Psycho-Social Counseling of GBV Survivors Manual for Shelters
Disclaimer:

This Manual is designed by War Against Rape – Karachi for the training of Shelter staff on Psycho-Social Counseling of Survivors of Gender Based Violence.

This project is made possible by the support of American People and the United State Agency for International Development (USAID) through Aurat Foundation under its Gender Equity Program. The contents are the sole responsibility of the War Against Rape – Karachi (WAR) and do not necessarily reflect the views of USAID or United States Government.
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**Introduction of GEP**

This project is funded by USAID.

Gender Equity Program (GEP) is a five year program of Aurat Foundation being implemented with the support of United State Agency for International Development (USAID).

GEP endeavors to facilitate behavioral change, enable women to access information, resources and institutions, acquire control over their lives and improve societal behaviors towards women and their empowerment.

**Introduction of WAR**

War Against Rape (WAR) was founded in 1989 in Karachi, by a group of women associated with the Women Action Forum (WAF), one of the most prominent and active women’s rights group in Pakistan.

WAR is committed to work towards creating a rape free society. It shall endeavor to work on all social, legal, medical and administrative issues that could help either in the reduction of such acts of violence, or support, facilitate and improve human rights and conditions for survivors.

War Against Rape (WAR) is implementing project “Establishment of Psycho-Social and Legal counseling Units in Private Shelters" under the Gender Equity Program (GEP) of Aurat Foundation (AF) supported by United State Agency for International Development (USAID).

This training manual has been compiled by the War Against Rape (WAR) to provide a handout full of information, techniques and counseling skills for those who are doing counseling of survivors of gender based violence in the Shelters. It also meant to equip the shelter staff with the necessary skills to handle survivors with the help of a compiled material on how to do psycho-social counseling in the cases of gender based violence.

It includes mainly the gender concepts, definitions, causes, dynamics and types of Violence Against Women, social, medical and psychological concerns of gender based violence survivors, counseling and education approaches.
General Guidelines for Trainers:

Following are some principles to assist trainers in facilitating the sessions. The various activities in the sessions are designed to encourage dialogue, dynamic and critical thinking, sharing ideas and feelings on domestic violence, and gender equality.

Training Course Preparation

When preparing for the training workshop, the trainer must be aware of:

- The cultural and social reality of every community in which the training is conducted, adapting the training to the local community traditions and ideas in addition to finding examples from real life experiences.
- The target group: who are we training?
- Profiles of the participants.
- Preparing the materials necessary for each activity.
- Preparing the location: It is best for participants to sit in a circle (this enhances participation among the groups and reduces focus on the trainer) or in a “U” shape (increases interaction between the trainer and the participants, and accommodates a larger number of participants).

During Implementation

- Agree on training session rules: Commitment to time, mutual listening, and no interruptions.
- Actual inclusion of everyone through dialogue and discussion.
- Encourage ideas in spite of their differences. Respect and accept the opinions of the participants and focus on the idea that differences in opinion enrich thought. Every person has opinions formed as a result of their personal and professional life, and they must be respected and appreciated.
- Facilitate the exchange of expertise, knowledge and skills of every participant. Ask participants to link the topics to their experience, give examples from their daily and professional life, and manage the discussion based on the experiences of the participants.
- Encourage feedback and constructive thinking. It is important to encourage allowing multiple Opportunities for reflection, expressing ideas on the units and exercises, and assessing the experience of the participants.
• Take into consideration the various phases the group is going through and follow the moods and feelings of the participants. If the trainer feels decreased energy among the participants, exercises that revive the group should be used.
• Use various techniques, styles and activities (role playing, brainstorming, case studies...) because each participant has a different learning style. Diversity keeps everyone focused and enhances learning.
• Prepare a conducive environment for safe and effective expression: emphasize that different ideas enrich the training and strengthen their capacity to address resistance later. Prevent participants from making negative or sarcastic comments and watch out for participants who try to control the discussion. There are “different” opinions, not “wrong” ones.
• Ideal learning takes place when each participant feels listened to, understood and appreciated.
• Recognize the limits of information and expertise. It is difficult to be experts in all topics.
• There may be questions to which we have no answers, or some participants may propose more correct ideas. It is best to recognize this and refer the question to specialists or look for answers later to share with the group.
• It is also possible to think and discuss potential answers with the group.
• Avoid bilateral arguments and encourage lively group discussions.
• Ask open questions and encourage the participants to reach solutions to the problems or issues on their own.
• Process group interventions and summarize the main points.
• Be a role model or counselor for the participants, provide assistance and support, practice effective and encouraging communication skills, and obtain useful ideas from participant conclusions.
• Enhance learning by utilizing and building on the training sessions. The sessions were designed so that one can build on the other, and the trainer must find a link between the topics and issues to achieve progress.
• Enjoy flexibility and allow time for participants to ask questions and intervene. The facilitator must be flexible and willing to adapt to changing circumstances in the method of sharing information on gender based violence, women’s rights and the needs of people in their local community.
• Maintain an environment that allows participants to work fruitfully and cooperate.
• Stress that violence and all types of abuse are unacceptable and unjustified.
Identify Techniques Used in Training

The following training techniques are used in this manual:

**Brainstorming**

This is an active training technique that aims to attain the greatest number of ideas, opinions and words on a certain topic or concept. The facilitator asks for the opinion of the participants on a certain topic, then writes everything mentioned without reacting to, approving, or rejecting any word or opinion expressed.

The facilitator then discusses with the group the opinions expressed by classifying them and arranging them according to the goal of the activity and the content to be addressed.

**Case study**

A real life or semi-real case study to be analyzed by the participants.

The case is circulated among the participants along with the time allotted for reading the case and responding to questions on it. The answers are then discussed within small groups or the larger group.

This technique is used in the training that targets behavioral and attitude change.

**Group work**

The principle is dividing the large group into smaller working groups with members ranging from 4 to 8 persons, working on one specific topic that is common to all groups.

The facilitator starts by giving a brief overview of the topic, the goals of the group work, the work methodology, and the time allotted. It is important to assign a task for each group.

The facilitator then confirms that the instructions are clear to the participants.

The participants are divided, either voluntarily or by the facilitator, according to the topic and target group. The group work then begins. After the group work concludes
everyone returns to the main group, and each reporter presents the results of the group’s work, which is later discussed.

The facilitator / trainer conclude the group work by summarizing it.

**Role play**

This is a technique that requires acting out certain roles with characteristics and phases written in a script or according to a specific case outlined by the facilitator. The script outlining the case to be played out is circulated and a discussed.

When the facilitator feels that the group has started to engage in the situation to be acted out in a role play, the group is asked to start.

The facilitator stops the role play when he/she feels that the participants have started to repeat themselves or they have diverged from the exercise goal.

The role is then discussed first by asking the role players to express their feelings while playing the role, followed by the difficulties they faced while playing their role. (It is best to direct the questions at the participants using their role play names and not their real names).

The observers are then asked to comment on the role with a focus on the dialogue and the verbal and non-verbal expression.

The facilitator concludes by restating the problem that was played out to discuss it in view of the role play results.

**General Principles while dealing with survivors of Gender Based Violence**

1. Respect the dignity of survivors shall be the prior responsibility of counselor.

2. There shall be no discrimination in dealing with survivors on the basis of age, caste, religion and class of the survivor.

3. Survivors should be encouraged to participate in all decisions related to their lives and future.

4. Cases of intense nature should be addressed on urgent/ priority basis.
5. Quality of services should be a priority while dealing with the survivors.

**CONFIDENTIALITY:**

Before starting the training it is imperative that the right to confidentiality of all shelter residents/GBV survivors be understood clearly by all members of the shelter staff.

