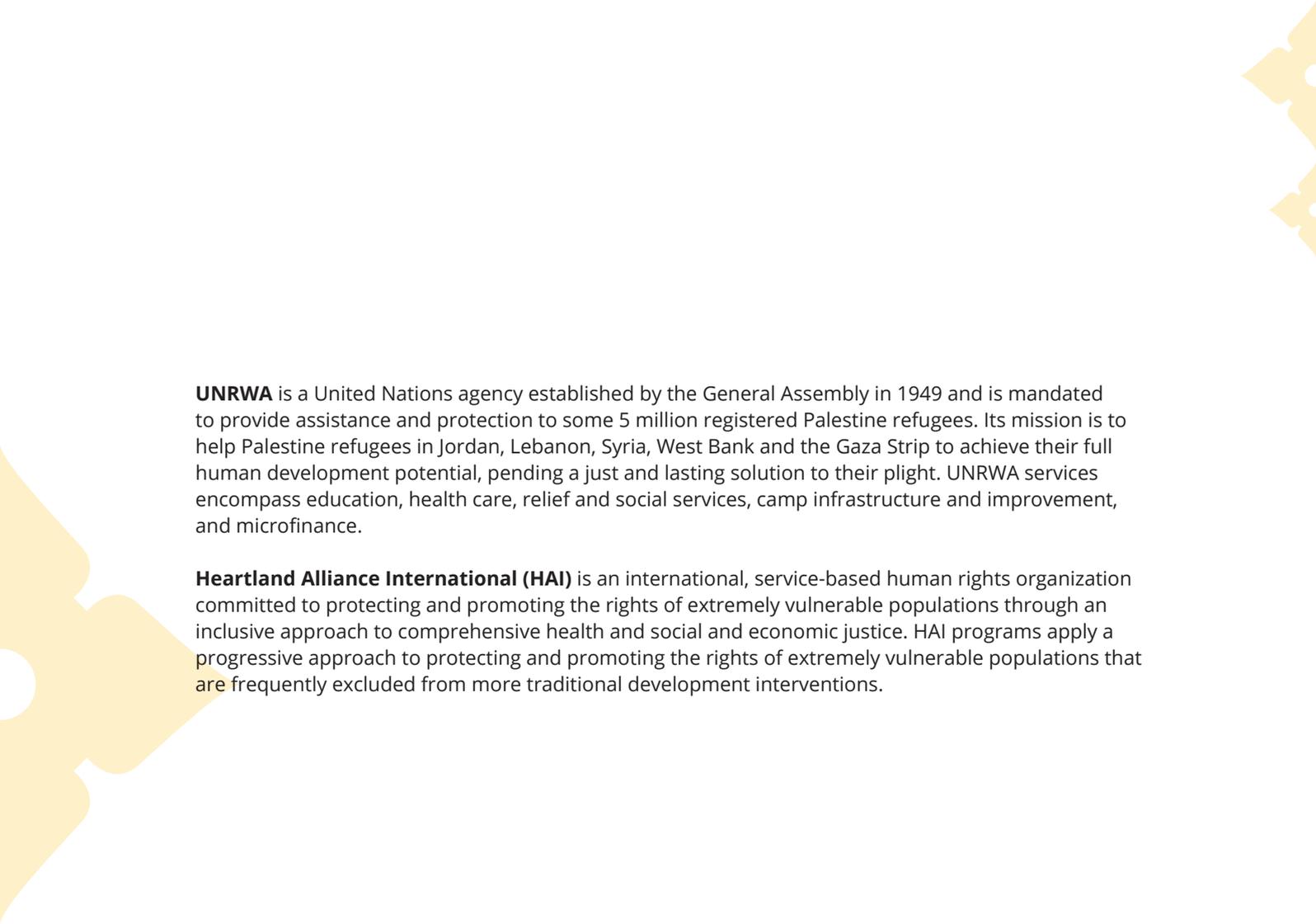


**COMMUNITY WORKERS' GUIDE**  
**TO UNDERSTANDING GENDER-BASED VIOLENCE**  
**AND CHILD PROTECTION BASIC CONCEPTS**



**HEARTLAND**  
**ALLIANCE**  
INTERNATIONAL





**UNRWA** is a United Nations agency established by the General Assembly in 1949 and is mandated to provide assistance and protection to some 5 million registered Palestine refugees. Its mission is to help Palestine refugees in Jordan, Lebanon, Syria, West Bank and the Gaza Strip to achieve their full human development potential, pending a just and lasting solution to their plight. UNRWA services encompass education, health care, relief and social services, camp infrastructure and improvement, and microfinance.

**Heartland Alliance International (HAI)** is an international, service-based human rights organization committed to protecting and promoting the rights of extremely vulnerable populations through an inclusive approach to comprehensive health and social and economic justice. HAI programs apply a progressive approach to protecting and promoting the rights of extremely vulnerable populations that are frequently excluded from more traditional development interventions.

# Introduction



In February 2015, The United Nations Relief and Works Agency (UNRWA) field office in Lebanon conducted a rapid needs assessment with Women Program Centers (WPCs) and Palestine refugee women in eight Palestinian refugee camps to identify capacity-building needs of community-based organizations (CBOs) working with Palestine refugee communities in Lebanon. The needs assessment indicated the need to enhance the skills and knowledge of community workers and volunteers on gender-based violence (GBV) basic concepts and guiding principles for working with survivors and individuals at risk.

As identified in the needs assessment, key priorities for both the community-based organizations and community members were to improve understanding of gender-based violence and child protection issues and the need to increase knowledge for how to respond to those protection concerns in the community.

Heartland Alliance International (HAI) proposed the Developing Capacities, Strengthening Communities project, a nine-month initiative which seeks to strategically address the capacity and knowledge gaps among community workers and volunteers in community centres across eight

Palestinian refugee camps in Lebanon:



With this initiative, HAI and UNRWA aims to decrease the vulnerabilities of Palestine refugees living in refugee camps in Lebanon by improving community-based responses to better understand and address refugees' protection needs. The manual is designed to strengthen key skills in safe identification and referral of GBV survivors and child protection as well as basic skills and core guiding principles for primary psychosocial support.

Furthermore, given the role of the community centres in delivering awareness activities and given their importance as advocates and agents for change in their communities, the manual includes specific components on community-based GBV and child protection awareness and prevention programming in non-specialized settings, including the set-up of community-based support groups for women at risk.

### **Who should use this manual?**

This manual can be used by all individuals and organizations who are interested to learn about gender-based violence. It provides basic guidelines and support to non-specialized service providers, community workers and other frontline workers enabling them to understand signs and symptoms of GBV, safe and ethical referrals as well as basic principles for working with survivors that should be adhered to by all humanitarian workers.

