

Training Guide ARC/CVT Gender Based Violence

For Health Workers and Business Extension Agents in refugee camps, Guinea

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Table of Contents

Introduction and training goals & set-up.	2
Concept of Gender Based Violence.....	5
Assessment of Effects of Gender Based Violence.....	9
Communication and Counselling Skills.....	12
Confidentiality	17
Possibilities to Assist.	19
Annex.....	21

Introduction

This training manual has been developed in response to the need to train ARC medical personnel (midwives, nurses, community health workers), business extension agents and security personnel working for the refugee population in the northeast of Guinea, West Africa. The manual has been field-tested in the training of ARC health workers and business extension agents.

The training is part of a project that intends to provide protection from Gender Based Violence in the camps. The target groups of the training are involved in direct work with the refugees and have a position in which they can contribute to the assistance of survivors of gender based violence and help prevent gender based violence.

For workers who will be employed as facilitators in a GBV-training, a set-up for a one-day training on facilitator's skills is included.

Training Goals

In the document describing the training project, the following goals are specified.

- Identification of Survivors of Gender Based Violence – SGBV (symptom recognition and assessment)
- Using counselling principles (confidentiality, empowerment)
- Using counselling communication skills
- Assisting SGBV in finding help for their problems
- Using facilitators skills

These goals apply in different ways to the training target groups. In the next section the specific terms of reference related to the target groups are given in detail as basis for the training curriculum.

GBV-related tasks of ARC health facilitators and other professionals

Recognition of symptoms

Recognition of symptoms is not a mechanical process, always leading straightforwardly from medical examination to recognition of medical and psychosocial symptoms of GBV. Situations of sexual abuse may lead to psychosomatic problems that become only clear when the patient is interviewed tactfully and sensitively. When patients come for help under the disguise of a medical problem, it is important to find out what possible psychosocial problems (including possible GBV) exist.

To be able to structure the patient's complaints and guide them to what is relevant, the health worker needs knowledge of GBV and its effects. This is also the basis of the assessment of the complaints and the causes, to be implemented with an assessment questionnaire. Using the assessment questionnaire again is no linear process. It is done

in a semi-structured interview, requiring good communication and facilitation skills. It is not a one-way closed interview.

Part of the facilitation is also explanation of symptoms. The client needs some understanding of the complaints in terms of the symptoms and mechanisms involved, for orientation and as preparation for possible referral.

Encouragement and facilitation of expression of complaints and related conditions

In order to be able to communicate sensitively with the clients a 'counselling attitude' is required, with openness for the client's situation, and with empathy and encouragement for the expression of experiences.

Appropriate communication skills are also needed. The worker is the facilitator of the communication, and needs to be trained to use listening and questioning techniques.

Some clients need more than support for the expression of complaints and related conditions. They need to be motivated to act on their problems, by confronting the problems, looking for assistance, etc. This is referred to as the 'counselling task' and includes the shared planning of actions to work on the problem, according to a model of problem solving. For this the client is referred to other agencies that do counselling.

Providing awareness activities

Lastly, workers can perform awareness tasks, providing information in clinics and schools on GBV and the need for SGBV to look for assistance. This is certainly no core-task, but it would enhance the sense of responsibility for SGBV that the health workers need to do the job.

Tasks of other professionals

In general, the business extension agents and the security personnel need less expertise than the health workers, especially concerning assessment skills related to the physical and mental health status of the patient. But they do need training concerning the symptoms and the problems involved in expressing and/or reporting of GBV, and ways to deal with the communication process. BEA's need to be sensitive to symptoms appearing in the functioning of the business activities of client's, security personnel need to be able to assist SGBV in communicating about possible GBV and encouraging them to report it. They also need to think about possible ways in which the security of the women can be improved.

Summarising, performance of the following competences will be trained.

1. Assessment of violence: *assessment task*
 - PTS-Symptoms
 - Communication skills (Counselling attitude; listening and questioning techniques; confidentiality)
2. Explanation of psychosocial (SGBV) problems: *information task*
 - Explanation of psychosocial symptoms
 - Explanation of assessment and referral procedure

3. General mental support : *counselling task*
 - Facilitating expression of concerns
 - Encouragement
 - General motivation to act on problem

4. Referring to other agencies: *referral task*
 - Advice (explanation of options: counselling, medical assistance, women's activities)
 - Planning of action
 - Use of referral form
 - Advocacy (contact with counsellor/ medical doctor)

5. Awareness activities in clinics and schools: *awareness task*
 - Giving information to clients on GBV and SGBV in schools, clinics, vocational programs and community meetings
 - Assisting other professionals (teachers, BEA's, etc.) in dealing with cases