A duty of confidence arises when one person discloses information to another in circumstances where it is reasonable to expect that the information will be held in confidence.

Confidentiality relates to the duty to maintain confidence and thereby respect privacy. People's right to privacy is enshrined in Article 12 of the United Nations (UN) Universal Declaration of Human Rights (1948)

The common law of confidentiality reflects that people have a right to expect that information given to the shelter staff members is only used for the purpose for which it was given and will not be disclosed without permission. This covers situations where information is disclosed directly to the caregiver/helper on duty and also to information that is obtained from others. One aspect of privacy is that individuals have the right to control access to their own personal information.

It is not acceptable for any staff member to:

1. Discuss matters related to the people in their care outside the shelter.
2. Discuss a case with colleagues in public where they may be overheard.
3. Leave records unattended where they may be read by unauthorized persons.
GENDER CONCEPTS

Definition:

When a child is born, a quick glance between the legs determines the gender label that the child will carry for life. Physical traits are used to identify individuals as male or female. Typically, Pakistani culture views gender as a binary concept, with two rigidly fixed options: male or female.

One’s gender is the innermost concept of self as male or female or both or neither—how individuals perceive themselves and what they call themselves.

Along with one’s physical traits, “GENDER” also refers to the complex interrelationship between those traits and one’s internal sense of self as male, female, both or neither as well as one’s outward presentations and behaviors related to that perception.

Gender-based violence violates universal and fundamental human rights, such as:

- The right to life
- The right to personal security
- The right to equal protection under the law
- The right to freedom from torture and other cruel, inhumane, or degrading treatment

As one’s gender is the innermost concept of self as male or female or both or neither—how individuals perceive themselves, what they call themselves and accordingly assume culturally associated behaviors, this activity will help both highlight and bring into question the core beliefs of stereotype traditional gender roles as a set of social and behavioral norms that are generally considered appropriate for either a man or a woman in a social or interpersonal relationship.

Families are constructed around established relationships between males and females of various ages that involve obligations and responsibilities including status and power dynamics.

In Pakistani society, males are regarded as superior to females. Males are perceived as the automatic heads and protectors of households as they are almost always physically stronger than females, frequently the bread winners and control the household members' activities based on their conventional practices.
Therefore males are expected to be quite aggressive, quick to anger, using violence as a time honored method of dealing with issues—especially those related to women and children, possessive, dominating, loud, extremely conservative about the women in their families with absolute control over the females’ bodies, lives and deaths and expecting them to obey without question. In the same vein, men are highly sexed with weak control over their libidos and therefore their wives and partners are obliged to submit to their sexual demands under any circumstance.

Gender relations in Pakistan rest on two basic perceptions: that women are subordinate to men, and that a man’s honor resides in the actions of the women of his family. Thus, women are responsible for maintaining the family honor. To ensure that they do not dishonor their families, society limits women’s mobility, places restrictions on their behavior and activities. Men, however, have no restrictions on the way they treat the females dependent on them.

By separating women from the activities of men, both physically and symbolically, society creates differentiated male and female spheres with appointed roles.

DOMESTIC VIOLENCE

Domestic violence is a pattern of gender-based intimate partner, dating, or family violence with a central dynamic of power and control.

Domestic violence is intended to harm the physical and/or mental well-being of the victim and can be psychological, physical, economic or sexual in nature.

Domestic violence is rarely an isolated incident—it is a pattern of coercive behavior intended to exert control and domination by the offender over the victim.

Domestic violence incidents usually escalate in frequency and severity. Often in the early stages, the victim may not even realize s/he is in an abusive relationship. By the time the victim does realize it, there are often many barriers to leaving. Without outside intervention to protect the victim, stop the violence, and hold the abuser accountable, the results can be in serious physical injury or death.

Domestic violence harms everyone in a family, a household, a neighborhood, a community and our society as a whole.
Characteristics of Domestic Violence

Experiencing domestic violence is clearly traumatic to adult survivors and their children. Domestic violence certainly brings forth feelings of helplessness and powerlessness in the face of the abuser’s violence. In addition, all survivors of domestic violence will experience some typical expected reactions to being violated by a loved one.

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<th>Features of Domestic Violence</th>
<th>Meaning</th>
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<td>Domestic violence is, by its nature, chronic.</td>
<td>There are not discreet episodes of trauma; rather, domestic violence is an ongoing traumatic experience for all members of the family. While the physical violence may be episodic and/or infrequent, the other forms of abuse are ongoing and complicate the survivor’s experience of trauma.</td>
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| The perpetrator of the traumatic experience is a loved one. | Most survivors will be interacting with their perpetrator on a regular basis. The violation of trust and disruption to interpersonal connections is more severe due to trauma occurring in context of an intimate relationship. Like other chronically traumatized people, domestic violence survivors may experience prolonged feelings of anxiety or hyper vigilance. |

| Other issues that may occur for survivors of chronic trauma, including domestic violence: | Experiencing “triggers” that can reawaken traumatic responses. Avoidance or isolation produced by traumatic experience is exaggerated. All actions have potentially serious consequences so survivors know that thorough plans must be made before taking action. |
CAUSES of Domestic Violence:

Domestic violence may start when one partner feels the need to control and dominate the other. Abusers may feel this need to control their partner because of low self-esteem, extreme jealousy, difficulties in regulating anger and other strong emotions, or when they feel inferior to the other partner in education and socioeconomic background. Some men with very traditional beliefs may think they have the right to control women, and that women aren’t equal to men.

This domination then takes the form of emotional, physical or sexual abuse. Studies suggest that violent behavior often is caused by an interaction of situational and individual factors. That means that abusers learn violent behavior from their family, people in their community and other cultural influences as they grow up. They may have seen violence often or they may have been victims themselves.

Children who witness or are the victims of violence may learn to believe that violence is a reasonable way to resolve conflict between people. Boys who learn that women are not to be valued or respected and who see violence directed against women are more likely to abuse women when they grow up. Girls who witness domestic violence in their families of origin are more likely to be victimized by their own husbands.

Alcohol and other chemical substances may contribute to violent behavior. A drunk or high person will be less likely to control his or her violent impulses.

Dynamics of Domestic Violence:

Every survivor of domestic violence has a unique story of abuse. However, while the details are different, abuse often follows a similar pattern.

The three-phase cycle of violence is often used to illustrate the dynamics of an abusive relationship. The three phases are:

CYCLES OF VIOLENCE

1. Tension Building

The cycle may begin with the abuser becoming angry, jealous, and suspicious of the victim. The abuser may use tactics such as name-calling, verbal threats, and intimidation. The victim may try to appease the abuser to avoid triggering this behavior. The victim often tries to wait out periods of increased tension, and may begin to avoid family, friends, and others trying to help – allowing the abuser to isolate the victim. As the tension builds, the verbal arguments become increasingly hostile and
threatening. The tension finally builds beyond control and severe abuse becomes inevitable.

2. Abuse/Violence

This phase begins with a severely abusive or violent act against the victim. The abuser can go into an angry rage causing major destruction to the home and injuries to the victim – alcohol or drugs could be involved and used as an excuse for the behavior.

3. Apology/Honeymoon

In this phase, the abuser will beg for forgiveness. The abuser may also make promises to end the violence, stop drinking, etc. Gifts and displays of affection often give the victim false hope that the violence will end. The victim wants to believe the abuser even though suspicious that promises will not be kept. This phase is usually seen early in the abusive relationship. Eventually, many abusers skip this phase altogether, finding that they do not need to apologize in order to make the victim stay. In those cases victims suffer through tension-building and violent outbursts with no remorse from the abuser.

