take?
<i>The men said “We can kill you” and shot in the air four times to show what they could do.”</i>	Who said “we can kill you?” What happened then?
<i>“The assailants then raped each of us. The youngest of us was 14 years old. Each combatant took one of us to one of the small houses outside the compound.</i>	Tell me what happened? Who raped you? Your sister?
<i>There was no way to resist.</i>	Go on...
<i>They gave themselves names like Kofi and Bamba.</i>	Who was Kofi? Bamba?
<i>It didn’t take too long. I think they didn’t need to kill us. They did what they wanted to do. They stole everything and went away at about 4 a.m.”</i>	How did they leave? What did they say to each other?

Is there anything else that you can recall? Or that you have not already told me?

Session 6.2 – Handout 6.2.3 (3): Case Study II

Marie G., 20 year old

“In May 2001, armed men attacked my village. They looted and burned many homes. I ran away with the others. I lost all my belongings, so I went to Kalonge to get some charcoal to sell so I could buy clothes. When I was there, I was taken one night by three Rwandan members of a Hutu armed group. They came to the house where I was staying at about 8 pm. I tried to fight them, so they beat me on the arm and shoulder. It still hurts me. I offered the men a goat if they would leave me alone, but they turned down the offer saying they needed girls not goats. Two other girls were also captured that day when they were on their way to buy charcoal in Kalonge. They were told they had to cook and prepare a bed with grass and a sheet of plastic.”

“There were three men. Each man took one of us. The one called Lukala wanted sex from me. He told me that if I didn’t give myself to him, I would have to stay with them. I refused anyway and he said “You are no better than my wife and she was shot dead.” He slapped me and I heard the other girls crying, shouting, “Accept it, there’s nothing you can do. He will kill you.”

So I let him do it. He made me suffer greatly. I asked him why he made others suffer, he answered, “That is the job of a soldier.” He raped me five times during the first night.”

(Adapted directly from ‘The War Within The War: Sexual Violence Against Women and Girls in Eastern Congo,’ by Human Rights Watch; Copyright © June 2002).

Session 6.2 – Handout 6.2.3 (4): Case Study III

Cecile K., 18 years old

“It was early June 2001. There was a night-time raid in my village. I hid under my bed when my home was attacked by the men. They found me by using their flashlights, searching every room of the house. They accused me of being a ‘friend of the Tutsi’. They told me they had to leave their families behind in Rwanda, but that I was lucky, I still had my parents. When I cried, they would hit me.”

“They took me and kept me for at least a week. There were other girls there too. The men raped all of us over and over again. They made us cook and do other work. At one point they took all of us to find other girls for them, but the village they took us to was deserted. We couldn’t escape because they guarded us all the time. We had no idea where we were. We kept moving through the forest. We moved several times in the three weeks. We finally were released by one of the rapists after he said two other soldiers had been killed.”

(Adapted directly from *The War Within The War: Sexual Violence Against Women and Girls in Eastern Congo*, by Human Rights Watch; Copyright © June 2002 by Human Rights Watch)

Session 7.2 – HANDOUT 7.2.1: Consent and Confidentiality (Children)

General Principles⁴⁴

The following principles apply to professionals working with children:

- In general, informed consent must be obtained from a parent or guardian as well as from the child. The age at which children should be asked for their consent depends on the laws of the country.
- Informed consent requires that all the steps of any intervention first need to be explained to child and the parent.
- This also means that a parent would need to be informed in case a child for instance would seek help on its own.
- In particular cases however, the decision can be made not to inform the parents or to ignore their refusal to allow for instance a medical exam of the child.

In general such decisions are made *if it is not in the best interest of the child* to refuse a medical examination or psychosocial support. For instance:

⁴⁴ Partly drawn from WHO Guidelines for medico-legal care for victims of sexual violence, p.82, 92
WHO (2005) Clinical Management of Rape Survivors, p. 32

- If there is a suspicion that the parent or guardian is involved in the abuse.
 - If there is a risk that the child would become a victim of retaliation, including physical or emotional abuse, expulsion from home or if the child's well being would otherwise be compromised.
 - If the child does not want his/her parents to know and is competent to make that decision. The age at which this is considered the case again depends of the laws of the country.
 - If a child is unaccompanied or displaced and has no responsible adult around.
- In many countries professionals working with children have the particular duty to report to authorities any suspicion about child abuse or neglect. The failure to report child abuse would constitute a crime. The safety of the child is in this situation more important than the confidentiality.
- In many countries health care professionals have the legal obligation to disclose information received during the course of a consultation. This limitation of confidentiality should be explained to parents.

