

# Sexual and gender-based violence



**A two-day psychosocial training**

**Training guide**

**Psychosocial Centre**



International Federation  
of Red Cross and Red Crescent Societies



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## Sexual and gender-based violence – A two-day psychosocial training. Training guide

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Please contact the PS Centre if you wish to translate or adapt any part of Sexual and gender-based violence – A two-day psychosocial training. Training guide. We welcome your comments, feedback and questions at [psychosocial.centre@ifrc.org](mailto:psychosocial.centre@ifrc.org).

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Please see the full list of materials available from the PS Centre at [www.pscentre.org](http://www.pscentre.org).

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## Foreword

Sexual and gender-based violence (SGBV) is one of the greatest humanitarian challenges today. It takes various forms and occurs in diverse situations and contexts across the world. In conflict-affected states, for example, rape is often used as a strategy of warfare to undermine the enemy and to demoralize and destabilize communities. Acts of SGBV during and in the aftermath of armed conflict and disaster are widespread and have serious impacts on individuals, their families and society as a whole. During these emergencies, the collapse of protection systems, negative reactions to stress and shifting gender and social norms all contribute to increases in SGBV.

SGBV is not only a problem linked to disasters and conflict. Intimate partner violence is one of the most common types of SGBV, with assaults, threats, neglect and rape occurring within homes and other places where people should be safe. Trafficking, early marriages and forced prostitution are also forms of SGBV. Just like other types of SGBV, they are associated with disaster and emergencies but are not directly linked and may occur at any time or in any place.

SGBV leaves deep wounds on survivors, families and communities, as well as on secondary survivors. (Secondary survivors are those who are impacted by the experience of SGBV inflicted upon another person. This may include family members or others close to the survivor). It is a widespread problem with serious emotional and social consequences, delaying recovery and leading to long-term distress, health complications, disability or even death.

In the course of their work, Red Cross and Red Crescent staff and volunteers are often confronted with SGBV. Helpers may even be the first ones to hear a survivor's story. However staff and volunteers often feel anxious about the appropriate way to handle these disclosures.

This training is a basic introduction to understanding sexual and gender-based violence in a psychosocial context. It is our hope that this training will provide staff and volunteers with the skills and confidence to better respond to the needs of people affected by SGBV.

*Nana Wiedemann*

**Nana Wiedemann**

Head of IFRC Reference Centre for Psychosocial Support

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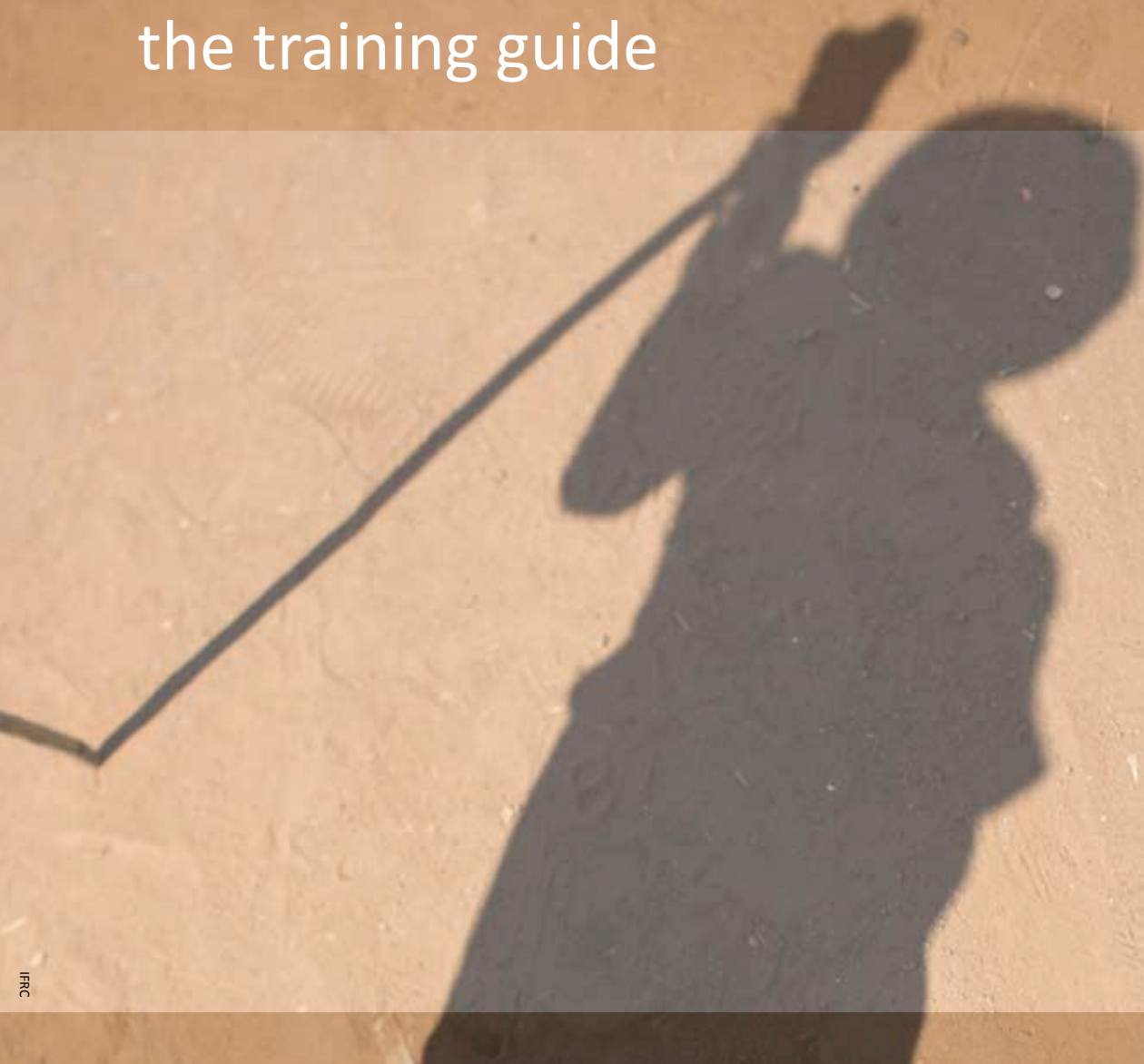
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# Introduction to the training guide



## Background

The International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (PS Centre) has developed this two-day basic training in psychosocial support for people affected by SGBV to prepare staff and volunteers for working with survivors of sexual and gender-based violence (SGBV). It builds on IFRC strategic frameworks and strategies<sup>1</sup> and global minimum standards for humanitarian agencies for gender, violence prevention and child protection.<sup>2</sup>

The training provides information about different types of SGBV as well as practical guidance on psychosocial support related to SGBV. The focus is on the direct response to survivors of SGBV. It provides participants with skills and knowledge on how to handle disclosures of SGBV and how to provide psychosocial support to people affected by SGBV. It is a standalone, two-day training workshop, but can also be combined with the PS Centre's Community-based Psychosocial Support: Training kit or other basic trainings in psychosocial support.

A set of PowerPoint slides accompanies this guide which is available on the PS Centre's website at [www.pscentre.org](http://www.pscentre.org).

### A survivor-centred approach

This training uses a survivor-centered approach: Everything begins with the experiences of the survivor. These experiences determine the needs and the needs determine the services required.

Most cases of SGBV are sadly not reported because people are fearful of the negative consequences of a disclosure. Depending on the cultural context, being identified as a survivor of sexual violence can lead to social exclusion, isolation, discrimination, loss of dignity, further violence or even threat of life. These risks may also extend to the survivor's family and immediate community. The principle of 'do no harm' is therefore crucial in guiding good practice in the psychosocial support of survivors of SGBV. It means that the person disclosing SGBV and others involved (e.g. the survivor's family or the person the survivor discloses to) are not put at further risk of harm. The safety of the survivor is prioritized and confidentiality should be maintained at all times. Information is only shared with the informed consent of those affected by SGBV, unless it involves children. For more information, please see the section on handling disclosures on page 48.

Preconceived notions about SGBV and taboos and sensitivity around SGBV are very strong. One widespread reaction is to blame survivors themselves for the violence. Helpers, as well as community members, can be drawn into 'victim-blaming.' This can happen in a subconscious way in the type of questions that are commonly asked, for example, "Why did you go there alone?" or "Why did you wear those clothes?" All psychosocial activities must therefore be non-judgmental, holistic, meeting the needs of the men, women, girls and boys affected. Most people affected by SGBV are women and girls, but



men and boys also experience SGBV. Male survivors of SGBV are generally underreported and are not always included in programmes addressing SGBV.

Community-based activities aimed at preventing violence and protecting vulnerable groups are not included in this workshop. Please see the IFRC Community-based Health and First Aid Violence Prevention Module (CBHFA VP)<sup>3</sup> for further information on this aspect of addressing SGBV. This training can be used in combination with the CBHFA VP module training and other trainings, where appropriate.

### **The facilitators**

Facilitators of this training should have in-depth knowledge about psychosocial support and SGBV. Experience in facilitating trainings in psychosocial support is also essential. Facilitators should have knowledge of local cultural norms and legal framework and procedures. For this reason facilitators should preferably be local.

The training uses a participatory approach promoting interaction and engagement in the learning process. The role of the facilitator is therefore to encourage participation without being judgemental and by listening with interest and empathy to help the participants to tap into their own abilities and experiences. The trainer should be familiar with these training methodologies.

### **The participants**

The training is designed for staff and volunteers who already have basic knowledge of psychosocial support.

Since the training may challenge underlying cultural norms, careful selection of participants is important and they should be interested in and committed to the topic. Targeting staff and volunteers who are in roles that provide opportunities to implement the range of responses to SGBV demonstrated in the training is also vital.

The training content in this workshop is highly sensitive. The group should therefore be selected carefully so that participants can feel safe and protected. It may be easier to discuss the topic if the group is not too big. A small group can make it easier for the participants to discuss topics openly. It is recommended that the group is no bigger than 20 – 25 participants.

The gender balance of the group should also be considered. Make sure that the training is offered to both male and female participants. Trainings may be arranged in single-sex or mixed groups. Sometimes it helps to have a mixed group to enable participants to look at questions from both a male and female perspective. However, sometimes single-sex groups are more appropriate to the context, providing a safe space for active participation.

### **Preparing the training**






The training should always be adapted to the participants' level of experience and to their cultural, social and working context. Before the training begins, ask participants to send information about their knowledge and experience in relation to psychosocial support and SGBV. Please see **Annex C: training needs questionnaire**.

When preparing the training, facilitators should go through the materials in detail and gather information on the following:

- What words and terms are used that are culturally appropriate? What taboos are there?
- How can the topic best be presented?
- How do gender roles operate in this context?
- What are the main forms of SGBV in this context?
- What is the legal framework for SGBV in this context?
- What services are available for referral in this context? Are they able to respond appropriately?
- What are the procedures within the National Society regarding confidentiality and referrals?
- What other support systems are available in this context, including traditional ways of dealing with SGBV?

### How to use this training guide

The training guide has training notes for each session of the workshop, structured as follows:

•	<b>The topic of the session</b>
•	<b>Activity headings</b> including the topic of the activity and the type of activity in brackets (eg. icebreaker, facilitator presentation, work in pairs, plenary discussion).
	The estimated time for the activity
	The purpose of the activity
	Materials needed for each activity
	The number of the relevant PowerPoint slide(s). (If you do not have access to a PowerPoint projector you can write the notes on flipchart paper)
	Notes orienting the facilitator to the activity
•	<b>Instructions</b> on how to facilitate the activities
•	<b>Information for facilitators</b> giving background materials on the topic of the session

There are also four annexes:

- Annex A: Resources
- Annex B: Hand-outs
- Annex C: Training needs questionnaire
- Annex D: Evaluation questionnaire.

## The training objectives and programme

The training is divided into two days:

- **Day 1 – Understanding sexual gender-based violence:** This day focuses on basic definitions, different settings of SGBV and the psychosocial impact of SGBV.
- **Day 2 – Psychosocial support for survivors of sexual gender-based violence:** This day focuses on basic working principles of the survivor-centred approach, helpful communication skills and referrals.

### Learning objectives – day 1:

By the end of day one, participants will be able to:

- understand the differences between sex and gender
- define sexual and gender-based violence
- recognize different settings of SGBV (e.g. emergency, conflict, displacement, homes, schools, online)
- understand the emotional and social consequences of SGBV
- identify the psychosocial needs of survivors.

