PART 3
STRENGTHENING COMMUNITY-BASED CARE

SECTION 2
CAPACITY BUILDING
TRAINING SESSIONS AND MATERIALS

PSYCHOSOCIAL RESPONSE
“all survivors need good quality care and support to help them heal and recover”
STRENGTHENING COMMUNITY-BASED CARE

CAPACITY BUILDING

2 DAYS • 2 MODULES

Strengthening psychosocial response to survivors of sexual violence

This two-day training on psychosocial response to sexual violence is for government, non-government and community-based workers and volunteers who provide psychosocial support to survivors. The aim of this training is to build knowledge and skills among psychosocial helpers in good practice in responding to survivors of sexual violence.

DON’T FORGET

Before participating in this training, it is necessary to complete:

• Three days of training on Sexual Violence, Social Norms and Self-Awareness found in Part One: Building Knowledge and Awareness of the Communities Care: Transforming Lives and Preventing Violence Programme (CC Programme) Toolkit.

• Four days of training on Putting Survivor-Centred Response into Practice, found in the second section of Part Three of the CC Toolkit, Strengthening Community-Based Care.
PART 3
Strengthening Community-Based Care

OVERVIEW

MODULE 1 UNDERSTANDING PSYCHOSOCIAL RESPONSE TO SEXUAL VIOLENCE

Psychosocial responses to sexual violence involves helping achieve a minimal level of well-being and social support for survivors and their families to assist them cope and recover from the emotional, psychological and social harms caused by sexual violence. Psychosocial services and supports are provided by government agencies responsible for welfare, social development, gender and children, and by non-governmental organizations (NGOs), community-based organizations (CBOs), charities, informal social groups, religious groups and others.

This module, for social services and community workers and volunteers, aims to provide these actors with a deeper knowledge and understanding about how sexual violence affects women and girls and what types of care and support are helpful in the process of recovery and healing. It also encourages participants to reflect on their own qualities as effective helpers. The importance of survivor safety is addressed, and participants have the opportunity to review current safety options and services in their community and to consider additional options if required.

MODULE 2 GOOD PRACTICE IN PSYCHOSOCIAL RESPONSE TO SEXUAL VIOLENCE

This module aims to increase participant’s knowledge about good practice in psychosocial response to sexual violence. It provides participants with more information on case management. It also provides participants with the opportunity to learn more about the medical and criminal justice response to sexual violence in their setting so they can provide survivors with the best possible information to make informed decisions about what action the survivors would like to take. Finally, this module provides participants with the opportunity to analyse dilemmas and complex cases based on the local context.

TOPICS

- **TOPIC 1:** Survivor reactions to sexual violence (1 hour)
- **TOPIC 2:** Psychosocial response to survivors (2 hours 30 minutes)
- **TOPIC 3:** Survivor safety (1 hour 30 minutes)

- **TOPIC 1:** Do’s and don’ts of psychosocial care (30 minutes)
- **TOPIC 2:** Case management (2 hours 30 minutes)
- **TOPIC 3:** Information for helping survivors (1 hour 30 minutes)
- **TOPIC 4:** Complex cases (1 hour 30 minutes)
ADAPTING THE TRAINING

Before delivering the training it is necessary to review the entire content and adapt it as necessary to your context. You will need to adapt it in two ways:

1. By ensuring the activities are appropriate to your context, for example that they are culturally acceptable and relevant. If you identify an activity that might not be appropriate, you need to substitute it with one that will enable you to achieve the same objective.

2. There are places in the training that you need to insert locally specific information or material or presentations from your context. Guidance about where and how to do this is contained in the notes to facilitators at the beginning of each module.

- Go through the modules and review all sessions, and make sure the activities are locally appropriate. Decide on alternative activities if needed.
- Read the facilitator notes for each module and make sure you have developed and inserted local information and material where indicated and planned for guest presentations before you do the training.

This training is made up of 2 modules, each of which is designed to be delivered in one day.
MODULE 1

Understanding psychosocial response to sexual violence

LEARNING OBJECTIVES

At the end of this module participants will be able to:

1. Overview common responses to sexual violence and barriers to disclosure in their community.
2. Describe types of psychosocial care and support that survivors of sexual violence find helpful.
3. Articulate their strengths as helpers and qualities they wish to develop.
4. Identify formal and informal sources of psychosocial care and support in their community.
5. Consult with relevant community-based actors and plan for improving survivor safety in the community.
6. Discuss responsibilities for protecting children and strengths and gaps in the current system for responding to sexual violence against children.

Participant handouts
- Handout 1: Pre-test
- Handout 2: Common responses to sexual violence
- Handout 3: Types of psychosocial help and helpers
- Handout 4: Crisis care
- Handout 5: Qualities of effective helpers
PART 3

Strengthening Community-Based Care

**Participant handouts**

**Handout 1:** Pre-test

**Handout 2:** Common responses to sexual violence

**Handout 3:** Types of psychosocial help and helpers

**Handout 4:** Crisis care

**Handout 5:** Qualities of effective helpers
### MODULE 1: Understanding psychosocial response

#### SCHEDULE | DAY 1

<table>
<thead>
<tr>
<th>TIME</th>
<th>CONTENT</th>
<th>SLIDES</th>
<th>Handouts</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00–9:45</td>
<td>• Welcome and introductions</td>
<td>1–4</td>
<td><strong>Handout 1:</strong> Pre-test</td>
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<td>• Logistics</td>
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<td>• Group norms</td>
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<td>• Content and objectives</td>
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<td>• Pre-test</td>
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<tr>
<td>9:45–10:45</td>
<td>• Survivor reactions to sexual violence</td>
<td>5–15</td>
<td><strong>Handout 2:</strong> Common responses to sexual violence</td>
</tr>
<tr>
<td>10:45–11:00</td>
<td>Morning tea</td>
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<tr>
<td>11:00–1:00</td>
<td>• Psychosocial response to survivors</td>
<td>16–23</td>
<td><strong>Handout 3:</strong> Types of psychosocial help and helpers</td>
</tr>
<tr>
<td>1:00–2:00</td>
<td>Lunch</td>
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<tr>
<td>2:00–2:30</td>
<td>• Psychosocial response to survivors</td>
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<td><strong>Handout 4:</strong> Crisis care</td>
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<td></td>
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<td></td>
<td><strong>Handout 5:</strong> Qualities of effective helpers</td>
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<tr>
<td>2:30–3:00</td>
<td>• Survivor safety</td>
<td>24–31</td>
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<tr>
<td>3:00–3:15</td>
<td>Afternoon tea</td>
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<tr>
<td>3:15–4:15</td>
<td>• Survivor safety</td>
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<tr>
<td>4:15–4:30</td>
<td>• Summary of day</td>
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<td>• Questions</td>
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NOTE TO FACILITATORS

Establishing group norms:

If you are facilitating this training with a group that has worked together in previous training you will need to review the group norms established on the first day of the training.

If the group has not yet worked together, you may wish to use the activity below to help explore and establish group norms.

1 Divide participants into small groups of four to six.
   Ask each group to do the following activity:
   - Reflect on how we have traditions that inform how we behave and interact on special occasions such as weddings, funerals or religious and cultural festivals. Choose one of these occasions and make a list of behaviours that are acceptable/unacceptable for it.
   - Imagine someone is visiting from a completely different place who does not speak your language or know anything about your culture. You do not want that person to be embarrassed because he or she behaves inappropriately. Think about how you will show the visitor what is acceptable and what is not acceptable behaviour.

2 Ask group members to role-play the occasion they have chosen, without speaking. Ask one member of each group to visit a neighbouring group.

3 After a few minutes, bring the whole group together into a talking circle and ask participants the questions below:
   - How easy is it to identify/demonstrate these ‘rules’?
   - Why do these ‘rules’ for special occasions exist?
   - What benefits come from having these ‘rules’?
   - What happens if someone breaks these ‘rules’?
   - What might happen if we had no ‘rules’ to follow at these special times?

4 Explain that during the training participants will be discussing sensitive and challenging topics. It is important that everyone can feel safe to do this. This means that the group should have its own special rules for how participants behave when they are together.
What ‘rules’ do participants want that will help them learn, share and develop together safely and without fear?

List the suggestions and develop these into a set of ground rules/group norms that everyone agrees with.

To prepare to facilitate this module, you need to do the following:

Make sure you have a good understanding of the psychosocial effects of sexual violence. You also need professional experience in responding to survivors to facilitate this module.

Go through the session plan and review all topics, and make sure the activities are locally appropriate. Decide on alternative activities if needed.

For the session on child survivor safety, you need to arrange for a representative from the relevant ministry (e.g., social or child welfare) or a child protection expert from a non-government organization to prepare and deliver a 30-minute guest presentation on the system for responding to children who are being sexually abused or exploited.