### **When should this manual be used?**

This manual was developed after a series of training and individual coaching sessions targeting community workers and volunteers and is intended to be used as a complimentary tool in supporting them in their day to day work with women and children in their community. This manual is best used as a reference point for non-

specialized community workers and volunteers seeking to understand and apply minimum standards for responding to and working with gender-based violence survivors.

### **How is this handbook organized?**

The training manual is composed of four learning modules:



**Chapter 1** sets the basic terminologies and definitions related to gender based violence



**Chapter 2** highlights main issues of child protection with a particular focus on child survivors



**Chapter 3** discusses psychosocial support and self-care for survivors and service providers



**Chapter 4** defines methods and techniques for acquiring skills in facilitating GBV awareness activities.

In each chapter, examples, comparisons and important notes are provided to help readers better understand the concepts and ideas that are being presented.

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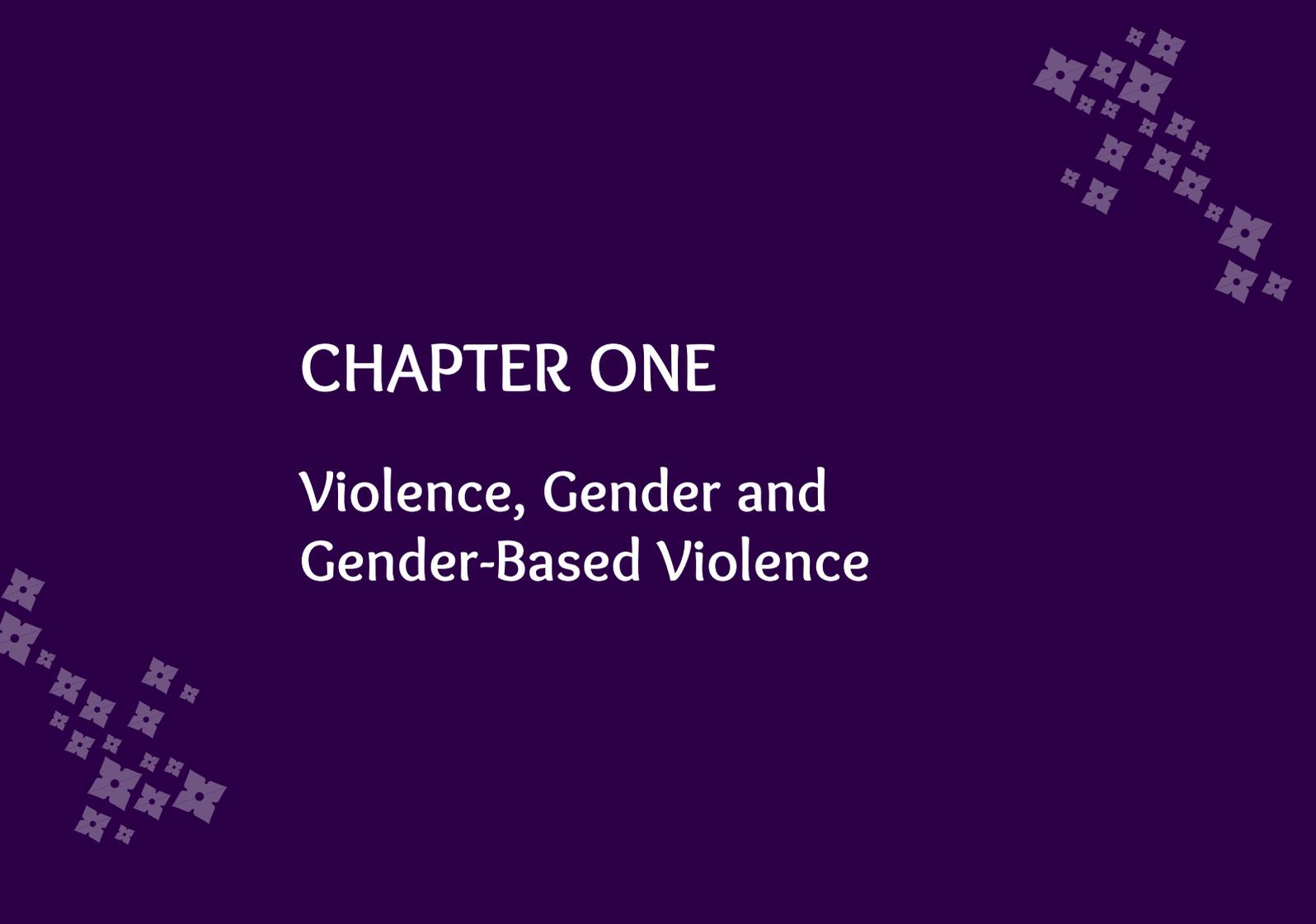
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# CHAPTER ONE

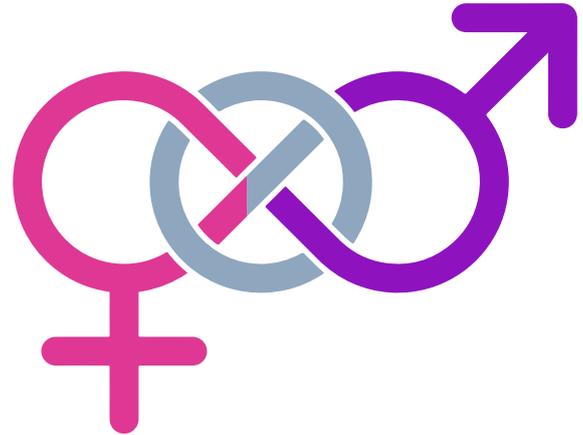
## Violence, Gender and Gender-Based Violence

## Unit One

### Unit Objectives:

*Enabling Participants to:*

- *Understand the meaning of, and differences between sex, gender, and sexual identity*
- *Be familiarized with common definitions and terms associated with violence*
- *Define violence, its types and forms*





## I. WHAT IS SEX?

The word “sex” has two meanings:

1. Sexual activity between two people.
2. Biological characteristics that differ between males and females and are represented by chromosomes, genes, reproductive organs and reproductive functions. These characteristics are universal, governing the human race all around the world.

These differences are constant, and do not change with time, civilization or culture.

### What are the categories of sex?

Types:	Male	Female
Primary (present at birth) Characteristics	<ul style="list-style-type: none"> <li>• Sex chromosome: XX</li> <li>• Sex Cells: egg</li> <li>• Dominant Sex Hormone: Estrogen and Progesterone</li> <li>• Internal Sexual Organs (including: Uterus, Fallopian Tubes)</li> <li>• External Sexual Organs(including: the Clitoris, the Vulva)</li> </ul>	<ul style="list-style-type: none"> <li>• Sex Chromosome: XY</li> <li>• Sex Cells: sperm</li> <li>• Dominant Sex Hormone: Testosterone</li> <li>• Internal Sexual Organs: (including Prostate, Seminal Vesicles)</li> <li>• External Sexual Organs: (including: The Penis, Scrotum)</li> </ul>
Secondary Characteristics (appear at puberty)	<ul style="list-style-type: none"> <li>• including Breast and the Menstrual Cycle</li> </ul>	<ul style="list-style-type: none"> <li>• including the Beard, Adam's Apple (Thyroid Cartilage), body hair</li> </ul>

## II. WHAT IS GENDER?

### 1. Origins of the Terminology:

The meaning of the term “gender” has changed overtime. The word «gender» historically had the same definition as «sex», but today gender refers to the social characteristics assigned to women and men whereas ‘sex’ refers to the biological characteristics of males and females.