Introduction and exploration of topic GBV

Violence against women has many faces. Workers in the medical and social professions such as counsellors, nurses, etc. all meet clients who suffer different forms of violence. Nurses speak with clients who present complaints about their mental and physical health that are the result of violence. BEA's find clients withdrawn, depressed, not able to focus their attention and to communicate constructively with fellow workers. Counsellors find clients beating their children, because they are under stress or have been victims of rape. Security personnel come upon individuals who do not dare go through certain areas because they fear to be harassed. Some clients are suffering from neglect or abuse by their husband, feeling humiliated and isolating themselves out of shame and misery.

Because of their child-raising responsibilities, many women bear the brunt of the destruction brought about by the war. They have to find food, build a shelter, take care of the children, etc. All women in war-affected areas face violence and have to cope with it.

The target group of the project is the group of clients suffering from more extreme and specific forms of violence, like rape, neglect, domestic violence and sexual exploitation. Clients try to cope with violence in different ways, some try to avoid it, others try to stop it by finding assistance, others just suffer it, etc. Some find the courage to look for assistance.

There is a need to train clients how to cope effectively with violence, and to create protective resources, like a confidential counsellor, a women's committee, and an informed authority structure. An important step in the direction of these measures is to inform and train all people that can make a difference by committing themselves to the care of SGBV and the prevention of GBV.

Authorities can regulate with sanctions and penalties, protection and prevention.

Health personnel can help diagnose and refer for psychological problems or treat for medical problems.

Security personnel can be of support to clients at risk, by helping setting-up an alarm system, by advocacy and by referring.

Business extension agents can identify SGBV, refer, and coach.

Counsellors can be advisor and advocate with the family and other parties, give counselling, and support with child raising.

The concept of gender based violence

In order to be able to communicate clearly about the topic of gender-based violence, it is necessary to have a clear understanding of the term.

Definition of Gender Based Violence

Physical, mental, or social abuse (including sexual violence), which is directed against a person because of his or her gender or gender role in society or culture.

The emphasis in the training will be on women as survivors of gender based violence. Common examples of forms of violence that affect women disproportionately are rape, sexual exploitation and domestic exploitation. Rape is also an example of specifically woman directed violence (cf. the systematic rape – often gang rape- by the rebels). Because of the dependency on men, many women have to cope with forms of exploitation, part of which is often sexual, beside the domestic exploitation. Any form of exploitation may be considered as an indirect form of violence, and is often the cause of later violence.

The following types of GBV are to be found in the literature.

Domestic violence

This is a container concept for all forms of physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the house, marital rape, female genital mutilation and other traditional practices harmful to women.

Violence in the community

GBV can be endemic in communities, where for whatever reason women are physically, sexually and psychologically abused. This can take the form of forced marriage, rape, sexual harassment and intimidation at work, in educational institutions and elsewhere, and of trafficking in women and forced prostitution.

Violence by the state

One step further we find GBV on state level, often as part of the national culture, in which women are discriminated, exploited and exposed to physical, sexual and psychological violence.

Three reasons for health workers to prioritise violence against women

It is important to work on the prevention and the reduction of GBV, and give victims of GBV the help needed to recover and escape from GBV. There are compelling reasons for this.

1. It causes a great deal of suffering and negative health consequences for a significant proportion of the female population
2. It impacts directly and negatively on several other priority health issues, including safe motherhood, family planning, STD and HIV/AIDS prevention
3. For many survivors of violence, health workers are the main (often the only) point of contact with public services which might help them deal with their problems

Discussion of these reasons will clarify the understanding of the trainees of their responsibility and possible commitments, and express their personal position and motivation. A common statement on task performance and training intention can boost motivation.

Vignettes

In the following vignettes various forms of GBV are exemplified. These vignettes can be read aloud before giving and discussing the definition of GBV, to involve the participants actively in the meaning of the concept. The question to be discussed is:

What is common to the problems described in all these vignettes?

After sharing of ideas and suggestions the definition can be presented, referring to the elements of the suggestions.

The vignettes can be used later on in the training as role-plays.

1. Rape by rebels

Fatu comes to the health post with complaints of abdominal pain and permanent urine leaking. The medical examination learns that she has lacerations in her bladder, caused by sharp objects put in her vagina during torture, committed when she was fleeing from the war. She tells that she doesn't dare to leave her house. She feels ashamed of her condition and doesn't want to talk about it. She looks very depressed.

The health worker refers her to the doctor and to the Counselling Centre.