DOMESTIC VIOLENCE & CHILDREN

Children are the silent victims of domestic violence – their voices are not heard, their pain often goes un-noticed. They can witness the violence, the aftermath of violence, and be objects of violence. They also see what happens after the abuse – their mother's tears, bruises, and torn clothes, and are often used as pawns by the abuser through child custody disputes.

Children dwelling in violent homes often have limited resources and no access to information and support. Their hardships at school, difficulties in relating to others, aggressive behavior and depression are seldom attributed to violence between adults at home. Without intervention, these children will continue to suffer into adulthood.

Children who witness abuse are often unable to escape the cycle of violence. Men who witnessed domestic violence as children are twice as likely to abuse their own partners and children. Women who are abused as children are likely to become victims of abuse as adults. Witnessing domestic violence affects more than just
children’s future relationships – up to 40% of violent juvenile offenders grew up in homes with domestic violence.

Statistics

In families where woman battering occurs, the rate of child abuse or serious neglect is 15% higher than the national average. Woman abuse in a family is the single most important indicator for child abuse.

There is an overlap of 30 to 60 percent between violence against children and violence against women in the same families.

Studies have shown that 25 percent of domestic homicides are witnessed by the children of the victim.

Events can be witnessed in many ways, not just by sight. Children can hear their mother’s screams and crying, abusive partner’s threats, sounds of physical violence. Children also witness consequences of the abuse after it has occurred. They also feel the tension in the house and in their mother.

Although many adults believe that they have protected their children from exposure to domestic violence, 80 to 90 percent of children in those homes can give detailed descriptions of the violence experienced in their families.

Many fathers/partners inadvertently injure children while throwing furniture or other household objects when abusing their female partners. The youngest children sustain the most serious injuries, such as concussions and broken bones and ribs.

Abusive partners use children as pawns in custody fights to coerce their female partners to reconcile with them. Often, these coercive incidents occur during court-ordered visitation.

Findings indicated that children who witness domestic violence are at risk for maladaptive responses in one or more of the following areas of functioning:

(a) Behavioral,
(b) Emotional,
(c) Social,
(d) Cognitive,
The impact of exposure to domestic violence and child abuse can continue through adolescence if safety and other interventions are not provided. Many adolescents who have grown up in violent homes are at risk for recreating the abuse relationships they have observed.

Witnessing domestic violence as a child is also associated with adult reports of depression, trauma-related symptoms and low self-esteem among women and trauma-related symptoms among men.

Victims of domestic violence sustain enormous emotional and psychological abuse. Many suffer in silence, afraid or ashamed to seek help. Speaking to similarly affected people in a safe environment gives survivors the chance to share their stories and begin to heal.

Group counseling would allow participants to learn about the dynamics of abuse while sharing their stories.

Individual counseling would help address the complex emotional reactions victims have to their relationships.

Shelters providing a range of family-centered services would ideally also include services aimed at helping children understand the domestic violence they have witnessed, and reduce their feelings of isolation, powerlessness, and self-blame.

### TYPES OF VIOLENCE

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<th>VIOLENCE TYPES:</th>
<th>Violence can be manifested in many different ways, including:</th>
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<td>Physical violence</td>
<td>such as hitting, brandishing a weapon, stalking, harassment and blackmail</td>
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<td>Emotional or psychological violence</td>
<td>such as humiliating, name-calling, and criticism against the victim, family members, verbal attacks which usually focus on the victim’s vulnerabilities, which are well known to the abuser</td>
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<tr>
<td>Social abuse/violence</td>
<td>such as isolating and controlling a person’s time, activities, and contact with others</td>
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<tr>
<td>Economic abuse/violence</td>
<td>such as controlling access to resources such as security, education, food, clothing, shelter, money</td>
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<tr>
<td>Legal abuse</td>
<td>such as accusing the person of committing a criminal act or else</td>
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<tr>
<td>Health abuse</td>
<td>such as withholding access to medication, medical care, food, fluids, and/or sleep</td>
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<tr>
<td>Sexual abuse</td>
<td>such as sex at a time when the victim is not willing or withholding or demanding frequent sex or violent sex or forcing sexual activity repugnant to the victim</td>
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**Gender Based Violence**

- Any act of gender based violence which leads to, or may lead to, physical, sexual or psychological harm, against a person on the basis of gender or social role in a society or culture, including threats, beatings, violence related to dowry, non-marital violence, rape, sexual violence related to exploitation, sexual harassment and intimidation in the workplace or school, trafficking in women, sexual exploitation and forced prostitution.
- In many cases, the person does not have the choice to refuse or resort to other options without severe economic, physical, psychological or social repercussions.

**Note for Trainer: For clarification during discussion**

The terms “gender based violence” and “violence against women” are often used interchangeably. The adoption of “gender based violence” aims to reflect the fact that violence against women arises from power hierarchies based on gender, and may be committed against boys and men. Although women are usually the survivors of violence, while men are the perpetrators, the term “gender based violence” recognizes that it is possible for males to be survivors and for women to be perpetrators of violence. It also recognizes that both men and women have a potentially effective role in eliminating violence.

**Forms of Gender Based Violence**

The Universal Declaration on the Elimination of Violence against Women (1993) listed some forms of violence, as follows:
- Physical, sexual and psychological violence that takes place within the family including rape, harmful beatings, sexual assault against the family’s children, male and female, non-marital violence, violence tied to exploitation, and other traditional practices that are harmful to women.
- Physical, sexual and psychological violence that takes place within the sphere of society including rape, sexual assault, sexual harassment (in the workplace, educational institutions, or any other place), trafficking in women and forced prostitution.
• Physical, sexual and psychological violence perpetrated by the state or condoned by it, wherever it may take place. For example, preventing women from voting, participating in public work, or driving a car.

Types of Gender Based Violence
• The type of violence indicates the means used to impose order or impose a certain concept of who is in control. The violence includes sexual, psychological, physical and economic violence perpetrated by the family or society, or perpetrated and/or condoned by the state (United Nations, 1994). As for the types of gender based violence, some examples include: physical violence, sexual violence, psychological violence, economic violence, verbal violence, etc.

Note for Trainer: For clarification during discussion

The words “forms” and “types” of gender based violence (or abuse) are often used interchangeably, even in social work literature. It is best to use “form” to indicate the framework in which the violence takes place, and “type” to indicate the means used to impose power. For more clarification, please refer to Appendix 1.

Rape:
The process of imposing sexual acts on another against their will, through the use of violence, force, the threat of harm or other forms of coercion, or when the victim is unable refuse due to the effects of drugs or alcohol.

Sexual Harassment:
Sexual harassment is any act or form of communication that has sexual connotations and that takes place without the consent of the other person. It includes any act, behavior, activity or verbal communication, conscious and deliberate, through various audio, visual, symbolic or physical means, with the aim of sexual arousal or fulfilling a sexual need. The perpetrator’s strategy is to weaken the will of the recipient and force the recipient to accept his/her advances through the use of threat, intimidation or deception.

Sexual Abuse:
Sexual acts with the exception of rape or attempted rape, without the consent of one of the parties. This includes acts against minors. Examples of sexual abuse: coerced removal of clothes; coercion to participate in sexual activities, such as coerced kissing; coerced touching; or forcing a person to watch sexual behavior.
Sexual Exploitation:
This includes coercion and manipulation by a person in a position of power who uses this power to conduct sexual activities with a less powerful person. Exploitation may entail providing assistance in return for sexual activity. Examples include a professor asking for sex in return for a passing grade or accepting a student in class.

