PART 3
Strengthening Community-Based Care
Survivor-Centred Response Training
Welcome!

- Logistics
- Introductions
- Group norms
Module 1
Response to sexual violence
• The CC approach to community-based care
• Help-seeking
• Barriers to care and support
• Sources of care and support
• Services in our community

Module 2
A survivor-centred approach
• Elements of a survivor-centred approach
• Survivor-centred principles
• Coordinated multisectoral care and support
• Case coordination
Content

Module 3
Being child-centred
• Perspectives on children
• Children and sexual violence
• Being child-survivor-centred
• Foundations for responding to child survivors

Module 4
Communicating with survivors
• Introduction to communication
• Listening skills
• Interviewing skills
Module 1 Learning Objectives

1. Discuss the CC programme objectives, components and pathway to change.

2. Discuss the barriers to care facing survivors in the community.

3. Identify social norms that act as barriers to care and support for survivors.

4. List the formal and informal sources of care and support that survivors turn to in the community.

5. Be familiar with services for survivors in the community.
Topic 1 The Communities Care Approach

- Programme goal
- Objectives
- Components
- Principles
- Pathway to change
Goal

To create safer communities for women and girls through transforming harmful social norms that contribute to sexual violence into social norms that uphold women and girls’ equality, safety and dignity.
Programme objectives

**Objective 1**
To create an environment in which survivors can obtain holistic compassionate care and support from quality survivor-centred services.

**Objective 2**
To catalyse community-led action to reduce tolerance of sexual violence and to implement comprehensive prevention measures through transforming harmful beliefs and norms that foster sexual violence.
Components

Community-Based Care Component

1. Compassionate Survivor-Centred Care

Community Action Component

2. Community Work to Transform Social Norms
Programme principles

1. Sexual violence is a fundamental and unacceptable violation of human rights.

2. Preventing sexual violence involves promoting gender equality and promoting beliefs and norms that foster respectful, non-violent gender norms.

3. Participation and partnership are cornerstones of effective sexual violence prevention.
Team Competition Activity

The first team to put the cards in the correct order of the CC six step pathway to change will win the challenge!
Step 1 Strengthen community-based care and support for survivors

Step 2 Reflect on community values, beliefs and norms

Step 3 Explore beliefs and practices that contribute to sexual violence against women and girls and choose alternatives

Step 4 Commit to taking action to prevent sexual violence

Step 5 Communicate new positive norms with others in the community, as well as with different communities

Step 6 Build an environment that supports members of the community to sustain change
Where do survivors of sexual violence turn for HELP?
## Common physical consequences

<table>
<thead>
<tr>
<th>Acute</th>
<th>Chronic</th>
<th>Reproductive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• injury</td>
<td>• disability</td>
<td>• miscarriage</td>
</tr>
<tr>
<td>• shock</td>
<td>• somatic complaints</td>
<td>• unwanted pregnancy</td>
</tr>
<tr>
<td>• disease</td>
<td>• chronic infection</td>
<td>• unsafe abortion</td>
</tr>
<tr>
<td>• infection</td>
<td>• chronic pain</td>
<td>• STI, including HIV</td>
</tr>
<tr>
<td></td>
<td>• gastrointestinal disorders</td>
<td>• menstrual disorders</td>
</tr>
<tr>
<td></td>
<td>• eating disorders</td>
<td>• pregnancy complications</td>
</tr>
<tr>
<td></td>
<td>• sleep disorders</td>
<td>• gynecological disorders</td>
</tr>
<tr>
<td></td>
<td>• chronic fatigue</td>
<td></td>
</tr>
</tbody>
</table>
Psychological consequences

- Depression
- Anxiety and fearfulness
- Anger
- Shame, self-hate, self-blame
- Self-harming and suicidal thoughts and behaviour
- Low self-esteem
- Sexual disorders
- Traumatic stress
- Eating and sleeping disorders
- Substance abuse
Social consequences

- Blaming and social stigma.
- Rejection by family and community.
- Social isolation.
- Withdrawal from social and community life, including education.
- Reduced contribution to family and community life.
- Economic costs, including the costs of health and social services and the costs of losses in earning potential.
Small Group Activity

1. How do survivors respond to sexual violence in our community?
   - What are positive coping strategies that people use?
   - What are unhealthy/harmful strategies?