In the Arabic language there has yet to be defined a single term that can be assigned to describe the concept of «gender». Some Arabic speakers term it “Sex Type,” while others call it “Social Type”, “Sexuality” or “Gender”.

In this manual the terms «Social Type» and «Gender» will be used interchangeably<sup>1</sup>.

### 2. What Is the Meaning Of Gender?

Gender is a term used to describe the socially-constructed characteristics held by men and women, irrespective of organic/biological differences.

It is associated with the socially defined roles given to both males and females. These roles are acquired through education, change over time, and vary widely within, and between, cultures. “Gender” therefore refers to the roles and responsibilities that are defined by society for men and women<sup>2</sup>.



It also denotes to the image through which women and men are seen by the society, which has nothing to do with physical differences (biological or sexual)<sup>3</sup>.

### 3. What Are the values of the concept of gender?

"Today, gender is a liberal concept that is used to advocate for justice and equity and combat discrimination and inequality against individuals based on sexual identity (male or female). While fully recognizing this identity and its biological characteristics, it should not be a basis for discrimination between men and women in terms of social status, nor lead to undermining a person's social, political, economic and cultural rights. Thus, it means providing equal opportunities for men and women to explore their potential and empowering them with skills that enable them to carry out new roles that would benefit the community through the redistribution of roles between men and women based on the concept of partnership.<sup>4</sup>

"The concept of gender is based on re-structuring and re-establishing social relations, roles and structures, as well as the balance of powers generally attributed to men and women (and defined by factors that are economic, social, and cultural rather than biological), on the basis of new concepts that ensure the implementation of human rights and the rights of every individual within society, men and women, to freedom, equality, social justice and participation in the process of social change"<sup>5</sup>.

### 4. What is the meaning of equality, justice and equity<sup>6</sup>?

**Gender Equality:** Is the absence of discrimination on the basis of sex in terms of allocation of resources, opportunities and access to services.

**Gender Justice and Equity:** Justice in the distribution of resources and responsibilities between women and men. This concept recognizes the differences in the needs and strengths of women and men and that these differences should be identified and treated to resolve the imbalance between the two sexes.





Example

### What Are gender types and gender roles?

Imagine two families, both of which are victims of a natural disasters and are in need of humanitarian assistance:

**Family  
"B"**

*consists of  
8 members*



**Family  
"A"**

*consists of  
4 members*



Aid agencies have distributed six meals to each family. By this, both Families "A" and "B" will have equal shares. Yet, family "A" will have two extra meals, while family "B" will be two meals short of satisfying all of its 8 family members. Justice was not served in this distribution, as the shares must be allocated according to needs.

### Difference between equity and equality between men and women:

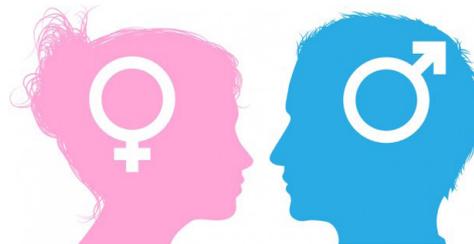
Ms. Sara and Mr. Sari are coworkers in the same accounting firm with identical job description and tasks. They both have the same education having a degree in accounting. However, Ms. Sara has a salary of US800\$ while Mr. Sari earns US1000\$ per month.

In this case, equality is maintained as both Mr. Sari and Ms. Sara were granted positions at the same company with similar job requirements. Yet, equity or justice is not served, as Mr. Sari earns more than what Ms. Sara does for the same skills and job.

### 5. What Are gender types and gender roles?

Gender roles refer to determining the actions males and females are expected to perform (at home, community and the workplace...) in a specific society<sup>7</sup>. These actions are behaviors learned in a particular community, or a particular group, setting the terms as to what is considered as functions and responsibilities associated with men or women. Gender roles are affected by age, race, social class, religion, the environment, geography, the economy and politics<sup>8</sup>. Gender roles depend on messages, taught, shown, and reinforced by a society. Gender roles change across time and culture. Therefore, gender roles can be changed by a society, a community, a family or an individual.

Oftentimes, gender stereotypes, which can be defined as perceptions, beliefs, attitudes, and assumptions held about groups of women or men, lead to negative assumptions about gender relations, roles and behaviors<sup>9</sup>:





Gender Types	Meaning of Gender Type Category	Examples of assumptions and expectations
Femininity	<ul style="list-style-type: none"> <li>The way by which women are perceived, which defines expectations of their thinking, style and behaviors</li> <li>Attributes, roles, activities and responsibilities associated with women (females) at a particular time and within a particular society and culture</li> <li>Change across time and culture</li> </ul>	<ul style="list-style-type: none"> <li>"It is normal for women to cry."</li> <li>"Household chores are a woman's responsibility."</li> <li>"Women don't cut their hair short."</li> <li>"Women are weak."</li> <li>"Women are controlled by emotion, not reason."</li> <li>"Women should not go out alone whenever and wherever they want."</li> <li>"Pink is women's color."</li> </ul>
Masculinity	<ul style="list-style-type: none"> <li>The way by which men are perceived, which defines expectations of their thinking, style and behaviors</li> <li>Attributes, roles, activities and responsibilities associated with men (males) at a particular time and within a particular society and culture</li> <li>Change across time and culture</li> </ul>	<ul style="list-style-type: none"> <li>"Men don't cry."</li> <li>"Men don't handle household chores."</li> <li>"A capable man is not controlled by his wife's decisions and opinion."</li> <li>"Men are strong."</li> <li>"Men are smarter than women."</li> <li>"Construction work and driving a taxi are jobs exclusive for men."</li> </ul>

### III. WHAT IS SEXUAL ORIENTATION?

Sexual orientation refers to the sex of those to whom one is sexually and romantically attracted. Categories of sexual orientation typically have included attraction to members of one's own sex, attraction to members of the other sex, and attraction to members of both sexes<sup>10</sup>.

<b>Sex</b>	Related to the Biological characteristics. People are born female or male.	There is often confusion in Arab societies between gender and sexuality on one hand, and gender, gender identity and sexual orientation on the other. Those advocating equity and equality between the sexes (which is gender's aim) were accused of seeking to change the gender identity and sexual orientation of members of the community.
<b>Gender</b>	Related to Society. People learn how to be girls and boys, and then become women and men.	
<b>Sexual orientation</b>	Related to the Individual's psychological, biological and familial dynamics. It is the individual's sexual and emotional attraction in choosing his/ her partner.	