The presentation should cover the following:

- The legal framework for cases of sexual abuse or exploitation against children;
- Any government policies and procedures for responding to cases of child sexual abuse and exploitation;
- Polices, procedure and practices for providing safety to child survivors, such as out-of-home care for children.

You should identify the speaker well in advance of the training and if possible meet the speaker or speak with him or her about the information you would like the person to present. It may also be helpful to provide that person with an overview of the training and some of the content for the day so that the speaker will get a sense of how his or her presentation fits within the rest of the training. You may even want to suggest a few key messages for each of the topics listed above.

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**MODULE 1 SESSION PLAN**

**WELCOME AND INTRODUCTIONS—1 hour**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome, housekeeping</td>
<td>15 minutes</td>
<td>Welcome all participants and provide information about the facilities, other logistical issues and training timetable and content.</td>
</tr>
<tr>
<td>Introductions and ice-breaker</td>
<td>15 minutes</td>
<td>Facilitate an introductory activity so that everyone is familiar with each other and ready to get started.</td>
</tr>
<tr>
<td>Group norms</td>
<td>5 minutes</td>
<td>Review the group norms already established with participants or conduct an activity to develop group norms for the day (see Notes to facilitator for an example).</td>
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<tr>
<td>Objectives</td>
<td></td>
<td>Review SLIDE 4</td>
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<td>Review the objectives for this module.</td>
</tr>
<tr>
<td>Pre-test</td>
<td>20 minutes</td>
<td>DISTRIBUTE HANDOUT 1 and ask participants to complete the Pre-test.</td>
</tr>
</tbody>
</table>

**TOPIC 1: SURVIVOR RESPONSE TO SEXUAL VIOLENCE—1 hour**

<table>
<thead>
<tr>
<th>Task</th>
<th>Duration</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Survivor responses to sexual violence</td>
<td></td>
<td>SHOW SLIDE 5</td>
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<tr>
<td></td>
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<td>1. Remind participants that 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 towards her, we are re-victimizing her when she has come to us for help and support. This can be hugely damaging and harmful to the survivor. It also perpetuates the harmful social norms we have discussed before. It is very important that we recognize that the quality of the care and support we provide affects a survivor’s recovery in the short and long term. Ask participants to think back on the consequences of sexual violence.</td>
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<td>SHOW SLIDES 6–8</td>
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<td>2. Briefly review the emotional, psychological and social consequences and effects of sexual violence, and ask why it’s important that as helpers we understand the immediate and longer term effects of sexual violence.</td>
</tr>
</tbody>
</table>
1. Survivor responses to sexual violence (continued)

3. Ask and give examples of how the emotional, psychological and social consequences are interrelated; for example, how social stigma can lead to depression or how depression can lead to inability to care for children, etc. Ask how the way we respond as psychosocial helpers can make these consequences worse. Make sure you highlight that our actions as helpers can contribute to making the consequences worse or, on the other hand, help survivors cope better with the consequences.

4. Explain that in the same way that consequences of sexual violence are interrelated and can affect the whole person, our responses must also be interrelated and provide care and support for the whole person.

5. Make the point that the immediate and longer term responses to sexual violence are different.

SHOW SLIDE 9

6. Ask participants to discuss with the person next to them how people react immediately after a traumatic event or in a crisis situation.

7. After five minutes, discuss with the larger group and make sure the following points are covered:

SHOW SLIDE 10

- Levels of psychological distress can be very high in the first few weeks after the assault. These immediate effects can include the following:
  - shock, fear and feelings of helplessness and powerlessness;
  - feelings of personal safety are shattered;
  - physical symptoms (trembling, headaches, feeling very tired, not being able to eat or drink, not being able to sleep);
  - confusion, disorientation;
  - feelings of being outside one’s body;
  - sadness and crying;
  - being withdrawn;
  - not speaking at all;
  - not being able to care for themselves or their children.

8. Ask participants if these signs are familiar to them and if anyone would like to share any experiences of helping someone who was highly distressed.
SHOW SLIDES 11–12

9. Make the point that these reactions are common and normal responses, but how a person reacts to sexual violence varies from person to person and depends on the following factors:

- the age of the person (for example, children of different ages will react differently depending on their age and level of development);
- the nature and context of the violence (for example, was the perpetrator known and trusted, was the abuse ongoing, was physical violence used, were there multiple perpetrators, did the person fear for her life);
- the level of social stigma or acceptance (for example, was the person blamed for what happened);
- whether the person is believed and taken seriously (for example, if she is called a liar);
- if the person has support and resources to meet needs (for example, if she needed medical care but wasn’t able to access it);
- if there is a safe environment to recover;
- being able to exercise some control and choice in responding to the violence;
- if it happens on top of previous abuse or trauma;
- if the person has physical or mental illness or disability;
- if there is a risk of pregnancy or contracting an STI or HIV/AIDS.

10. Tell participants that most people never tell anyone after they experience sexual violence and ask participants why they think this is the case.

SHOW SLIDES 13–14

11. After responses from the group are exhausted, review reasons that most girls and women who have been sexually assaulted, abused or exploited never tell anyone:

- they are able to cope on their own;
- they are ashamed and embarrassed;
- they regard it as a private matter and don’t want anyone else to know;
- they experience self-blame or fear blame by others;
- they want to protect the perpetrator;
- the response from family, community and authorities can be so negative that survivors can be blamed, stigmatized, ostracized, punished and in extreme cases, even killed;
- they fear not being believed or being treated with hostility;
- there is no proof that the incident/s occurred;
- they don’t think what has happened is a crime or that it is serious enough to report to police;
- they fear the police and/or the legal process;
Psychosocial response

MODULE 1: Understanding psychosocial response

1. Survivor responses to sexual violence (continued)

• they don’t know how to report;
• they doubt that the justice system will provide redress.

12. Ask participants which of these reasons are common in their community and note them on a flipchart. Ask if there are other reasons survivors don’t tell anyone not mentioned here.

REFER PARTICIPANTS TO HANDOUT 2: Common responses to sexual violence

SHOW SLIDE 15

13. Conclude the session by making the point that as psychosocial helpers, we need to be aware:
• There are a range of common and normal responses to sexual violence.
• The way we respond can either help the survivor recover or can cause further harm.
• We need to think of ourselves as champions of change for individual survivors as well as change agents for promoting norms that are supportive of care rather than perpetuating norms that are harmful.

TOPIC 2: PSYCHOSOCIAL RESPONSE TO SURVIVORS–2 hours 30 minutes

2. Types of psychosocial help

Small group activity
1 hour

1. Tell participants as social workers, community workers and other helpers, we have a very important role in providing care and support to people who do seek help after experiences of sexual violence. Having an understanding of what type of help survivors of sexual violence find useful and how to best offer that help will enable us to support people’s healing and recovery.

SHOW SLIDE 16

2. Put participants into four small groups and ask each group to reflect on the psychological, emotional and social consequences for survivors of sexual violence in their community and to discuss these questions:
• What kind of help might survivors need to address these consequences?
• Who in our community provides this help?

3. After 30 minutes facilitate a large group discussion addressing the questions. Invite each group to briefly present its work.

REFER PARTICIPANTS TO HANDOUT 3: Types of psychosocial help and helpers

4. Review the handout as a group and make the point that collectively these types of help are called psychosocial care and support and the people and groups who provide this care and support are part of the social services and community sector. This sector is made up of government and non-government actors, including community groups, charities, self-help groups, etc.

SHOW SLIDE 17
2. Types of psychosocial help (continued)

5. Conclude by telling participants we need to remember that every person is different and unique, will be affected in different ways by sexual violence and may require different kinds of support and assistance from us.

3. Crisis support

*Discussion and role play*

1 hour

1. Ask participants if they have helped a woman or girl who has been recently sexually assaulted. If yes, ask what they did that was helpful to the person.

2. Tell participants that an incident of sexual violence, like other types of crisis or shock, can leave a survivor feeling emotionally overwhelmed, in a state of panic or anxiety and disconnected from themselves, their feelings and reality. There are simple but important things we can do to help survivors cope when they are in a situation of shock or crisis, and these things can help with psychosocial recovery.

3. Ask for suggestions of what helpful responses might be and note responses on a flipchart.

**SHOW SLIDE 18**

4. Review the actions for crisis support with the large group. As you are going through each action, invite and give concrete examples of how to do them:

   - Help the survivor feel safe.
   - Help the survivor feel calm.
   - Identify and assist with immediate needs, for example, for medical care.
   - Establish a human connection.
   - Facilitate the survivor’s social support.
   - Give helpful and factual information.

**SHOW SLIDE 19**

**Promote safety**

- Make sure the survivor is not at immediate risk of further harm.
- Help the survivor to meet immediate basic needs for food, water, shelter and emergency medical attention.
- Provide physical and emotional comfort.
- Provide repeated, simple and accurate information on how to get these basic needs met.