### Learning objectives – day 2:

By the end of day two, participants will be able to:

- understand the basic principles of the work with survivors of SGBV
- handle disclosure of SGBV
- use basic communication skills for contact with survivors of SGBV
- refer people affected by SGBV
- identify the psychosocial needs of survivors
- provide psychosocial support for survivors of SGBV.

The following training programme sets out a suggested format for a two-day training workshop. Facilitators may change the timings and activities to best fit the needs of the participants and the context of the training workshop. PowerPoint slides may also have to be changed to match changes made to how the workshop is facilitated.

## Training programme

Time	Minutes per session	Content
Day 1		
09:00 - 09:45	45	Session 1: Welcome and introduction
09:45 - 10:30	45	Session 2: Basic ideas and definitions
10:30 - 10:45	15	Coffee/tea break
10:45 - 13:00	135	Session 3: Different forms of SGBV
13:00 - 14:00	60	Lunch
14:00 - 15:00	60	Session 4: The psychosocial impact of SGBV
15:00 - 15:15	15	Coffee/tea break
15:15 - 16:00	45	Session 5: Psychosocial needs of survivors of SGBV
16:00 - 16:30	30	Session 6: Winding up the day
Day 2		
09:00 - 09:45	45	Session 7: Welcome back and recap
09:45 - 10:30	45	Session 8: The survivor-centred approach
10:30 - 10:45	15	Coffee/tea break
10:45 - 11:30	45	Session 9: The survivor-centred approach in practice
11:30 - 13:00	90	Session 10: Supportive communication skills
13:00 - 14:00	60	Lunch
14:00 - 14:30	30	Session 11: Non-verbal communication
14:30 - 15:40	70	Session 12: Referrals
15:40 - 16:00	20	Coffee/tea break
16:00 - 16:30	30	Session 13: The IASC intervention pyramid
16.30 - 17.00	30	Session 14: Evaluation and closing

<sup>1</sup> See, for example, the following documents: Strategy 2020, Principles and Rules for Humanitarian Assistance; IFRC Violence Prevention, Mitigation and Response Strategy; IFRC Strategic Framework for Gender & Diversity Issues; and IFRC Framework for Community Resilience.

<sup>2</sup> See, for example, Sphere Project (2011) The Sphere Handbook Humanitarian Charter and Minimum Standards in Humanitarian Response; IASC (2005) Guidelines for Gender-based Violence Interventions in Humanitarian Settings; and the DFID Communiqué on Violence against Women and Girls in Emergencies (November 2013), to which the IFRC is a signatory.

<sup>3</sup> Canadian Red Cross and IFRC (2009) Community-based Health and First Aid Violence Prevention Module (CBHFA VP).

# Understanding sexual and gender-based violence



Christopher Jackson


Day

1


## Session 1: Welcome and introduction (45 minutes) Slide 1

This session focuses on establishing a safe learning environment for the group. A safe and welcoming atmosphere is especially important in this training workshop, because sexual and gender-based violence is a very sensitive topic and can be difficult to talk about. If participants feel safe, they will be able to establish trust with one another and then feel more able to share stories from their work or personal lives.

### 1.1 Introducing my partner (icebreaker)

 To get to know one another

 None

 Slide 2



Your role as facilitator will be to manage the time and facilitate the activity as indicated. It is also important that you share some information about yourself too. Do this by taking a few minutes to describe yourself before you continue onto the next part of the training.

1. Divide the group into pairs and give them three minutes to interview one another.
2. Now ask each pair in turn to introduce their partner to the group.


Questions could include:


- What is your professional background?
- What are your expectations for this training?
- What experience do you have in providing psychosocial support?


Questions could also encourage sharing more personal, fun-type information, like:

- What is your best holiday memory?
- What do you eat for breakfast?

### 1.2 The training programme (facilitator presentation)

 To clarify participants' expectations and introduce the training programme

 Copies of hand-out 1: The training programme

 Slide 3





Clarifying expectations at the beginning of the training helps to avoid disappointing participants about the training content. The training focuses on certain core elements and cannot cover everything. If participants are interested in specific areas that are not part of the training, give them recommendations and advice for further reading or training, if possible.


1. Give out copies of hand-out 1: The training programme.
2. Give a quick overview of the programme for the next two days and answer any questions. Link the programme with the expectations that participants have identified for themselves. Point out any areas where the workshop will not meet the expectations that have been mentioned. Provide links to other resources if possible.

### 1.3 Ground rules (work in pairs and plenary discussion)



 To agree on ground rules to create a safe environment for the group

 Flipchart paper, markers, pens and paper

 None

1. Ask participants to work in pairs on ground rules for the training. Give them five minutes to do this.
2. Invite each pair to share their suggestions for ground rules in turn.
3. As each pair reads out their suggestions, write them up on a flipchart. You can also add your own suggestions.
4. Highlight the importance of confidentiality (see information for facilitators below) regarding everything that is to be discussed in the next two days.
5. Make sure that participants are aware that they do not have to participate in all activities. Participants can always step back and observe, if they do not feel comfortable with an activity.
6. When the group has agreed their ground rules, work out the consequences for breaking them. Try to identify constructive activities rather than harmful consequences for breaking a ground rule (e.g. sing a song, bring snacks for the next day, do an icebreaker). If a participant breaks a rule during the training, they can then choose one of the consequences.
7. Keep a copy of the ground rules visible for the entire period of the workshop.

#### Information for facilitators on ground rules

Ground rules could include:

- Mobile phones should be turned off. If this is not possible, set them on silent mode out of respect for each other.
- Punctuality is important. The training can start and end on time, as long as everyone returns promptly from breaks and lunch.
- Respect the person who is speaking and do not speak when someone else is speaking.
- Everybody is invited to share their point of view, in that way participants will sense ownership of the process.
- Personal concerns and boundaries should be respected.
- If others share experiences, show a non-judgemental attitude.
- Questions are encouraged. They help to clarify confusion and deepen understanding.

#### Importance of confidentiality

Building trust is essential. It is therefore vital that the group agrees to keep information confidential within the group. Personal stories may be shared and participants may expose themselves emotionally. It is important to agree that everything that is shared within the group will remain confidential.

## 1.4 Personal assumptions

(facilitator presentation and individual reflection)



To reflect on personal assumptions about sex, sexuality, gender roles, physical, psychological and sexual violence and individual boundaries



List of questions as shown below in the instructions (available on PowerPoint or copied onto flipchart paper), paper and pens



Slide 4



The participants need to be aware of their own assumptions in relation to SGBV. Without self-awareness, certain personal assumptions and cultural norms that stigmatise survivors can be transmitted in interactions with people affected by SGBV. Individual experiences shape reactions to certain topics. In this activity participants will reflect on their own lives, as this will be very important for their future work with survivors of SGBV.

Be aware that not everybody will feel comfortable talking about SGBV, since it is a very sensitive topic. It is important that participants are aware of their own boundaries.

1. Explain that you will be asking participants to think about some questions about SGBV in this activity. Explain however that they will not be asked to share their responses to the questions.
2. Put up the questions on a PowerPoint or flipchart. Read the questions out loud and give the participants time to think about their answers:
  - a. What are your thoughts when you think of sexual and gender-based violence? (Describe your physical and emotional reactions.)
  - b. Do you think that sexual and gender-based violence can happen to anyone?
  - c. Do you think that survivors of SGBV are sometimes responsible themselves for being sexually abused? How?
  - d. How would you feel if you had to discuss SGBV with beneficiaries?
3. Wrap up by explaining that self-awareness about personal assumptions and cultural norms about sexuality and sexual violence is very important in the response to survivors. Highlight that sexual violence can happen to anyone, anywhere in the world, to men and women, boys and girls. People sometimes believe that rape is something that happens to people with a lower moral status (“bad girls”) or that people with a higher moral status (“good girls”) will not experience sexual violence. The implication is that survivors are in some way responsible for the assault themselves. For example, women are also often blamed for the clothes they wear or the way they talk to men. It is absolutely essential that survivors are never blamed for being abused. Sexual violence is always a misuse of power on the part of the perpetrator towards the person being assaulted.



## Session 2: Basic ideas and definitions (45 minutes)

This session covers basic ideas and definitions in order to establish a common ground for talking about sexual and gender-based violence.



This training may challenge participants' ways of thinking. The concept of gender might be new for some and people are sometimes suspicious about it. The reason for this is that talking about gender is often understood as referring to women's empowerment only. Some people might even see the training as an attempt to undermine their cultural and religious traditions. This can result in rejection and resistance towards the training.

Be clear from the start that the training covers violence against women AND men and so it will also be about the empowerment of men. Be clear too that the aim is not to undermine values, but to provide participants with information to handle disclosures and to support survivors. Addressing SGBV is a minimum standard in development and emergency situations.

### 2.1 Learning objectives for day one (facilitator presentation)



To highlight the learning objectives for day one



None



Slide 5

1. Read out the learning objectives and explain them.
2. Highlight that the first day focuses on background information on SGBV. The second day focuses on psychosocial support and has a series of practical exercises.
3. Ask if there are any questions about the learning objectives. Address the questions.


### Learning objectives – day 1:


By the end of day one, participants will be able to:


- understand the differences between sex and gender
- define sexual and gender-based violence
- recognize different settings of SGBV (e.g. emergency, conflict, displacement, homes, schools, online)
- understand the emotional and social consequences of SGBV
- identify the psychosocial needs of survivors.


## 2.2 24-hour gender clock (large group activity)

30

 To raise awareness of the different activities carried out by men and women, boys and girls during the day.

 Flipchart paper, markers, definitions of 'sex' and 'gender' (available on PowerPoint or copied onto flipchart paper)

 Slide 6-7

 This activity enables participants to understand the difference between the terms 'sex' and 'gender.' The distinction between biological and cultural differences will be new to many participants. It is important to understand the distinction between the two concepts, as cultural expectations linked with gender are often at the root of discriminatory behaviour and sexual assault.

1. Divide the participants into four groups A, B, C and D. Show everyone the picture of a 24-hour clock on PowerPoint slide 6 (or draw one as shown in the picture here). Explain that it is not a 'normal' clock, but has one-hourly intervals that add up to 24 hours in total. Check that everyone understands. Ask each group to draw a 24-hour clock on flipchart paper. Ask them to map the activities a person would typically do during one day from the morning until the evening (including work and leisure time). Ask group A to create a 24-hour clock for a 40-year old woman; group B for a 40-year old man; group C for a 9-year old girl and group D for a 9-year old boy.
2. In plenary compare the different clocks. Explain to the participants that the different activities women and men do during their day are based on cultural expectations of their roles. Ask participants if they think that these activities would be the same in other communities or other parts of the world. Ask if they think the activities have always been like that, and if they think the activities could change in the future.
3. Look at the definitions of 'sex' and 'gender.' (Definitions are given below and are on PowerPoint 7.) Discuss the definitions and link them to examples of expectations participants have identified in this activity.
4. Use the notes below to discuss gender expectations in more detail.



### Information for facilitators on gender and sex

#### Definition of gender:

Gender is a concept that describes the socially-constructed differences between females and males throughout their life cycles. Gender, together with factors such as age, race and class, influence, inter alia, the expected attributes, behaviour, roles, power, needs, resources, constraints and opportunities for people in any culture. Gender is also an analytical tool that allows us to achieve a better understanding of factors of vulnerability with a view to more appropriately responding to need.<sup>4</sup>

#### Definition of sex:

The term sex refers to the biological characteristics of males and females. These characteristics are congenital (i.e. those that people are born with) and their differences are limited to physiological reproductive functions.<sup>5</sup>

**Discussion notes – gender expectations:**

Explain that gender defines the roles, responsibilities, constraints, opportunities and privileges of men and women in any context. This learned behaviour is known as gender identity. The gender identity is a very important part of the identity of a person.

Highlight that gender expectations can change and that they have changed in the past. For example, until very recently women were not allowed to vote and yet now many countries have female presidents.

Gender expectations are not always in favour of men. In most cultures, men are expected to be responsible for the livelihood of their family. Loss of job and income can therefore be more challenging for a man than for a woman. Another example is conscription: In some countries men are expected to join the army even if it is against their own will.