### IV. WHAT IS VIOLENCE?

Violence can be defined as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation<sup>11</sup>. Violence can be further defined by its types and forms:



Example

### Types and forms of violence

A woman reports being beaten and humiliated by her husband. The form of violence in this situation is the context in which the violence is occurring and is defined as intimate partner violence or domestic violence. The type of violence is defined as physical violence and psychological/emotional abuse.

The definition is associated with intentionality, differentiating the act from injury or other incidents which are not necessarily associated with the intent to cause harm.

**Types of violence:** “Type” indicates the means used to impose order or to impose a certain concept of who holds the reins of things. The types of violence vary from sexual to physical, psychological/emotional, social and economic violence<sup>12</sup>.

**Forms of violence:** The forms of violence indicate the situations in which violence can happen. Examples include violence occurring in the family, violence occurring within the community, and violence occurring on the level of the state<sup>13</sup>.





### Useful to Know: Key definitions and terms

#### **Perpetrator/Aggressor/Offender:**

is a person, group, or institution that directly inflicts, supports and condones violence or other forms of maltreatment against a person or a group of persons. Perpetrators are in a position of real or perceived power, decision-making and/or authority and can thus exert control over their victims<sup>14</sup>.

**Victim:** a person who is directly affected by the violence<sup>15</sup>.

**Survivor:** a person who directs active and effective reactions in response to the violence he/she is suffering<sup>16</sup>.

#### **Difference between the term “survivor” and “victim”:**

The terms “victim” and “survivor” are often used interchangeably. “Victim” is the term used often in legal and medical sectors. “Survivor” is the term generally preferred in the sectors of social services and psychosocial support because it implies the capacity to endure<sup>17</sup>.

In this manual, and based on the prevalent trends in the literature of international social work, it is favored to use the term “survivor” when referring to recipients of violence, regardless of the recipient’s reaction. The term “survivor” implies strength, empowerment and ability to endure and has positive connotations, unlike the word victim which can denote helplessness and surrender<sup>18</sup>.





## Unit Two

### Unit Objectives:

*Enabling Participants to:*

- *Understand the concept “Gender-Based Violence (GBV)”*
- *Distinguish the difference between Gender-Based Violence and Violence Against Women (VAW)*
- *Define the types and forms of Gender-Based Violence*
- *Understand the causes and consequences of Gender-Based Violence*



## I. WHAT IS GENDER-BASED VIOLENCE?

- Gender-based Violence is an umbrella term for any harmful act that is perpetrated against a person's will, based on the socially ascribed (gender) differences between males and females<sup>19</sup>, and among females or men themselves<sup>20</sup>.
- The term gender-based violence was mainly used to replace the term «violence against women»<sup>21</sup>, where the term «gender-based violence» and the term «violence against women» have often been used interchangeably. Both shed light on the gender dimension in these forms of actions and emphasize the relation between the low status of women in society and their increased exposure to violence.
- While gender-based violence is not confined to women and girls only, they are the most affected group across different cultures. Nevertheless, it is important to note that men and boys may also be survivors of gender-based violence, including sexual violence.
- Gender-based violence infringes on a number of universal human rights, which are protected by treaties and international agreements. Many of the forms of gender-based violence are illegal and are condemned by national laws and policies.
- Acts of GBV always occur without informed consent.

### What is violence against women?

Violence against women is defined as a violation of human rights and a form of discrimination against women. It includes all acts of gender-based violence which are directed against women and result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether in public or in private <sup>22</sup>.



### What is the difference between gender-based violence and violence against women?

- Gender-based violence is directed against women, men, girls, and boys. In other words, it targets all members of the community on the basis of their sex and gender.
- Violence against women is directed against females only on the basis of their sex and gender, and it includes all types of gender-based violence.



## II. TYPES OF GENDER-BASED VIOLENCE <sup>23,24</sup>

Gender-based violence includes various forms of violence from psychological abuse to physical and sexual violence.

The below lists the six core GBV incident types <sup>25</sup>.

They should be used only in reference to GBV even though some may be applicable to other forms of violence which are not gender-based:

### 1. Sexual Violence

■ Sexual violence is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments/advances, acts of trafficking, or acts which are otherwise directed against a person's sexuality using coercion by any person regardless of their relationship to the survivor. Sexual violence includes:

**Rape:** non-consensual (with force or coercion) penetration of the vagina, anus, or mouth (no matter how shallowly) with an object or body part.

**Sexual Assault:** any form of unwanted sexual contact/ touching that does not result in or include penetration (i.e. attempted rape). This incident type does not include rape, where penetration has occurred. Examples include attempted rape, forced kissing, touching buttocks or genitals.

**Sexual exploitation and abuse (SEA):** “Sexual Exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. “Sexual Abuse” means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

**Sexual Harassment:** is any unwelcome formulation of words and/or acts (moves) which are sexual in nature and violate privacy, or feelings of another person, generating a feeling of discomfort, threat, insecurity, fear, disrespect, intimidation, insult, maltreatment, fright, or violation (no physical contact).

#### Examples of sexual violence

- Forcing another person to have sex
- Touching another person sexually against their will
- Using pressure and threat for sexual benefits
- Forcing another person to commit sexual acts against their will
- Forcing another person to watch pornography
- Forcing another person into prostitution
- Forcing another person into pregnancy or abortion



## 2. Physical Violence

- Use of physical strength to impose the authority of a stronger side over the weaker other
- Any act that results in injury, pain and/or discomfort/irritation

### Example

- Beating/Punching/Slapping
- Kicking
- Burning and mutilation
- Using weapons or sharp harmful objects, such as a knife
- Biting, nipping or squeezing
- Violently carrying, grabbing, or shaking an individual
- Strangulation
- Twisting of arm or foot





### 3. Psychological/emotional abuse:

- The infliction of psychological and emotional pain or harm

#### Example

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"><li>• Threats of using violence</li><li>• Maltreatment/insult: verbal non-sexual or sexual insulting the individual and degrading his/her ability</li><li>• Confinement: exclusion of individual from friends and family, restricting his/her movement, deprivation of liberty, obstruction and/or restriction of the right to move freely</li><li>• Stalking</li><li>• Unpleasant attention or care</li></ul> | <ul style="list-style-type: none"><li>• Prevention from seeking help, working or participating in any activity</li><li>• Prying into calls or accessing private messages</li><li>• Criticism and name calling</li><li>• Destroying cherished possessions</li></ul> | <ul style="list-style-type: none"><li>• Humiliation and insult</li><li>• Forcing children to takesides in conflicts (in marital relations)</li><li>• Threat of committing suicide</li><li>• Accusation of cheating (in cases of intimate-marital relations)</li><li>• Threat of abandonment (in cases of intimate-marital relations)</li></ul> |
|--|--|--|





#### 4. Socio-Economic Violence:

- Denial of resources, opportunities and services.