2. Neglect by husband

Musu talks to a friend about feeling bad when she is at home. 'My husband is angry with me all the time, she says, he makes me scared. He complains about anything, the food, the house, his clothes, and he calls me bad names. Sometimes he beats me and I feel miserable. I would like to leave and live with my sister who is in another camp, but I'm afraid my husband will not let me go and treat me even worse.'

When she is in the training session of the income generation training, she is distracted, makes many mistakes and avoids contact with others. The trainer tells her to be more focussed and admonishes her to do her best. Musu reacts nervously and withdrawn.

3. Rape by man in community

Alice is a young girl of thirteen years. One day her mother finds her crying in a corner of the hut. After some probing she tells that a man who lives nearby rapes her last night when she went to a friend. She is afraid of the man because he can be violent; he has been a fighter and lives on his own. The girl locks herself up in the house. She doesn't want to go out again. The mother is very angry with the man and thinks of going to the camp authorities. But she is also afraid for what the man might do to her or her daughter if he learns that she has gone to complain about him. She is torn between her anger and her fear, but finally decides to present a formal complaint. So she goes to the authorities and explains what has happened to her daughter. The security officer who is present advises to use the opportunity to expel the man from the camp, saying that he is a notorious fighter that discredits the whole camp. Then the mother's fear that the man might take revenge becomes very strong and she tells them so. But the authorities do not listen to her and say they will protect her and her daughter as best as possible. She goes home but doesn't tell her daughter what has happened.

4. Violence by prejudice (ostracising old 'women-witches')

Mabel comes to the health post with serious injuries in her face and on her back. She is an old woman and lives by herself on the outskirts of the camp. She says she has fallen and hurt herself. The health worker doesn't believe her because a fall does not explain

the type of injuries Mabel has. After some probing Mabel tells that some people threw stones at her, that she fell and that the people threw more stones at her. She could hardly escape. 'They yelled and cursed me', Mabel says disconsolately. They called me 'ugly old witch, we will teach you how to kill people'.

The health worker put bandages on her wounds and tells her to do something about her problem by going to the camp authorities.

5. Lack of educational opportunities

Janet comes home from a meeting where an NGO has announced the start of a literacy program for adults. 'Now I can learn how to read and write', she says enthusiastically to her husband. But the husband doesn't say much, he looks away and after some time says that there is a lot of work to be done. Then he complains about the food and urges the woman to start looking for wood. 'There is too much to be done, and there is no need to read here. Do you expect to buy books? We don't have money for that; we are not rich. You know that. So keep to your work, I don't want you to become unhappy with things that are not for you. Besides, you're too old to learn to read. And how would it be if you would read, while I can't. It would bring shame to me! It is a bad thing if a woman would dominate her husband. So don't speak about it anymore! We are what we are, and we're going to stay that way.'

The next day she meets the NGO worker who asks her if she will participate in the literacy program. Janet feels ashamed about her situation and says she doesn't know. The worker asks if she has any problems that prevent her from participating, but Janet is silent. Please come talk this afternoon, I want to help you, the worker says. Janet nods but doesn't go. She wants to be left alone.

6. Abuse by officials

Mary, a girl of eighteen years, comes to the health post, she is pregnant and asks for advice. The health worker does an examination of the physical status and doesn't find any problems. She advises the girl to check again after some time. The girl looks worried and the health worker asks about the family situation. But Mary is hesitant to tell about it. The health worker then inquires about the father, but Mary doesn't want to tell who the father is. The health worker then advises Mary to go to the Counselling Centre, for advise on the family situation.

The counsellor in the Centre tries to encourage Mary to talk about her plight, and only at the end of the meeting she discloses her secret. She is pregnant by one of the camp officials, who is a married man but doesn't want to detach himself from Mary. He wants her to have the child, because it is also his child. Mary feels bad about the whole situation, because she still feels in love with her boy friend in Sierra Leone, whom she hasn't seen for a few years now. And the man who made her pregnant will leave the camp after the end of his contract. He doesn't seem to be willing to take her with him. She feels torn between her pregnancy and the loss of a marriage with her boy friend.

Questions for discussion

- Why is the violence described in the vignette GBV?
- Would you do the same as the worker, or something else? Why? Give clear reasons.
- Give possible suggestions on how to deal with this type of situation.

Assessment of impact of GBV

The main objective of this activity is to orient the trainees on the effects of GBV, the types of effects and how they interrelate.

The results of the brainstorm on effects of GBV may be explored further by establishing 'strings', chains of interrelating effects, like for example social isolation, feelings of fear and shame, and physical damage (incontinence).