Another aspect of gender expectations is sexual attraction. Women and men are traditionally considered to be attracted to the opposite sex. However many men and women also feel a sexual attraction towards people of their own sex or both. The acceptance of and legalisation in relation to homosexuality and bisexuality has changed over time in certain countries of the world and in certain cultural contexts. However it still remains a crime in 76 countries and can result in the death penalty in seven countries. Discuss with the participants whether the country where the training is conducted is one of the countries where it is a crime and if they know what the penalty is.

Explain that gender expectations will be extremely challenging for people who feel a mismatch between their gender identity and the sex they are born with (transgender people). A transgender person might be born in the body of a man but feel more like a woman. It is also possible to be born with both male and female genes (chromosome XXY).

**2.3 The gender game** (large group activity)

5



To reinforce learning about the terms 'sex' and 'gender'



List of statements, paper and coloured markers for everyone



None



For this game, you need a list of statements about roles and expectations that participants have to sort into either 'sex' or 'gender' categories. Use examples that are appropriate to the cultural context of the training group. Here are some ideas, together with the correct category given in brackets:

- Women give birth to babies; men don't. (Sex)
- Little girls are gentle; boys are tough. (Gender)
- In many countries, women are paid far lower wages than men. (Gender)
- Women can breastfeed babies; men cannot. (Sex)
- In Ancient Egypt, men stayed at home and did the weaving. Women handled the family business and inherited property. (Gender)
- Women cook and keep the house clean; men talk politics with their friends. (Gender)
- Women menstruate; men don't. (Sex)
- Men climb trees to collect palm oil; women don't. (Gender)

1. Ask everyone to write a large letter “S” on one piece of paper and a large letter “G” on another.
2. Explain that you will read a list of statements to them. Some of them relate to the concept of ‘gender’ and some to the concept of ‘sex.’
3. Read each statement in turn and ask participants to think about whether it relates to ‘sex’ or ‘gender.’ If they think the statement relates to sex, then ask them to pick up their letter ‘S’ and wave it in the air so that everyone can see it! If the statement relates to gender, ask them to pick up their letter ‘G.’
4. Check that everyone understands why each statement relates to either ‘sex’ or ‘gender.’

## 2.4 Use of the terms ‘victim’ and ‘survivor’

(facilitator presentation)



To raise awareness of the impact of choice of language on the recovery process of people affected by SGBV.



None



Slide 8

1. Explain that the words people use communicate a certain message.
2. Ask the participants what kind of person they imagine when they hear the terms ‘victim’? What would ‘a victim’ look like? Ask participants to think about how a victim is likely to behave, their body language, their tone of voice, etc.
3. Explain that the way we talk about a person who has experienced an incident of SGBV may affect that person’s self-image. It may also influence the way they are perceived by the general public. The word ‘victim’ is normally associated with someone who is powerless, weak and small. Incidents of SGBV are often characterised by loss of control and power.
4. Explain that it is important for the recovery process that people affected by SGBV do not continue to feel like victims, but regain control over their lives. The terminology used by those assisting them in this process is a vital part of psychosocial support. People affected by SGBV do in most cases feel powerless in the situation of violence, but since the recovery process is about gaining control over one’s life and becoming empowered, the term ‘survivor’ is used to strengthen these aspects. The word ‘survivor’ stands for someone who is strong and capable of managing his or her life after a serious incident. Another way of referring to a survivor in a respectful and empowering way could be to use the term ‘person affected by SGBV.’

Coffee/tea break



None

## Session 3: Different forms of sexual and gender-based violence (135 minutes)

This section focuses on definitions of SGBV and on the different contexts for and causes of SGBV.

### 3.1 What is sexual and gender-based violence?

(small groups and plenary discussion)



To identify different types of SGBV



Flipchart paper, markers



9-17

1. Introduce this session by explaining that a lot of terms are used in the work around sexual violence. During this training the term 'sexual and gender-based violence' (SGBV) is used. SGBV is the broadest concept and covers all the others. SGBV includes physical, sexual and emotional violence. Compared to the term 'gender-based violence' (GBV), it particularly emphasizes the aspect of sexual violence. It is one of the most difficult forms of violence to cope with because of the social stigma and taboo associated with it. The term SGBV is not restricted to female survivors like the term 'violence against women' (VAW) and is used to describe violence that is perpetrated against men and boys, and also against lesbian, gay, bisexual, transgender and intersex persons (LGBTI) because of their sexual orientation and/or gender identity. 'LGBTI' encompasses a wide range of identities that share an experience of falling outside of societal gender norms.
2. Ask the participants to identify all the different types of SGBV they know. List them on a flipchart. Types of SGBV could include: physical violence, rape, prostitution, forced/early marriage, domestic violence, sex trafficking, child abuse, male-directed SGBV (e.g. rape of men in detention), harmful traditional practices, sexual exploitation and abuse, emotional violence (oppressing, degrading and intimidating women or girls so that they feel small, weak and stupid).
3. Divide the group into five groups and ask each group to define one or two of the following terms: child sexual abuse, domestic violence, forced marriage and child marriage (also referred to as early marriage), gender-based violence, rape, sexual abuse, sexual exploitation and sexual violence.
4. Give the groups 20 minutes to write an explanation for the term they have been given.
5. Discuss the explanations in plenary. Look in detail at the terms on the PowerPoint slides to see if the definition is different in some way.
6. Explain the other terms using the PowerPoint slides and the information in the box below. (Please note that the terms are interrelated).

## Information for facilitators on important definitions:

Term	Definition
Child sexual abuse	The term child sexual abuse generally is used to refer to any sexual activity between a child and closely-related family member (incest) or between a child and an adult or older child from outside the family. It involves either explicit force or coercion or, in cases where consent cannot be given by the victim because of his or her young age, implied force. <sup>6</sup>
Domestic violence	Domestic violence is a term used to describe violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. It is defined by WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. <sup>7</sup>
Forced marriage and child marriage (also referred to as early marriage)	Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before the age of 18. <sup>8</sup> <b>Note:</b> Even though some countries permit marriage before the age of 18, international human rights standards classify these as child marriages, reasoning that those under the age of 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions. <sup>9</sup>
Gender-based violence	Gender-based violence is an umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, man, girl or boy on the basis of their gender. GBV is a result of gender inequality and abuse of power. GBV includes but is not limited to sexual violence, domestic violence, trafficking, forced or early marriage, forced prostitution, sexual exploitation and abuse and denial of resources, opportunities and services. <sup>10</sup>
Rape	Rape is physically forced or otherwise coerced penetration – even if slight – of the vagina, anus or mouth with a penis or other body part. <sup>11</sup> It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. <sup>12</sup> The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.
Sexual abuse	Sexual abuse is any actual or threatened physical intrusion of a sexual nature, whether by force or under equal or coercive condition. <sup>13</sup>
Sexual exploitation	Sexual exploitation means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced prostitution can fall under this category. <sup>14</sup>
Sexual violence	Describes acts of a sexual nature committed against any person by force, threat of force or coercion. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against another person. Sexual violence also comprises acts of a sexual nature committed by taking advantage of a coercive environment or a person's incapacity to give genuine consent. It furthermore includes acts of a sexual nature a person is caused to engage in by force, threat of force or coercion, against that person or another person, or by taking advantage of a coercive environment or the person's incapacity to give genuine consent. Sexual violence encompasses acts such as rape, sexual slavery, enforced prostitution, forced pregnancy or enforced sterilization. <sup>15</sup>

## 3.2 Different forms of SGBV and their risk factors

(small groups and plenary discussion)



To raise awareness of different types and causes of SGBV



Paper, pens, copies of hand-out 2: Case studies



18



Please read the case studies in hand-out 2 in preparation for this activity. They provide examples of the way that SGBV affects people in very varied contexts around the world. It is important to adapt the names and the stories in the case studies to the regional context of the training. Information for facilitators is given below covering possible responses to the discussion questions in hand-out 2. Ask the participants to keep the hand-out for the rest of the training, because they will be using it several times.

1. Divide the participants into four groups.
2. Give copies of the hand-outs to each group, together with paper and pens to make notes if needed.
3. Allocate one of the case studies to each group. Explain that they have 20 minutes to discuss the case studies and the questions on the hand-out.
4. After 20 minutes, bring the groups together again and invite each group to present their discussion points.

### Facilitator notes for the plenary discussion of the case studies:

#### General causes of SGBV:

Sexual and gender-based violence is mostly rooted in unequal power relations. This can be between men and women, between adults and children, or between people of the same gender.

Other more general causes of SGBV include:

- discriminatory social and cultural beliefs and norms
- alcohol and drug abuse
- lack of legal protection
- socio-economic discrimination.

#### Case study 1: SGBV in natural disasters and forced displacement

When people are displaced, reporting of SGBV incidents can increase. This includes domestic violence, abuse by persons in power, survival sex, sex slavery, capture for trafficking, forced/early marriage, physical assault, attacks by armed groups (especially during flight).

Risk factors for SGBV may include:

- separation from family members
- food insecurity and lack of livelihoods
- lack of protection associated with a breakdown of community structures and in law and order
- criminal gangs arriving to take advantage of the confusion in the aftermath of the disaster and the breakdown in law and order
- crowded living conditions.

### **Case study 2: SGBV in conflict situations**

Sexual violence is often used as a strategy of warfare or a method of torture. It aims to demoralize and destabilise the community and break people's dignity. The most common forms include:

- rape, including gang rape of men and women by armed groups or other persons
- sexual slavery
- parents or men being forced to observe the rape of their children or partner
- partners or men being forced to rape their children or partner.

Most incidents of SGBV are perpetrated against women and girls. However men and boys are also targets. Male-directed sexual violence mostly happens during armed conflicts and in detention. Most common forms include:

- verbal assault
- being forced to strip off all clothes
- rape perpetrated by men or female combatants
- being forced to take part in rape
- being forced to observe the rape of family members.

### **Case study 3: Domestic violence**

Domestic violence often occurs due to power inequality within a relationship. During and after crises an increase of domestic violence is often reported. This is partly due to the high level of stress leading to tensions within relationships. Addressing domestic violence can be very difficult because it is strongly linked to cultural and social norms and expectations about gender roles. People affected by domestic violence often do not realize that their basic human rights are being violated. In some cultures, for example, it is seen as normal that husbands beat their wives or that it is a man's right to have sex with his wife whenever he wishes. These perceptions should be discussed during the training.

People may choose to stay in abusive relationships for many reasons including:

- fear of losing their children
- fear for their lives
- economic dependency
- fear of social isolation
- loss of status (married women often have a higher status in society than single women)
- emotional commitment to the husband
- optimistic expectations that the violence will end soon
- threats by the family
- loyalty to the family and the perpetrator
- feelings of self-blame.



#### Case study 4: Child abuse

The UN Convention on the Rights of the Child<sup>6</sup> define a child as “a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger.”

SGBV against children does not necessarily involve physical contact between an adult and a child. It also includes such behaviour as asking children to undress, forcing a child to see sexual acts or rape, showing children adult genitalia in order to satisfy an adult’s sexual desire and child pornography.

Why are children more at risk than adults?

- because of their size, age, and strength
- because of their dependency on adults
- because they are not included in decision-making processes.

What increases the risk?

- being unaccompanied or separated from the family
- living in times of conflicts or forced displacement
- having physical and mental disabilities
- living in abusive households
- girls are three times more at risk than boys.

What hinders children from disclosing an incident of violence?

- fear of the consequences (e.g. physical punishment or being separated by the family)
- fear that nobody will believe them
- manipulation by the perpetrator (e.g. receiving gifts, etc. )
- self-blame
- protection (e.g. children want to protect the perpetrator)
- age (e.g. children may not aware that they are being subject to sexual violence)
- physical or mental disabilities (e.g. children may not be able to report SGBV).

Lunch break


 19


## Session 4: The psychosocial impact of SGBV (60 minutes)

This session explores the psychosocial consequences of SGBV on those affected by it. This is an important foundation for the later sessions in the training, where participants look at how they can respond.

### 4.1 The impact of SGBV and the needs of survivors (small groups and plenary discussion)



 To understand the psychosocial impact of SGBV

 Flipchart paper, markers, copies of hand-out 2: Case studies from the last session

 None



This activity enables participants to think in more detail about the impact of SGBV on people affected by it.