**SHOW SLIDE 20**

**Promote calmness**

- Stabilize survivors who are overwhelmed or disoriented.
- Provide an environment that is private, calm and quiet, as far as practical, and that is removed from stressful situations.
- Listen to the survivor if she wishes to share her story or feelings without forcing her to talk.
- Remember that there is no right or wrong way to feel.
3. Crisis support (continued)

- Be friendly and compassionate.
- Offer accurate information about the effects of sexual violence and reassure her that what she is feeling is normal.

**SHOW SLIDE 21**

**Promote connectedness**

- Help the survivor to identify who in her family or social network can be with her and give her support.
- Engage the survivor in meeting her own needs.
- Help the survivor (or her carer) to prioritize problems and make decisions to solve them.
- Reassure the survivor that her feelings are normal.

**SHOW SLIDE 22**

**Promote help**

- Give the survivor information about the effects of sexual violence.
- Give the survivor information about services available to help her.
- Refer the survivor to available services with her consent.
- Offer practical help to people to address immediate needs.
- Provide information on coping with stress.

5. Ask for volunteers to role-play a situation in which a survivor has come for help immediately after being sexually assaulted by a stranger. Spend a few minutes privately with the person who will play the survivor to develop a story and discuss her circumstances. If there are no volunteers, you should do the role playing to demonstrate first.

6. After the role playing, ask the group to provide constructive feedback to the person playing the helper.

7. Allow as many volunteers as time permits.

**REFER PARTICIPANTS TO HANDOUT 4: Crisis support**

4. Effective psychosocial helpers

**Individual reflection and brainstorming**

30 minutes

1. Ask participants to make themselves comfortable and close their eyes, then slowly take them through the following visualization exercise.

   “Imagine you have a very embarrassing, private and personal problem. This problem has been worrying you for quite a while and you can no longer keep this problem to yourself. You need to get help from another person to resolve this problem.

   “Imagine the ideal person to tell your problem to. How would the person react? How would he or she treat you afterwards? What would this person say and do?”
4. Effective psychosocial helpers (continued)

2. After giving participants some time to think about this person, ask them to open their eyes and reflect on the qualities of this person. Encourage them to take a few minutes to write down these qualities.

3. After a few minutes, brainstorm as a group a list of the qualities of an ideal helper.

REFER PARTICIPANTS TO HANDOUT 5: Qualities of effective helpers

4. As a large group, review the list together, then ask participants to go through the list and tick the qualities they think they already possess and identify the qualities they need to work on. Ask them how they can practice developing those qualities.

5. Ask participants what they think good helpers might need to know to effectively help survivors and their families.

SHOW SLIDE 23

6. When participants responses are exhausted, mention the following if not already mentioned:
   - The consequences of sexual violence and common reactions.
   - What services and supports are available and what survivors can expect from those services, in particular, the health system and criminal justice system.
   - How to make referrals.
   - How to advocate on behalf of a survivor.
   - What the law says and what a survivor’s legal rights are.

TOPIC 3: SURVIVOR SAFETY–1 hour 30 minutes

5. Survivor safety

   Large and small group discussion
   1 hour

SHOW SLIDE 24

1. Ask participants what the word safety means and note answers on the flipchart.

2. Ask how sexual violence makes people unsafe and when there are no more responses from the group, tell participants that acts of sexual violence violate a person’s physical and psychological safety. Safety can also be a very serious problem for survivors who tell someone about what has happened to them. Ask the group why that is.
5. Survivor safety (continued)

SHOW SLIDE 25

3. Ask participants to share their experiences and examples from their community about harm or further violence caused to survivors who have reported or disclosed sexual violence.

Note: If participants do not have examples, give examples from your experience, making clear the very real threats and risks to safety of survivors as well as those assisting them.

SHOW SLIDE 26

4. Survivors who disclose sexual violence may be at high risk of further violence or harm from:
   • perpetrators;
   • people protecting perpetrators;
   • members of their own family because of notions of family ‘honour’.

SHOW SLIDE 27

5. Remind participants that survivors have the right to safety and this refers to both physical safety and security and to a sense of psychological and emotional safety, or freedom from fear.

SHOW SLIDES 28–29

6. Make the point that formal protection actors, such as police, have a role in survivor safety, but that the social services and community welfare sector also has an important role in promoting safety through taking the following actions:
   • Provide a safe place where survivors can come for compassionate support, comfort, information and help to decide what to do next.
   • Provide support for people in crisis or distress to feel calm, in control and empowered to manage their response and meet their own needs.
   • Make sure everyone involved in supporting survivors is aware of the importance of safety.
   • Maintain confidentiality.
   • Help adults identify their safety needs and options.
   • Assess risk of further violence for child survivors and take action to make them safe when others in the child’s family are unable to.
   • Provide safe shelter options.
5. Survivor safety (continued)

SHOW SLIDE 30

7. Put participants into small groups and ask them to identify the following:
   - current safety options in the community for adults and children where there is the threat of further violence;
   - possible community solutions where safety options are inadequate.

8. After 15 minutes, bring the groups back together and review their ideas.

SHOW SLIDE 31

9. Conclude the session by making the following points:
   - There are many different ways of providing safety in a community, and safe shelter is just one option.
   - All of the actors involved in response need to work together to identify the best safety options for their community, taking into account available resources and security.

6. Making child survivors safe

You need to arrange for a representative from the relevant ministry (e.g., social or child welfare) or a child protection expert from a non-government organization to prepare and deliver a 30-minute guest presentation on the system for responding to children who are being sexually abused or exploited.

Guest presentation
30 minutes

1. For this session, a representative from the relevant ministry (e.g., social or child welfare) or a child protection expert from a non-government organization will deliver a 30-minute guest presentation on the system for responding to children who are being sexually abused or exploited in this context, covering these points:
   - the legal framework for cases of sexual abuse or exploitation against children;
   - government policies and procedures for responding to cases of child sexual abuse and exploitation;
   - policies, procedures and practices for providing safety to children, such as out-of-home care for children.

2. After the presentation, facilitate a discussion about the strengths and gaps in the current system for protecting child survivors and making them safe from further violence.
### SUMMARY AND CLOSING—15 minutes

**Questions and summary**

- Allow time for questions that have not yet been addressed.
- Provide a summary of the topics covered during the module.
Pre-test

Please remember that this is a pre-test. It is happening before you have taken part in the training or had the opportunity to learn more about the topics. Do not be surprised or upset if you find that you cannot answer many of the questions. Just do your best.

Name: ________________________________________________________________

1. List four common responses that you might see when a survivor comes to you for psychosocial help immediately after a sexual assault.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

(4 marks)

2. List four barriers that might prevent a survivor from disclosing that she has suffered a sexual assault.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

(4 marks)

3. The way that psychosocial service providers respond to survivors of sexual violence can do further harm.

True  False

(1 mark)

4. It is important that all those providing psychosocial support to survivors of sexual violence understand how to prevent secondary victimization.

True  False

(1 mark)

5. Psychosocial helpers may be required to provide support in a crisis: What should they pay particular attention to?

a) promoting safety  b) promoting calm  c) promoting connectedness  d) promoting help  e) all of the above

(1 mark)
6. List four qualities of effective psychosocial helpers.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
(4 marks)

7. It is good practice for psychosocial helpers to tell survivors what they ought to do, especially when the survivor seems confused.

True  False
(1 mark)

8. It is good practice for psychosocial helpers to establish a case management system—with case workers trained to provide support and advocacy to help survivors access needed services.

True  False
(1 mark)

9. Before sharing information about a survivor or referring her to another service, psychosocial helpers must obtain the survivor’s written consent.

True  False
(1 mark)

10. Written records should never be destroyed as they may be needed in a court case, even if there is a chance that they may be found and read by others.

True  False
(1 mark)

11. What does the phrase ‘limited confidentiality’ mean?

   a) A psychosocial helper only has limited responsibility to maintain confidentiality.
   b) A survivor has given permission to share some information.
   c) It may not be possible to keep all information in a particular case confidential.
   d) There may be legal or other obligations that override the survivor’s right to confidentiality.
   e) None of the above.

(1 mark)

(Total 20 marks – multiply by 5 to give percentage score)
**HANDOUT 2**

Common responses to sexual violence

**Common responses immediately after sexual violence**

- shock, fear and feelings of helplessness and powerlessness
- feelings of personal safety are shattered
- physical symptoms (trembling, headaches, feeling very tired, not being able to eat or drink, not being able to sleep)
- confusion, disorientation
- feelings of detachment and being outside one's body
- sadness and crying
- being withdrawn
- not speaking at all
- not being able to care for themselves or their children

Psychological distress can be very high in the first few weeks after an assault, and it's important that survivors understand these are normal and common responses.