Session 7.2 – HANDOUT 7.2.2: Survivor-centered communication with child survivors.

The phases of a conversation, assessment or interview

- The phases below are important for any conversation, assessment or interview with a child-survivor. As a professional working with children, you are bound by the rules in your country about consent and confidentiality.
- In many countries, professionals who receive a disclosure about child abuse or neglect, for instance in a conversation with a child, has the obligation to report this to the appropriate services. (See Handout 4.2.1)
- See also Handout 6.2.2

Phase 1: Preparing the child/building up rapport

- Introduce yourself; identify yourself as a helping person.
- Start by asking a few questions about neutral topics (school, friends or hobbies, past or future events) to establish the child's developmental level and to start building up a rapport with the child.
- Check with the child if s/he knows why they have come to see you. (*'Did anyone tell you the reason you are coming to see me today?'*)
- Ask for consent of the guardian and of the child, if his/her level of development allows it.
- Explain how information will be used and who will have access to it.
- Establish ground rules for the interaction, including permission for the child to say that s/he doesn't know; permission to correct the person who is asking questions, and the difference between the truth and a lie.
- Check whether the child wants a support person (often a parent) to stay during the conversation, assessment or interview, keep in mind, however, that the person accompanying the child may be complicit in the abuse!

Phase 2: Asking questions

- Explain why you will ask questions.
- Explicitly say that you ask questions to help, not because the child did something wrong.
- Tell the child you want to hear about his/her experiences and be as specific as you can.
- Start with a broad opening question to allow the child to tell what happened in his/her own words (free narrative). Allowing this helps to avoid that the child will try to "please the listener" with answers.
- Use open-ended questions, and always adapt your questions to the developmental level of the child (see below).
- Use encouraging statements throughout the interaction. Repeat that the abuse is not the child's fault.
- Return to points that need to be clarified by asking short and specific questions. (*"What did he look like?", "What day was that?", "Where were you?", "Who else was there?"*).
- Check regularly whether the child needs a break.

Phase 3: Closure

- Check the emotional state of the child.
- Ask if the child and/or guardian have further questions.
- Discuss follow up and possibilities for referral with the child and his/her guardian.
- Thank the child for his/her collaboration.
- Repeat confidentiality.

Other things to think about when you communicate with a child⁴⁵

- Make sure the child feels comfortable when you have a conversation. Do an assessment or conduct an interview. Sit at the same level as the child. Tell him/her that it is ok to be shy or afraid, not to know the answer to questions, etc.
- Be aware of the environment: is there something in the room that can distract a child (television, radio, noise, other people, a poster on the wall?). Allow a child to first look around and ask questions about the room before you start the conversation, assessment or interview.
- Keep in mind that often the child's answers will depend on who is present in the room.
- Avoid the use of technical terms; use the words the child uses; adapt your questions if the child does not understand you.
- Only ask one question at the time, keep questions simple.
- Avoid negatives (*Didn't you go there earlier?*).

- Use concrete terms over general terms ('a knife' instead of 'a weapon').
- Avoid asking children to speculate (*what would have happened if...*).
- Never ask exactly the same question more than once. This can make a child think the answer was incorrect, which can lead to inconsistent answers.
- Never force a child to speak, never threaten that something bad will happen when s/he refuses to speak (if you do so, you may repeat the manipulative style of the perpetrator).
- Interactions should be kept to age-appropriate times: 30 minutes for children under 9, 45 minutes for children between 10 to 14; 1 hour maximum for teenagers.

Developmentally appropriate communication

When we communicate with children, we always have to take into consideration their level of development. It affects the way a child understands events and communicates about it.