2. How does the community respond to sexual violence?
   - How does the community treat survivors?
   - Is it different for different types of violence? Whether it’s inside or outside the family? Different ages?
   - How has conflict impacted sexual violence?
Where and when people seek help

- Where and when a survivor seeks help depends on the person and the violence.

- Whether someone seeks help depends on if it’s perceived as wrong – if people don’t think it’s wrong, they may not seek help. Examples?

- Some people cope and recover on their own and don’t seek help from others.

- Some people need help to cope and recover but don’t tell anyone because of the shame, negative reactions and treatment by others – blame, rejection, re-victimization. How do we change this?
Where and when people seek help

• Sometimes people present immediately after an incident, other times it may be a long time after.

• There is no right way for someone to seek help; it depends on the person, her needs and the context.

• Survivors may seek help if their usual coping supports and mechanisms are not working.

• Someone else may bring them for help – this is especially common for child survivors.
Children, adolescents, men

Different groups in the community may face different challenges and barriers to getting help, e.g:

- male survivors may face different reactions from the community, such as being accused of homosexuality

- adolescents may be less able to access services

- children may be too frightened to tell anyone about what has happened
What help?

• Depends on the individual.

• Commonly, people seek help to address:
  - physical needs
  - safety needs
  - psychological, emotional and practical needs
  - legal rights and access to justice
Good community response

- Supports **healing and recovery** and restores physical and psychosocial health and well-being.

- Helps people **solve and cope with problems** that arise from their experience.

- Ensures **no further harm** is caused.

- Prevents **further violence**.

- Provides **access to justice** if available and appropriate.
Key points

- Different forms of sexual violence have different consequences
  - e.g., some forms cause serious physical injury; some cause more psychological or emotional distress.

- Responses immediately after an incident will be different from responding later
  - e.g., responding immediately after may involve meeting basic needs for safety and health.
Key points

• When people seek help, the way they are treated by the people they turn to can either support their healing or cause more harm.

• When we cause more harm to a survivor because of our attitudes and actions we are re-victimizing her.

• It is very important that we recognize the quality of care and support we provide affects a survivor’s recovery.
What are the BARRIERS facing survivors in our community?

What creates them?
Case Study Activity

1. Read through the case studies and list the possible barriers to getting help facing the survivor in each situation.

2. Discuss who each barrier affects; discuss possible solutions for each barrier identified and how each solution might work.
Common barriers

- Lack of awareness and knowledge among women and girls about their own rights, i.e., that they are entitled to live lives free of violence and to seek justice in cases of violence.
- Lack of knowledge about where to get help.
- Sexual violence viewed as normal.
- Fear of a partner’s or other family member’s reactions, including further violence.
- Fear of being blamed.
- Fear of not being believed.
Common barriers cont.

- **Fear of social consequences** for self and perpetrator (e.g., being ostracized or rejected; being forced to marry perpetrator; perpetrator being imprisoned).
- **Costs of services** (e.g., costs of registering at the hospital and receiving treatment, transport fees, costs of medical supplies, etc.).
- **Corruption** and need to pay extra costs, such as bribes, and perpetrator bribing officials.
- **Distance** to services.
- **Gaps in service availability and quality** - training, protocols.
- **Attitudes** of providers.
Key points

• Survivors face many barriers to getting help and the CC programme is working with partners to address these barriers where possible.

• Some barriers are easier to address than others, which may require significant resources or ongoing advocacy efforts.
A social norm is...

...a rule that members of a group are expected to follow by other members of the group.
Social norms review

- People follow social norms because they see other people following them and believe other people think they should follow them.

- Social norms tell people what behaviour is expected of them or what behaviour is forbidden.

- People follow some social norms even if they disagree with the norm because they see others doing it, believe others expect them to follow, too, and don’t want to be punished.
Small Group Activity

1. **Identify** whether the social norm stops survivors from coming forward for help or encourages survivors to come forward for help.

2. **Think about your experience** as a service provider or community member and discuss how the norm influences people’s attitudes and behaviour in the community and how that affects survivors.

3. **Develop a brief skit** illustrating the attitudes and behaviours of service providers, family or community members related to the social norm.
Key points

• Social norms can contribute to blaming survivors and to stigma that can stop survivors from coming forward for care and support.