**Secondary victimization**

- The psychosocial burden already carried by survivors can be made much worse by the responses of others.
- Negative responses regarding the assault or abuse by those closest to them (family members, friends) and by service providers can contribute to 'secondary victimization'.
- Such victimization is likely to exacerbate existing psychological distress.
- Secondary victimization by service providers is a major preventable form of harm to the survivor and should be a priority for all helpers working with survivors of sexual violence.
**Factors affecting how a person responds**

- the age of the person (for example, children of different ages will react differently depending on their age and level of development)
- the nature and context of the violence (for example, was the perpetrator known and trusted, was the abuse ongoing, was violence used, were there multiple perpetrators, did the person fear for her life)
- the level of social stigma or acceptance (for example, if she was blamed for what happened)
- whether the person is believed and taken seriously (for example, if she is called a liar)
- if she has support and resources to meet needs (for example, if she needed medical care but wasn’t able to access it)
- if there is a safe environment to recover
- being able to exercise some control and choice in responding to the violence
- if it happens on top of previous abuse or trauma
- if she has physical or mental illness or disability
- if there is a risk of pregnancy or contracting an STI or HIV/AIDS

**Reasons for not telling someone**

- shame and embarrassment
- regard it as a private matter and don’t want anyone else to know
- self-blame or fearing blame by others
- wanting to protect the perpetrator
- thinking what happened is normal
- the response from family, community and authorities can be so negative that survivors can be blamed, stigmatized, ostracized, punished and, in extreme cases, even killed
- fear of not being believed or being treated with hostility
- lack of proof that the incident/s occurred
- not thinking what has happened is a crime or not thinking it is serious enough to report to police
- fear of the police and/or the legal process
- not knowing how to report
- doubt that the justice system will provide redress.
Types of psychosocial help and helpers

Different types of psychosocial support provided by formal and informal sources help survivors manage immediate responses to sexual violence, as well as meet longer term needs. Compassionate listening, providing information and referral, advocacy, and help with formal processes, such as medical examinations, are the foundations of quality community-based care for survivors.

**Types of help survivors find useful**

- caring, non-judgmental listening, support and comfort in a safe environment
- information about consequences, rights and what help is available
- assistance with meeting basic immediate needs (e.g., for medical care, clothing, etc.)
- referral and advocacy to get required services
- safety and protection from further violence and harm
- support for family and community acceptance and reintegration
- longer term support to cope with difficult emotions and ongoing psychological distress
- skills training, livelihoods and other economic support

**Formal service providers**

- social workers and other staff from government ministries of social welfare, child protection, health, etc.
- social and community workers from non-government organizations
- social and community workers and volunteers from community-based organizations and groups, such as women’s groups, child welfare groups and networks, religious charities

**Informal sources of care and support**

- friends
- family
- peers
- community leaders
- traditional healers
- religious leaders
Crisis care

Promote safety
- Make sure the survivor is not at immediate risk of further harm.
- Help the survivor to meet immediate basic needs for food, water, shelter and emergency medical attention.
- Provide physical and emotional comfort.
- Provide repeated, simple and accurate information on how to get these basic needs met.

Promote calm
- Stabilize survivors who are overwhelmed or disoriented.
- Provide an environment that is private, calm and quiet, as far as practical, and one that is removed from stressful situations.
- Listen to the survivor if she wishes to share her story or feelings without forcing her to talk.
- Remember that there is no right or wrong way to feel.
- Be friendly and compassionate.
- Offer accurate information about the effects of sexual violence, and reassure her that what she is feeling is normal.

Promote connectedness
- Help the survivor to identify who in her family or social network can be with her and give her support.
- Engage the survivor in meeting her own needs.
- Help the survivor (or her carer) prioritize problems and make decisions to solve them.
- Reassure the survivor that her feelings are normal.

Promote help
- Give the survivor information about services available to help her.
- Refer the survivor to available services with her consent.
- Offer practical help to people to address immediate needs.
- Provide information on coping with stress.
Qualities of effective helpers

Negative responses to survivors by those closest to them (family members, friends), and others they turn to for help, including social workers, health workers and the criminal justice system, can contribute to ‘secondary victimization’.

Such victimization is likely to exacerbate existing psychological distress and delay recovery from the initial trauma. Secondary victimization is a major preventable form of harm to the survivor and should be a priority for all professionals and other support people working with survivors of sexual violence.

To prevent secondary victimization and to promote recovery, effective helpers can do the following:
- show they believe what the survivor says
- acknowledge survivor’s feelings and tell her that her emotional reactions are normal
- give information and help survivors make their own decisions on what is best for them
- provide survivors with information and referral to other services that could help

Effective helpers are:
- Caring
- Respectful
- Supportive
- Accepting
- Sensitive
- Patient
- Trustworthy
- Approachable
- Calm
- Problem solvers
- Knowledgeable
- Helpful
- Compassionate
- Good listeners
- Reliable
- Honest
- Non-judgmental
- Empathetic
- People with good communication skills
- Flexible
MODULE 2

Good practice in psychosocial response to sexual violence

LEARNING OBJECTIVES
At the end of this module participants will be able to:

1. Know basic good practice in psychosocial response to sexual violence.

2. Describe the purpose and steps used in a case management approach to working with survivors of sexual violence.

3. Explain the medical and criminal justice response to survivors of sexual violence in their setting to help survivors make informed decisions.

4. Identify ethical and other challenges in working with survivors of sexual violence and be aware of the importance of resolving those challenges in a manner that promotes the safety and rights of the survivor.

Participant handouts
Handout 1: Good practice in psychosocial response to sexual violence
Handout 2: Case management forms
Handout 3: Case studies – to be prepared by facilitator.
Handout 4: Confidentiality and mandatory reporting
Handout 5: Post-test
PART 3
Strengthening Community-Based Care

Participant handouts

Handout 1: Good practice in psychosocial response to sexual violence
Handout 2: Case management forms
Handout 3: Case studies – to be prepared by facilitator.
Handout 4: Confidentiality and mandatory reporting
Handout 5: Post-test
### MODULE 2: SCHEDULE | DAY 2

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NOTE TO FACILITATORS

To prepare to facilitate this module, you need to do the following:

Go through the session plan and review all topics, and make sure the activities are locally appropriate. Decide on alternative activities if needed.

**TOPIC 1:** To facilitate the team competition activity you will need to make one copy of the statements on do’s and don’ts in psychosocial response for each small group found in the Activity Sheet at the end of the session plan, before the handouts. Cut each set of statements out, mix them up and give one set to each small group.

**TOPIC 2:** When facilitating the session on case management you need to be aware if there is already a case management system in place in your setting, and distribute and review the case management forms being used rather than the ones in the handout.

**TOPIC 3:** You will need to arrange for two guest presenters.

The first will give an overview of the relevant health-care system and process and what survivors can expect if they seek post-rape or other sexual violence health care, covering these points:

- The process of medical examination and treatment – who conducts the examination, where does it take place, what do they do, who else is present?

- What services are available and how much do they cost, e.g.:
  - preventing disease, for example, STIs;
  - post-exposure prophylaxis for HIV;
  - preventing unwanted pregnancy;
  - treating injuries;
  - providing counselling and treatment for psychological trauma;
  - referring to other care when needed;
  - providing follow-up care to the survivor.

The second presenter will give an overview of the law enforcement and the criminal justice system, covering these points:

- What forms of sexual violence are criminalized and what the law says, including mandatory reporting laws.

- What survivors can expect if they report to police and if the matter proceeds to court, such as these considerations:
  - who will interview them at the police station;
  - what if police do not press charges;
- who decides if a matter proceeds to court;
- where is the court;
- what happens in the court process;
- how much it costs;
- how long it takes;
- what percentage of cases reported proceed to court and of those that proceed to court, what percentage result in conviction;
- the legal rights of survivors.

- Who is available to support survivors and witnesses and their families through this process to give them help with the following matters:
  - legal advice;
  - keeping them informed of legal proceedings.

**TOPIC 4:** To facilitate the session on complex cases you will need to develop a handout with case studies so that participants can have the opportunity to learn about, reflect on and analyse complex cases and ethical dilemmas. You will need to develop case studies drawn from the local context based on the following factors:

**Case study 1:** should illustrate a dilemma in relation to confidentiality; for example, a 14 year old who does not want her family informed that she has been raped because there is a high likelihood that if they are told they will throw the girl out of the house for bringing shame on them.

**Case study 2:** should illustrate a dilemma in relation to mandatory reporting; for example, a case in which reporting is not in the child’s best interests, as in a case in which a 15-year-old girl is having a consenting sexual relationship with her boyfriend of the same age and has been caught by her parents, who want the boy charged with rape.

**Case study 3 and 4:** should reflect complex cases; for example, a case of early marriage in which a girl has run away from a forced marriage but whose parents are threatening to beat her, punish her and send her back.