Sexual assault within the family, “Incest”:
Sexual assault within the family, where the perpetrator is the brother, uncle, father etc. The perpetrator sometimes uses beatings, threats, coercion, intimidation or courtship of the survivor.

Forced Early Marriage:
The parents or others arrange the marriage of a minor, and impose this marriage through coercion. The coercion takes place through family and societal pressure or by ordering the minor to marry in return for a dowry or for other reasons. Forced marriage is considered a form of gender based violence, as the minor is not allowed to express an opinion, or is too young to offer informed and willful consent.

Factors affecting Gender Based Violence
Gender based violence is a complex and multi-faceted problem, entrenched in social, economic, political and cultural frameworks. Traditional practices aggravate it.

Violence is often a means used to force the person back into the stereotypical social role specified. For example, economic factors (in addition to other factors) prompted women to work, and therefore changed their reproductive role to a more productive role in society, and effected change in the social role of males. However, traditional attitudes did not respond quickly to changes in these roles, leading to gender based violence.

Studies have referred to many factors tied to gender based violence, which either increase the possibilities of violence or assist in entrenching discrimination between men and women and prompt individuals to become either survivors or perpetrators.

It is important to stress that these factors are not causes or justifications for violence. However, their identification assists in identifying violence. The environmental model gives a clear idea on these multiple factors at the levels of the individual, relationship, group and community.
a. Factors at the individual level:
Includes biological and social factors of individuals that increase chances of becoming a victim or perpetrator:

**Biological factors:**
- Sex: females are more susceptible to violence than males
- Age: children are more susceptible to violence than adults
- Special needs are a factor that increase chances of being subject to violence

**Psychological, behavioral and social factors:**
- Being subject to mistreatment, violence or neglect in childhood
- Low educational level
- Weak communication skills
- Behavioral problems or mental disturbances
- Addiction to alcohol and drugs
- Traditional positions on gender roles: hostility towards the other sex
- History of violence in the family
- Economic difficulties / poverty
- Unemployment
- Social exclusion – for example, internally or externally displaced refugees
- Daily pressures of life

b. Factors at the relationship level
The factors that affect the individual’s relationship with the persons within their closest social circle (i.e. family members, peers, partner etc) include: - Family dysfunction

**Rigidity in family role distribution, there may also be a conflict in the roles**
- Violence among family generations, bad practices of fathers and mothers
- Ties with persons who support, accept or practice gender based violence
- Disputes over power and authority within the intimate relationships
- Weak communication among the individuals
- Male privilege: male dominance in relationships and families, preference for males
- Economic pressure
- Considering family honor as more important than the health and security of the individual
• Role model in the family implies violent behavior or authoritarianism
• Rigid or conflicting family roles or rules

c. **Factors at the level of the group**
Any community where there are relationships, such as school, place of work, neighborhood.
These include:

• Social and institutional acceptance of gender based violence or “tolerance of violence”
• Gender positions and criteria that support / tolerate gender based violence
• Social upbringing in terms of gender roles which enhance uneven power between men and women, or “social stereotyping”
• A culture that blames the victim, lack of a supportive environment for the victim subject to violence
• Absence of support from police and judicial system to survivors
• Decreased sense of security in public places
• Lack of education within schools and places of work on gender based violence
• Weak local social penalties in place for gender based violence
• Poverty and lack of equal economic opportunities
• High rate of unemployment
• Population density
• Lack of pressure and advocacy by the local community to work on violence issues and combating it
• Social isolation

d. **Factors at the level of society**
These factors lead to weakening barriers against violence or creating differences and inequality in gender, and they include:

• Poverty
• Lack of economic or social equity
• Historic and social patterns that allow and justify gender violence
• Lack of information and enhancement of human and women rights
• Historic and societal patterns that glorify discrimination and violence against minorities, migrant workers and homosexuals.
• Traditional gender criteria that support male dominance and sexual merit
• Tying masculinity to violence and control, a cultural concept of “male honour and female loyalty”
• Religious and cultural beliefs
• Economic and social policies that create gaps among groups of individuals or maintain economic differences, which increase tensions
5. Characteristics of violence perpetrators:

Perpetrators could be any person, male or female, in the world. The abuser is often attractive, popular in his / her social life, dynamic in his / her practical life, and may seem of a weak personality, hesitant in expressing his / her opinion and expressing herself / himself. This is why it is difficult to identify violent persons. However, studies have found characteristics that are common to perpetrators of violence:

- Jealousy (questioning and mistrust of the partner, accusing the other of adultery)
- Weak or lack of self-confidence and low self-esteem, in spite of showing otherwise
- Blaming the other person and exonerating the self
- Inability to bear denial or not getting what he / she wants.
- Not accepting the differences of the other person (in opinion or behavior...)
- Rigid view of male and female roles
- Belief that the other person must fulfil all his / her needs
- Always seeks to prove herself / himself: talks about herself / himself and his / her accomplishments often
- Finds difficulty in expressing his / her emotions and reactions
- Underestimates or denies violence he / she commits against others
- Witnessed marital violence in his / her childhood and has previous experience in his / her childhood of violence.

Some examples of behavior that can be given during the exercise to enrich the discussion:

a. Underestimation, denial and blame

- Directing children towards lying about abuse and / or underestimation of abuse
- Denying abuse and describing it as “discipline”
- Accusing the other of causing the assault
- Saying that revealing assault incidents is like undermining the sanctity of marriage and that God will punish that
- Saying that revealing assault will lead to family dysfunction
b. Child exploitation

- Telling children they are abused so that they do not become too Western (foreigners), so that they are disciplined and they grow up to be real men.
- Telling children that beating them is in their interest and that they will realize this when they grow up.
- The father threatens to get custody from court and prevent the mother from seeing the children, or to take them by force
- The symptoms or behavior of children is used as an excuse to beat the wife or accuse her of being a bad mother
- The father encourages the children to disrespect and insult the mother
- The husband says he must abuse the mother to prevent her from abusing the children

c. Using male superiority / dominance

- Husband’s dominance and inflexibility.
- Accusing the wife when expressing her opinions and aspirations of being rude and conceited.
- Accusing the wife when expressing her opinions of challenging authority
- Considering abuse of children, verbally / physically, as the father’s “right”
- Encouraging the wife to fear her husband
- Repeating examples and sayings of the need for women to obey men
- Blame

d. Using economic abuse

- Preventing the wife from disposing of her money
- Taking the wife’s salary, when Islam allowed her to keep it for herself
- Non-payment of alimony
- Taking the wife’s jewellery and selling it
- Demanding a financial income exceeding the conditions of the husband’s work

e. Use of coercion and threats

- Coercing her to drop charges that protect her and guarantee her rights
- Threatening to leave her without alimony
- Threatening to spread rumors that she is an adulteress
- Threatening suicide

f. Use of terrorization or intimidation

- Breaking kitchenware or home objects
• Hiding important documents she / he owns, or destroying them
• Displaying weapons to terrorize her / him

**Signs of Abuse:**

Some consequences in life are obvious. Run out of bounds, get a penalty. Drive 40 mph in a school zone, get a ticket. Relationships aren’t that clear, but they do have their own consequences. Dismiss degrading words and actions by saying, “he’s not that way all the time,” “she’s just insecure,” “you know I didn't mean to hurt you,” or “but he really loves me,” and they almost always get worse over time. And even if things never escalate beyond control and verbal abuse, the consequence is still serious – a loss of freedom, respect, happiness, and even safety. Things we all deserve.