• As service providers, we have a very important role in building and supporting positive norms in the community that reflect beliefs that perpetrators, not survivors, are to blame for sexual violence.

• Our own beliefs and behaviours can reflect social norms about sexual violence.
Individual Activity

What are all the sources of care and support for survivors in our community?
Formal

• **Medical and health-care systems** to address health needs may involve physical examination and treatment, forensic services, counselling and mental health/psychological care.

• **Social service and welfare systems** to address crisis and longer term psychosocial care may include emotional and practical support, information and advocacy, court support and community and family education.

• **Law enforcement, legal and justice systems** to ensure legal rights and protections may involve criminal investigation and prosecution. In some settings, they may involve customary justice systems.
Informal

- Friends and family.
- Local organizations and networks.
- Community and religious leaders.
- Women’s and children’s groups.
- Informal care and protection systems are incredibly important because:
  - they may be the only source of help that people choose to access;
  - they may be the only source of help available.
Children

- **Formal and informal protection systems** exist to protect children at risk of further sexual violence and provide support to families.

- **Education systems**, both government and non-government schools and other educational facilities, can assist child survivors.
Key points

• **Formal and informal sources of care and support are both important** in providing a good response.

• **Sources of care and support include** national and local authorities, traditional governance structures, religious groups, NGOs and CBOs, family and friends.

• **Not all survivors need or want all of this help**, and our job is to ensure that formal and informal care and support services are:
  - available (they exist)
  - accessible (people can use them)
  - good quality (they help healing and recovery and don’t cause further harm or ‘re-victimization’).
Small Group Activity

1. List all the services for survivors in the community.
2. Where are they are?
3. What services does each provide?
4. What are the costs associated with each service?
Module 2 Learning Objectives

1. List the three elements of a survivor-centred approach.
2. List the principles for responding to survivors of sexual violence and discuss how to put these principles into practice.
3. Assess how well their organisation/service applies survivor-centred principles in practice.
4. Discuss the importance of a coordinated response to sexual violence.
5. Know how to make referrals to other services.
6. Prepare an overview of the steps in the case management process.
Power OVER, Power TO,
Power WITH, Power WITHIN

1. How do acts of sexual violence reflect power over another person?
2. What kind of power might we want to build with survivors to help them recover from having power used over them?
3. How do we, as service providers, have power in relation to survivors?
4. How can we use that power to build power within and power to survivors?
A survivor-centred approach
A survivor-centred approach...

...puts the survivor at the centre of the helping process and recognizes each person:

- has equal rights to care, support and protection – regardless of the circumstances, every survivor should be treated with the same dignity and respect;
- will react differently to sexual violence – everyone is affected differently physically, emotionally, socially and spiritually;
- is unique and has different strengths, capacities, resources and needs;
- has rights, appropriate to her age and circumstances, to decide who should know and what should happen next.
Key points

• Every person is different; so is every community.

• Three elements of good survivor-centred response to sexual violence:
  - rights-based, survivor-centred principles in the helping process
  - coordinated care and support
  - compassionate and skilled practice by service providers
Topic 2 Survivor-Centred Principles

Safety
Confidentiality
Self-determination
Non-discrimination
Best interests of the child
Small Group Activity

1. Discuss:
   - What does the principle mean?
   - Why is it important?
   - How do we put it into practice?

2. Develop a short role play demonstrating how the principle can be put into practice.
Principle 1: Safety

Why is it important?

• Survivors may be at high risk of further violence, sexual and otherwise, from:
  - perpetrators
  - people protecting perpetrators
  - members of their own family

What does it mean?

• Every person has the right to be protected from further violence.

• Every child has the right to be protected from harm and as adults we have responsibilities to uphold that right.
Safety cont.

• The concept of safety includes physical safety and security as well as psychological and emotional safety.

• Consider the safety needs of:
  - survivors
  - family members and supporters
  - those providing care and support
Principle 2: Confidentiality

Why is it important?

• Confidentiality promotes safety, trust, dignity and empowerment.
• People have the right to choose to whom they will, or will not, tell their story.
• Breaching confidentiality inappropriately can put the survivor and others at risk of further harm.
• If service providers do not respect confidentiality, others will be discouraged from coming forward for help.

What does it mean?

• Confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned.
Limits to confidentiality

- There can be **exceptions to confidentiality**, and it is very important that the survivor (esp. children/young people and their carers) know what the limits are.