If sexual exploitation of girls is common, you could include a case study in which a girl has come forward to report she is being sexually exploited and her parents are denying it.
## INTRODUCTION—15 minutes

### Welcome, housekeeping

**15 minutes**

- **SHOW SLIDE 32**
- Review objectives for Module 2

## TOPIC 1: DO’S AND DON’TS OF PSYCHOSOCIAL CARE—30 minutes

- **To do**

  You will need to make one copy of the statements on do’s and don’ts in psychosocial response for each small group found in the Activity Sheet at the end of the session plan. Cut each set of statements out, mix them up and give one set to each small group.

### SHOW SLIDE 33

1. **1. Do’s and don’ts in psychosocial response to sexual violence**

   **Team Competition**

   **30 minutes**

   - Put participants into small groups of four to six people and distribute a set of cut out and mixed up ‘actions’ (found in the Activity Sheet at the end of the session plan), a sheet from a flipchart with two columns labeled ‘Do’s’ and ‘Don’ts’, and some sticky tape to each group. Tell each team they have to read each statement, decide together whether it is something that should or should not be done as part of good practice in psychosocial response and stick each in the column with the corresponding heading. Tell them a prize will go to the group who completes the task first and also has the most correct answers.

   2. Allow each team to complete the task, noting the order in which they finish. After all teams have finished, start with the team that finished first and have them read their list of ‘Do’s’ out. If they do not have all the correct actions in the ‘Do’s’ column, go to the group that finished next and give them a turn. Allow each group to have a turn until one group has all the actions in the right column. If no team has all the correct actions in the right column, allocate the prize to the team with the most correct actions in the ‘Do’s’ column.

   - **REFER PARTICIPANTS TO HANDOUT 1: Good practice in psychosocial response to sexual violence**

   3. Briefly review the list in the handout, allow participants to ask questions and clarify each point.
TOPIC 2: CASE MANAGEMENT–2 hours 30 minutes

2. Steps in case management

Presentation and large group discussion 1 hour 30 minutes

1. Tell participants that to avoid the horrible and harmful situation of people being interviewed many times and not getting the right information and help, we need a system for coordination among everyone involved with a survivor so that all community-based response actors work together and know what their role is.

SHOW SLIDE 34

2. Review the definition and objectives of case management and emphasize that case management is a structured way of providing help. It involves one organization, usually a psychosocial support or social services agency, taking responsibility for making sure that all the issues and problems facing a survivor and her family are identified and followed up in a coordinated way.

SHOW SLIDES 35–41

3. Remind participants of the six basic steps in case management. Give an overview of the six steps in case management and go through each step, asking participants first what they think the step involves, reviewing the step and then discussing the tasks in each step.

Step 1: Introduction and engagement
This step involves making the person feel safe and calm and giving them information about who you are and what help you can offer. It also involves making sure the person gives consent if you are going to proceed with making referrals or sharing information. We covered these in the topic on psychosocial response. The main tasks in this step are to do the following:

- Greet and comfort the survivor.
- Obtain permission to proceed with any referral to services.

Step 2: Gathering information and assessing needs
This step involves listening to the person (and her caregiver in the case of children) to find out what has happened and what the situation is now, giving information and helping the person identify her needs and problems. Immediate needs might include any of the following:

- The survivor might need safety and protection, particularly if the perpetrator is in the household or nearby.
- Health – does the survivor need medical examination, treatment or forensic examination?
- Does the survivor have immediate emotional and practical needs? How is the person feeling and coping? If it was a recent incident, is she still distressed or frightened?
2. Steps in case management (continued)

- Does the person and, in the case of children, her caregiver, understand what the effects of the violence are and the possible consequences? Is the survivor able to continue with normal activities, such as school? In the case of children, is the child’s behaviour causing problems?
- 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, if relevant?

Step 3: Case planning
This step involves the following steps:
- Give information to survivors (age-appropriate information to a child/young person and her carer) 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 (for example, explaining what might happen during a medical examination, during police interview, etc.).
- Plan with the person how to meet identified needs, solve problems and make decisions about what will happen next.
- Develop a simple written plan specifying what actions need to be taken, by whom and when.

Step 4: Implementing the plan
This step involves helping the person put the plan into action and making sure that she receives the care, support and assistance she needs.

This step might involve the following:
- Caseworkers providing direct services; for example, 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 – accompanying the person to requested services, appointments, etc.
- Advocacy – speaking on behalf of survivors if they need and want this help

Step 5: Follow-up and review
This step involves monitoring the case, making sure the survivor is safe and getting the help she needs, and identifying and overcoming barriers or problems.
2. Steps in case management (continued)

Step 6: Case closure

Because we can’t stay involved forever, when all needs have been met and outside help is no longer needed, we need to close the case.

- How long the case management process is active and the caseworker stays involved will be different in every 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 other cases, the length of time a caseworker is involved and the frequency with which she sees clients may be very short, a matter of days or weeks. In other cases, 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.

4. Make sure participants are aware of the designated agency or group already responsible for case management. For example, in situations in which there is a formal child protection system operating, it might be the government agency responsible for children and families or child welfare. In other places, there might be an NGO working on issues of violence against women or child rights, or community volunteers.

SHOW SLIDE 42

5. Conclude the session by making the following points:

- Not all survivors will want or need case management – we must not automatically assume that everyone needs or wants to go through this whole process. Some survivors may just want information and to be listened to. This goes back to the point about survivors being empowered and their right to self-determination.
- Case management in sexual violence response should be a supportive and empowering process, one in which the survivor is at the centre of the helping process and makes the decisions.
- Case management is most useful in cases in which there are multiple needs and services involved. For example, if a survivor simply wants help accessing health care, a case management process might not be appropriate – we could simply make a referral and provide some support and advocacy.
You need to be aware if there is already a case management system in place in your setting, and distribute and review the case management forms being used.

3. Using case management forms

**Presentation and discussion**

**1 hour**

1. Tell participants that regardless of who is responsible for case management, there needs to be a way of documenting the case, making referrals and communicating with other actors in a manner that is in line with the principles of working with survivors and the best interests of the child.

**REFER PARTICIPANTS TO HANDOUT 2: Sample case management forms**

2. Review the forms one by one and go through each in detail, explaining how to use it.
   - Intake and assessment form
   - Consent form
   - Case plan
   - Case notes

Make sure the following points are made:

- The forms must be stored in a safe place where only the case worker and supervisor can access them.
- You need to have a contingency plan in place to move or destroy all written information if there is any risk of the forms being accessed by other people, for example, because of insecurity.
- The forms are a tool – sometimes people make the mistake of thinking it’s more important to fill the forms in than to concentrate on listening to the survivor.
- If possible, it’s best that case workers be trained to listen to the survivor’s story and fill the form in after the interview so that they are not distracted by the forms.

You will arrange for guest presentations on the health care system and the law enforcement and justice system in your context.

**TOPIC 3: INFORMATION FOR HELPING SURVIVORS—1 hour 30 minutes**

4. Understanding health care

**Guest Presentation**

**45 minutes**

**SHOW SLIDE 43**

1. Tell participants that to provide good information to survivors who seek help from us, we need to have accurate and up-to-date information to give them. Although we looked at what services are available in the survivor-centred response training, psychosocial helpers need to be able to explain to survivors exactly what they can actually expect if they choose to access services.
### 4. Understanding health care (continued)

2. Explain that to make sure they have good knowledge about what survivors can expect, we are going to have two guest presentations, one on health care for survivors and one on the law enforcement and justice process for survivors.

3. Have the guest presenter give an overview of the health-care system and process and what survivors can expect if they seek post-rape or other sexual violence health care, covering these points:
   - The process of medical examination and treatment – who conducts the examination, where does it take place, what do they do, who else is present?
   - What services are available and how much do they cost, e.g.:
     - preventing disease, for example, STIs;
     - post-exposure prophylaxis for HIV;
     - preventing unwanted pregnancy;
     - treating injuries;
     - providing counselling and treatment for psychological trauma;
     - referring to other care when needed;
     - providing follow-up care to the survivor;
     - collecting forensic evidence.

### 5. Understanding law enforcement and criminal justice responses to sexual violence

Guest presentation

45 minutes

Have a guest presenter give an overview of the law enforcement and the criminal justice system, covering these points:

- What forms of sexual violence are criminalized and what the law says, including mandatory reporting laws.
- What survivors can expect if they report to police and if the matter proceeds to court, such as these considerations:
  - who will interview them at the police station;
  - what if police do not press charges;
  - who decides if a matter proceeds to court;
  - where is the court;
  - what happens in the court process;
  - how much it costs;
  - how long it takes;
  - what percentage of cases reported proceed to court and of those that proceed to court, what percentage result in conviction;
  - the legal rights of survivors.
- Who is available to support survivors and witnesses and their families through this process to give them help with the following matters:
  - legal advice;
  - keeping them informed of legal proceedings;
  - court support and other practical assistance with the court process, such as transport.
6. Ethical dilemmas and complex cases

Case studies
1 hour and 30 minutes

SHOW SLIDE 44

1. Tell participants that, as they probably know, working in the area of sexual violence is difficult and complex. For example, what should we do when mandatory reporting results in an action that is not in the survivor’s best interest, such as being removed from her family and placed in an institution or being imprisoned? No two people or cases are the same, and we are often faced with ethical dilemmas and difficult decisions.