The strings can be explored and presented in different ways.

One is to start with one given effect, and then to explore effects in the other areas that can arise out of the first. This can lead to 'webs' of effects. This may lead to confusingly complex pictures that give the impression that everything is connected to everything else.

Another way is to select one effect from one list, and then to select just one other from both the others lists, so that there are only a few elements in the chains.

For the health workers it is important to assess the secondary effects of the physical complaints, in terms of mental and social effects. In order to do this, the communication with the client is important. So one of the conclusions of this activity is the need to have good communications skills, in order to facilitate the expression of the experiences of the client.

The trainer can use the information given below as a guideline. In the trainer's explanation of the effects of GBV, the 'common feelings ...' can be used, leaving the observations on the advice to be given out.

Common feelings of Survivors of Gender Based Violence

Common feelings of SGBV are similar to that of any war trauma. Fear, rage, helplessness, depression and isolation are common reactions to trauma. When laymen deal with SGBV they need to know about common sense advice that can be given. So for every reaction some guidelines for advice are provided. In role-plays the trainees can practice applying the guidelines.

Fear of people, sense of vulnerability

- Fear in the company of a (unknown) man
- Fear in crowds
- Fear of sexual allusions

Advice

- Spend time with people you trust
- Talk with people you trust about what happened
- Temporarily not trusting is a protective device used as emotional coping with the experience

Loss of control over his or her own life, fear of the perpetrator

- Lack of self-confidence
- Simple routines become difficult and bothersome
- Feelings of fear stem from a heightened sense of reality

Advice

- Ability to take decisions will return with healing through supportive talks
- Ease in doing simple tasks will return

Anxiety and nightmares

- In nightmares fears of repetition of the experience can be expressed
- The assault may be reproduced in the nightmare

Advice

- Talk about the nightmares with trusted people
- The nightmares are a normal reaction, they will disappear with healing

Talking about the attack vs. keeping it secret

- There is a risk in telling about the assault, when the other is indifferent, or is blaming you for what happened (you shouldn't have been there)

Advice

- Only tell people that are concerned and know how to listen and support

Sexual concerns

- Reduced need for sex
- Reduced ability to have sex
- Fear of rejection by partner when refusing sex

Advice

- Sexual healing takes time
- Ask partner to be patient and give you time to heal

Guilt, shame, self-blame

- Self-blame may be an attempt to get some control (in retrospect) of experience
- Shame is natural reaction to frequent rejection

Advice

- Being assaulted does not make you a bad person
- Education about the issue may be helpful in diminishing self-blame

Anger

- Anger is an appropriate, healthy reaction to sexual violence

Advice

- Find ways to express your anger, but be sure not to act on the feelings, as they will lead to more destruction.

GBV: Physical health outcomes

Non fatal outcomes	
<ul style="list-style-type: none"> • Injury (lacerations, fractures, internal organs injury) • Unwanted pregnancy (gynaecological problems) • STD's including HIV • Miscarriage • Pelvic inflammatory disease • Chronic pelvic pain • Tendency to take drugs/alcohol 	<ul style="list-style-type: none"> • Reduced functioning of immune system • Headaches • Body stress • Permanent disabilities • Asthma • Irritable bowel syndrome • Self-injurious behaviour (unprotected sex)
Fatal outcomes	
<ul style="list-style-type: none"> • Suicide • Homicide 	<ul style="list-style-type: none"> • Maternal mortality • HIV/AIDS

GBV: Mental Health Outcomes

Psychological effects	
<ul style="list-style-type: none"> • Fear • Anxiety • Confusion, attention problems • Frustration/unhappiness • Feelings of shame 	<ul style="list-style-type: none"> • Post traumatic stress symptoms • Repression of feelings • Flashbacks & nightmares • Depression • Self-blame
Effects on psycho-physical functioning	
<ul style="list-style-type: none"> • Sleeping problems • Eating problems • Loss of energy, exhaustion 	
Effects on social life	
<ul style="list-style-type: none"> • Obsessive-compulsive behaviour • Sexual dysfunction • Low self-esteem 	<ul style="list-style-type: none"> • Social isolation & inability to attach emotionally

Communication skills

Part of the required expertise of the community health workers relates to communication skills. As the content of the experiences of SGBV is sensitive and for most women for various reasons difficult to express, the health worker needs special skills to facilitate the communication about the experiences. The ordinary format of the medical assessment interview is less appropriate because it doesn't allow the health worker to gain trust, and the client the necessary time and modalities of expression. The medical interview is direct and straightforward; the psychosocial interview is more open and flexible. Although it is not feasible to train the health workers for advanced counselling skills, they need basic questioning and listening skills for the identification of experiences of GBV. They also need to be aware of the psychological problems related to the experiences that make it difficult to talk about them.