• You may need to consider signs of abuse if you see or suspect that one person in a relationship...
• Has gotten the other to the point where they’re “not quite themselves” anymore.
• Makes the other person constantly question their actions or personality.
• Calls or text messages the other person excessively.
• Monitors the other person by screening their call logs, phone bills or e-mails.
• Is always showing up unannounced at the person’s home, work or hangouts.
• Tells the other what to do, what to wear or how to act.
• Embarrasses the other in public or private through insults or degrading comments.
• Acts jealous a lot and frequently accuses the other person of things (cheating, flirting, etc.).
• Keeps the other person from doing the things they enjoy in life.
• Doesn’t ever want the other person to spend any free time with family and friends.
• Controls how the other spends money.
• Uses money as a tool to keep the other person from doing things – or to make them do things.
• Shows or hints at an explosive temper.
• Physically harms the other person, or threatens to.
• Forces the other person to do something sexual, even if it’s something the couple has done before.
• Threatens to harm them if the other person leaves the relationship.
ROLE PLAY

The trainer must add a role play to make the gender concepts understandable for participants.

Basic Counseling Skills
Communication and action skills involve observable behaviors. They are what people do and how they do it rather than what and how they feel and think. For instance, it is one thing for you to feel concern for clients, and another to act on this feeling. How do you communicate to clients and act to show sympathy and compassion for them? You need to do so with your words, voice and body language.

Counseling
An art and science aimed at producing an opinion, where two or more persons help each other to attain certain results. Among them there is a counselor who has undergone training and obtained education qualifying him / her to be an accredited assistant. The other party is the party seeking assistance. The goal of this art is to offer counseling / assistance to resolve issues and problems of various circumstances.

5 main ways of sending communication/action skills messages
1. Verbal messages that people send with words.
2. Vocal messages that people send through their voices: for example, through volume, articulation, pitch, emphasis and speech rate.
3. Body messages that people send with their bodies: for instance,
4. Through gaze, eye contact, facial expression, posture, gestures, physical proximity and clothes and grooming.
5. Touch messages A special category of body messages. Messages that people send with touch through the parts of the body that they use, what parts of another’s body they touch, how gentle or firm they are, and whether or not they have permission.
6. Taking action messages that people send when they are not face-to-face with clients, for example, sending letters, e-mails or invoices.

Mind skills
Using positive thinking towards trying to change clients’ self-defeating thoughts and mental processes as a way of helping them to feel and act better. These approaches are known as ‘the cognitive therapies’.
The same insights can be applied to your thoughts and mental processes as you both learn and use counseling skills. You can learn counseling skills and assist clients much more effectively if you harness your mind’s potential.

**How can you control your thoughts so that you can beneficially influence how you communicate?**

1. You can understand that you have a mind with a capacity for thinking about thinking – that you can develop.
2. You can become much more efficient in thinking if you view your thoughts as processes that you can train yourself to exercise and control.
3. In daily life as well as in counseling skills training, you can assiduously practice using their mind skills to influence your communication.

**Three Central Mind skills**

a) Creating self-talk -Instead of talking to themselves negatively before, during and after specific situations, people can acknowledge that they have choices and make coping self-statements that assist them to stay calm and cool, establish their goals, coach them in what to do, and affirm their strengths, skills and support factors. In addition, people can use self-talk to create visual images that support their verbal self-statements.

b) Creating rules People’s unrealistic rules make irrational demands on them, others and the environment: for instance, I must always be happy’, ‘Others must look after me’ and ‘My environment should not contain any suffering’. Instead they can develop realistic or preferential rules: for instance, ‘I prefer to be happy much of the time, but it is unrealistic to expect this all the time.’

c) Creating perceptions People can learn to test the reality of their perceptions rather than jump to conclusions. They can distinguish between fact and inference and make their inferences as accurate as possible.

Counselors or clients who believe in the rule ‘I must always be happy’ are more prone to perceiving events more negative than those who do not share this rule. To a large extent, you are what you feel. Important feelings include happiness, interest, surprise, fear, sadness, anger and disgust or contempt.
Basic Counseling skills for Listening Helpers / Semi Skilled Staff

Whilst working to improve your counseling skills, useful reminders and guidelines to assist you in the planning and carrying out of your sessions.

1. The Three-Stage Framework of a Helping Encounter
2. Use the three-stage model to manage each helping encounter in a counseling session. Be clear about the time you have available and that you structure the time into three sections:
3. Stage 1: Exploration. This stage takes at least a quarter of the time in single or early sessions of a series because it includes getting-to-know-you time, and time to establish trust.
4. Stage 2: Understanding. This usually takes half of the time of the encounter.
5. Stage 3: Action. Around a quarter of the time is given over to deciding what action to take after the session.

Knowing Your Responsibilities as a Listening Helper

As a listening helper in a counseling session, you need to be very clear about your role. The three pointers below can help you avoid getting over-involved and overwhelmed:

1. If you’re in an organization make sure you know what your company expects of you in your listening-helper role, what the limits are, and what supports are available.
2. Be clear with yourself about what you can manage in terms of your time, offering support, taking action, and containing emotion, and remember the help-seeker’s own responsibility for him or her.
3. In the helping relationship, be clear with the help-seeker about what you can offer and its limits.

Managing Endings during Counseling Conversations

Many listening helpers struggle to end helping conversations. Try some of the following tactics to ensure that you begin and end you session in a timely manner:

1. Make sure you mention the time you have available at the beginning of the conversation or as soon as you can during it.
2. Keep a clock in view.
3. At least five minutes before the time runs out, mention that the session is coming to an end.
4. Stop asking any open questions that invite elaboration.
5. Don’t open up any ‘big’ issues. If the help-seeker seems to be launching on a big issue anyway, be firm and say, ‘I’m sorry we’re out of time because that sounds important. Perhaps we can pick up on that when we next meet, when we have time to do it justice.’ Bear in mind that the speaker may have raised the big issue at the last minute so that it can’t be discussed – the speaker may want to broach the subject and gauge your reaction.

**Ethics of Counseling**

- A counselor offers their services to people of all races, religions, political affiliations, and regardless of their social or economic status. When a counselor cannot offer their services, they must make a suitable referral.

- A counselor must not promote their own political, personal, or religious interests or try to impose their own points of view on their clients.

- A counselor must only provide guidance on matters that they are considered to be experts on and they must not attempt to treat or give advice for issues that they are not trained for.

- Counselors must respect and protect the welfare of their clients.

- The counselor must be cautious when dealing with their clients and ensure that they do not make any promises which they cannot fulfill.

- When a client divulges certain information, it is the duty of the counselor to respect the confidentiality of the client’s information. Confidentiality can only be waived to prevent physical danger to a person or to reveal information, which if kept private, may put the counselor at risk.

- A counselor must keep their relationship with their clients strictly professional and not misuse a relationship with their client for personal gratification.
What is Para-counseling?

Definition:
Para-counselors or lay counselors are people who don’t have formal counseling qualifications but who, by virtue of their work, would need to provide some forms of counseling to people they serve.

- In the case the people that we serve are children who are vulnerable to child sexual abuse.
- To effectively serve them we have to understand the boundaries of Para-counseling.

Who can be a Para - counselor?

- Anyone who wants to:
- Para – counseling is not focused on the qualifications that you have but more so on the skills that you posses and can develop on.

- Para-counselors are not professionally trained counselors.
- These includes: Caregivers, police authorities, jail authorities. Doctors, psychologist FIA, lawyers and stakeholders.

Definition of Para-counselor and Psychologist:

Para-counselor:
Para-counselors address issues relating to the outside or material world and how people relate to challenges and events in the present. They help individuals gain skills which can help them overcome and manage stressful situations. The work of Para-counselors tends to be specific and short term.