2. Ask participants for examples of complex cases and ethical dilemmas they have faced working with survivors of sexual violence, perhaps relating to issues of confidentiality, mandatory reporting or safety.

3. Discuss the cases, the dilemma or challenges, and the outcomes. Ask if the outcomes were in the survivor’s best interests. In cases in which there was not a good outcome, how could things have been done differently? Ask participants how the ethical principle of ‘Do no harm’ relates to working with survivors of sexual violence.

SHOW SLIDE 45

REFER PARTICIPANTS TO HANDOUT 3: Case studies

4. Divide participants into groups of six and distribute the four case studies based on the local context to each small group. Alternatively, you can give each group a different case study.

5. Tell each group to read each case study and discuss the following questions:
   - What is the dilemma?
   - What might the survivors needs be?
   - What information would you give her?
   - What is in the girl’s best interest?
   - What should you do?
6. Ethical dilemmas and complex cases (continued)

6. After 45 minutes, bring participants back to the large group and discuss their responses to each case. In cases in which there is no clear or easy answer, look at how participants’ suggested courses of action are in line or not with survivor-centred principles.

REFER PARTICIPANTS TO HANDOUT 4: Confidentiality and mandatory reporting

SHOW SLIDE 46

7. Conclude the session by making the point that the first step in addressing complex issues, such as limits to confidentiality and causing harm through mandatory reporting, is making sure all actors are very clear about what the limits to confidentiality are in your context, laws around mandatory reporting and communicating this information to survivors.

SUMMARY AND CLOSING–45 minutes

• Allow time for questions that have not yet been addressed.
• Provide a summary of the topics covered during the day.
• Have participants complete the Post-test.
### Statements for do’s and don’ts in psychosocial response activity

<table>
<thead>
<tr>
<th>Activities</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Train social workers and community volunteers to provide a safe, calm environment; listen supportively; demonstrate compassion and be non-judgmental; provide reassurance; and promote access to medical care and other support.</strong></td>
<td><strong>Establish a case management system – with case workers trained to provide support and advocacy to help survivors access needed services.</strong></td>
</tr>
<tr>
<td><strong>Develop opportunities for survivors and other vulnerable women and girls to participate in non-stigmatizing community-based activities that reduce their isolation.</strong></td>
<td><strong>Establish safe spaces for women and girls to promote interaction, education and referral to relevant services.</strong></td>
</tr>
<tr>
<td><strong>Establish links with livelihoods and economic supports that support survivors’ recovery.</strong></td>
<td><strong>Strengthen clinical mental health care, ensuring that clinical referral services are available for those whose distress is so overwhelming that it interferes with their ability to carry out usual work, school or domestic activities.</strong></td>
</tr>
<tr>
<td><strong>Work with communities to spread anti-stigma messages, enabling discussions of how to prevent and respond to sexual violence, engaging women’s and men’s support groups and dialogue groups, and linking with community education and advocacy efforts.</strong></td>
<td><strong>Tell survivors what they should do, especially if they seem confused.</strong></td>
</tr>
<tr>
<td>Ensure that all survivors have a full medical examination, regardless of whether they want to or not, because it’s in their best interests.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Report all incidents directly to the police, including names, addresses and other information about cases disclosed to you.</td>
<td></td>
</tr>
<tr>
<td>Confront the perpetrator yourself if the police do not take action.</td>
<td></td>
</tr>
<tr>
<td>Assume that all survivors will feel traumatized and need counselling.</td>
<td></td>
</tr>
<tr>
<td>Discuss information about cases with other people in the community to find out what everyone thinks should happen.</td>
<td></td>
</tr>
<tr>
<td>Assess whether the survivor is to blame before offering information about consequences, legal rights and referral services.</td>
<td></td>
</tr>
<tr>
<td>Assume that if a survivor does not appear emotional or distressed then she is not badly affected and probably doesn’t need help.</td>
<td></td>
</tr>
</tbody>
</table>
Good practice in psychosocial response to sexual violence

- Ensure that all relevant actors in your community know what their specific role and responsibilities are in ensuring that their particular interventions are implemented in a coordinated manner that protects the safety and security of women and children.

- Train social workers and community volunteers to provide a safe, calm environment; listen supportively; demonstrate compassion and non-judgment; provide reassurance without making false promises; and promote access to medical care and other support.

- Establish a case management system – with case workers trained to provide support and advocacy to help survivors access needed services.

- Develop opportunities for survivors and other vulnerable women and girls to participate in non-stigmatizing community-based activities that reduce their isolation.

- Establish safe spaces for women and girls to promote interaction, education, and referral to relevant services.

- Establish links with livelihoods and economic supports that support survivors’ recovery.

- Strengthen clinical mental health care, ensuring that clinical referral services are available for those whose distress is so overwhelming that it interferes with their ability to carry out usual work, school or domestic activities.

- Work with communities to spread anti-stigma messages, enabling discussions of how to prevent and respond to sexual violence, engaging women’s and men’s support groups and dialogue groups, and linking with community education and advocacy efforts.

- Promote positive gender and cultural norms, while also challenging potentially harmful attitudes and practices.
Sample case management forms

Intake and assessment form -

1 - Administrative Information

**Instructions**

- This form must be filled out by a case manager, health practitioner, social worker or other authorized person providing services to the survivor.

- Note that questions followed by an asterisk (*) must remain on the intake form and must be answered. These questions are a part of a minimum essential dataset on GBV. Some questions are followed by both an asterisk (*) and a circle (○); these are customizable, and the italicized text of these fields is intended to be adapted to each context and can be modified. Questions that are unmarked may be modified by your agency or removed if they are not necessary for your program and/or case management.

- Unless otherwise specified, always mark only one response field for each question.

- Please feel free to add as many questions to this form as needed in your context and/or attach additional pages with continued narrative, if needed.

Before beginning the interview, please be sure to remind your client that all information given will be kept confidential, and that they may choose to decline to answer any of the following questions.

**Incident ID**: 

**Survivor code**: 

**Caseworker code**: 

**Date of interview (day/month/year)**: 

**Date of incident (day/month/year)**: 

- Reported by the survivor or reported by survivor’s escort and survivor is present at reporting (These incidents will be entered into the incident Recorder)

- Reported by someone other than the survivor and survivor is not present at reporting (These incidents will not be entered into the incident Recorder)

2 - Survivor Information

<table>
<thead>
<tr>
<th>Date of birth (approximate if necessary)</th>
<th>Sex:</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country of origin</strong>:</td>
<td>County names here</td>
<td>Etc.</td>
<td></td>
</tr>
<tr>
<td><strong>Nationality (if different than country of origin)</strong>:</td>
<td>Etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current civil / marital status</strong>:</td>
<td>Single</td>
<td>Married / Cohabiting</td>
<td></td>
</tr>
<tr>
<td><strong>Number and age of children and other dependants</strong>:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Occupation**: 

**Displacement status at time of report**: 

- Resident
- IDP
- Returnee
- Foreign National
- Refugee
- Asylum Seeker
- Stateless Person
- N/A

**Is the client a Person with Disabilities?**

- No
- Mental disability
- Physical disability

**Is the client an Unaccompanied Minor, Separated Child, or Other Vulnerable Child?**

- No
- Unaccompanied Minor
- Separated Child

**Sub-Section for Child Survivors (less than 16 years old)**

- If the survivor is a child (less than 16yrs) does he/she live alone? 
- Yes
- No (if “No”, answer the next three questions)

- If the survivor lives with someone, what is the relation between her/him and the caretaker? 
- Parent / Guardian
- Relative
- Spouse / Cohabiting

- What is the caretaker’s current marital status? 
- Single
- Married /
- Divorced / Separated
- Widowed
- Unknown / Not Applicable

**What is the caretaker’s primary occupation?**

---

**Handout 2**

**Module 2: Good practice in psychosocial response**

**Psychosocial response**

**Capacity Building**
## HANDOUT 2  SAMPLE CASE MANAGEMENT FORMS/INTAKE AND ASSESSMENT FORM (continued)

### 3-Details of the Incident

**Account of the incident/Description of the incident (summarize the details of the incident in client’s words)**

<table>
<thead>
<tr>
<th>Stage of displacement at time of incident*:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not Displaced / Home Community</td>
</tr>
<tr>
<td>☐ Pre-displacement</td>
</tr>
<tr>
<td>☐ During Flight</td>
</tr>
<tr>
<td>☐ During Refuge</td>
</tr>
<tr>
<td>☐ During Return / Transit</td>
</tr>
<tr>
<td>☐ Post-displacement</td>
</tr>
<tr>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