1. Welcome the participants back from the lunch break, and address any questions or comments related to the morning's sessions.
2. Ask the participants to form groups of four.
3. Refer the groups to their copies of hand-out 2: case studies. Explain that they will be discussing the impact of SGBV on the people mentioned in the case studies.
4. Give each group flipchart paper and markers and ask them to write three headings on the paper:
  - psychological consequences
  - social consequences
  - physical consequences.
5. Give the groups 15 minutes to read through the case studies and to write examples of each of the above categories of impact on their flipchart paper.
6. After 15 minutes, invite each group in turn to present their findings. Use the information given below to fill in any gaps in the discussion.
7. Encourage the participants to discuss in plenary the impact of SGBV in their region. What are the consequences here for women, men, and children affected by SGBV?

### Information for facilitators

#### Psychological consequences:

- Emotional consequences include: anxiety, fear, insecurity, anger, shame, self-hate, self-blame, withdrawal and hopelessness.
- Cognitive consequences include: concentration difficulties, hyper-vigilance (e.g. when people feeling constantly alert to what is happening around them), repeated experience of the traumatic event with flashbacks, nightmares or intrusive memories (These can be triggered by many different factors).
- Behavioural consequences include: inability to sleep, avoidance (e.g. some survivors tend to avoid certain situations that remind them of the traumatic event), social isolation, withdrawal, changes in eating behaviour or substance abuse.
- Mental health consequences include: depression, post-traumatic stress disorder, anxiety disorder, eating disorder and substance abuse.

**Social consequences:**

- Social consequences depend on the cultural context of the area. In many cultures survivors are stigmatised and isolated. They are often blamed for the incident rather than the perpetrator, for example, because of the clothes they were wearing or the way they were acting. The stigma will also affect the survivor's family and wider network. This may lead to rejection by partners/families/communities, separation from children, loss of function in society, loss of job and source of income.
- Survivors may also have difficulties in continuing a sexual relationship with a partner. This can create tension and challenges within the relationship, especially if survivors decide not to disclose the incident of violence to their partner.

**Physical consequences:**

- Physical consequences such as sexually-transmitted diseases (e.g. HIV) or injuries can also occur as a result of SGBV. In some cultures, survivors themselves may be at great physical risk if the community knows about the incident of violence. There is also an increased risk of suicide as a result of the multiple psychological, physical and social consequences.

**Consequences specific to female survivors:**

The consequences of SGBV may be different for male and female survivors. Female survivors (i.e. women and girls) may have to face:

- pregnancy and having to carry the child of a perpetrator to term
- being forced to marry the perpetrator to maintain the family honour
- the risk of further violence
- not finding a partner
- having difficulties in making a living
- negative consequences from her own community. If a woman decides to leave her partner because of domestic violence, for example, she may be stigmatised. She may be seen as being selfish in seeking her own well-being rather than the well-being of her children.

**Consequences specific to male survivors:**

Male survivors face similar consequences to female survivors. However men and boys affected by SGBV may struggle in terms of their self-image and social identity because of the following:

- SGBV challenges the common view of masculinity, i.e. that men and boys should be strong and in control and dominant. Perpetrators often use male-directed sexual violence to turn the person into a weak, vulnerable, helpless victim – characteristics that are unfortunately commonly associated with being a woman. This is extremely difficult in terms of the predominant view that women are lower status.
- Being forced into sexual acts with another man directly challenges the sexual status of a man. It makes survivors question their sexual orientation. This is especially difficult in cultures where homosexuality is taboo or prohibited by law.
- Depending to the cultural context, men may be extremely reluctant to talk about being victimised. They feel ashamed, weak, and guilty. They are afraid of being labelled as homosexual or bisexual, in societies where sexual contact of any kind between two men is taboo. They are therefore likely to stay silent on the issue and remain isolated.

## Session 5: The psychosocial needs of survivors of SGBV (45 minutes)

This session explores helpful responses to SGBV and the needs of survivors of SGBV.

### 5.1 Psychosocial needs of survivors (small groups, then plenary discussion)



To identify the psychosocial needs of the individuals featured in the case studies



Flipchart paper, markers, copies of hand-out 2: Case studies



20-21



The following exercise should help the participants to identify the needs of survivors and brainstorm on helpful reactions to those needs.

1. Explain that staff and volunteers need to be aware of the needs of survivors in order to offer psychosocial support.
2. Ask participants to use the case studies again. Ask them to imagine that the person affected by SGBV in the case study has a neighbour working for the Red Cross Red Crescent. One day the person takes courage and goes to talk to this neighbour about their situation.
3. Ask participants to form groups of three or four. Give the groups 15 minutes to reflect on the following questions:
  - How do you imagine that the person from the case study would want their neighbour to react to them?
  - What would help them to feel comfortable?
  - Which actions could their neighbour take to make the situation better?
4. After 15 minutes, bring the groups back together and discuss these three questions in plenary. Note down suggestions on the flipchart paper. The answers can include all the elements featured in the second day of the training (survivor-centred approach, supportive communication, referral pathways). However, stop participants from going too deeply into discussion, since psychosocial support will be discussed in more detail on day two.
5. Sum up the activity by highlighting the needs of survivors and some helpful responses. See information below.

### Information for facilitators on helpful responses and needs

#### Helpful responses:

- stay close and listen to the story
- use words that help the person feel understood
- believe the person without questioning the story
- do not pressure the person to tell details
- do not judge or blame the person by saying things like, “You provoked your husband, that’s why he beats you.”
- do not draw conclusions or analyse (e.g. “You must hate him”)
- keep information confidential
- ensure safety and do not put the person in danger, e.g. by talking to her husband or by calling the police without her consent

- be very clear about the options that are available and the decisions that need to be taken
- provide information about reliable referral systems e. g. medical support
- do not force the person to do anything
- do not promise anything (e.g. “Everything will be good if you go to the police”)
- follow-up after a short time to see whether the person is feeling any better.

### Needs of survivors of SGBV:


- safety and protection
- care and understanding
- practical support
- connectedness within the family and the community
- livelihood for her/his family
- self-efficacy (believing in one’s own abilities)
- hope for the future.

## Session 6: Winding up the day (30 minutes)

The purpose of this session is to wind up the day by reflecting on the day’s learning points. This session can be facilitated in many different ways. Here is one suggestion:

### 6.1 Winding up the day



 To let participants reflect on the day

 None

 None

1. Ask the participants to form a circle.
2. Invite each person to step into the circle and say one thing that they would like to express on this first training day. This could be something new they have learned; things that were especially important for them; questions or emotions they want to express, etc.
3. Close the day by thanking everyone for their participation.

<sup>4</sup> As defined by SGBV Coordination Group, Red Cross Red Crescent Movement (2015).

<sup>5</sup> UNHCR (2003) Sexual and Gender-Based Violence against refugees, returnees and internally displaced persons.

<sup>6</sup> R.Z. Dominguez, C.F. Nelke and B.D. Perry (2002) Child Sexual Abuse in: Encyclopedia of Crime and Punishment, Vol 1.

<sup>7</sup> WHO (October 2013). Fact Sheet No. 239. <http://www.who.int/mediacentre/factsheets/fs239/en/>

<sup>8</sup> [http://www.unicef.org/protection/57929\\_58008.html](http://www.unicef.org/protection/57929_58008.html)

<sup>9</sup> UNHCR (2003). Sexual and Gender-Based Violence against refugees, returnees and internally displaced persons. <http://www.unhcr.org/3f696bcc4.html>

<sup>10</sup> As defined by SGBV Coordination Group, Red Cross Red Crescent Movement (2015).

<sup>11</sup> WHO (2002). World Report on Violence and Health. <http://whqlibdoc.who.int/hq/2002/9241545615.pdf>

<sup>12</sup> Gender-Based Violence Information Management System (2010) GBVIMS User Guide.

<sup>13</sup> UN Secretary-General (2003). Secretary-General’s Bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse.

<sup>14</sup> Gender-Based Violence Information Management System (2010) GBVIMS User Guide.

<sup>15</sup> As defined by SGBV Coordination Group, Red Cross Red Crescent Movement (2015).

<sup>16</sup> Office of the United Nations High Commissioner for Human Rights (1989) Convention on the Rights of the Child. Geneva, Switzerland.

# Psychosocial support for survivors of sexual and gender-based violence



Day

2

## Session 7: Welcome back and recap (45 minutes)

 1

The purpose of this session is to start the day on a positive note and to recap the learning points from the first day of the training workshop. This session can be facilitated in many different ways. Here is one suggestion:

### 7.1 Welcome (energizer in plenary)



To open day two, remind participants of one another's names and energize the group



A ball



None

1. Welcome the participants to the second day of the training.
2. Start the day with an energizer to recap the first day. One option could be a ball toss.
3. Make a circle and toss a soft ball around the circle. Encourage the participants to say the name of the person they throw the ball to. The participants state one thing they learned yesterday as they catch the ball. Continue until the programme of the first day is covered and everyone has had a chance to give input.

### 7.2 Learning objectives for day two (facilitator presentation)



To highlight the learning objectives for day two



None



2-3

1. Remind participants that day one focused on an introduction to SGBV. Briefly recap the topics that were covered. Ask whether there are any questions or comments.
2. Give a brief overview of the programme for day two and introduce the learning objectives for the day. Explain that day two focuses on the survivor-centred approach, helpful communication skills, referrals and the IASC intervention pyramid.
3. Read out the learning objectives and explain them.
4. Ask if there are any questions about them. Address the questions.


### Learning objectives – day 2:

By the end of day two, participants will be able to:

- understand the basic principles of the work with survivors of SGBV
- handle disclosure of SGBV
- use basic communication skills for contact with survivors of SGBV
- refer people affected by SGBV
- identify the psychosocial needs of survivors
- provide psychosocial support for survivors of SGBV.

### 7.3 Psychosocial support (facilitator instruction)



 To understand the concept of psychosocial support

 None

 4



This training does not focus in depth on the concept of psychosocial support itself. However, for day two of the training participants need to have an understanding of the concept of psychosocial support.

Please use the Community-based Psychosocial Support: Training Kit published by the PS Centre ([www.pscentre.org](http://www.pscentre.org)) if you wish to provide more guidance on psychosocial support.


1. Explain briefly what psychosocial support is. Use the explanation below.
2. Ask if there are any questions about it. Address the questions.

#### Definition of psychosocial support:

The Psychosocial Framework of 2005 – 2007 of the International Federation defines psychosocial support as “a process of facilitating resilience within individuals, families and communities [enabling families to bounce back from the impact of crises and helping them to deal with such events in the future]. By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure”.<sup>17</sup>

### 7.4 The IASC intervention pyramid (facilitator instruction)



 To introduce the IASC intervention pyramid

 None

 5



The IASC intervention pyramid<sup>18</sup> for psychosocial interventions is a well-established way of presenting the different kinds of support people need in emergency settings. This activity introduces the pyramid and then session 13, later in the day, builds on it, by looking in more detail at the different activities corresponding to the four levels of the pyramid.

1. Briefly explain the IASC intervention pyramid. Use the information below.
2. Ask if there are any questions about it. Address the questions.

#### Information for facilitators on the IASC intervention pyramid:

Use the PowerPoint slide or draw the pyramid on a flipchart and explain the four layers of support:

Introduce the pyramid by saying: People affected by crises and disasters have different needs and need different kinds of support depending on their situation. The layers in the pyramid represent the different kinds of support people may need, whether at times of crisis, at an early stage of reconstruction or in ongoing situations of distress experienced by people over many years.



**Basic services and security:** People’s well-being is protected through meeting their basic needs and rights for security, governance, and essential services such as food, clean water, health care and shelter.

**Community and family support:** A number of people may need help in accessing key community and family support. Due to the disruption caused by crises and disasters, family and community networks may be broken.

**Focused non-specialised supports:** A still smaller number of people will, in addition, require support that is more directly focused on psychosocial well-being. This might be individual, family or group interventions, typically carried out by trained and supervised workers.

**Specialised services:** At the top of the pyramid is additional support for the small percentage of the population who need much more specialised professional support because they have great difficulty in daily functioning despite the supports mentioned already.

## 7.5 Recap about psychosocial consequences of SGBV

(individual work and plenary discussion)



To prepare for the next session by recapping psychosocial consequences of SGBV



Paper, pens



None



This is a short recap activity to review the psychosocial consequences of SGBV on the people affected by it. Take care not to make participants feel they are failing if they do not remember all the consequences. Encourage the group to work together in this task.

1. Explain that you are going to review the psychological, social and physical of SGBV from the previous day. Invite two or three participants to give examples.
2. Now ask them to spend 2-5 minutes individually and write down as many of the consequences they can remember.
3. Write the categories of consequences on flipchart paper and invite participants to call out examples for each category. Fill in any gaps where necessary.

