PART 3
Strengthening Community-Based Care

Strengthening Psychosocial Response Training
Welcome!

- Logistics
- Introductions
- Group norms
Content

Module 1
Understanding psychosocial response to sexual violence
• Survivor reactions to sexual violence
• Psychosocial response to survivors
• Survivor safety

Module 2
Good practice in psychosocial response
• Do’s and don’ts of psychosocial care
• Case management
• Information for survivors
• Complex cases
Module 1 Learning Objectives

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.
Topic 1 Survivor Responses to Sexual Violence

• How **we respond** to survivors is so important!

• The quality of the care and support we provide **affects a survivor’s recovery** in the short and long term.

• Our attitudes and actions towards a survivor can **help her recovery and healing or can cause more harm** and ‘re-victimize’ her.
**Common physical consequences**

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

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

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

Discuss the following question:

- How do people react immediately after a traumatic event or a crisis situation?
Common reactions

• Psychological distress can be very high in the first few weeks after the assault.

• Common immediate effects include:
  - shock, fear and feelings of helplessness and powerlessness
  - physical symptoms: trembling, headaches, feeling very tired, not being able to eat or drink, not being able to sleep
  - confusion, disorientation
  - feeling 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
Factors affecting a person’s response

• These reactions to sexual assault are common and normal.

• Everyone is different and reactions to sexual violence vary from person to person and depend on a number of factors, such as:
  - age
  - nature and context of violence
  - social stigma or acceptance
  - whether she is believed and taken seriously
  - if she has support and access to services
  - if there is somewhere safe to recover
Factors cont.

- if she can 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
Why people don’t tell

• 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 are ostracized or punished and in extreme cases, even killed.
Why people don’t tell cont.

• 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.
• They don’t know how to report.
• They doubt that the justice system will provide redress.
Key points

• There are a wide range of ways that survivors respond after an assault – these are common and normal responses.

• The way we treat a survivor can either help her recover or can cause further harm.

• We are champions of change for individual survivors as well as for promoting norms that are supportive of survivors.
Small Group Activity

1. **Think about** the psychological, emotional and social consequences for survivors of sexual violence in our community.

2. **Discuss what** kind of help survivors might need to address these consequences.

3. **Identify who** in our community provides this help.
Key points

• We need to remember that every person:
  - is different and unique
  - will be affected in different ways by sexual violence
  - may require different kinds of support and assistance from us

• How we respond can help recovery or cause further harm.
Crisis support

- 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.
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 basic needs met.
Promote calmness

• Reassure survivors who are overwhelmed or disoriented.
• Provide an environment that is private, calm, quiet and 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 and that you believe her.
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.
Helpers need to know

- The **consequences** of sexual violence and common reactions.
- What **services and supports** are available and what survivors can expect from those services.
- How to make **referrals**.
- How to **advocate** on behalf of a survivor.
- What the law says and what a survivor’s **legal rights** are.
What does **SAFETY** mean?
Examples?

What are examples of harm or further violence to survivors after reporting sexual violence in our community?
Further harm or violence

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 ‘honour’ or shame
Right to safety

• Survivors have the **right to safety**.

• This includes the right to **physical safety and security** as well as to a sense of psychological and emotional safety, or **freedom from fear**.
Responsibilities for safety

- Formal protection actors, such as police, have a role in survivor safety.

- Social services and the psychosocial care sector also have an important role in promoting safety.
Psychosocial sector and safety

- 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.
Small Group Activity

1. Identify the current safety options in the community for adults and children where there is the threat of further violence.

2. Identify possible community-based solutions where safety options are inadequate.
Key points

• Psychosocial actors have **an important role in promoting safety**.

• There are many **different ways of providing safety in a community**; safe shelter is just one option.

• All actors involved in response need to **work together to identify the best safety options** for their community, taking into account available resources and security.
Module 2 Learning Objectives

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.
Team Competition!

1. Read each statement.

2. Decide together whether it is something that should or should not be done as part of good practice in psychosocial response.

3. Stick each under the right heading
Topic 2 Case Management

Step 1 Introduction and engagement

Step 2 Gathering information and assessing needs

Step 3 Case planning

Step 4 Implementing the plan

Step 5 Follow-up and review

Step 6 Case closure
Step 1 Introduction and engagement

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

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

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

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

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

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

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

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

• What supports and resources does the survivor have?

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

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

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

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

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

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

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

- **Monitor** the case.

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

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

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

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

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

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

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

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

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

• The **designated case management agency** is responsible.
Guest presentations

1. Understanding health care in our context.

2. Understanding law enforcement and justice in our context.
Topic 4 Complex Cases

• Working in the area of sexual violence is difficult and complex.

• 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.
Small Group Work

Read each case study and discuss the following questions:

1. What is the dilemma?
2. What might the survivors needs be?
3. What information would you give her?
4. What is in the girl’s best interest?
5. What should you do?
Key points

To address complex issues, including:

- limits to confidentiality
- causing harm through mandatory reporting

... we need to make sure *all actors are very clear about what the limits to confidentiality are* in your context and *what the laws around mandatory reporting are* and *communicate this information to survivors* at the beginning of our work with them.