Psychologist:
Psychologists tend to an individual’s internal world, for example their feelings, thoughts, emotions, and how they relate to people around them. The work of psychologists tends to be of a long duration since they deal with issues like anxiety, depression, and compulsions etc which tend to need a long term in-depth therapeutic approach.
Difference between a Para-counselors and psychologist

Para - Counselor

- Outwards, in the external world.
- Helps individuals gain skills
- Short term
- Counseling address specific issues relating to your outside and material world and focuses on how you are managing the people, events and challenges in the “here and now”.

Example: a person has a complex about his or her appearance; the Para-counselor will help the person feel comfortable with them by providing positive reinforcement.

Psychologist

- In wards, in the internal world. Inside your mind
- Helps individuals gain insight.
- Long term
- Therapy, on other hand addresses the internal world, your mind of emotions and relate to those around you.

Example: a person has a complex about his or her appearance; the therapist will try to access what life circumstances have caused the person to have this complex.
The Role of the Para-counselor

- Relational role
  - Attending
  - Listening
  - Responding and communication
  - Non-judgmental attitude
  - Individuals para-counseling

- Group para-counseling
  - Disciplining
  - Large group

- Informational role
  - Awareness about laws
  - Information about laws
EXERCISE FOR PARTICIPANTS

Time: 30mins
Things Needed:
1. Permanent markers
2. Chart Papers
3. Separate places for discussion of groups

Activity:
Ask the participants/ shelter staff to think of a time in their lives where they felt their communication was very effective with someone. Make them to identify what factors they think made that communication effectively. This exercise shall help the participants to learn the basic communication skills while counseling survivors of gender based violence.
Do's and Don’ts of communication with Survivors:

**DO’s**

- If survivor chooses to report the incident to the police, report immediately.
- Inform survivor’s family (if they allow).
- Co-ordination with other stakeholders such as, health care institutions, shelters, police and other NGOs.
- Emotional supports.
- Allow victim space for feelings.
- Validate feelings. (Tell the victim it is ok to feel the way they are feeling).
- Ensure confidentiality.
- Give appropriate eye contact.
- Appear calm and confident.
- Listen attentively and calmly. Remember there are no wrong and right feelings.
- Ask clarifying questions, when necessary to check your understandings and perceptions.
- Ask mostly open ended questions.
- Use reflective listening (Listening for and identifying the person’s underlying feelings and reflecting these feelings and core message back to the person).
- Be aware of your blocks in communication (biases, distraction, rehearsing your responses, etc).
- Social and community reintegration.
• Medical assistance for survivors of sexual violence.
• Social support and psychological counseling.

**DON'T'S**
• Don’t judge him/her, or show disapproval.
• Don’t probe or ask for too many details immediately.
• Don’t push him/her to talk.
• Don’t appear shocked.
• Don’t initiate physical contact.
• Do not ask close-ended questions.
• Don’t give false information or promises.
• As far as possible, do not interrupt, ask questions or tell your own story in the middle of a person’s story.
**EXERCISE FOR PARTICIPANTS**

**Time:** 30mins  
**Things Needed:**  
1. Markers for each participant  
2. Chart Papers  
3. Handouts  
4. Separate places for discussion of groups  

**Activity:**  
Provide a handout to each participant, in which Do’s and Don’ts are written but in a mixed-up manner. Ask the participants to identify which are Do’s and which are Don’ts in that handout. This activity shall help the level of understanding on the topic in each participant.
BARRIERS TO LEAVING (Why does she go back?)

Why doesn’t she just leave? Even under the best of circumstances, leaving a relationship is difficult. Violent relationships are complex, and victims in these relationships are faced with many barriers to leaving. These can include:

<table>
<thead>
<tr>
<th>Safety</th>
<th>Fear that the abuser will find her and kill/harm her, the children or other family or friends.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coercion</td>
<td>Abuser threatens to take the children away if victim leaves.</td>
</tr>
<tr>
<td>Guilt</td>
<td>Abuser convinces victim that the abuse is her fault, she is to blame.</td>
</tr>
<tr>
<td>Economic dependence</td>
<td>Few choices and support for living independently.</td>
</tr>
<tr>
<td>Shame</td>
<td>Does not want anyone to know.</td>
</tr>
<tr>
<td>Low Self-esteem</td>
<td>S/he believes that s/he deserves the abuse and will never find anyone better.</td>
</tr>
<tr>
<td>Parenting</td>
<td>Wanting a co-parent for the children.</td>
</tr>
<tr>
<td>Love</td>
<td>Victim loves the abuser and at times the abuser is loving and lovable.</td>
</tr>
<tr>
<td>Religious/cultural pressure</td>
<td>To keep the family together.</td>
</tr>
<tr>
<td>Lack of support</td>
<td>Pressure from family and friends to stay.</td>
</tr>
<tr>
<td>Fear of being alone</td>
<td>Having to cope with her loneliness and being alone with the children.</td>
</tr>
<tr>
<td>Loyalty</td>
<td>Victim is committed to staying with abuser.</td>
</tr>
<tr>
<td>Misplaced pity for abuser</td>
<td>Women are socialized to put others’ needs before their own.</td>
</tr>
<tr>
<td>Rescue complex</td>
<td>If she stays, she can save him.</td>
</tr>
<tr>
<td>Fear of partner’s suicidal threats</td>
<td>Abuser threatens to commit suicide if victim leaves.</td>
</tr>
<tr>
<td>Denial</td>
<td>&quot;It’s not really that bad.&quot;</td>
</tr>
<tr>
<td>Sex role socialization</td>
<td>If the abuser is male, &quot;This is just the way men are.&quot;</td>
</tr>
<tr>
<td>Hope</td>
<td>&quot;Things will get better.&quot;</td>
</tr>
<tr>
<td>Chemical dependency</td>
<td>If victim uses drugs or alcohol as a means of coping with the abuse, victim may be less clear and strong.</td>
</tr>
</tbody>
</table>
Dealing with Special Cases

Dealing with difficult cases within the group:

- The facilitator may find herself/himself in a “difficult” situation when discussing sensitive topics like gender based violence. The facilitator may be forced to deal with participants who sometimes have extreme views on gender and equality, and who challenge what is being discussed. For example, a participant may say:

  “If a woman is raped, she brought this on herself. Look at what some women are wearing in this city, like we are in the West. The blame should not fall on the man who raped her”.
  “My neighbor beats his wife but he loves her. He does it because he is usually very tense... we cannot consider this behavior abusive”.

- When dealing with these cases it is best not to react strongly and to attempt to control the reactions of the participants. The focus must be on respecting the freedom of expression for everyone.
- After the participant makes an extremist statement, the facilitator can address this by following these four steps:

  **STEP 1:**
  - Asking for a clarification. “I appreciate you sharing your opinion. Can you tell us why you think that?”

  **STEP 2:**
  - Asking for an alternative opinion: “Thank you. At least someone is of this opinion. Perhaps there are other opinions. What do the rest of you think? Who has a different opinion?”

  **Step 3:**
  - If no one offers an alternative opinion, the facilitator must. “I know many people who do not share this opinion at all. Most men and women I know believe that the only person who should be blamed is the rapist. It is the responsibility of every individual to respect the right of the other to say no”.

  Or “I know many people who do not share this opinion at all. If this man feels tense, perhaps they can cooperate to alleviate this tension and find appropriate alternative peaceful methods for processing negative emotions...”
Step 4:
Facts supporting a different opinion are offered. “The facts are clear. The law stipulates that every individual has the right to reject sexual activity. Regardless of what women wear or do, they have the right not to be raped. The rapist is the only person to be blamed in rape”.