Deprivation of economic rights, and denial of rightful access to economic resources/assets, livelihood, health, education or other services. This does not include general poverty.



##### Example

- Denying another person the opportunity to work and generate an income
- Maintaining secrecy concerning household income while depriving the individual of sufficient resources to procure their needs (and the needs of his/her children)
- Controlling the individual's spending
- Confiscating the income of an individual
- Discrimination in employment opportunities based on gender
- Injustice in distribution of salaries based on gender
- Deprivation of property or inheritance rights

#### Harmful Traditional Practices.

- Deprivation of access to civil, social, cultural, and political rights.
- Harmful traditional practices are forms of violence which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice.

##### Example

- Female genital mutilation/cutting (FGM/C)
- Early marriage / Child marriage
- Forced marriage
- Honor killing
- Killing or neglecting infants based on gender
- Social exclusion and/or seclusion: deprivation of practicing civil, social, and political rights
- Impeding legislative practices
- Depriving individuals of an education based on gender





### III. FORMS OF GENDER-BASED VIOLENCE

The forms of gender-based violence can be divided into five settings as follows<sup>26</sup>:

- A. Marital Setting:** includes all forms of violence within the context of the marital relationship.
- B. Non-Marital Intimate Setting:** includes all forms of violence by people in an intimate relationship such as ex-spouse, fiancé or friend.
- C. Family Setting:** includes various forms of violence by direct or extended family members.
- D. Social Setting:** includes all forms of violence committed at work sites, public spaces, educational institutions, neighborhoods or by unknown community members.
- E. Institutional Setting:** violence perpetrated or condoned by the State wherever it occurs.

*Example:* When a survivor files a complaint but does not get any response or equity (police stations, courts...)

#### Who can be perpetrators of violence?

- Any person in a position of strength, power and/or control
- A family member (parent, sibling...) or extended family member/relative
- Peers, friends
- Intimate partner/spouse
- Acquaintances or strangers
- Service providers, social workers, humanitarian service providers, as well as colleagues, managers or supervisors
- Representative of a state, religious or non-religious institution/organization

### IV. CAUSES AND CONSEQUENCES OF GENDER-BASED VIOLENCE

#### The gender-based violence Tree<sup>27</sup>:

One way of demonstrating and understanding gender-based violence is to illustrate the issues using the “GBV tree” developed by UNFPA. This method is useful with communities in the field, and is a simple way to understand GBV.

#### The roots of the tree represent the root causes of GBV:

The root causes of gender-based violence lie in the practices of discrimination between the sexes and society's response and position towards such discrimination. These reasons lead to placing women and men in roles and power positions, where women are found to be in an inferior status to that of men. The accepted gender roles and lack of social and economic value for women and women's work strengthen the assumption that men have decision-making power and control over women. Through acts of gender-based violence, perpetrators seek to maintain privileges, power, and control over others. This unequal power relation and disregard for human rights, gender equality, democracy and non-violent means to resolve problems exacerbate the state of inequality that leads to gender-based violence.



### Weather/Temperature:

Weather and temperature are two contributing factors in the GBV tree - they help the tree to grow and strengthen its roots.

While unequal power, inequality and gender discrimination are the root causes of all forms of gender-based violence, a host of other factors influence the type and prevalence of violence in each context. During crisis, a lot of factors might lead to an increased risk of gender-based violence. Examples include:

- Collapse of family and community support systems
- Displacement and separation of families
- Labor shortages in some institutions such as police and health facilities
- Prevalence of human rights violations, impunity and the absence of law enforcement
- Displaced population's dependence on aid and the prospect of being subjected to maltreatment and exploitation
- Unsafe, overcrowded or isolated communities and/or temporary shelters' and lack of adequate services and facilities

Weather and temperature represent the factors that contribute to the existence and continuity of GBV

The trunk is gender-based violence itself

Tree roots are the basic reasons and causes of gender-based violence

#### 1. Tree branches:

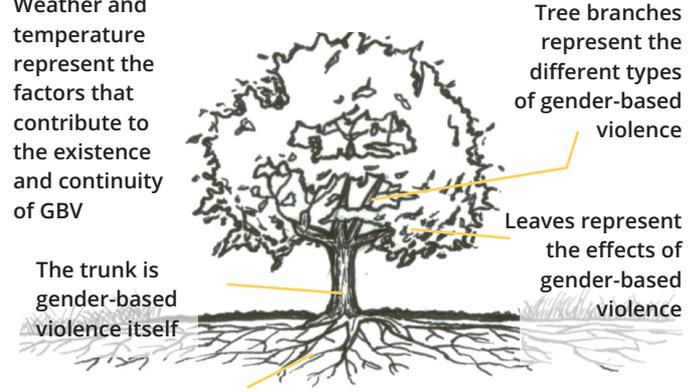
The branches represent all the different types of gender-based violence that can occur and that are outlined in this manual (e.g. sexual, physical, psychological/emotional and socio-economic violence).

#### 2. Tree leaves:

The leaves of the tree represent the effects of gender-based violence encountered by the survivor, their families, and their communities. Gender-based violence causes long term effects and consequences on individuals and communities. Examples include: physical effects, such as

Tree branches represent the different types of gender-based violence

Leaves represent the effects of gender-based violence





sexually transmitted infections or unwanted pregnancies; emotional and psychological effects, such as trauma, feelings of guilt, depression and anxiety; and social effects such as isolation and seclusion.

## V. CONSEQUENCES AND EFFECTS OF GENDER-BASED VIOLENCE<sup>28,29,30</sup>

### 1. Physical, behavioral and social health effects:

Gender-based violence can result in various immediate and long-term physical, behavioral and health conditions. These include **mental and physical condition:**

Type of Violence	Physical, behavioral and social health effects <sup>32</sup>
<b>Rape and sexual assault</b>	<ul style="list-style-type: none"> <li>• Gynaecological problems</li> <li>• Sexually transmitted infections, including exposure to HIV/Aids</li> <li>• Unwanted and early pregnancy</li> <li>• Infertility</li> <li>• Unsafe abortion</li> <li>• Pelvic inflammatory disease</li> <li>• High-risk behaviors, including unprotected sex, substance abuse and self-harm</li> <li>• Depression, anxiety and post-traumatic stress disorder (PTSD)</li> <li>• Suicide, homicide.</li> </ul>