## Session 8: The survivor-centred approach (45 minutes)

This session focuses on the survivor-centred approach, which means that everything begins with the experiences of the survivor. These experiences determine the needs and the needs determine the support required.

### 8.1 Basic principles in working with people affected by SGBV (small groups and plenary discussion)



To identify the basic principles of the survivor-centred approach



Paper and pens. Make four sets of cards with one principle written on each card. Use the words safety, confidentiality, respect and non-discrimination on the cards.

**PP** 6-7



Please note that the session refers to the principle of confidentiality. It does not include details on exceptions to keeping information confidential. This is covered in sessions 9 and 12.

1. Divide participants into four small groups and give a set of cards with the principles and paper and pens to each group.
2. Give the groups 15 minutes to discuss the following questions:
  - What does this principle mean?
  - Why is this principle important when working with survivors of SGBV?
3. After 15 minutes, invite each group to present their responses in plenary.
4. Complete the activity by talking about 'the survivor-centred approach' using the information below.

### Information for facilitators on the principles of a survivor-centred approach:

A survivor-centred approach means giving priority to the rights, needs and wishes of survivors of SGBV. It is based on the principles featured in this session and is reflected in the skills used by staff and volunteers in promoting the survivor's recovery.

The notes here focus on the principles of the survivor-centred approach. Sessions 9-12 focus on the skills needed to support people affected by SGBV.

#### 1. The principle of safety

The safety of the survivor and survivor's family should be ensured at all times. Keeping survivors safe should be a number one priority. Survivors of SGBV are at heightened risk of ongoing violence (e.g. domestic violence), murder or suicide, as well as social discrimination and isolation. Helpers have to assess safety risks and minimize the risks for survivors and their immediate family members.

Incidents of SGBV also affect survivors' sense of security and trust in other people. The world may suddenly seem a dangerous, chaotic or unsafe place. Naturally enough, survivors may lose their belief in the goodness of humankind. Helpers should try to support them by staying close and remaining calm, even if the person is extremely distressed. Being genuine and honest will help the distressed person to rebuild a sense of trust and safety and begin the recovery process.

## 2. The principle of confidentiality

Maintaining confidentiality means that information about survivors should not be shared with others without the informed consent of the survivor. This means not sharing information with doctors, other NGOs, co-workers, family members, the media, etc. without consent. There are certain exceptions to this rule that are about the absolute safety of the survivor and/or immediate family. These exceptions will be discussed in the next session. Disclosure of confidential information can expose survivors to severe social stigma. In some societies people affected by SGBV will be punished or at risk of losing their life (together with those of their immediate family). They may be isolated or rejected from their families and the community.

Confidentiality is therefore paramount in all aspects of support for survivors. The threat of discrimination, social isolation and punishment is very real. Survivors will be frightened that information about them could become public. Helpers must always inform those they are supporting that no information will be shared unless written consent is given.

The fact that a person has shared his/her story with you as a service provider is a big step and a sign of trust. All personal information should therefore be treated extremely carefully. Maintaining confidentiality at all times is an important strategy to ensure the safety of the survivor and to minimize the risk of discrimination and isolation.

## 3. The principle of respect

Respect means seeing the survivor as the primary actor in the situation. The wishes, rights, and dignity of the survivor have to be respected at all times. The role of helpers is to facilitate recovery and provide resources for problem-solving.

Loss of control is a central element of situations of SGBV. During the recovery process, a survivor has to gain back a sense of control over his/her life. The failure to respect the survivors' right to find their own solutions can increase their feelings of helplessness and dependency on others. The work of the helper should always be to strengthen self-efficacy, enabling survivors to feel strong and competent. Survivors should therefore be in control of the process and their wishes should determine the actions taken.

## 4. The principle of non-discrimination

All people have the right to the best possible assistance without discrimination, on the basis of gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class, etc.

When discussing the principle of non-discrimination, invite participants to focus on their own prejudices and experiences of rejection. Ask if there are people they try to avoid or if there are others they prefer to work with (because of feelings of sympathy for them, or because they are the same age, same sex, same ethnic group, etc.). Invite them to reflect on the reasons for this. To offer support in a non-discriminative way, we need to be aware of these preferences or prejudices.

Coffee/tea break

 None

## Session 9: The survivor-centred approach in practice

(45 minutes)

This session gives participants opportunity to think about how they would put the basic principles of the survivor-centred approach into practice.

### 9.1 The survivor-centred approach in practice

(small groups and plenary discussion)



To apply the basic principles of the survivor-centred approach



Copies of hand-out 2: Case studies, flipchart paper, markers, copies of hand-out 3: The survivor-centred approach in working with people affected by SGBV

PP 8



Make sure that you give plenty of time to the discussion after the small group work (at least 20 minutes). During the discussion you will begin to look at detailed aspects of supporting people affected by SGBV. Information is provided for facilitators about this below (see Information for facilitators on putting the principles into practice).

1. Divide the participants into four groups.
2. Ask the groups to choose one of the case studies from hand-out 2: Case studies.
3. Give them 20 minutes to think about how they would apply the four basic principles – safety, confidentiality, respect and non-discrimination – in this situation.
4. Discuss responses in plenary. Note them down on flipchart paper.
5. Now link these responses with more detailed guidance on putting the principles into practice, using the information below.
6. Close the activity by giving participants copies of the hand-out 3: The survivor-centred approach in working with people affected by SGBV.

### Information for facilitators on putting the principles into practice

#### Safety:

- Introduce yourself and the services that are available, and be transparent in all the actions that you take.
- Make sure that a room is available; if possible, that is quiet and private.
- Remain calm, even if the person is extremely distressed.
- Stay close.
- Help the person to identify and address immediate safety risks.
- Try to find solutions for ongoing risks.
- Don't do anything that threatens the safety of the survivor or his/her family.
- Stress that the situation of violence is over, that they have survived and they are safe now (if that is the case).
- Develop an individual safety plan with the survivor. Try to find places where he/she feels safe.

#### Confidentiality:

- Make sure that all information gathered about a survivor is stored securely (e.g. files should be locked, documents on the computer secured with password).
- If you need to share information about a survivor with an outside organization, you must first obtain the survivor's informed written consent or that of a parent or guardian

if the survivor is a child (see box below). Do not pressure the survivor to give consent.

- Share only necessary and relevant information (not all the detail) with others involved in giving help (after having obtained written consent). Informed consent means that the survivor will be informed about which information will be shared, with whom and for what reason.
- Do not share any information about the survivor or their situation (e.g. giving their name or other identifying information) with anyone else – at home or in the workplace.
- Avoid identifying survivors of SGBV in the way services are provided. Survivors can be at risk of being identified by the community if they attend specialised programmes. This risk can be minimized by addressing the special needs of survivors of SGBV within broader psychosocial programmes.

### **Definition of informed consent:**

Informed consent is the voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. Parents/caregivers are typically responsible for giving consent for their child to receive services until the child reaches 18 years of age.<sup>19</sup>

### **Exceptions to maintaining confidentiality:**

- When a survivor might try to hurt herself or himself
- When there is a risk that the survivor might hurt others
- When a child is in danger
- When national or international laws or policies require mandatory reporting (for example, because of sexual exploitation and abuse by humanitarian staff).

It is very important that the survivors are informed of the reasons for mandatory reporting – preferably before they begin to explain what has happened to them. It must be made clear to them that whatever they say will have to be reported due to national, international laws or policies. This gives them the option to go on telling their story or to stop at this point.

### **Respect:**

- Don't pressure a person to talk and make a disclosure.
- Be patient and kind. Don't judge the person.
- Accept feelings. Survivors sometimes feel that their emotions, thoughts and behaviour are strange. Explain that their reactions are normal.
- Inform the person about available referrals but don't force her/him to take any actions.
- If it is the wish of a survivor to be interviewed or examined by a person of their own sex, make sure that female/male staff is available.
- Minimize the number of times a survivor needs to retell her/his story.
- Some survivors of domestic violence decide to stay in the abusive relationship. Even in these situations, no action should be done against the will of the person affected by domestic violence.

### **Non-discrimination:**

- Reflect on your own prejudices and assumptions.
- Offer support to everybody without discrimination, on the basis of gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class, etc.

## Session 10: Supportive communication skills (90 minutes)

This session focuses on supportive communication skills. Knowing how to communicate effectively is crucial in providing good psychosocial support. This includes knowing how to ask questions so as to gather information from a person seeking help and knowing how to listen 'actively'.

### 10.1 Asking questions (small groups and plenary discussion)



 To find out what type of questions help in gathering information

 None

 9-10



This activity gives participants an opportunity to practise asking open questions. However, as the facilitator, try not to introduce the activity by using the term 'open questions.' The aim of the activity is for participants to find out what type of questions work well in gathering information.

1. Ask the participants to form groups of three.
2. Explain the task for each group is to do a short interview. The group can choose the theme of the interview. It can be a fun theme, like "What is your favourite TV programme?" or "What do you enjoy doing in your free time?" Advise the groups not to choose a topic that is distressing to talk about.
3. Each group needs to choose one person to be the interviewer; one person to be the interviewee, and one person to be an observer.
4. There is however one special rule for the interview. The interviewer has to find out as much information as possible, without the interviewee saying "yes" or "no."
5. Change roles after 5 minutes, and again after another 5 minutes, so that everyone has the chance to do all three roles.
6. Discuss in the activity in plenary:
  - Was it difficult to ask questions? What was difficult?
  - How did it feel being questioned in this way?
  - What did the observers see?
  - What kind of questions work well with this special rule?
7. Explain the difference between open and closed questions. See information for facilitators below.

### Information for facilitators about open and closed questions

Open questions are questions that begin with words like, **what, when, how, who, why, in what way**. They usually require more than a one-word answer and so are helpful in finding out more about a person or situation. Closed questions on the other hand can be answered with one word or a short phrase.

For example:


- Open question: "How do you manage to raise your children alone?"
- Closed question: "Is it difficult raising your children alone?"

Or

- Open question: "What was that experience like for you?"
- Closed question: "Was that experience scary?"

## 10.2 Active listening (short presentation)



 To provide information about active listening

 None

 11



Do a short presentation on active listening using the notes below. Active listening includes verbal and non-verbal communication. Please note that this session covers verbal communication and session 11 covers non-verbal communication.

1. Explain to participants that they will have a chance to practise active listening skills after this presentation.
2. Use the notes below to explain what active listening is and how it is part of supportive communication.

### Information for facilitators on active listening

Active listening is a key element of supportive communication. It means giving full attention to the speaker. This means not only listening to what is being said, but also listening to the ‘music’ behind the words, and registering movements, body language, tone of voice and facial expressions. The art of listening therefore is to be able to find the meaning, both from what is said and how it is said. Active listening in support situations means focussing on the speaker. It gives the speaker space and time to talk, without the helper interrupting by expressing their own thoughts and feelings.

Elements of active listening include:

- maintaining eye contact (if this is culturally appropriate) without staring
- focusing on the survivor and give them room to talk
- using clarifying questions and summarizing statements, e.g. “What do you mean by saying ...”; “I am not sure I understand what you mean when you mention ...”; “Are you saying that you ...”; “Did I understand you correctly ... “
- avoiding giving opinions or arguing
- trying not to be distracted
- focusing on what the person is saying, rather than guessing, or preparing what you yourself will say next
- using your own body language to convey your attention
- using words like ‘yes,’ and ‘hm,’ and ‘go on’
- using appropriate facial expressions
- keeping your posture relaxed and open
- being awake and attentive – maintain high energy levels
- allowing time for silence and thoughts.

Point out that this list includes examples of verbal and non-verbal communication. Ask participants to give examples of both. Explain that you will talk more about non-verbal communication in the next session.

People affected by SGBV often blame themselves. Helpers must communicate that sexual violence is always the fault of the perpetrator and never the fault of the survivor. It is crucial in these circumstances that helpers do not reinforce the stigma and sense of self-blame by being stigmatising in the type or tone of questions they ask, for example “Why didn’t you have someone accompanying you that night?”

If, however, survivors have the opportunity of telling their story in a supportive atmosphere, this helps them to understand and come to terms with what they have experienced. A question like, “What were the events leading up to the assault?” is much more appropriate.

### 10.3 Active listening (role play in pairs and plenary discussion)



To practise active listening



Copies of hand-out 2: Case studies



12-14



Playing role plays of such a sensitive nature can be challenging and can cause difficult emotional reactions for some participants. Based on your experience with the participants so far, assess whether it is appropriate to use the case studies for the role play or if it is better to use a neutral topic from the participants' everyday lives for the activity.