The following skills are trained:

1. Attending/listening skills – attentive non-verbal behaviour; empathy and validation; summarizing/paraphrasing
2. Questioning skills – open/closed questions; descriptive vs. analytic questions
3. Focussing – helping the client to find structure and focus in the expression and coping with the effects of GBV

The general objectives are understanding of the concepts and techniques and learning to apply them at a basic level.

For this the trainer gives introductions on the topics, and exercises in role-plays are done, with various possibilities for intensive practice.

I Attending/listening skills

The first and most important condition to accomplish is to have an attitude of openness and empathy for client's experiences. In order to do this one needs basic skills, particularly the following:

1. Giving positive non verbal attention, showing commitment to the welfare of the client
2. Showing empathy and provide validation of the feelings of the client
3. Listen actively to the client, and using the techniques of summarizing and paraphrasing to show and check understanding of what the client has told.

I.1 Non-verbal behaviour

The trainer explains the importance of good non-verbal behaviour.

In order to communicate interest and commitment to the welfare of the client, it is important to use eye contact, gestures, body position, voice characteristics, facial expression, and tolerance of silences. A strong intention on the part of the worker will show in the non-verbal behaviour. This is pointed out to the trainees. Without this intention the non-verbal behaviour will not have credibility.

I.2 Empathy and validation

Empathy means understanding the client's feelings and thoughts, on the basis of one's own experiences and imagination. The basic form of expression of empathy is, 'I

understand that you feel/think this way, given your experiences/situation'. The client feels understood and will be willing to share more of the thoughts and feelings.

When it is painful or embarrassing to express feelings or thoughts, the client may need something stronger than just empathy. For example, when struggling with feelings of anger or hatred, the client may feel ashamed to tell, because of the negative attitude towards these feelings. The client may fear rejection when expressing these feelings. In order to overcome this fear, the counsellor helps the client by validating, saying, '*I understand that you feel/think this way, it is only natural/ you have the right to do so/ anybody would have felt that way, etc.*' So validation is stronger than empathy, that shows just understanding. Validation gives a kind of justification to the expressed feelings and thoughts. It does not however justify intended *acts*. It applies only to feelings and thoughts.

Tolerate silences

When the client is struggling to tell something, patience is important. Emotions can flood the client, upsetting her and interfering with the interview. The health worker can give the client time to express some of the emotions and get back to the interview.

To tolerate silences means to give the client time for processing emotions, but also to organise her thoughts, or even to come to a decision to tell something particular or not. An empathizing observation might be in place ('I see you are struggling to tell this').

I.3 Summarizing/paraphrasing

The main functions of summarizing and paraphrasing are:

- To create structure to the expressions of the client
- To mark the end and beginning of a topic
- To show and check understanding of what client has expressed

One of the most effective ways to show interest and concern for the client is to carefully summarize or paraphrase what the client has said. This takes the basic form of 'if I understand you well, then ...'. In paraphrasing the counsellor uses his or her own words, while in summarizing the phrasing is similar to that of the client. Paraphrasing gives a stronger impression of being understood, but it has the risk of being confusing because the client does not understand the words. Paraphrasing can be done when the client is not too confused and when the content to summarize is not too complicated.

II Questioning skills

II.1 Descriptive and analytic questions

In the assessment interview, a pattern of questions is used to structure the interview. After the main opening question that invites the client to talk about the problem and or complaint, *follow-up questions* are asked. These have two major functions.

- Further exploration and description of the complaints and the problems. These are *descriptive questions*. They involve clarification (Can you explain more about it? What do you mean?), and elaboration of earlier statements (How did it happen? Can you give some examples?)

- Analysis and understanding of the complaints and the context (Why is that so? What has caused this?). These are *analytic questions*.

This last type of question refers to asking for ideas about causes and effects, consequences, in short any thought about what has happened that transcends the mere complaint, situation and/or event.

In asking for possible solutions one asks for understanding of the causes of the problems, and the available opportunities. Without understanding the (cause and effects of the) problems the question about solutions is premature, because the client is not in the position to answer it.

For a format of descriptive and analytic questions for the assessment interview, see 'Handout Interview questions'.

II.2 Open or closed questions

Open questions are questions to which many different answers can be given (can you tell me about your family?). Closed questions concern simple facts and can be answered with only one or a few answers (do you have a headache? Which day is today?)