<b>Physical assault</b>	<ul style="list-style-type: none"> <li>• Poor nutrition</li> <li>• Exacerbation of chronic illness</li> <li>• Trauma, depression anxiety, post-traumatic stress disorder (PTSD)</li> <li>• Organ damage</li> <li>• Partial or permanent disability</li> <li>• Chronic pain</li> <li>• Pelvic inflammatory disease</li> <li>• Low-birth weight</li> <li>• Miscarriage, adverse pregnancy outcomes</li> <li>• High-risk behaviors, including substance abuse and self-harm</li> <li>• Maternal death</li> <li>• Suicide, homicide</li> </ul>
<b>Psychological and emotional abuse</b>	<ul style="list-style-type: none"> <li>• Poor nutrition</li> <li>• Exacerbation of chronic illness</li> <li>• Substance abuse</li> <li>• Depression, anxiety, post-traumatic stress disorder (PTSD)</li> <li>• High-risk behaviours, including substance abuse and self-harm</li> <li>• suicide</li> </ul>

### 2. Social and economic effects:

- Rejection, isolation and social stigma
- Decrease in a person’s ability to engage in social and economic activities (e.g. the ability to share energies, ideas, talents, opinions and skills at home, the workplace and the community declines when the mind and body are damaged as a result of violence).
- Severe fear of future acts of violence. This fear is transmitted from the individual to other people in his or her social environment (e.g. children/dependents)



### 3. Effects on the survivor's family and dependents

#### ■ Direct Effects:

- Divorce or family separation
- Poverty
- Jeopardizing the family's emotional and economic development and stability
- Higher likelihood of children suffering from violence in families witnessing other forms of domestic violence
- Psychological impact of child witnesses, such as emotional and behavioral disorders, including withdrawal, low self-esteem, nightmares, self-blame, aggression against peers, family members and property and higher likelihood of the child growing up to become a victim or perpetrator of violence.

#### ■ Indirect effects:

- Decline in survivor's capacity to take care of her/his children (malnutrition, negligence resulting from the effects of violence, and limiting survivors' bargaining position in the family)
- Developing contradictory feelings and negative attitudes towards surviving children conceived by rape or unwanted pregnancy

### 4. Effects on society:

- Increasing financial burden on health, welfare and judicial systems
- Posing obstacles to stability and economic growth due to loss of survivors' productivity
- Posing obstacles to survivor's participation in developmental processes and reducing their contribution to social and economic development

### 5. The impact of violence on perpetrators:

- Punishment by the community and facing arrest and imprisonment
- Legal restrictions on seeing family members, including children, as well as divorce or breakup of families
- Feeling of estrangement from family members
- Downplaying the significance of violence or own responsibility for it
- Placing the blame on their partner while not relating violence to the nature of the relationship between them
- Self-hate



## Unit Three

### Unit Objectives:

*Enabling Participants to:*

- *Understand and adhere to the guiding principles for working with survivors of gender-based violence*
- *Understand the timeframe for responding to incidences of gender-based violence*





## I. GUIDING PRINCIPLES FOR WORKING WITH SURVIVORS OF GENDER-BASED VIOLENCE<sup>33</sup>

A key principle in addressing GBV is to ensure service providers and community workers understand and adhere to key guiding principles for working with survivors. Guiding principles form the basis of the minimum requirements for primary support. Adhering to guiding principles is important to protect the safety and security of both survivors and service providers and ensure that the 'do no harm' principle is respected. All humanitarian workers will be familiar with the guiding principles outlined below and put them into practice:

### 1. Ensure the Safety of the Survivor:

All actions taken on behalf of a survivor shall be aimed at restoring or maintaining the physical and psychological safety of the survivor:

- Not causing any harm by the service provider through:
  - Exploiting his/her position in return for a service
  - Negligence of an entitled service due to personal reasons associated with the service provider's comfort level and/or the survivor's differing opinions and beliefs
  
- There is no rigid definition to the concept of safety; it is linked to the context in which contact with the survivor is

made. Thus, the community worker should be aware of the security risks that the survivor might be exposed to after being subjected to violence.

#### *For example:*

- If you were talking to a survivor and were informed that there is a risk that the perpetrator could come to the center to further harm him/her, then the principle of safety necessitates that you assist the survivor to move to a safe place.
- If you learn that the survivor endured severe physical harm, then the principled safety measure is to ensure that the survivor receives medical care.

### 2. Ensure the Confidentiality of the survivor:

Respect the confidentiality of the survivor at all times. This means sharing only necessary information with other service providers and only when agreed with the survivor:

- Confidentiality in social work is relative, not absolute. (Its relativity comes from the assistant or social worker's need to discuss the case that is experienced by the individual with his superiors or other specialized service providers).



- Confidentiality, therefore, means not to inform anyone whose contribution or knowledge are not necessary. If you need to share information with a specialized service provider, as in referrals, then you can do it only after making sure the survivor understands what the procedure entails and provides consent for it in advance.
- This requires that service providers protect the information being collected about their clients, safely store it in accordance with the agreed upon data protection policies, and ensure that it is only accessible after the explicit permission of the survivor.
- Confidentiality could be overruled in specific cases, such as when a person plans or attempts to harm himself/herself or someone else, or plans to carry out criminal acts.
- Breaching the principle of confidentiality in any other circumstance may lead to loss of trust between the community worker and the survivor. In fact, the survivor's trust in the institution as a whole is shaken, so institutions and organizations must adopt strict rules concerning confidentiality and clear procedures against its breach.

**For example:**

- Non-disclosure of the names of survivors or any information about their identity to any person not directly involved in the assistance, which is only allowed after securing consent from the concerned individual.
- Avoiding at all times informal chats with colleagues who may be curious to know information about the person.
- Breaching confidentiality to inform certain individuals or actors that can help in the case of the survivor's tendency to hurt himself/herself or someone else.

**3. Respect the Survivors' Desires, Rights, and Dignity**

Respect the wishes, choices, rights and dignity of the survivor at all times:

**■ Respectful Treatment of Survivors:**

- Express that you believe the survivor, don't doubt their story or blame them, and respect their privacy.
- Provide emotional support for the survivors while showing sensory awareness and understanding of their situations as well as willingness to listen to them.
- Maintain your position of providing care and support regardless of the form of intervention that is being done.
- Disclosing their stories to you is a sign of the survivors' trust in you, and their expectations of what you can do to help them



are possibly high. Therefore, you should always be clear in terms of your role and the type of help and assistance you can provide for them.

- Never give promises you can't fulfill. Always refer the survivor to the appropriate services, and respect the limits of what you can actually do.

### ■ Respecting Survivors' desires is respecting their needs and abilities:

A. It is a survivor's right to choose what he/she want. This is best ensured by presenting the survivor with information on all available options that can meet their self-stated needs.

#### *For example:*

- if a survivor needs a medical service and this service is provided by four medical centers, then provide him/her with information about all four centers, leaving him/her the choice to decide which center he/she prefers to be referred to.

B. It is the responsibility of humanitarian workers to make sure the survivor fully understands the information given by them to survivors. Thus adapting the presentation of information may sometimes be needed to match the survivor's capabilities.

#### *For example:*

- Ask the survivor if he/she understood the information provided by you. If he/she did not, use a simpler language.