1. Explain the procedure for the role-play: Ask participants to divide into pairs. In each pair, one person takes the role of active listener/helper and the other the speaker/survivor.
2. There is 30 minutes for this activity with two rounds of role-play. This gives everyone the opportunity of role-playing both parts.
3. Ask the speakers to choose one of the case studies and use the story as the basis for this role-play.
4. Ask listeners to give 100 per cent of their attention to what the speaker is saying, and allow the speaker to talk about their situation in their own way rather than 'interviewing' them.
5. After 15 minutes, ask participants to switch roles with their partner.
6. End with a group discussion in plenary, using the following questions:
  - How was this different from everyday conversation?
  - How did you feel when there were silences?
  - Were you more comfortable as the speaker or the listener?
  - What might hinder you from giving 100 per cent of your attention?
  - What factors might enable you to give the speaker your full attention?
7. Wrap up by highlighting the essential points for communication.

#### Essential points for communication:

- **Stay close and calm**
- **Be non-judgemental**
- **Accept feelings:** Survivors sometimes feel that their emotions, thoughts and behaviour are strange. Everybody responds differently, but explain that their reactions are actually very normal. It is not that their reactions are strange, but the situation they have experienced is not normal.
- **Provide practical information**
- **Challenge stigma**
- **Promote safety:** Stress to survivors that the period of violence is over, that they have survived it and they are safe now (as long as this is the case).

Lunch break



15




## Session 11: Non-verbal communication (30 minutes)

This session focuses on the impact of non-verbal communication and body language.

Welcome participants back from the lunch break and address any questions. Briefly present the programme for the afternoon.

### 11.1 Drawing without seeing (work in pairs)



 To raise awareness of non-verbal cues in communication

 Hand-out 4: Drawings, paper and pens

 None





Activity 11.1 and 11.2 do not include plenary discussion, since activity 11.3 includes a discussion of all three activities.

1. Ask the participants to pair up (and decide who is A and B) and sit down back to back.
2. Give a drawing to partner A and a piece of paper and a pen to partner B. Make sure that they are seated as requested so that they are unable to see each other's materials.
3. Now ask partner A to describe the drawing. Partner B has to try to draw the picture, based only on what partner A is saying. No-one should turn round to help their partner!
4. After five minutes stop the exercise and ask the participants to compare the drawing with the original.
5. Explain that this exercise shows how important non-verbal communication is. It is difficult to do a drawing based on verbal information only.

### 11.2 Getting closer (work in pairs)



 To raise awareness of boundaries in personal space

 Chairs (although this game can also be done standing up)

 None

1. Ask participants to get into pairs again and to sit down on chairs set about two feet (1.5 metres) apart.
2. Ask them to tell the other why and how they started working in the Red Cross Red Crescent Movement.
3. After a few minutes, shout "Change!" Explain that 'change' means moving their chairs in some way. This could be moving them closer together, more apart, directly opposite each other, back to back, etc. The pairs can choose what they do. They continue to talk to one another (or try to talk to one another) wherever they are sitting.
4. Shout 'change' as often as seems best for what the group is doing. Make it fun sometimes by giving very little time between changes.

## 11.3 Non-verbal communication – what have we learned? (plenary discussion)



To summarise learning about non-verbal communication



None



None

1. Ask for comments and reflections on activity 1 and then activity 2. Use the following questions if needed:
  - In activity 1**
    - What was it like not to see the face of the person you were speaking to or listening to?
    - How did this affect what you were trying to do?
    - What did you learn by doing this activity?
  - In activity 2**
    - Where did you feel comfortable sitting?
    - When did it get uncomfortable?
    - Why was it uncomfortable?
    - What did you learn by doing this activity?
2. Use the notes below to link the participants' comments with more information about non-verbal communication and personal space in relation to the psychosocial support of survivors of SGBV:

### Information for facilitators on non-verbal communication in relation to the psychosocial support of survivors of SGBV:

Helpers need to be extremely careful of any form of physical contact and of boundaries for personal space. These are aspects of the survivor's experience that have been seriously violated in the course of being assaulted.

Boundaries of personal space also depend on the cultural context. Check with participants what is appropriate in the communities they work in.

Non-verbal cues also depend on the cultural context. Check with participants what is appropriate for them in terms of:

- facing the speaker when talking with someone
- making eye contact
- showing that you are listening by nodding, or saying "hm," or "ah ha," etc.
- using facial expressions that convey the meaning that you are listening/being reassuring/being sympathetic, etc.
- appearing calm and relaxed
- keeping an open posture.

## Session 12: Referrals (60 minutes)

This session has two parts: The first part demonstrates the challenges of making referrals within a community setting. The second part looks at the process of making referrals.

### Instructions:

Explain that referrals will often be necessary in the course of providing psychosocial support to survivors of SGBV. Before starting this session, make sure participants know what making a referral means. It is about finding help for survivors from informal systems like community-based groups or religious leaders or from formal systems that addresses specific issues, e.g. legal services, medical help, specialised psychological treatment, etc. There is more information about referrals below (see information for facilitators on making referrals).

### 12.1 A spider's web (large group activity and plenary discussion)



To understand the challenge of making referrals



A copy of the story: My daughter has been raped (see below), a set of role cards for the story (with one role per card written on the cards), a ball of string or wool.

 None



This activity demonstrates the risks of making referrals related to:

- keeping someone's story confidential
- minimizing the number of times the story has to be told.

Make a set of role cards that feature all the people in the story including: the mother, the thirteen year old daughter, the wife of a local elder, the local healer, the male field officer, the female field officer, the soldier, the doctor, the police officer and neighbour. As facilitator for this activity, you will slowly read the story aloud whilst the participants pass a ball of string around the group (as detailed in the instructions below).

#### A story: My daughter has been raped

A 13 year-old girl tells her mother that their neighbour has raped her. The mother doesn't know what to do, so she goes to the wife of a local community leader, telling her the story. The wife tells her to take her daughter to the local healer. She goes to the healer and repeats the story of the abuse by the neighbour. The healer examines the girl, gives her some medicine and tells the mother to go to the local RCRC community centre. The male field officer is at the centre, so the mother tells him the story. He says she should go to the female field officer. They go to her and tell her the story again and ask for advice. She then says they must go to the doctor to get an examination. On the way they have to pass a check point where they explain that they are going to the doctor for an examination. The doctor examines the girl and tells them to go to the police. The police officer tells her they need a certificate from the doctor. The doctor gives the certificate. The mother hands over the certificate to the police. Some days later, the mother is very worried because the neighbour has been threatening the family. He has heard about her going to the authorities.


1. Invite everyone to stand in a big circle.
2. Give out one role card to each participant and ask them to hold it up so that everyone can see it. Not all participants will have a role card.


3. Start by giving the ball of string to the person playing the 13-year-old daughter and begin to read the story.
4. Explain that whenever you mention a different person in the story, the ball of string should be passed to that person:
  - For example, in the first line of the story the daughter tells her mother what happened. So as you read that line, the person playing the daughter holds onto the end of the string and passes the ball of string to the mother.
  - In the next line of the story, the mother tells the story to the wife of a local leader. At this point therefore the mother holds onto the string but passes the ball of string to the person playing the wife of the local leader.
  - This continues until you have finished reading the story.
5. By the end of the story, the group should have woven 'a spider's web' of string between them.
6. Invite participants to comment on the web. Use these prompt questions if needed:
  - What happened?
  - Why is there such a thick web?
  - How many people heard the girl's story?
  - What impact might this have had on the girl and her mother?
  - What could they have done differently?
  - What could other members of the community have done differently?
  - What could the RCRC staff and the other professional staff have done differently?
7. Conclude by emphasising the serious and potentially life-threatening consequences for the survivor and those supporting them in sharing information inappropriately.


## 12.2 The process of making referrals

(small groups and plenary discussion)



 To identify referral pathways and support services

 Flipchart paper, markers

 16-17



In preparation for this session, it is very important to find out the procedures for making a referral in the organizations/community where the participants are working, if at all possible. Look specifically at the responsibilities for staff and volunteers. It is likely there will be different procedures for staff and volunteers. Try also to access information about the support services that are available in the region.

Find out if the services match the standards being promoted in this training. They should have a survivor-centred approach and observe the principles of safety, confidentiality, respect and non-discrimination in their practice (specifically many male and female survivors prefer to be examined and interviewed by a woman. It is helpful to know where female staffs are located.) If possible, consider inviting representatives of external agencies from the local area. Choose agencies that follow quality and ethical standards. The agencies can then explain how they deal with referrals and how organizations can refer to them.

1. Divide the participants in groups of three or four. Give them flipchart paper and markers.
2. Give the groups 15 minutes to answer the following questions:
  - What are the procedures for making a referral within your organization? Please describe them step by step if possible.
  - What support services are available for survivors of SGBV in your region?
  - How would you ensure the quality of the support service you want to use for the referral?

- What would you do if there were no support services available to meet the specific needs of the person you were supporting?
3. Ask groups to note down the information they share on the flipchart paper.
  4. Discuss the groups' findings in plenary. Ask each group to stick their flipchart paper on the wall. Refer to the lists of procedures and the lists of support services. This is an opportunity to share information that participants themselves may have about the local area. This information could be helpful to other participants in their work.
  5. Use the information below to conclude the session.

### Information for facilitators on making referrals

**1. Knowing when to refer** someone is very important. Helpers need to be clear about the limitations of the service they can provide, as well as being aware of their own assumptions and personal limitations. Helpers also need to know what to do in terms of the procedures they are required to follow in their capacity as a volunteer or staff member of an organization.

**2. Knowing why to make a referral** is also important. This could be to access specialised help, like medical services to assess injuries or check for sexually transmitted diseases, etc., for example, or legal services.

Sometimes referral is needed when there is a concern for the welfare of the person in terms of:

- a significant change in behaviour – whether the individual themselves or people close to them recognize the change
- talk of suicide
- persistent physical symptoms
- dependency on alcohol or drugs
- behaviour which puts self or others at risk
- on-going depression or other mental disorder
- inability to control strong emotions
- problems as a result of abuse or criminal activity
- severe sleep problems.

**3. Knowing how to refer** a person is important too:

- Observe the four principles of the survivor-centred approach. Always prioritise the confidentiality and security of survivors. Avoid home visits to reduce risks of identifying someone affected by SGBV.
- Inform the person what you are planning to do and get their informed consent.
- If possible, provide different options. Having a list of local organizations, agencies and networks is essential. Knowing whether female staff is available is very important.
- Follow the procedures set out by the organization you are working for and the requirements of the service you are referring to. Procedures usually involve consultation with and approval by a line manager or supervisor within the organization.

**4. Who can help if referral does not appear possible?**

- Check with co-workers and networks in the region to find out if there are any other options.
- Check what community supports are available.

An additional note: Explain that, in addition to referrals, helpers can sometimes provide practical help to survivors of SGBV. When someone has experienced a crisis situation or is in shock, it is a great help if someone offers practical support. A few examples include:

- contacting someone who can be with the person
- arranging for children to be picked up from school
- making sure the person is warm and provided with food and drinks if there is a need
- helping the person with transport home
- helping them to get to the hospital or other support as needed.

Remember, at the same time, to respect the person's wishes and not to take over too much responsibility. Support them to regain control of their own situation, to consider their options and take their own decisions. This will empower them to begin meeting their own needs.

### 12.3 Handling disclosures (short facilitator instruction)



To create awareness on steps to take in case of disclosure



None



18



Offering support in a situation of disclosure can be challenging and overwhelming for helpers. Having simple steps to follow can guide helpers in the process.

1. Present action steps for situations of disclosure (use information below). Link the steps to the information in the previous sessions.
2. Ask if there are any questions. Address the questions.

#### Information for facilitators on action steps

Action steps for situations of disclosure:

1. Acknowledge the situation and listen supportively.
2. Ensure the safety of the survivor.
3. Refer for further support if there is informed consent.

Reporting is mandatory in cases of child abuse. It is therefore important to take notes and document what the child says and/or what you see. Report the incident immediately through the appropriate channels.

### 12.4 Barriers and challenges (plenary discussion)



To raise awareness about potential barriers in situations of disclosure and about challenges for helpers in relation to SGBV



Flipchart paper, marker, copies of hand-out 5: Self-care and stress management



None



Working with survivors of SGBV can be very challenging for helpers. However these themes are not within the scope of this training. Please refer participants to hand-out 5: Self-care and stress management for further information on this topic.