- Limits include:
  - situations in which there is the **threat of ongoing violence** or harm to a child and the need to protect them overrides confidentiality
  - situations in which **laws or policies require mandatory reporting** of certain types of violence or abuse against children
  - in our setting?
Principle 3: Dignity and self-determination

**Why is it important?**

- Every survivor has the right to be treated with respect and dignity and to make choices about what happens.
- Service provider response can either promote dignity and empowerment or cause further distress and harm.

**What does it mean?**

- Self-determination means respecting the dignity, wishes and choices of survivors and allowing them to be in control of the helping process by deciding who to tell and what action to take.
- Failing to respect dignity and self-determination can increase feelings of helplessness and shame, reduce the effectiveness of interventions, cause re-victimization and further harm, and perpetuate harmful norms.
Principle 4: Non-discrimination

*What does it mean?*

- All people have an equal right to the best possible assistance without unfair discrimination on the basis of:
  - gender
  - age
  - disability
  - race, ethnicity, tribe
  - colour
  - language
  - religious or political beliefs
  - status or social class
  - etc.
Principle 5: Best interests of the child

What does it mean?
• Every child is unique and will be affected differently by sexual violence, and decisions and actions affecting her should reflect what is best for the safety, well-being and development of that particular child.

Why is it important?
• The primary purpose of intervening is to provide care, support and protection for individual children.
Key points

• Following the principles promotes healing, recovery and empowerment.

• Not following the principles can have serious, harmful consequences, including:
  - increasing distress, shame and social isolation
  - exposing people to further violence and harm
  - discouraging others from coming forward for help
  - reinforcing harmful community attitudes and norms about survivors of sexual violence
What might happen if we don’t have **A COORDINATED SYSTEM** between different actors for supporting and referring survivors of sexual violence?
Aim of multi-sectoral approach

• To provide holistic and comprehensive care and support in line with guiding principles to:
  - promote safety and security
  - make medical treatment and health care available
  - facilitate emotional, psychological and social recovery through appropriate care and support
  - provide a law enforcement and criminal justice response, where it is available
A survivor-centred approach
Champions for change!

- Improve referral process between different services.
- Improve access to different services survivors may not have been aware of.
- Reduce how many times survivors need to repeat their story through better coordination and information sharing.
- Make sure survivor’s rights to privacy and confidentiality are respected and their consent is always obtained in the referral process.
- Provide support and advocacy for survivors with other service providers.
- Make sure that referral mechanisms are working and that referral protocols are adhered to.
Key points

• No matter what and how many services are available, coordination between all providers is essential.

• **Good coordination involves good communication** – understanding each other’s roles and responsibilities and how each service is linked to others, solving problems together and sharing information.

• **Regular interagency group meetings** should take place.
Team Activity

Teams have 30 seconds to draw a house, dog and tree, following these rules:

- do not lift the pen from the paper
- do not talk
- everyone must keep her or his hand on the pen
Case management definition

- **Case management** is a collaborative process of assessment, planning, facilitation, coordination, evaluation, and advocacy for options and services to meet an individual’s needs.
  
  - A case management approach is useful for helping survivors with multiple needs for care, support and protection.

- **Case work** is a social work method for helping individuals. Case workers are responsible for case management processes.
Case management objectives

1. Achieving good outcomes through service delivery tailored around individual needs and circumstances.

2. Empowering survivors through supporting their participation in decision-making according to their age and developmental level.
Case management steps

- Step 1: Introduction and engagement
- Step 2: Gathering information and assessing needs
- Step 3: Case planning
- Step 4: Implementing the plan
- Step 5: Follow-up and review
- Step 6: Case closure
Step 1 Introduction and engagement

- **Promote safety**, calmness, connectedness and help.

- **Give information** about who you are and what help you can offer.

- **Get consent** before proceeding with making referrals or sharing information.
Step 2 Information and assessment

• **Listen** to find out what has happened and what the situation is now.

• **Give information** and help the person identify her needs and problems, including:
  - safety and protection, particularly if the perpetrator is in the household or nearby
  - health – does the survivor need medical examination, treatment or forensic examination?
  - emotional and practical needs
Information and assessment cont.

• Does the person and her caregiver understand what the effects of the violence are?

• Is the survivor able to continue with normal activities, such as school?