Open questions serve to *explore* and to *facilitate* the expression of emotions and complaints (how did you feel?) and related situations and behaviour (how did you react?).

Closed questions serve to pinpoint attention to relevant aspects, to explore details (were you at home?), and to support expression of difficult emotions (did you feel depressed?).

III Focussing

When a client is confused or needs help in order not to get lost in details, the worker may use the usual means of questions and summaries to create structure and to find the right focus.

The questions, summaries and paraphrases should be *focussed on what is relevant to the client*. What the focus is depends on the content of the topic. In a semi-structured interview about gender-based violence the following topics are relevant:

- Domestic violence (neglect, abuse)
- Sexual exploitation
- Rape experiences (and related war experiences like loss of relatives etc.)

Especially when the client is confused and has a lot to tell, (s)he needs assistance to structure his/her expressions and to focus on the ones that are the most important in the context of the interview and the purpose of the interview.

In general any summary or question can help the client to find the right focus of attention, and to continue with the interview. The content of the summary/question determines the focus.

Example of wrong focussing when interviewing on rape experiences. It shows misunderstanding of the core-message that the client gives.

HW. Can you tell something about what happened during your flight to the camp?

CL. The loss of my husband was the worst thing that happened in my life. I saw him fall when he was shot. After that I was just running, without knowing where. Then a group

of soldiers stopped me and raped me, one after the other. I felt like dying, I wished I would die.

HW. If I understood you well, *your husband was killed by a bullet?*

Exercise 1

Give two other follow-up questions/summaries to the example given above.

Exercise 2

HW. Can you tell something about your housing?

CL. I live in a hut that is leaking all the time, and the roof comes off every now and then. It is making me ill.

HW. So your hut needs repair.

Give two other follow-up questions

Exercise 3

CL. I have tried many things to feel more secure, but it turned out to be more difficult than I thought.

This statement was made in an interview about security in the camp.

Start with a question with a right focus. The second question should be a technically right question, but with a wrong focus.

How to find the right focus in a complex statement

When somebody tells something, often there is a double message, a contrast of some sort. Examples:

‘Living in a camp is often difficult, *but* there are also good things.’

‘It is nice to have a boy friend, *but* sometimes it is also difficult.’

‘My new job is interesting, *but* it doesn’t pay much.’

How you are going to follow-up, determines the further course of the interview. You could follow-up on just one aspect:

- Which good things?
- What is nice?
- How much does it pay?

There are two risks in this

1. The aspect you choose to follow-up on is not the most important for the client. The client would have liked to vent out the difficulties in the camp, or the interesting part of the new job. As a result the involvement of the client decreases.

2. You forget to explore the experiences of the client. You explore just one track. Once you have mapped this, you think you are ready, but the client feels unsatisfied. He feels only partially understood, and the most important may be in the part left out.

Alternatives are:

1. You can let the client choose what to follow-up on, by leaving it completely open. *'Can you tell more about it?'*
2. It can be formulated more specifically, *'You mention a positive and a negative side. Can you give some examples of both?'*
3. You can mention both aspects and discuss them one by one. *'You mention a positive and a negative side. Please tell more about the positive, then after that we can talk about the negative.'*

Which alternative is preferable depends on the need of the client. It is difficult to give a general guideline. Some clients need structure – alternative 2 and 3 (especially those that are confused); others need just encouragement.

Exercise 4

CL. It is very hard to go out every day and sell something, but it helps me to survive and gives me hope that one-day things will be better.

Start with a question/summary with a right focus (choose one of the three alternatives). Then one with a wrong focus.

Exercise 5

Formulate questions/summaries using the three alternatives.

'Talking with health workers can help, but sometimes it doesn't really solve my problems'

'Learning to read and write is interesting, but sometimes it really is too much'

'To live in the camps is better than to live where we came from, but sometimes it drives me mad'

The same problem can arise when a client sums up a series of things. For example about the complaints of the client:

'Well, I have a headache most of the time, but I also sleep badly and one of my fingers is infected and doesn't get better. And I feel weak in my legs'.

The answer consists of five elements. You can follow-up on all five, being more or less open in the follow-up invitation.

1. I hear you mention several complaints. Can you tell more about them?
2. You mention headache, bad sleep, infected finger and weakness in the legs'. I would like to hear more about this. Can you start with the headache? Then we will talk

about the other complaints after that.’
This is called the *agenda-method*.

Exercise 6

Follow-up on the next statement according to the first method.