It is noteworthy that even after the facilitator follows the four steps to address the extremist statement or opinion; it is unlikely the participant will change his or her mind publicly.

However, the facilitator offers an alternative opinion that the participant will likely take into consideration, and potentially might adopt at a later stage.

Addressing opinions and ideas that are out of place:
Participants often present important ideas that require discussion; however, they might be outside the context of the training session. It is advised to use the “parking lot” in this case, which is a large paper with the word “parking lot” written on top. On this paper all the important questions and comments presented during the training session are posted, for discussion at a later time, as discussing them when they are raised will waste training time or change its course.

When concluding a training session, the facilitator reads the board and answers or discusses its contents.

General Principles when working with Trauma Survivors:

While traumatic responses are normal, expectable reactions to trauma, they are also very uncomfortable for the survivor. Letting the survivor know that these responses are NORMAL can help relieve some of the distress caused by these symptoms. When a survivor learns tools to address symptoms related to trauma, she becomes empowered to better understand and manage her symptoms, which hopefully results in her feeling safer, calmer, and more capable to face additional challenges she might encounter.

What to Expect:

Letting the survivor know what to expect after experiencing a trauma can help alleviate symptoms and help her to prepare to cope with them.

Survivors of a traumatic event may alternate between periods of intense anxiety or re-experiencing the event and periods of depression and withdrawal. That is how our brain copes with trauma.
Some situations may “trigger” the survivor to remember the trauma vividly.

Anniversaries of traumatic events may cause post-trauma symptoms to recur or worsen.

Events that are related to the trauma (court dates, counseling sessions, medical appointments) can cause these symptoms to worsen temporarily.

Survivors may become impatient with the recovery process. It takes time to heal from trauma.

There is a new “normal” after recovering from trauma. It is not the same as the “normal” experienced before the trauma but can be rich and fulfilling in its own right.

Ideally, the role of the staff of a crisis shelter home is both to affirm and validate the coping mechanisms that trauma survivors use and also to support survivors in developing new ways to cope with the impact of trauma.

Keep these goals in mind when discussing positive coping with trauma survivors:

Coping skills should support the survivor making new, safe connections with others. Experiencing traumatic events undermines a victim’s sense of safe relationships with others, and some coping should focus on helping survivors re-establish trust and connection with others and the wider community.

Telling the story of the traumatic experiences is essential to healing. Our society encourages and reinforces silence around women’s experience of trauma. Breaking this silence can be an important means of coping.

It’s normal to be affected by trauma. Having traumatic reactions is not an indication of individual pathology or weakness. Reactions are a body and mind’s attempts at processing and healing and should be honored as such.

Some Coping Strategies

- Talk about the traumatic experience with safe people
- Hard exercises (bicycling, aerobics, walking)
- Relaxation exercises (yoga, stretching)
- Journal about the trauma
As advocates, our role is both to affirm and validate the coping mechanisms that trauma survivors use and also to support survivors in developing new ways to cope with the impact of trauma.

WHAT IS TRAUMA?

Definition:

According to Judith Herman’s book, Trauma and Recovery, psychological trauma is characterized by feelings of:

- Intense fear
- Helplessness
- Loss of control
- Threat of annihilation

When working with survivors of domestic violence, an advocate’s first concern is often that of physical safety and crisis intervention. Both of these goals are appropriate and effective when working with survivors, and both should be informed by a thorough understanding of trauma. Although it is obvious that experiencing abuse at the hands of an intimate partner is traumatic, it can be difficult to view domestic violence through the lens of trauma during daily activities.

Certainly, staff will be more effective and responsive to the needs of survivors if they understand domestic violence in the context of trauma.

Survivors of domestic violence certainly experience these feelings as they encounter violence at the hands of their intimate partners. In addition, trauma typically involves threats to harm a person or an encounter with violence. Again, this certainly applies to the situations of domestic violence survivors.

CHARACTERISTICS OF TRAUMA

A hallmark of traumatic experience is that it typically overwhelms an individual mentally, emotionally, and physically. These feelings of being overwhelmed are what is typical for a person who is traumatized.

Typical Consequences of Trauma

Judith Herman also reports that “traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory.” The following
sections of this chapter explain some of these changes that may occur for survivors as well as how traumatic responses may manifest in our interactions with the women we serve. Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory.

Traumatic reactions are NORMAL responses to ABNORMAL situations.

No two survivors will respond to the traumatic experience of domestic violence in the exact same way. Even when family experiences the same traumatic event, individual members of one family might have very different responses. Trauma-informed care shifts the philosophical approach from “What’s wrong with you?” to “What happened to you?”
**EXERCISE FOR PARTICIPANTS**

**Time:** 30mins

**Things Needed:**
1. Permanent markers
2. Chart Papers
3. Separate places for discussion of groups

**Activity:**
Make different groups of participants, maintaining the variety of age and gender in each group. Ask the participants to write down 10 points on what they feel important in an effective shelter.

**WHAT IS AN EFFECTIVE SHELTER HOME**

GBV VICTIMS have a range of needs, varying from victim to victim. To meet these individual needs, it is necessary that all victims are treated individually. However, the needs of victims can be grouped in the following broad categories:

- Protection from danger/providing a safe environment.
- Knowledge of basic rights e.g. legal, state protection etc & appropriate ways to get them.
- Communication with loved ones/dependants/family members.
- Human Resources i.e. medical doctor, psychotherapist, lawyer
- Water and Sanitation
- Food Security and Nutrition
- Shelter and Non-Food Items e.g. medicine, bedding, weather appropriate clothing etc
- Health and Community Services that promote empowering victims of GBV
- Education on self awareness (e.g. changing self defeating behavioral patterns) minimum of risk & effective coping strategies.
- Non judgmental attitude of shelter staff
- Clear, appropriate & effective communication on what is expected of residents in the shelter.
Planning: Roles and Responsibilities

- Planning for the human resources needed to operate the shelter and provide direct services to women on an ongoing basis is critical. Staffing needs will vary depending on the size of the shelter, funding resources and the continuum of services that will be offered.
- Providing effective shelter services requires a team of staff with a variety of roles and responsibilities.
- For shelters which are accessible twenty-four hours a day, there should be trained staff present at all-hours, who are responsible for:
  - Emergency admission to receive and facilitate women’s (and where relevant, girls’) access to the shelter’s protection and accommodation; provide information and orientation to its services; and complete required paperwork for the intake process, in a manner which establishes trust with women.
  - Providing crisis intervention, as needed.
  - Conducting initial risk assessments and individual safety planning.
  - Facility security, by following specific safety measures or monitoring security in and around the facility.

In addition to the core staff roles above, and depending on the service model and resources available, daytime staffing may also be required for

Individual Counseling

- Therapeutic intervention, including diagnosis and/or treatment of trauma
- Coordination and facilitation of support groups
- Specialized services, such as legal advice or counsel; medical diagnosis or treatment (including through referral)
- Outreach services and community liaison
- Language interpretation or staff specializing in working with specific populations or groups (ethnic minorities; adolescents; children; women with substance issues, etc.)
- Shelter management and administration, comprising of:
  - Leadership and supervision
  - Financial management
  - Communications, advocacy and fundraising
  - Referrals and support for women to access various resources , including:
  - Legal assistance and accompaniment to court or related appointments
  - Financial advice and services
• Affordable and secure long-term housing
• Physical and psychological health services
• Employment and educational opportunities
• Follow up services after leaving the shelter

A staffing plan and management of a shelter schedule

Sound management and staffing practices are needed to ensure the quality and sustainability of services provided by shelters, particularly given the stressful and often insecure work environment, and limited resources in which most shelters operate.