• For adults and older children/adolescents, how does the survivor see the situation and what does she want to happen next?

• What supports and resources does the survivor have?

• Was the incident a crime? Does the survivor want to report to police or other authorities?
Step 3 Case planning

- **Give age-appropriate information** about the consequences and normal effects that can be expected from what has happened.

- **Give information about what services and supports** are available and what can be expected from these services and processes.

- **Plan with the person how to meet needs**, solve problems and make decisions about what will happen next.

- **Develop a simple written plan** specifying what action needs to be taken, by whom and when.
Step 4 Implementing the plan

• **Help put the plan into action** and make sure that she receives the care, support and assistance she needs.

• **Implementing the plan** can involve:
  - caseworkers providing direct services, e.g., emotional and practical support, providing education to families, etc.
  - referral, e.g., for health care, to police, for legal advice, to other services and helpers
  - support, e.g., accompanying the person to services, appointments, etc.
  - advocacy – speaking on behalf of survivors if they need and want this help
Step 5 Follow-up and review

- **Monitor** the case.

- **Make sure the survivor is safe** and getting the help she needs, and identify and overcome barriers or problems.

- **Identify new problems** and solutions.
Step 6 Case closure

• How long the case management process is active and the caseworker stays involved will depend on case.

• In some cases, the person may simply need to tell her story, get emotional support, information and help planning what to do next.

• In some cases, the length of time a caseworker is involved may be very short, a matter of days or weeks.

• In particularly complex cases or cases involving out-of-home care for children or prolonged court cases, the caseworker may stay involved for months or even years.
Key points

• Not all survivors will want or need case management – do not automatically assume that everyone needs or wants to go through this process.

• Some survivors may just want information and to be listened to.

• Case management in sexual violence response should be a supportive and empowering process, where the survivor is at the centre of the helping process and makes the decisions.

• The designated case management agency is responsible.
Module 3 Learning Objectives

1. Reflect on what influences our perspectives on children.

2. Identify different contexts and perpetrators of sexual violence against children.

3. Give examples of how to be child-survivor-centred in practice.

4. Discuss responsibilities for protecting children from sexual violence.
Reflecting back on CHILDHOOD...
Individual Activity

1. Think of someone in your childhood who was special because she or he said or did something that made a difference to your life.

2. Write a letter to that person explaining how they affected you and your life positively.
Large Group Activity

1. Listen to the statement.
2. Decide if you agree, disagree, are not sure.
3. Move to the sign.
Topic 2 Children and Sexual Violence

A child is...
Adolescence is...
Child sex abuse is...
Sexual exploitation is...
Facts

- Sexual violence occurs *throughout childhood, across contexts, cultures and classes.*
- Girls are *more than three times more likely than boys to experience sexual violence.*
- Sexual violence is *most often perpetrated by someone known to the child,* either from the family or within the family circle.
- *People outside these circles also perpetrate sexual violence against children.*
- *Particular groups of girls are more vulnerable,* e.g., children with disabilities.
- Sexual abuse of children *can include contact and non-contact behaviours.*
- Sexual assault, abuse and exploitation of children is *a hidden problem.*
Where does it happen?

• Home and family

• Schools and educational settings

• Community

• Work settings

• Care and justice institutions
Why is it hidden?

• Secrecy and shame.

• Norms about gender, sex and children.

• Most children never tell anyone because:
  - they don’t think anyone will believe them
  - they are scared of punishment or retribution or breaking up the family
  - they are ashamed or embarrassed
  - they think they are to blame or feel guilty
  - think they are strange in some way
  - they don’t want the abuser to get into trouble
  - violence, coercion and lack of consent may be considered ‘normal’
Why is it hidden? cont.

- Perpetrators may use strategies to stop children speaking out, e.g.:
  - making threats of violence to the child and family
  - giving gifts or money to keep children or others from telling
  - making friends with the family
  - convincing the child it’s his or her fault
  - convincing the child it will be bad for the child and his or her family if the child tells someone
Even when children tell us...

- Our attitudes about and towards children mean that we don’t listen to them or believe them.

- We sometimes don’t want to believe adults could do such terrible things.

- In cases of sexual abuse by people in power or authority, we might feel intimidated by their power and authority.