**Time of day that incident took place**:  
☐ Morning (sunrise to noon)  
☐ Afternoon (noon to sunset)  
☐ Evening/night (sunset to sunrise)  
☐ Unknown/Not Applicable

**Incident location / Where the incident took place**:  
( Customize location options by adding new, or removing tick boxes according to your location)

| ☐ Bush / Forest |
| ☐ Garden / Cultivated Field |
| ☐ School |
| ☐ Road |
| ☐ Client’s Home |
| ☐ Perpetrator’s Home |
| ☐ Other (give details): | |

**Area where incident occurred**:  
☐ Area names here  
☐ Etc.  
☐ Etc.  
☐ Etc.  
☐ Other (specify): |

**Sub-Area where incident occurred**:  
☐ Sub-area names here  
☐ Etc.  
☐ Etc.  
☐ Etc.  
☐ Other (specify): |

**Camp/Town/Site**:  
☐ Camp/Town/Site names here  
☐ Etc.  
☐ Etc.  
☐ Etc.  
☐ Other (specify): |
## 3-Details of the Incident Cont.

### Type of Incident Violence*

(Please refer to the GBVIMS GBV Classification Tool and select only ONE)

- □ Rape
  - (includes gang rape, marital rape)
- □ Sexual Assault
  - (includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation/cutting)
- □ Physical Assault
  - (includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature)
- □ Forced Marriage
  - (includes early marriage)
- □ Denial of Resources, Opportunities or Services
- □ Psychological / Emotional Abuse
- □ Non-GBV (specify)

*Note: these incidents will not be entered into the incident recorder*

---

### Was this incident a Harmful Traditional Practice**?

- □ No
- □ Type of practice
- □ Type of practice

### Were money, goods, benefits, and / or services exchanged in relation to this incident*?

- □ No
- □ Yes

### Type of abduction at time of the incident*

- □ None
- □ Forced Conception
- □ Trafficked
- □ Other Abduction / Kidnapping

### Has the client reported this incident anywhere else*?

(If yes, select the type of service provider and write the name of the provider where the client reported; Select all that apply).

- □ No
- □ Health/Medical
- □ Psychosocial/Counseling

---

VIMS Intake and Initial Assessment Form
### Handout 2: Sample Case Management Forms/Intake and Assessment Form (continued)

<table>
<thead>
<tr>
<th>Actor</th>
<th>Services</th>
<th>Program</th>
<th>House/Shelter</th>
<th>Other (specify)</th>
<th>Has the client had any previous incidents of GBV perpetrated against them?*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>If yes, include a brief description:</td>
</tr>
<tr>
<td>Security</td>
<td>Legal</td>
<td>Assistance</td>
<td>Livelihoods</td>
<td>Safe</td>
<td>No</td>
</tr>
</tbody>
</table>

*GBV: Gender-Based Violence
### 4-Alleged Perpetrator Information

<table>
<thead>
<tr>
<th>Number of alleged perpetrator(s)*:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>More than 3</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sex of alleged perpetrator(s)*:</th>
<th>Female</th>
<th>Male</th>
<th>Both female and male</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nationality of alleged perpetrator:</th>
<th>Clan or ethnicity of alleged perpetrator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 11</td>
<td>12 - 17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alleged perpetrator relationship with survivor *:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate partner / Former partner</td>
<td></td>
</tr>
<tr>
<td>Primary caregiver</td>
<td></td>
</tr>
<tr>
<td>Family other than spouse or caregiver</td>
<td></td>
</tr>
<tr>
<td>Supervisor / Employer</td>
<td></td>
</tr>
<tr>
<td>Schoolmate</td>
<td></td>
</tr>
<tr>
<td>Teacher / School official</td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td></td>
</tr>
<tr>
<td>Cotenant / Housemate</td>
<td></td>
</tr>
<tr>
<td>Family Friend / Neighbor</td>
<td></td>
</tr>
<tr>
<td>Other refugee / IDP / Returnee</td>
<td></td>
</tr>
<tr>
<td>Other resident community member</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>No relation</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main occupation of alleged perpetrator (if known) **:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customize occupation options by adding new, or removing tick boxes according to your location</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Farmer</th>
<th>Student</th>
<th>Civil Servant</th>
<th>Police</th>
<th>State Military</th>
<th>Trader / Business Owner</th>
<th>Non-State Armed Actor / Rebel / Militia</th>
<th>Security Official</th>
<th>Camp or Community Leader</th>
<th>Religious Leader</th>
<th>Teacher</th>
<th>UN Staff</th>
<th>NGO Staff</th>
<th>CBO Staff</th>
<th>Community Volunteer</th>
<th>Health Worker</th>
<th>Other</th>
<th>Unemployed</th>
<th>Unknown</th>
</tr>
</thead>
</table>

### 5-Planned Action / Action Taken:

Any action / activity regarding this report.

**Who referred the client to you?**

- Health/Medical Services
- Psychosocial/Counseling Services
- Police/Other Security Actor
- Legal Assistance Services
- Livelihoods Program
- Self Referral/First Point of Contact
- Teacher/School Official
- Community or Camp Leader
- Safe House/Shelter
- Other Humanitarian or Development Actor
- Other Government Service
- Other

---

Did you refer the client to a safe house/safe shelter?*

- Yes
- No

If ‘No’, why not?*

- Service provided by your agency
- Services already received from another agency
- Service not applicable
- Referral declined by survivor
- Service unavailable

---

Date reported or future appointment date (day/month/year) and Time:

Name and Location:

Notes (including action taken or recommended action to be taken):
<table>
<thead>
<tr>
<th><strong>SAMPLE CASE MANAGEMENT FORMS/INTAKE AND ASSESSMENT FORM (continued)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HANDOUT 2</strong></td>
</tr>
<tr>
<td><strong>Did you refer the client to health / medical services?</strong> *</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td><strong>Date reported or future appointment</strong></td>
</tr>
<tr>
<td><strong>Date and Time:</strong></td>
</tr>
<tr>
<td><strong>Name and Location:</strong></td>
</tr>
<tr>
<td><strong>Follow-up Appointment</strong></td>
</tr>
<tr>
<td><strong>Date and Time:</strong></td>
</tr>
<tr>
<td><strong>Notes (including action taken or recommended action to be taken):</strong></td>
</tr>
<tr>
<td><strong>If 'No', why not?</strong> *</td>
</tr>
<tr>
<td>- Service provided by your agency</td>
</tr>
<tr>
<td>- Services already received from another agency</td>
</tr>
<tr>
<td>- Service not applicable</td>
</tr>
<tr>
<td>- Referral declined by survivor</td>
</tr>
<tr>
<td>- Service unavailable</td>
</tr>
<tr>
<td><strong>Did you refer the client to psychosocial services?</strong> *</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td><strong>Date reported or future appointment date (day/month/year) and Time:</strong></td>
</tr>
<tr>
<td><strong>Name and Location:</strong></td>
</tr>
<tr>
<td><strong>Notes (including action taken or recommended action to be taken):</strong></td>
</tr>
<tr>
<td><strong>If 'No', why not?</strong> *</td>
</tr>
<tr>
<td>- Service provided by your agency</td>
</tr>
<tr>
<td>- Services already received from another agency</td>
</tr>
<tr>
<td>- Service not applicable</td>
</tr>
<tr>
<td>- Referral declined by survivor</td>
</tr>
<tr>
<td>- Service unavailable</td>
</tr>
<tr>
<td><strong>Does the client want to pursue legal action?</strong> *</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td><strong>Undecided at Time of Report</strong></td>
</tr>
<tr>
<td><strong>Date reported or future appointment date (day/month/year) and Time:</strong></td>
</tr>
<tr>
<td><strong>Name and Location:</strong></td>
</tr>
<tr>
<td><strong>Notes (including action taken or recommended action to be taken):</strong></td>
</tr>
<tr>
<td><strong>Did you refer the client to legal assistance services?</strong> *</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td><strong>Date reported or future appointment date (day/month/year) and Time:</strong></td>
</tr>
<tr>
<td><strong>Name and Location:</strong></td>
</tr>
<tr>
<td><strong>Notes (including action taken or recommended action to be taken):</strong></td>
</tr>
<tr>
<td><strong>If 'No', why not?</strong> *</td>
</tr>
<tr>
<td>- Service provided by your agency</td>
</tr>
<tr>
<td>- Services already received from another agency</td>
</tr>
<tr>
<td>- Service not applicable</td>
</tr>
<tr>
<td>- Referral declined by survivor</td>
</tr>
<tr>
<td>- Service unavailable</td>
</tr>
<tr>
<td><strong>Did you refer the client to the police or other type of security actor?</strong> *</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td><strong>Date reported or future appointment date (day/month/year) and Time:</strong></td>
</tr>
<tr>
<td><strong>Name and Location:</strong></td>
</tr>
<tr>
<td><strong>Notes (including action taken or recommended action to be taken):</strong></td>
</tr>
<tr>
<td><strong>If 'No', why not?</strong> *</td>
</tr>
<tr>
<td>- Service provided by your agency</td>
</tr>
<tr>
<td>- Services already received from another agency</td>
</tr>
<tr>
<td>- Service not applicable</td>
</tr>
<tr>
<td>- Referral declined by survivor</td>
</tr>
<tr>
<td>- Service unavailable</td>
</tr>
</tbody>
</table>
Did you refer the client to a livelihoods program?*
   - Yes
   - No