C. Attend as much as possible to all the needs of the survivor (if you have the required capacities and skills).

#### *For example:*

- Survivors will often have multiple needs, such as medical, psychological, legal, protection and social needs. Recall that referrals to other services should not be made without the survivor's explicit consent.

D. It is essential that humanitarian workers are aware of the various services available in their community and are able to communicate and inform survivors about their options.

#### *For example:*

- Contact the GBV caseworker in your area and ask for a service directory or referral pathway if you do not know about any services available to survivors of GBV in your community.



#### ■ **Respect Survivor's Dignity:**

Respect at all times the survivors' individualism, personal and material needs, and the need to achieve justice. Moreover, respect and support the survivor's strength and ability to deal with what happened to him/her.

##### *For example:*

- Don't treat the survivor as a member of a group, or his/her needs as part of the needs of the rest of the members of his or her group. Respect his/her needs according his/her order of priority.

#### ■ **Respect Survivor's Rights:**

Know and respect the rights of the survivor.

##### *For example:*

- Be familiar with the country's domestic laws, the international legal framework Protecting individuals from violence, including GBV.

#### **4. Ensure Non-Discrimination:**

Ensure non-discrimination in all interactions with the survivor at all times and in all service provision. All survivors are equal and shall have equal access to services:

- Discrimination occurs when people are treated unfairly or unequally.

##### *For example:*

- To adopt unfair presuppositions based on personal tendencies and beliefs.

- Discrimination can be a result of multiple causes.

##### *For example:*

- sex, race, age, ability... etc.

- Discrimination can take multiple forms.

##### *For example:*

- it can be physical or material, through actions, reactions, or emotions.

- Non-discrimination is applied through the equal treatment of survivors, as well as through community workers' awareness of their own prejudice and presuppositions while preventing them from influencing the treatment of the survivor.



## II. RISK ASSESSMENT GUIDE<sup>34</sup>

It is important for all community and humanitarian workers to be aware of the different levels of risks associated with gender-based violence in order to make informed decisions about what steps to take and when. The below table offers guidance for understanding the different levels of risks faced by survivors of GBV in specific situations and the timeframe for what actions to take according to these risk levels.

Risk Level	Description	Timeframe for response by community workers	GBV caseworkers' response
<b>High</b>	<p>The survivor needs urgent medical care, and most probably he/she is:</p> <ul style="list-style-type: none"> <li>• Incurring sever harm or injury</li> <li>• Subjected to direct and continuous sexual abuse</li> <li>• Injured with risk of permanent disability</li> <li>• May face human trafficking or death if left in current circumstances without immediate protective intervention</li> </ul>	Immediately contact by phone (followed by an email referral) the GBV caseworker in your area.	<p>Intervention and assessment by GBV caseworker must be conducted as soon as possible and within 24 hours. A safety plan and assessment must be agreed with the survivor.</p> <p>If this is not possible, initial intervention and evaluation should be conducted not later than 48 hours; otherwise, survivor will be left at risk.</p> <p>The case management supervisor must be informed immediately.</p>
<b>Medium</b>	<p>It is likely that the survivor is suffering from:</p> <ul style="list-style-type: none"> <li>• Certain degree of harm if no effective preemptive intervention plan is in place. Nonetheless, there is no evidence that the survivor is at risk of serious injury or imminent death.</li> </ul>	Contact the GBV caseworker in your area within 48 hours by email or phone (followed by an email referral)	GBV caseworker should intervene within 72 hours.
<b>Low</b>	<ul style="list-style-type: none"> <li>• The house is safe for the survivor, but there is concern that he/she will face certain risks if no services were provided that would reduce the need for preemptive intervention.</li> </ul>	Contact the GBV caseworker in your area within 72 hours by email or phone (followed by an email referral)	GBV caseworker should intervene within one week.



## Unit Four

### Unit Objectives:

- *Recognizing the difference between GBV case management and primary support*
- *Identifying the key objectives of primary Intervention and of the roles and responsibilities of community workers in responding to gender-based violence*
- *Introducing practical steps to ensure community centers are a 'safe space' for women and girls*
- *Handling disclosure and skills for community workers to provide primary psychosocial support to survivors*



The objective of this unit is to provide a framework through which community workers can understand how to support survivors of violence. Although it is beyond the scope of community workers' role to provide case management services, community workers can play a critical role in safely identifying survivors, provide primary psychosocial and emotional support to survivors and refer survivors to more specialized services when needed.

Violence has a culture and there are various factors that enable its continuity. Therefore, those who combat violence must also possess a culture, cognitive tools and skills to confront this problem, and these must be available to all individuals in the field of humanitarian work, including those working in community-based centers.





## I. THE DIFFERENCE BETWEEN SPECIALISED GBV CASE MANAGEMENT AND PRIMARY SUPPORT

It is important for anyone who may be in contact with survivors of GBV to fully understand their role, the limits to their role and that of other service providers when working with survivors. The below chart outlines the main differences between specialized GBV case management and the primary support that can be offered at community-based women centers:





GBV case management	Primary support and interventions
<p><b>Who can do this:</b> Specialized service providers and semi-professionals, usually trained social workers or mental health specialists who have the required background, education, skills, training and experience to provide survivor centered case management.</p>	<p><b>Who can do this:</b> Non-specialized service providers, including all community and humanitarian workers whose aim is to enhance the continuity of social care and provide basic emotional support to refugees and vulnerable populations. Primary support can happen through ongoing vocational, recreational, livelihoods and other activities at community centers.</p>
<p><b>Objectives:</b> The main objective of GBV case management is to empower survivors through the provision of survivor-centered counselling and structured psychosocial support. Case management is a collaborative process that takes place between the social worker and the GBV survivor which assesses, plans, implements, coordinates, monitors, advocates and evaluates available resources, options and services to meet the survivor’s needs and to promote quality, effective outcomes<sup>35</sup>:</p> <ul style="list-style-type: none"> <li>• Case management ultimately aims at empowering the survivor by giving him/her increased awareness of choices they have in dealing with the incident of violence, and assisting them to make informed decisions about how to address it.</li> <li>• Case management is part of the provision of individual psychosocial support to survivors through a survivor-centered approach.</li> <li>• Case management for survivors of GBV is focused primarily on meeting the survivor’s health, safety, psychosocial and legal needs following the incident(s)</li> <li>• Effective case management is predicated on the availability of a range of services and high-quality, survivor-centered care and relies on strong coordination mechanisms to ensure a functioning referral pathway (for medical, legal, protection, mental health and other specialized services).</li> </ul>	<p><b>Objectives:</b> Primary support means that community and humanitarian workers let the survivor know that his/her feelings are normal, that it is safe to express them and that he/she has a right to live without violence and fear. Validating another’s experience means letting the person know that you as a community worker are listening attentively, that you understand what he/she is saying, and that you believe what he/she says without judgment or conditions. It also means respecting the confidentiality of the survivor. Primary support includes:</p> <ul style="list-style-type: none"> <li>• Offering basic emotional support to survivors who disclose violence</li> <li>• Understanding and respecting the needs and concerns of survivors.</li> <li>• Referring survivors to case management services with the consent of the survivor</li> <li>• Following-up with the survivor as part of ongoing emotional support and trust-building with the survivor.</li> </ul>