- Social norms can stop us from speaking out.
Topic 3 Being Child-Centred

What do being CHILD-CENTRED and CHILD SURVIVOR-CENTRED mean?
Child-centred means

• Putting the individual child and her best interests, needs and rights at the centre of what we do and how we do it.

• Remembering that every child needs to feel loved, protected, respected and recognized.
Child survivor-centred means

Promoting empowerment and respect for each child, recognizing that each:

- has equal rights to care, support and protection
- is different and unique
- will react differently to sexual violence
- has different strengths, capacities, resources and needs
- has rights, appropriate to her age and developmental level, to participate and have a voice in actions and decisions affecting her
Key points

• **Being child-survivor-centred involves:**
  - ensuring an environment that is safe and accessible for children/young people of different ages
  - ensuring that child survivors do not have to be subjected to multiple examinations and interviews

• **Ensuring that those interacting with the child:**
  - are skilful in communicating with children appropriate to their age developmental level
  - are able to communicate respect to the child/young person
  - are able to listen and to ensure the child’s/young person’s participation
  - adopt particular values and attitudes about sexual violence that recognize sexual violence as a human rights violation and do not blame the survivor
  - are compassionate
Key points

• **Safety:** We have an obligation to make children safe, which can be challenging when the violence occurs in the family.

• **Confidentiality:** There are exceptions to confidentiality – helpers need to understand and communicate the exceptions, which include:
  - cases in which there is the threat of ongoing violence or harm to a child
  - cases in which laws or policies require mandatory reporting of sexual violence

• **This is a complex and challenging area of work,** in which every case is different – we always need to assess the ‘best interests of the child’.
Topic 4 Foundations for Practice

Protective Environment

Child Rights
Layers of protection

- International
- State
- Community
- Family
- Child
Key points

• There are multiple ‘duty-bearers’ for protecting children from sexual violence – including the family and the community.

• There are legal obligations for protecting children at national and international levels.
Child rights

The UN Convention on the Rights of the Child (CRC) is the international legal norm that sets the human rights standards for children. This document, accepted by almost all states, says that children are entitled to protection, care and development.

The CRC defines a child as any human being below the age of 18 years.

The CRC reflects the needs of children for care and protection and for autonomy and empowerment.
Child rights and sexual violence

- Children need protection from sexual violence.
- Child survivors need care and protection.
- We have the duty and obligation to prevent and protect sexual violence against children.
- Children have the right to participate in decisions affecting them, e.g.:
  - they should be asked for their consent before a medical examination, assessment or interview
  - they have the right to participate and be heard in court cases about abuse or exploitation, etc.
  - procedures should be adapted to the stage of development of the child and should take in consideration the evolving capacities of the child
Module 4 Learning Objectives

1. Describe different ways that humans communicate.

2. Demonstrate effective verbal and non-verbal communication skills.

3. Describe the phases of an interview.

4. Demonstrate how to listen effectively to children.

5. Demonstrate basic skills in engaging and communicating effectively with survivors.
How do we exchange INFORMATION?
How do we exchange THOUGHTS?
How do we exchange FEELINGS?
Sending and receiving messages

- **Voice messages**
  - how we talk, the volume, tone and speed

- **Verbal messages**
  - what we say

- **Body messages**
  - messages we send with our face and other parts of our body, sometimes called ‘body language’.

- **Behaviour messages**
  - what we do
Voice messages

• When we are communicating with survivors, we need to think about:
  - volume – not too loud or soft
  - speed – not too fast
  - tone – think about the tone you use and how a survivor might perceive it

• This is especially important if we are communicating with someone who is distressed as shock or distress can affect a person’s capacity to communicate.
Verbal messages

• Good verbal communication involves clear and simple language, clarifying questions and checking for understanding.