We particularly have to understand three areas of development:

- Linguistic development: refers to the children's acquisition of language skills. (*Which words does a child know? What type of sentences can a child understand and use? ...*)
- Cognitive development: refers to the acquisition of the ability to perceive and store information, to form abstract concepts and to reason about various ideas. (*Can the child think logically? Can s/he already use abstract concepts or does*

⁴⁵ Schuman, J.P., Prof. N. Bala, Prof. K.Lee. (1999). 'Developmentally Appropriate Questions for Child Witnesses', 25 Queen's L.J. 251-302

s/he understand things in a concrete, literal sense? Can s/he understand and use numbers? ...)

- **Emotional development:** refers to the child's emotional maturity. (*How does a child react to separation from parents, how does a child deal with frustration? How well can a child express and verbalise emotions?)*

The level of development of a child is influenced by many factors. In addition to the age of the child, other aspects of the environment have a significant impact on a child's developmental level, such as education, culture, nutrition, access to health care, social and family interactions or stressors (like war or violence) and their consequences (psychosocial and mental health problems, displacement).

The way we talk to an infant is different than the way we talk to a child in school age or an adolescent. Therefore:

- Always use language adapted to the child's developmental stage.
- Children's understanding of time, space and size is dependent on their level of development. Only older children should be asked to estimate these quantities in terms of concrete units. School-aged children can probably compare quantities to other quantities they know. Younger children can only say that something is 'big' or 'small' or 'long' or 'short'.
- Do not ask children under 10 (school age) to answer questions that involve abstract ideas like 'justice' or 'love'. Young children (younger than adolescents) cannot think in the abstract.
- Typical responses from young children are "No", or "I don't remember". They may give vague responses such as "to talk about bad things" or "to say what the man did," but they may fail to elaborate.
- With older children and adolescents, general questions often produce some information about sexual assault. These general questions are less useful with young children.

Session 8.1 – HANDOUT 8.1.2 : Identifying different forms of stress

General Definition Stress:

- Stress is an immediate, biological and psychological ‘alarm-reaction’ of a person when s/he is confronted with something that might be a threat. This threat might be a change in our internal or external environment to which we have to adapt or 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 or control well is experienced more negatively.

Day to Day Stress

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

Cumulative Stress

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

Burnout

- This is a response of our body and mind to prolonged occupational exposure to stress. Specifically, burnout is a reaction to demanding interpersonal situations that produce psychological strain and provide inadequate support.⁴⁶

Signs of Burnout⁴⁷

⁴⁶ Jenkins SR, Baird S (2002), Secondary traumatic stress and vicarious trauma: a validation study. J Trauma Stress 15(5):423-432.

⁴⁷ “Managing the Stress of Humanitarian Emergencies.” Geneva, July 2001, <http://www.reliefweb.int/rw/lib.nsf/db900SID/LGEL-5G8JQH?OpenDocument>

- Body reactions:
 - Chronic fatigue
 - Sleeping problems
 - Frequent headaches
 - Ulcers
 - Loss of appetite

- Emotional reactions
 - Depression
 - Anger
 - Irritability
 - Feeling frustrated or feeling 'trapped'

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

- Behaviour
 - Not showing up at work
 - Working very hard and long hours
 - Risk taking behaviour
 - Over consumption of alcohol, cigarettes...
 - Being in constant fights with colleagues or family/friends

Critical Incident Stress:

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

Signs of critical incident stress and secondary traumatisation:

- Taking your work "home" with you: This means that even when you are not at work, when you are home or with your own family, you are unable to stop thinking about work.
- Sleeplessness.
- Feeling very emotional during or after working with a survivor.
- Generalized anxiety.
- Feelings of being overwhelmed: like there is no way you can cope with what is happening around you.
- Feelings of incompetence: like you can no longer accomplish what you once did well.
- Listlessness, low-grade depression, never feeling happy or sad, just muted or numb.

- Intrusive thoughts of patients, families and extremely stressful events: dreams, nightmares, daydreaming, recurring images, vivid mental replaying of survivors experiences.
- Anger at survivors, families, the system, self and/or at staff /culture.
- Hyper-aroused or over-reacting to insignificant events (especially at home).
- Revenge fantasies.
- Haunting memories of one's own terrifying events.
- Emotional detachment to significant others (numbing, flat affect (see below), loss of humour).

Flat affect refers to a change in emotional response wherein a person expresses no emotion, no matter what he or she experiences.