1. Explain that this activity focuses on potential challenges in work in relation to SGBV.

2. Put up two flipchart papers. Write 'barriers for people affected by SGBV' and 'challenges for helpers'.
3. Ask the participants firstly what potential barriers they see for people affected by SGBV in disclosing an incident of violence. List the answers on a flipchart.
4. Ask now what challenges they imagine for the helpers in relation to SGBV and in handling a disclosure. List the answers.
5. Ask the participants if they have ideas about how to overcome the barriers and challenges they have identified.

### **Information for facilitators on barriers and challenges:**

#### **Potential barriers for disclosing an incident of violence:**

- Fear of social exclusion and stigmatisation
- Underlying cultural norms
- Shame
- Not having knowledge about personal rights
- Not having knowledge about or reduced accessibility of services
- Lack of services.

#### **Potential challenges in the work with survivors:**

- Not having knowledge on what to do
- Fear of doing harm
- Shame of talking about sexual issues
- Being overburdened
- Lack of supervision
- Not having knowledge on procedures and about the legal framework for SGBV
- Lack of specialised services to refer to.

#### **Overcoming challenges by:**

- Awareness-raising on services available
- Ensuring safety and maintaining confidentiality
- Embedding SGBV in general services rather than specific targeting
- Capacity-building on basic helping skills and referral pathways
- Having clear policies and procedures.

Remind participants about the role and influence of bystanders in handling disclosures: Bystanders have a significant role in helping to shape how effectively a disclosure is handled or not.<sup>20</sup> For example, if people who know or suspect SGBV is occurring and stay silent, ignore the problem or do not take it seriously, the risk of SGBV continuing is very real. However, if bystanders take action to help a survivor access help, the survivor is likely to feel supported, and have help in accessing referrals.

Coffee/tea break

 19

## Session 13: IASC intervention pyramid (30 minutes)

The purpose of this session is for participants to reflect on concrete psychosocial activities for survivors of sexual and gender-based violence.

### 13.1 IASC intervention pyramid (small groups, plenary discussion)



To brainstorm on activities that correspond to the four levels of the IASC intervention pyramid



Flipchart paper, markers



20-23

1. Remind the participants of the IASC intervention pyramid which was presented at the beginning of the day. Briefly recap the four levels.
2. Divide the participants into small groups and give each group flipchart paper and markers.
3. Give the groups 10 minutes to brainstorm psychosocial support activities relevant for SGBV survivors that correspond to the four levels of response on the intervention pyramid. Ask them to write down their ideas on flipchart paper.
4. Discuss the groups' ideas in plenary. Make sure that the suggestions cover activities at all levels of the pyramid (see suggestions below).

### Information for facilitators on activities at each level of the IASC pyramid

#### Basic services and security:

- providing for survivors' security and protection, such as safe shelters
- ensuring that humanitarian assistance is survivor-centred
- ensuring that humanitarian assistance does not increase risk for SGBV, e.g. lack of light in camps, toilets that are positioned in isolated locations, etc.

#### Community and family support:

- community awareness-raising and education to help communities understand and reduce the stigma attached to gender-based violence and promote community acceptance of SGBV survivors
- community self-help and resilience strategies, such as men's or women's groups
- survivor-centred traditional healing and cleaning ceremonies
- survivor-centred restorative justice processes
- economic empowerment initiatives
- educational and livelihood activities.

#### Focused non-specialised supports:

- appropriate post-incident health care, including psychological first aid and basic mental health care
- referral to health services
- case management for individualized service delivery and assistance
- livelihood and other social or economic reintegration interventions
- culturally appropriate supportive counselling.

#### Specialised services:

- assistance here could include specialised services such as psychological and psychiatric support and treatment.



## Session 14: Evaluation and closing (30 minutes)

This session starts with a repeat of the exercise about personal assumptions from the beginning of the training. The participants have gained a lot of new knowledge in the last two days and that can change pre-existing attitudes.

### 14.1 Personal assumptions (short facilitator instruction)



To create awareness of potential changes in personal assumptions about sex, sexuality, gender roles, sexual violence and individual boundaries



List of questions as shown below (available on PowerPoint or copied onto flipchart paper), paper and pens



24

1. Explain that you will now repeat the exercise from the beginning of the training. You will ask questions about personal assumptions. Point out that the answers might not be the same compared to the beginning.
2. Show the questions on a PowerPoint or flipchart. Read the questions out loud and give the participants time to think about their answers silently. Ask them also to think about what has changed for them compared to the beginning of the training.
  - a. What are your thoughts when you think of sexual and gender-based violence? (Describe your physical and emotional reactions.)
  - b. Do you think that sexual and gender-based violence can happen to anyone?
  - c. Do you think that survivors of SGBV are responsible for being sexually abused?
  - d. Would you feel comfortable in talking about sexual violence with beneficiaries?
  - e. What topics would be difficult to talk about?

### 14.2 Evaluation (large group or individual activity)



To evaluate the whole training workshop



Copies of annex D, Evaluation questionnaire, pens (if you are doing a written evaluation)



None



The evaluation is done as a written evaluation, using the evaluation questionnaire in Annex D.

1. Invite participants to do an evaluation of the training.
2. Explain the value of evaluation:
  - It gives participants an opportunity to reflect on what they have learned.
  - It gives feedback to the facilitator/s about the quality and relevance of the training to the participants who have taken part in the workshop.
  - It provides ideas for future workshops and improvement.
3. Ask the participants to do the written evaluation.

### 14.3 Saying goodbye (large group activity)



To give participants and facilitators time to say goodbye to one another



Certificates of attendance (if you are presenting them)



25

1. Explain that that this is now the end of the training. Ask whether participants have any last questions or comments.
2. Ask participants to stand in a circle. Invite each participant to step into the circle and say one thing that they will take with them from the training.
3. If you are presenting certificates, take time to do this.
4. Thank everyone for their active participation. Give time for everyone to say goodbye to one another.

<sup>17</sup> PS Centre (2011) Psychosocial interventions. A handbook.

<sup>18</sup> Inter-Agency Standing Committee (2007) IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

<sup>19</sup> IRC/UNICEF (2012) Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Service Providers in Humanitarian Settings.

<sup>20</sup> Australian Institute of Family Studies (2014). Bystander approaches: Responding to and preventing men's sexual violence against women. ACSSA Issues No. 17, 2014. <https://www3.aifs.gov.au/acssa/pubs/issue/i17/03.html>.

# Annexes



- A. Resources
- B. Hand-outs
- C. Training needs questionnaire
- D. Evaluation questionnaire

## Annex A: Resources

Documents		
Canadian Red Cross and IFRC	2011	Ten Steps to Creating Safe Environments
Global Protection Cluster	2010	Caring for Survivors of Sexual Violence in Emergencies –Training Guide
Global Protection Cluster	2010	Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings
IASC	2005	Guidelines for Gender-based Violence Interventions in Humanitarian Settings
IASC Sub-Working Group on Gender & Humanitarian Action	2008	GBV Resource Tool: Establishing GBV Standard Operating Procedures (SOP Guide)
Medica Mondiale	2013	Training manual for women’s empowerment
Oxfam	1994	The Oxfam Gender Training Manual
Reproductive Health Response in Conflict Consortium	2003	Gender-based Violence Tools Manual. For Assessment and Program Design, Monitoring and Evaluation in Conflict-affected Settings
Syrian Regional Refugee Response Child Protection and SGBV Sub-Working Groups Jordan.	2014	Inter-agency emergency standard operating procedures for prevention of and response to gender-based violence and child protection in Jordan
UNHCR	2003	Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons – Guidelines for Prevention and Response
WHO	2007	Ethical And Safety Recommendations For Researching, Documenting And Monitoring Sexual Violence In Emergencies
WHO	2010	Preventing Intimate Partner And Sexual Violence Against Women – Taking Action And Generating Evidence
WHO	2012	Mental Health And Psychosocial Support For Conflict-Related Sexual Violence: 10 myths Summary: Mental Health And Psychosocial Support For Conflict-Related Sexual Violence: Principles And Interventions Do’s And Don’ts In Community-Based Psychosocial Support For Sexual Violence Survivors In Conflict-Affected Settings
WHO, UN Action, UNFPA, UNICEF	2011	Responding to the Psychosocial and Mental Health Needs of Sexual Violence Survivors in Conflict-Affected Settings

Useful links	
E-Learning Tool: Managing Gender-Based Violence Programmes In Emergencies	<a href="http://www.unfpa.org">www.unfpa.org</a>
Gender-Based Violence Area of Responsibility (GBV AoR)	<a href="http://www.gbvaor.net">www.gbvaor.net</a>
GBV Information Management System	<a href="http://www.gbvims.org">www.gbvims.org</a>
GBV Responders' Network (IRC)	<a href="http://www.gbvresponders.org">www.gbvresponders.org</a>
IASC Sub-Working Group Gender In Humanitarian Action	<a href="http://www.humanitarianinfo.org">www.humanitarianinfo.org</a>
Managing Gender-based Violence Programmes in Emergencies – E-learning tool	<a href="http://www.unfpa.org">www.unfpa.org</a>
Sexual Violence Research Initiative	<a href="http://www.svri.org">www.svri.org</a>
The Task Force on Protection From Sexual Exploitation And Abuse By Our Own Staff	<a href="http://www.pseataaskforce.org">www.pseataaskforce.org</a>

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## Annex B: Hand-outs

Hand-out 1: The training programme

Hand-out 2: Case studies

Hand-out 3: The survivor-centred approach in working with people affected by SGBV

Hand-out 4: Drawings

Hand-out 5: Self-care and stress management

**Hand-out 1: The training programme**

Time	Minutes per session	Content
<b>Day 1</b>		
09:00 - 09:45	45	Session 1: Welcome and introduction
09:45 - 10:30	45	Session 2: Basic ideas and definitions
10:30 - 10:45	15	Coffee/tea break
10:45 - 13:00	135	Session 3: Different forms of SGBV
13:00 - 14:00	60	Lunch
14:00 - 15:00	60	Session 4: The psychosocial impact of SGBV
15:00 - 15:15	15	Coffee/tea break
15:15 - 16:00	45	Session 5: Psychosocial needs of survivors
16:00 - 16:30	30	Session 6: Winding up the day
<b>Day 2</b>		
09:00 - 09:45	45	Session 7: Welcome and recap
09:45 - 10:30	45	Session 8: The survivor-centred approach
10:30 - 10:45	15	Coffee/tea break
10:45 - 11:30	45	Session 9: The survivor-centred approach in practice
11:30 - 13:00	90	Session 10: Supportive communication skills
13:00 - 14:00	60	Lunch
14:00 - 14:30	30	Session 11: Non-verbal communication
14:30 - 15:40	70	Session 12: Referrals
15:40 - 16:00	20	Coffee/tea break
16:00 - 16:30	30	Session 13: The IASC intervention pyramid
16.30 - 17.00	30	Session 14: Evaluation and closing

## Hand-out 2: Case studies

### Case study 1: Natural disaster and forced displacement

Aniyah (23 years) is living in a refugee camp together with her two young children. She had to flee her hometown due to a typhoon and she was separated from her husband. She arrived two weeks ago and has no information from her husband. In the camp there is not enough space for everyone and there is not enough food. One man in the camp keeps on telling Aniyah that he could help to find a place for her and her children to stay, if she would spend the night with him. Aniyah is very scared of this man, but she also does not know how to feed her children. When her little daughter gets sick, she decides that she will ask the man for help. She is very desperate and cries a lot, but at least her children have food and she has the medicine her daughter needs.

#### Questions:

- What other forms of SGBV occur because of natural disaster and forced displacement?
- What risk factors for SGBV are associated with natural disaster and forced displacement?

### Case study 2: Conflict situation

Xhavier (22 years) was studying economics and lived at home with his parents and siblings in a little town. Then a war broke out in his country. One day a group of armed soldiers came to their home and killed his family. He was able to hide for a while, but when he tried to escape through the woods, the soldiers found him. They held him hostage together with some other men for a period of three weeks. In that time he was raped several times. After three weeks they let him go, but he was highly traumatised and badly injured.

#### Questions:

- What do you know about SGBV in conflict-affected states?
- What do you know about SGBV against men?