• When speaking with children in particular, we need to:
  - use simple language and sentences
  - check that they have understood what we are saying and that we understand what they have said
  - encourage the child to speak freely
  - ask the right questions
Non-verbal messages

7% of communication is verbal, 38% is voice, 55% is non-verbal
anxious, angry, afraid, ashamed, apprehensive, agitated, annoyed, abandoned, bored, bitter, bewildered, crazy, choked up, confused, clever, calm, cheerful, concerned, content, cross, crafty, confident, distraught, desperate, defeated, distrustful, dishonest, depressed, delighted, disappointed, distressed, dismayed, desolate, deceived, defensive, disgusted, erratic, enraged, ecstatic, embarrassed, excited, energized, elated, fearful, furious, frustrated, frightened, fearless, fretful, flustered, forlorn, foolish, frantic, fulfilled, guilty, gloomy, glad, happy, humble, hurt, hopeful, humiliated, hostile, isolated, impatient, irritated, irate, infuriated, joyful, jovial, jealous, lonely, longing, lazy, lost, lustful, livid, loving, manic, mad, miserable, melancholy, nervous, overwhelmed, offended, outraged, overjoyed, petrified, pleased, proud, quiet, restless, relaxed, regretful, relieved, resentful, reassured, scared, sad, sensitive, stupid, smug, self-conscious, safe, shy, serene, sly, shocked, stressed, terrified, timid, tranquil, thrilled, tense, upset, uneasy, uncomfortable, unhappy, virtuous, victorious, worried, wistful, wounded, wary, worthless
Questions

- Were some emotions easier to guess than others? Why?

- Which non-verbal cues were most helpful in guessing the emotion?

- What can you assume if you can’t observe non-verbal communication?
Non-verbal communication and feelings

When working with survivors, particularly children, remember:

- it is always important to check your guess is right by reflecting back or by asking
- don’t assume that a survivor does not have feelings just because you can’t find any non-verbal clues
- it is very common for people in shock to appear as though they have no emotion - every person expresses feelings differently
- common non-verbal cues are: facial expression, body posture, seating (close or far), eye contact, holding body rigid or relaxed, use of hands or other nervous gestures
Culture and communication

• Different cultures have different ways of communicating, showing feelings, coping with sadness and trauma and giving comfort.

• How do we express our sadness in our culture? Anger? Joy?

• What does our culture teach us about emotions?

• Which emotions can we express openly?

• Is it different for men and women? For boys and girls?

• How do we comfort people in our culture? Is it different for children?
Children and communication

- Children often communicate through the language of PLAY:
  - imaginative and creative play
  - games and interactions with other children
  - drawing
  - singing
  - dancing
Key points

• Guidelines for communicating with survivors:
  - really pay attention to the survivor
  - listen to what she says and how she says it with your ears, eyes and heart
  - use simple language that is age-appropriate
  - ask open questions
  - check the survivor understands what you are saying and that you have understood him or her
Topic 2 Listening Skills

Listening Activities

1. Easy or hard?
2. Listening in pairs
3. Practice listening to children
Questions

• How did it feel to be listened to?
• How did it feel to listen?
• Did you feel your partner understood your problem?
• What body language communicated this understanding?
• How might it feel for a survivor of sexual violence to be really listened to?
A structured **CONVERSATION** or **INTERVIEW** has three phases:

1. **Introduction and rapport-building**
2. **Asking questions and getting the story**
3. **Closing**
Healing statements

“I believe you” promotes trust.

“I am glad that you told me” promotes relationship building.

“I am sorry this happened to you” expresses empathy.

“It’s not your fault” promotes non-blaming.

“You are very brave to talk with me and we will try to help you” promotes reassurance and empowerment.
Practice in Threes Activity

Take turns role playing how to open an interview, practicing:
- introductions
- answering the child’s questions
- establishing rapport
- explaining confidentiality
- using healing statements

Observer should take notes and provide feedback to the interviewer.
Closed and open questions

**Closed questions**
- Require a yes, no or short answer
- Are useful for getting factual information such as a person’s age, who she lives with, etc.
- Do not encourage discussion or expression

**Open questions**
- Encourage people to express themselves, their feeling and ideas
- Have no right or wrong answers
Closed to open questions

Change the questions from closed to open:

– Are you feeling sad today?

– Did you tell your mother what happened next?

– Did you feel scared?
Practice in Threes Activity

Take turns role playing how to open an interview, practicing:
- open questions
- closed questions

Observer should take notes and provide feedback to the interviewer.
Practice in Threes Activity

Take turns role playing how to close an interview, practicing:

- thanking the child
- valuing the child
- validating the child’s experience
- allowing opportunity for further questions
- creating the opportunity to meet again if in the child’s interests to do so

Observer should take notes and provide feedback to the interviewer.
Remember!

LISTEN TO HER STORY
TELL HER YOU BELIEVE HER
TELL HER SHE IS NOT TO BLAME