‘If I want to see my mother I have to walk a long time, and it is dangerous. I don’t feel well because I think about the things that happened when I fled. The rebels might still be there. But I feel ashamed thinking of my mother waiting for me. She needs me.’

Now use the agenda-method with the next statement.

‘If I go to the vocational program, I feel less tense and afraid. It is nice to talk with the other women, and not to bother with men around. The trainer is a nice man, although he can be a bit too friendly. But I don’t dare to say something about it. I could easily lose my place in the training.’

‘I fell in love with the man who raped me. I knew I carried his child and he was nice to me once we were living in the rebel camp. I was afraid he would harm me, but he didn’t. He was the only one taking care of me. I felt sorry for him when I fled.’

I think there is something wrong with me. I feel weak all the time, I don’t sleep well and I don’t want to talk to people so much ... (silence).

I miss my husband. We got separated when we were fleeing from Ounde Kenema. I don’t know where he is. I am also worried about my health. I might have some bad disease ... (silence).

You see, when I was fleeing three soldiers did bad things to me. I am very sad and confused ... (silence).

Confidentiality

Confidentiality is a principle, intended to

- Protect the privacy of the client, and to
- Facilitate the expression of difficult experiences.

Without it, it would be difficult to create a climate of trust and confidence that are core conditions for a therapeutic process.

Reasons for confidentiality

(also reasons for reluctance of the client in the case to express and report)

1. Need for privacy (feelings of shame)
2. General feeling of insecurity, unsuspected effects
3. Fear for retribution, revenge by perpetrator
4. Lack of confidence that perpetrator will be punished
5. Fear for loss of ‘favors’

6. Fear for punishment / rejection by family
7. Fear for ostracism by community
8. Need to keep control over one's own experiences and how they are communicated

This list of reasons is presented after working through the case example, given next, in which a client experiences problems because of her problems not having been treated confidentially.

Exercise Confidentiality

Only a month after the incident Alice finally decided to go to the security officer in the camp, to report the rape by a violent man who lived close by. She had already gone to the health post for an examination, complaining about pains and vaginal discharge, but she only got the advice to refrain from sex for a while and a few paracetamol. Over the last month, she had been very nervous and afraid it would happen again, because there was no one she could turn to for protection, at least no man. She hid in her house as much as possible, but could not avoid altogether meeting the man once in a while.

She felt reluctant to go to the security officer, because she was afraid the man who raped her might hear about it and come to take revenge for her reporting. So when she finally went she didn't report directly what had happened, but instead just expressed her worries about the security for the women especially those who were living by themselves. The security officer, Mr. David, wanted to know more, but she said she just wanted to express her concerns. Then he asked straight away whether something had happened. Alice admitted after some hesitation that yes, somebody had harassed her. Mr. David wanted to know who that person had been. Alice said she didn't know him, but he insisted that she tell who it had been. 'Otherwise I cannot do anything for you', he added. So Alice overcame her shame and told about the rape. She requested the officer not to reveal her identity when he reported it to the authorities.

The officer thanked Alice and went away.

The next day one of Alice's friends came to tell her how sorry she felt about what had happened. Alice was shocked that her friend knew about it and felt very fearful. The man might come to take revenge. And she felt very ashamed, especially because she hoped to marry a nice man that lived close by. Now I can forget about that, she thought. She also feared that her friends might think that she had given herself to the man who raped her, that she wanted him to marry her. One lady friend told her she should ask the man for compensation, telling him to give her food. 'It is what I do too, and I get quite some food. My sister doesn't approve of it, but what can we do as single women, we have to survive.'

A week later a member of the camp committee came by to ask Alice to make an official statement about the rape, so that they could send the man away. But in the meantime the man threatened Alice that if she would pursue her accusations, he would come back and punish her. So Alice said she couldn't do it. The security officer admonished her, saying 'you are foolish and irresponsible, because now it might happen again. We will not listen to your stories anymore'. Alice felt humiliated and very frightened. She did not leave her house.

Reasons for confidentiality, presented in this case	present
1. Need for privacy (e.g. feelings of shame)	Yes/No/?
2. General feeling of insecurity, unsuspected effects	Yes/No/?
3. Fear for retribution, revenge by perpetrator	Yes/No/?
4. Fear for loss of 'favors'	Yes/No/?
5. Fear for punishment / rejection by family	Yes/No/?
6. Fear for ostracism by community	Yes/No/?
7. Need to keep control over one's own experiences	Yes/No/?