If ‘No’, why not?*
   - Service provided by your agency
   - Services already received from another agency
   - Service not applicable
   - Referral declined by survivor
   - Service unavailable

Date reported or future appointment date (day/month/year) and Time:

Name and Location:

Notes (including action taken or recommended action to be taken):
### 6 - Assessment Point

**Describe the emotional state of the client at the beginning of the interview:**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
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- [ ]
- [ ]
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- [ ]
- [ ]
- [ ]

**Will the client be safe when she or he leaves?** Yes [ ] No [ ]

If no give reason:

- [ ]
- [ ]
- [ ]
- [ ]
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**What actions were taken to ensure client’s safety?**

- [ ]
- [ ]
- [ ]
- [ ]
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- [ ]
- [ ]
- [ ]
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- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

If raped, have you explained the possible consequences of rape to the client (if over 14 years of age)? Yes [ ] No [ ]

Have you explained the possible consequences of rape to the client’s caregiver if the client is under the age of 14? Yes [ ] No [ ]
<table>
<thead>
<tr>
<th>6 - Assessment Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the emotional state of the client at the end of the interview:</td>
</tr>
<tr>
<td>┌───────────────────────────────────────────┐</td>
</tr>
<tr>
<td>│                                                                                      │</td>
</tr>
<tr>
<td>│                                                                                      │</td>
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<td>│                                                                                      │</td>
</tr>
<tr>
<td>└───────────────────────────────────────────┘</td>
</tr>
</tbody>
</table>

Who will give the client emotional support?

| ┌───────────────────────────────────────────┐ |
| │                                                                                      │ |
| │                                                                                      │ |
| │                                                                                      │ |
| │                                                                                      │ |
| │                                                                                      │ |
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| │                                                                                      │ |
| │                                                                                      │ |
| └───────────────────────────────────────────┘ |

Other relevant information

| ┌───────────────────────────────────────────┐ |
| │                                                                                      │ |
| │                                                                                      │ |
| │                                                                                      │ |
| │                                                                                      │ |
| │                                                                                      │ |
| │                                                                                      │ |
| │                                                                                      │ |
| │                                                                                      │ |
| │                                                                                      │ |
| └───────────────────────────────────────────┘ |
Consent for release of information

This form should be read to the client or her guardian in her first language. It should be clearly explained to the client that she can choose any or none of the options listed.

I, (Insert client name) __________________________________________________________
give my permission for

(Insert caseworker name) ______________________________________________________
to share information about the incident I have reported.

I understand that the purpose of sharing information is so I can receive the best possible protection, care and assistance. I understand that the information I shared with the caseworker will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request.

I understand that releasing this information means that a person from the agency or service ticked below may come to talk to me.

I agree that the information can be released to the following:
(Tick all that apply)

- Police (name and location): ____________________________________________
- Health worker (name and location): ______________________________________
- Legal representative (name): ____________________________________________
- Other (please specify): ________________________________________________

______________________________________________________________  _____________________________
Client/Guardian Signature    Date

______________________________________________________________  _____________________________
Caseworker Signature   Date
**Client action plan**

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Client/Guardian Signature  
Date

Caseworker Signature  
Date
- CONFIDENTIAL -

Case notes

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You will need to develop case studies so that participants can have the opportunity to analyse complex cases based on the local context. See notes at the beginning of the module for information on preparing case studies.
Confidentiality and mandatory reporting

Responding to sexual violence is a complex, sensitive and challenging area of work. At times it is even dangerous. Sometimes there are no easy answers to the problems we encounter in different cases.

Being aware of some of the issues and discussing them openly with all actors involved in providing care, support and protection are the first steps to finding solutions that reflect survivor-centred and child-centred principles.

CONFIDENTIALITY

Confidentiality refers to the right of a person to have any information about them treated with respect. Confidentiality is a basic principle of working with sexual violence survivors, and confidentiality is important for restoring the dignity of the survivor and for reducing social stigma and blame. Survivors have the right to keep information about themselves private in the same way we all have the right to privacy regarding personal information, such as our health status.

Information about an incident or a case should never be shared publicly and those involved in responding should never discuss details of a case outside their work, with family or friends, or with anyone not related to the case.

Sometimes people think that confidentiality means never telling anyone anything about a case. This is not what confidentiality means. For example, a case worker might discuss issues related to a case with her supervisor. She needs to do this to get supervision to make sure she is doing a good job and providing the best possible service.

People involved in a case may discuss details together to make sure they are coordinating and meeting all of a survivor’s needs and rights.

At all times, we need to make sure that we let a survivor or her caregiver know who will be involved in a case and why. If they object, we need to look at why they are objecting – perhaps they have a good reason and we need to listen and find out more.

‘Limited confidentiality’ refers to situations in which there may be legal or other obligations that override the individual’s right to confidentiality. ‘Limited confidentiality’ applies in the following circumstances:

• There are concerns about a person’s safety and well-being or the safety of others.
• It is believed a criminal offence has been committed and there are laws that obligate reporting to police or other authorities. In situations in which legal requirements override the person’s permission, the survivor or her caregiver should be made aware of the legal requirements.

Guaranteeing confidentiality may be an important way of building trust, particularly with adolescents; however, it is not acceptable to promise confidentiality and then break it – how do you think a person who has already been betrayed might feel? In fact, we should never start a conversation with survivors by promising them that we will not tell anyone what they have said. What we do explain to them is what the limits of confidentiality are in that context.

The first step in addressing complex issues of confidentiality, trust and the rights of girls and young women is to identify what the limits to confidentiality are in your context. How is confidentiality in cases of sexual violence being dealt with now? Does it reflect the best interests of girls and young women?

After agreeing about what the limits of confidentiality are between actors, we need to make sure this information is communicated to survivors at the beginning of an interview.

MANDATORY REPORTING

ALL RESPONSE ACTORS NEED TO UNDERSTAND THE LAWS AND OBLIGATIONS ON MANDATORY REPORTING OF SEXUAL VIOLENCE.

Mandatory reporting can conflict with ethical principles in working with survivors of sexual violence, including confidentiality and self-determination, and can be complex – for example, when mandatory reporting results in an action that is not in the survivor’s best interest, such as being removed from her family and placed in an institution or being punished.
Post-test

Name: ________________________________________________________________

1. List four common responses that you might see when a survivor comes to you for psychosocial help immediately after a sexual assault.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

(4 marks)

2. List four barriers that might prevent a survivor from disclosing that she has suffered a sexual assault.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

(4 marks)

3. The way that psychosocial service providers respond to survivors of sexual violence can do further harm.

True  False

(1 mark)

4. It is important that all those providing psychosocial support to survivors of sexual violence understand how to prevent secondary victimization.

True  False

(1 mark)

5. Psychosocial helpers may be required to provide support in a crisis: What should they pay particular attention to?

a) promoting safety  b) promoting calm  c) promoting connectedness  d) promoting help  e) all of the above

(1 mark)
6. List four qualities of effective psychosocial helpers.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
(4 marks)

7. It is good practice for psychosocial helpers to tell survivors what they ought to do, especially when the survivor seems confused.

True False
(1 mark)

8. It is good practice for psychosocial helpers to establish a case management system—with case workers trained to provide support and advocacy to help survivors access needed services.

True False
(1 mark)

9. Before sharing information about a survivor or referring her to another service, psychosocial helpers must obtain the survivor’s written consent.

True False
(1 mark)

10. Written records should never be destroyed as they may be needed in a court case, even if there is a chance that they may be found and read by others.

True False
(1 mark)

11. What does the phrase ‘limited confidentiality’ mean?

a) A psychosocial helper only has limited responsibility to maintain confidentiality.
b) A survivor has given permission to share some information.
c) It may not be possible to keep all information in a particular case confidential.
d) There may be legal or other obligations that override the survivor’s right to confidentiality.
e) None of the above.

(1 mark)

(Total 20 marks – multiply by 5 to give percentage score)