Shelters are typically not able to hire staff with the qualifications and skills to provide all of the services above. Organizations should prioritize specific roles and qualifications based on the shelter’s vision and identified needs of the women it will support. To maximize the range of services that can be provided with limited resources, staff may be brought in on a case-by-case basis and/or staff with diverse/multiple skills may be sought.

A staffing plan can help shelters ensure they will have sufficient staff to perform the services to be provided. The plan should consider the:

• Size of the shelter (number of women and children accommodated at a given time),
• Number and type of services provided, and expected number of women involved in each service.
• Organizational structure, including core functions and how they are combined (i.e. is the facility a dedicated shelter or does it provide additional support and off-site services).

A crisis shelter home offers refuge to those survivors of domestic violence who are not yet prepared to live independently because of the severity of the abuse they have experienced, the continued threat of domestic violence, and/or a lack of safe, permanent housing. A crisis shelter staff is committed to the safety, healing and self-sufficiency of victims/survivors. Ideally, services of a crisis shelter assist the survivors to be empowered to make the transition from a period of crisis to independent lives that are free from abuse. Ideally these services would include:

• Trauma-informed services:
• Focus on understanding the whole individual and context of his or her life experience
• Infused with knowledge about the roles that violence and victimization play in the lives of women
• Designed to minimize the possibilities of victimization and re-victimization
• Hospitable and engaging for survivors
• Facilitates recovery
• Facilitates growth, resilience and healing
• Respect a woman’s choices and control over her recovery
• Form a relationship based in partnership with the survivor, minimizing the power imbalance between advocate and survivor
• Emphasize women’s strengths
• Focus on trust and safety
• Collaborate with non-traditional and expanded community supports (such as faith communities, friends and families, etc.)
• Provide culturally competent and sensitive services

CHECKING YOUR PRECONCEIVED IDEAS OF VIOLENCE THROUGH SELF REFLECTION

In order to begin to effectively address this issue, we must first be aware of our own preconceived ideas about women, girls, men, and boys in the context of violence.

Before we begin, take a minute to reflect on your own attitudes. Read each of the statements below and tick whether you agree, disagree or are unsure about what is written.

• Men are incapable of control of their sexual desires.
• It is the woman who is to blame for a man's sexual weakness.
• Women have no right to refuse sex.
• It must be the woman's/female's fault if her partner commits incest.
• Since men are the heads of the family, they are superior to women.
• Men have the right to use violence to control their women & children.
• Men should/can only use/are expected to use violence to express dissatisfaction/anger.
• The only way to control/treat women & children is by hitting them/using violent methods.
• A man/boy cannot be raped or complain if he is forced/coerced into having sex.
• The focus of our prevention programs with men, as the primary perpetrators of GBV, should be on attitude and behavior reform.
EXERCISE FOR PARTICIPANTS

Time: 30mins

Things Needed:

4. Permanent markers
5. Chart Papers
6. Separate places for discussion of groups

Activity:
Ask the participants to select/check the answer that seems best, after thinking about a situation where soldiers take advantage of the chaos of conflict to rape women indiscriminately; they are usually coercing women into performing sexual acts against their will. This is an example of (check all that apply):

a) Violation of human rights
b) Abuse
c) Informed consent
d) Men’s inability to control their sexual urges
e) Basic right of being male
f) Criminal act
RISK FACTORS THAT COULD INCREASE SOMEONE’S VULNERABILITY TO ABUSE INCLUDE THEIR:

- Age
- Gender
- Ethnicity
- Religious or political affiliation
- Mental and/or physical disability
- Access to resources, services, etc.
- Separation from family and community members
- Lack of protection and security during flight, displacement and return
- Harmful traditional and cultural practices, such as female genital mutilation/cutting and early marriage
- Violence occurring within the family and community, including within community institutions such as schools and “madrassahs”.
- In emergency settings GBV perpetrated by family and community members can increase over pre-emergency levels due to:
  - Stress
  - Poverty
  - Dependence on external assistance

Taking Care of Yourself as a Counselor

When faced with a tricky situation whilst using your counseling skills, refer to the helpful tips below. It is very important to remember to take:

1. A deep breath.
2. Your time. Pauses and silences are always shorter than you think.
3. A different tack from questions. Questions give you the agenda and responsibility – try giving the agenda and responsibility back to the help-seeker.
4. Note of emotion words and reflect them back with more weight.
5. Note of feelings, thinking, and behavior and summarize them.
6. Courage to be honest (as long as it’s in the help-seeker’s best interest). Admit you don’t know what to do, don’t know what to say, feel muddled, and so on.
7. Summaries seriously. Don’t underestimate the usefulness of summarizing.
8. Time to consult others and to reflect on the situation.
CARING FOR THE CARE-GIVER:

UNDERSTANDING AND ADDRESSING VICARIOUS TRAUMA

Simply put, vicarious trauma can be thought of as the negative changes that happen to care givers over time as they repeatedly witness other people’s suffering and need. These negative changes are the cost of caring for and caring about others who have been hurt. *Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them.* Over time this process can lead to changes in your psychological, physical, and spiritual well-being or simply known as “burnout.”

Learning to be aware of and address vicarious trauma in an ongoing manner goes a long way toward making sure you don’t burn out or feel crushed by vicarious trauma, or unintentionally harm others because of its effects.

IN THE WORKPLACE VICARIOUS TRAUMA HAS BEEN ASSOCIATED WITH:

- Higher rates of physical illness
- Greater use of sick leave
- Higher turnover
- Lower morale
- Lower productivity that may lead to errors with survivors

THERE ARE ALSO CERTAIN INDIVIDUALS WORKING AT DOMESTIC VIOLENCE AGENCIES THAT MIGHT BE MORE AT RISK OF DEVELOPING VICARIOUS TRAUMA.

Characteristics for these individuals include:

- A personal history of trauma
- Being overworked
- Having poor boundaries with survivors
- Working with too many trauma survivors
- Having limited professional experience
- Working with a high percentage of traumatized children
- Working with survivors who aren’t able to get the support (such as housing, medical care, etc.) they need to be safe from other systems
Some signs of vicarious trauma may include:

- Minimizing survivor reactions
- Intrusive images
- Nightmares
- Dissociative experiences
- Feeling helpless and hopeless
- Diminished creativity in addressing problems
- Guilt when you experience good things in life
- Fear
- Anger and cynicism
- Inability to empathize
- Numbness of emotions
- Exaggerated startle response
- May lead to depression or alcohol and drug use

SO, WHAT SHOULD YOU DO ABOUT VICARIOUS TRAUMA?

Being impacted by vicarious trauma is a predictable outcome of being in a job that is focused on helping others during or after traumatic experiences. Some appropriate coping methods are to identify strategies that can both help prevent vicarious trauma from becoming severe and problematic, and help manage vicarious trauma during times when it is more problematic.

No single technique will relieve all your stress, but paying attention to the following three areas of self-care will help to help alleviate stress reactions.

Good coping strategies are things that help you take care of yourself – especially things that help you escape, rest, and play. Among other things, these might include:

- **Escape:**
  Getting away from it all, physically or mentally (reading a book/magazine or going to the movies, taking a day or a week off, talking to friends/family about things other than related to work);

- **Rest:**
  Doing things you find relaxing (spending time with art, music, nature e.g. gardening, listening to the sound of the sea waves ebbing & flowing, sipping a cup of tea &
watching the sunset, taking a nap, getting a massage, having regular times of prayer, reading, meditation etc.)

- Play:

  Engaging in activities that make you laugh or lighten your spirits (sharing funny stories with a friend, playing with a child, being creative, being physically active e.g. regularly walking, jogging, swimming, exercising etc).