8. Lack of confidence that perpetrator will be punished
or victim will be protected Yes/No/?

Possibilities to assist

Although the emphasis in the work is on assessment of GBV and referral to organisations that can help by giving specific medical and psychosocial assistance, it lies within the scope of all of the workers to give some simple advice on how to deal with the problems.

Concerned support personnel – *What can you do to help?*

1. Remember that this client is looking for somebody to confide in and to express her worries and fears to. She puts trust in your willingness to help. She has overcome a natural reluctance to present her problem.
2. Listen attentively and show your understanding and concern.
3. Tell the client that everything she tells is confidential.
4. In talking with the client, avoid interrogations. Be open and sensitive to the client's inhibitions to talk about the problem. Be patient.
5. Ask specific information about the problem that you need in order to help solve or prevent the problem. The client may not reveal the identity of the perpetrator. In that case you ask the client what may be done to prevent the problem. If the client is too confused, you advise her to go to a counsellor.
6. Tell the client that you want to report her problem to the authorities or other agencies, and ask her permission to do that. If the client refuses to do so, you inquire about the reasons for this, but you will not criticise them.
7. In contact with the authorities or other agencies, you will reveal only the information the client has indicated.
8. You report the problem concisely, mentioning the significance of the problem in terms of the measures to be taken.
9. You inform the client about what you have done, and the results of it.
10. You suggest the client to go to a counselling program, if she needs additional help.
11. If you don't know how to best help, you can find support with the CVT counsellors or the CVT expatriate supervisors.

Sexual and Gender Based Violence: Terms and definitions

In addition to the first definitions given (page 6/7), additional definitions are given here.

Sexual violence is any act, attempted or threatened, that is sexual in nature and is done with force or without force and without consent of the person/survivor. This includes acts of forcing another individual, through violence, threats, deception, cultural expectations, weapons, or economic circumstances, to engage in behaviour against his or her will.

Although rape and attempted rape are the crimes most often associated with sexual violence, there is an abundance of sexual crimes committed during flight, in the refugee camps and after repatriation. Wars have resulted in massive amounts of abductions, forced pregnancies, rapes and sexual torture. Refugees fleeing their countries have also experienced sexual harassment and been forced to exchange sex for favours (such as food and resources) or prostitute themselves. Ongoing issues in refugee camps and settlements include early and forced marriages, female genital mutilation, and domestic violence.

Gender Based Violence is physical, mental, or social abuse (including sexual violence) – including acts, attempted or threatened, done with force or without force and without consent of the person/survivor – which is directed against a person because of his or her gender or gender role in a society or culture. In circumstances of gender violence, a person has no choice to refuse or pursue other options without severe social, physical, or psychological consequences.

Forms of gender-based violence include sexual violence, sexual abuse, sexual harassment, sexual exploitation, early or forced marriage, discrimination, denial of education, food, freedom, etc., forced prostitution, domestic violence, female genital mutilation, and incest.

Rape is an act of non-consensual sexual intercourse; where one person forces another to have sex. Any penetration (anal or vaginal), regardless of the level of force used, is considered rape, and may include: statutory rape (sex with a person considered a minor by law regardless of consent of the survivor); gang rape, if there is more than one assailant; male rape, sometimes known as sodomy.

Attempted rape refers to efforts to rape someone, which do not meet with success, falling short of penetration.

Sexual Assault includes acts of violence not involving anal or vaginal penetration. Examples include: forced or coerced oral sex, insertion of objects in the vagina, etc.

Sexual Harassment is unwanted sexual bothering of someone for sexual purposes or using sexual acts, words, sounds, or implications. May include low-level physical contact, like touching. Sexual harassment can include threats of a sexual nature, or the use of authority to achieve sexual favours.

Forced Marriage occurs when parents or others (can include perpetrator) force someone to marry another against her/his will. This includes exerting pressure, ordering

a minor to get married, for dowry-related purposes, or in other circumstances. In Tanzania, even minors must be willing partners to a marriage – parents cannot order them to marry against their will. The affected person/survivor in this category can be either a minor child or an adult.

Domestic Violence refers to forms of physical or mental abuse directed against a partner (husband, wife, girlfriend, boyfriend), or by a family member living in the home. This may include beating, flogging, threats of violence, etc.

Non-SGBV Cases

Some cases come to SGBV workers, which are not sexual or gender-based violence. It is tempting to call these cases SGBV because they may be 'at risk' for SGBV. Examples:
Child abuse (child beating which is not gender based)
Family disputes, such as arguments over ration cards or non-food items
Domestic arguments and problems; e.g., polygamy-related problems, unruly children
Reproductive health problems, such as impotency, infertility, STD's, unwanted pregnancy, etc.