### Case study 3: Domestic violence

Kitana lives together with her husband, Isaac, and their three children. They married five years ago and at the beginning everything was fine. Kitana works in their garden and sells the vegetables she grows at the market. Her husband has a job in a hospital. But during the last year things have changed. Isaac often blames Kitana for being a lazy, stupid woman. He says that it was a mistake to marry her and that he regrets it a lot. He takes the money Kitana earns for himself and she does not have enough money to buy food for the family. At night Kitana is often very tired, but her husband forces her to have sex with him. Sometimes when he is in a very bad mood, he even beats her. Kitana is very sad and upset with the situation, but she does not know what to do.

#### Questions:

- What are the risk factors for domestic violence?
- In many cases people affected by domestic violence remain in the abusive relationship. What do you think are their reasons for staying?

### Case study 4: Child abuse

Dunja is six years old and lives together with her three siblings and her parents. Sometimes when both her parents are working, her uncle looks after Dunja and her siblings. Recently Dunja could not get to sleep. Her uncle suggested she sleep in his room. During the night he touched her inappropriately and made her touch him. Dunja did not know what was happening. In the morning the uncle told Dunja not to tell anyone what happened during the night.

#### Questions:

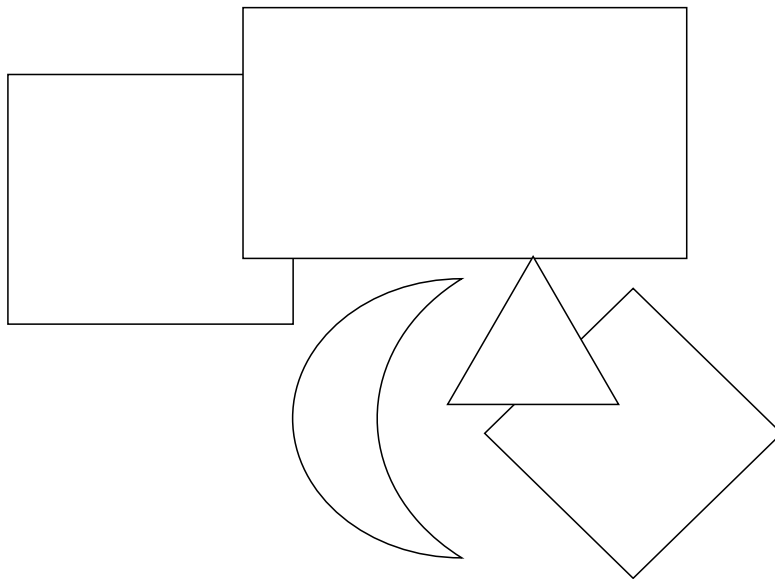
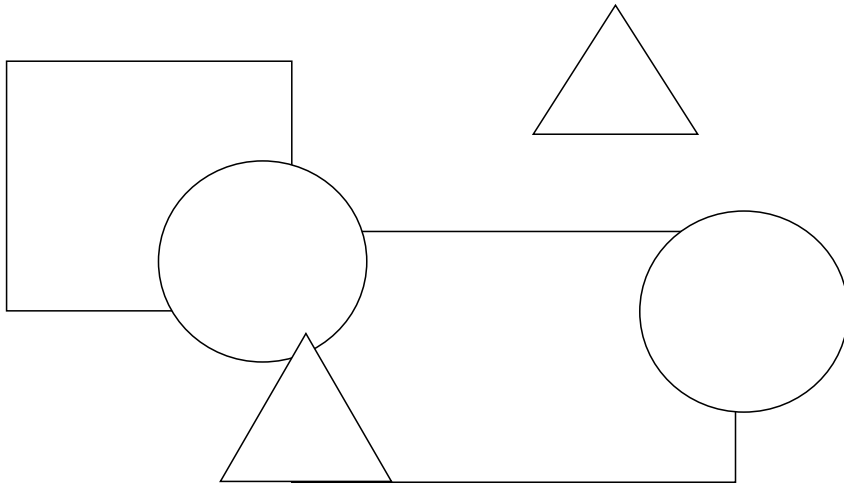
- What increases the risk for sexual and gender-based violence against children?
- What reasons are there for children not to report an incident of SGBV?



**Hand-out 3: The survivor-centred approach in working with people affected by SGBV**

Safety	<p>The safety of the survivor and survivor’s family should be ensured at all times. Keeping survivors safe should be a number one priority. Survivors of SGBV are at heightened risk of on-going violence (e.g. domestic violence), murder or suicide, as well as social discrimination and isolation. Helpers have to assess safety risks and minimize the risks for survivors and their immediate family members.</p>
Confidentiality	<p>Confidentiality is paramount in all aspects of support for survivors. The threat of stigmatisation, social isolation and punishment is very real for those affected by SGBV. Maintaining confidentiality means that information about survivors should not be shared with others without the informed consent of the survivor. There are certain exceptions to this rule that are about the absolute safety of the survivor and/or immediate family (please see below).</p> <p>If information needs to be shared with another organization, always obtain the written consent of the survivor or of a parent or guardian if the survivor is a child. Informed consent means that the survivor will be informed about which information will be shared, with whom and for what reason. It is not ethical to share personal information about the survivor or their situation (e.g. giving their name or other identifying information) with anyone else – at home or in the workplace.</p> <p>Avoid identifying survivors of SGBV in the way services are provided. Survivors can be at risk of being identified by the community if they attend specialized programmes. This risk can be minimized by addressing the special needs of survivors of SGBV within broader psychosocial programmes.</p>
Exceptions to maintaining confidentiality	<ul style="list-style-type: none"> <li>• When there is a risk that survivors might try to hurt themselves</li> <li>• When there is a risk that survivors might hurt others</li> <li>• When a child is in danger</li> <li>• When laws or policies require mandatory reporting (such as in the case of sexual exploitation and abuse by humanitarian staff).</li> </ul>
Respect	<p>The wishes, rights, and dignity of the survivor must always be respected. The survivor-centred approach empowers the survivor, with helpers offering assistance, facilitating recovery and providing resources for problem-solving but never taking any decisions for survivors. This can be especially difficult if a survivor decides to remain in the violent relationship or location. A lack of respect by helpers can increase survivors’ feelings of helplessness and shame. It can prevent survivors from regaining a sense of control over their lives. It can reduce the overall effectiveness of interventions, and may even cause further harm.</p>
Non-discrimination	<p>All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class.</p>

## Hand-out 4: Drawings



## **Hand-out 5: Self-care and stress management**

### **Sources of stress for helpers**

Working with people affected by SGBV can be very fulfilling, but it can be very demanding at the same time.

Some sources of stress may include:

- hearing stories of violence
- dealing with the sensitivity of the topic (e.g. taboo and stigma)
- working with very distressed people (e.g. survivors may be angry, frustrated, anxious)
- working with people who might be a risk to themselves
- having idealistic expectations of what helpers can do
- feeling that helpers have to solve all the problems for the person/s they are helping
- feeling guilty about paying attention to one's own needs for rest or support.

### **Signs of stress**

Some common signs of stress include:

- emotional exhaustion
- a decrease in energy and a feeling of constant tiredness
- loss of enthusiasm and motivation
- lowered work efficiency
- pessimism and cynicism
- loss of a sense of personal accomplishment in one's work
- alcohol or drug abuse
- changes in attitude or behaviour (e.g. risk-taking behaviour, temper outbursts, withdrawing from colleagues and loved ones).

### **Self-care**

Self-care is very important when working with people affected by SGBV. Self-care refers to the ways of looking after body and mind at work and at home.

Helpful strategies include:

- getting enough rest (regular and sufficient sleep)
- setting limits and take breaks from work
- limiting the number of hours spent on difficult tasks
- talking with your colleagues about your feelings and difficulties in helping (be very careful to maintain confidentiality)
- seeking support from the programme manager/supervisor
- spending time with friends
- taking time to be quiet and reflect (e.g. relaxation exercises, religious practices)
- eating and drinking regularly
- taking physical exercise.

## Annex C: Training needs questionnaire

### Psychosocial support for people affected by sexual and gender-based violence training needs questionnaire

1. Have you participated in any training on sexual and gender-based violence before?

YES \_\_\_ NO \_\_\_

If yes, please list training(s): \_\_\_\_\_

\_\_\_\_\_

2. Rate your knowledge on gender issues (please tick one of the four answers below):

- very little knowledge
- basic knowledge, with some experience in the field
- good knowledge, with some technical training
- extensive knowledge and experience in the field.

3. Rate your knowledge of sexual and gender-based violence:

- very little
- basic knowledge, with some experience in the field
- good knowledge, with some technical training
- extensive knowledge and experience in the field.

4. Rate your knowledge on psychosocial support:

- very little
- basic knowledge, with some experience in the field
- good knowledge, with some technical training
- extensive knowledge and experience in the field.

5. Rate your knowledge on psychosocial support in relation to sexual and gender-based violence:

- very little
- basic knowledge, with some experience in the field
- good knowledge, with some technical training
- extensive knowledge and experience in the field.

6. What are your expectations of this workshop?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please describe the area(s) where this training will be relevant in your work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please add any other information that you think is relevant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Annex D: Evaluation questionnaire

### TRAINING EVALUATION

#### Sexual and gender-based violence – A two-day psychosocial training

Please rate the questions below, using the scale as follows: 1=not at all to 5=very much.

Questionnaire page 1					
Sessions		not at all			very much
<b>Day 1</b>					
Session 1: Welcome and introduction	Was the content clear?	1	2	3	4 5
	Were the activities relevant?	1	2	3	4 5
	Was this part relevant for your work?	1	2	3	4 5
	Please add any other comments on this session here:				
Session 2: Basic ideas and definitions	Was the content clear?	1	2	3	4 5
	Were the activities relevant?	1	2	3	4 5
	Will this part be relevant for your work?	1	2	3	4 5
	Please add any other comments on this session here:				
Session 3: Different forms of SGBV	Was the content clear?	1	2	3	4 5
	Were the activities relevant?	1	2	3	4 5
	Will this part be relevant for your work?	1	2	3	4 5
	Please add any other comments on this session here:				
Session 4: Psychosocial impact of SGBV	Was the content clear?	1	2	3	4 5
	Were the activities relevant?	1	2	3	4 5
	Was this part relevant for your work?	1	2	3	4 5
	Please add any other comments on this session here:				

Questionnaire page 2						
Session 5: Psycho-social needs of survivors	Was the content clear?	1	2	3	4	5
	Were the activities relevant?	1	2	3	4	5
	Was this part relevant for your work?	1	2	3	4	5
	Please add any other comments on this session here:					
Session 6: Winding up the day	Was the content clear?	1	2	3	4	5
	Were the activities relevant?	1	2	3	4	5
	Was this part relevant for your work?	1	2	3	4	5
	Please add any other comments on this session here:					
Day 2						
Session 7: Welcome back and recap	Was the content clear?	1	2	3	4	5
	Were the activities relevant?	1	2	3	4	5
	Was this part relevant for your work?	1	2	3	4	5
	Please add any other comments on this session here:					
Session 8 and 9: The survivor-centred approach	Was the content clear?	1	2	3	4	5
	Were the activities relevant?	1	2	3	4	5
	Was this part relevant for your work?	1	2	3	4	5
	Please add any other comments on this session here:					

Questionnaire page 3						
Session 10: Supportive communication	Was the content clear?	1	2	3	4	5
	Were the activities relevant?	1	2	3	4	5
	Was this part relevant for your work?	1	2	3	4	5
	Please add any other comments on this session here:					
Session 11: Non-verbal communication	Was the content clear?	1	2	3	4	5
	Were the activities relevant?	1	2	3	4	5
	Was this part relevant for your work?	1	2	3	4	5
	Please add any other comments on this session here:					
Session 12: Referrals	Was the content clear?	1	2	3	4	5
	Were the activities relevant?	1	2	3	4	5
	Was this part relevant for your work?	1	2	3	4	5
	Please add any other comments on this session here:					
Session 13: IASC intervention pyramid	Was the content clear?	1	2	3	4	5
	Were the activities relevant?	1	2	3	4	5
	Was this part relevant for your work?	1	2	3	4	5
	Please add any other comments on this session here:					

<b>Questionnaire page 5</b>
1. What was particularly helpful during the training?
2. What could be changed?
3. Which parts could be made longer? Which could be made shorter? Why?
4. Was there anything you would have liked to have learned, but that was not covered during the training?
5. Other comments or feedback:

THANK YOU