## II. KEY ROLES AND RESPONSIBILITIES OF COMMUNITY WORKERS IN THE PROVISION OF PRIMARY SUPPORT

While community workers are not GBV caseworkers, there are several interventions that community workers should understand and provide as part of their routine work at community-based women centres and particularly when identifying survivors of gender-based violence:

1. Understand the needs and concerns of a survivor while ensuring that conversations with survivors are done in a confidential and quiet place.
2. Comfort the survivor and listen with a non-judgmental attitude, using healing statements such as “it is not your fault”, “I believe you”, “I am very glad you told me”, “I am sorry this happened to you”, “You are very brave for telling me”.
3. Provide the survivor with information about referral pathways and services in the area.
4. Connect the survivor to case management services if the survivor gives his/her consent to be referred.
5. Follow up with the survivor whether a referral has been made or not as part of ongoing emotional and primary support.

## III. CREATING A SAFE SPACE FOR WOMEN AND GIRLS AND AN ENABLING ENVIRONMENT FOR PRIMARY PSYCHOSOCIAL SUPPORT

A safe space is a formal or informal place where women and girls feel physically and emotionally safe. The term ‘safe,’ in the present context, refers to the absence of trauma, excessive stress, violence (or fear of violence), or abuse. It is a space where women and girls, being the intended beneficiaries, feel comfortable and enjoy the freedom to express themselves without the fear of judgment or harm<sup>36</sup>. Below are some practices that help establish a positive and professional relationship between community center staff and community members accessing the center services. The practices outlined below for consultations with new or existing clients can help build trust and confidence between a community worker and a service user, whether a survivor of violence or not:

### **Reception: Welcoming new clients and ensuring a positive first impression:**

First impressions are important and will establish the relationship boundaries between the community worker and client. Despite the limited intervention, this is one of the most important steps. If relationships are built on positive and professional grounds, then it will support the trust-and confidence-building between the community worker and client over the longer term.



Below are some skills that help establish a positive and professional relationship at the initial stages of relationship-building:

## ■ Non-verbal communication

### A. Smile:

Smiling (not laughing) reflects peace and the absence of any disrespectful, hostile or harmful intent. Smiling reflects positivity and friendliness.

The best way to know how to smile is standing in front of a mirror, thinking of a person who evokes feelings of happiness, and observing the ensuing smile. If a client discloses violence, you should reflect relaxed facial expressions and avoid smiling or laughing as much as possible.



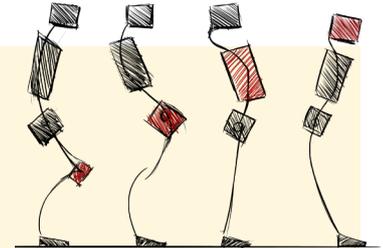
### B. Tone of Voice:

The tone of your voice indicates connection and interest, where a warm voice during the client's reception can express clear interest.

### C. Body Movement:

Emulating the clients' bodily posture when seated helps to make him/her feel relaxed.

Body emulation must be subtle. If the client changes his/her sitting position and crosses legs, for example, the community worker should not do the same move directly; a margin of time must be left before body movements are matched.



#### Useful to know:

It is advisable that the following body movements are avoided during a conversation with a client:

- Shaking or swinging foot or leg, even if not noticeable
- Crossing arms in front of chest
- Playing with pen or any other item in front of you
- Drawing on your notes sheet, looking at the clock/watch, checking the phone repeatedly
- Yawning
- Leaning back or rocking the chair... etc.

These movements indicate tension, discomfort, carelessness, boredom, or restraint; therefore, you should avoid them during conversations with clients at the center. It is always best to maintain body movements that are open, as they express friendliness and openness.



### D. Hand Shake

It is preferred during social work to avoid touching<sup>37</sup>.

#### Useful to know:

Touching usually carries emotional connotations, and the community worker is supposed to be working on a rational rather than emotional basis. Thus, it is better to avoid touching in a way that does not cause embarrassment to the community worker and the client. However, it is important to notice the body language of the client, if he/she extend his/her hand for a hand shake, it is not wise to avoid it as it would provide wrong and negative perceptions which would negatively impact the relationship building.



### E. Personal distance:

Is the point where I stand vis-à-vis the survivor (or at which I sit down later during the interview): Personal distance between individuals affects communication and its outcomes, and it is governed by cultural considerations.

#### Generally, the distance can be divided into three circles:

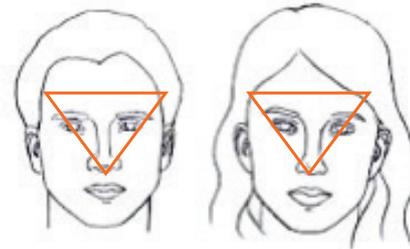
1. The first circle is a circle of intimate and personal relationships between individuals, and the distance in this circle ranges from 120-0 cm.
2. The second circle is the circle of social relations, ranging between 120 cm and 360 cm.
3. The third circle is the public relations circle and is 360 cm and above; it usually is between strangers.

#### ***Social distance is the optimal distance in social work.***

When two people are within a lesser distance, they would feel uncomfortable and it might lead to moving the relationship to the personal and intimate circle. Also, increasing the distance beyond this range would reduce the ability to communicate and would put barriers in front of the other.

### F. Visual contact:

What is meant by visual contact is the attentive look which reflects interest and care for help to the survivor.





- During reception, one should aim vision at the survivor's face, especially the area between the eyebrows and below the nose.
- During the interview, one should maintain eye contact with the survivor while noting that too much eye contact could lead to tension and a sense of unease to the other. Conversely, not looking towards the other carries negative meanings, such as lack of respect or indifference.
- The scope and direction of vision are very important; according to the following illustration, looking below the indicated triangular area towards the lips bears certain sexual connotations, while looking above the triangular shape indicates superiority and condescending attitudes.
- Thus, vision must be managed in a way that it would be aimed at the survivor at times and towards the notebook at other times. The social assistant is the one who is most capable of identifying and managing the scope of vision in this case according to the situation and position.

### G. Sitting Positions:

It is best to let the survivor choose his/her preferred seat on his/her own. This calls for the availability of more than one seat in the room so the social assistant would be able to choose a comfortable seat too, for if the assistant were not comfortable, discomfort will be reflected in his/her behavior, which will be obvious for the survivor.



#### The optimal sitting position is face-to-face:

The assistant's seat would be lined up facing the survivor's seat; this will enable both to see each other's movements and expressions. Nevertheless, this position might cause some people to get nervous, so if the assistant felt that this was the case, he/she could move his/her chair and place it at a 45° angle of the survivor's chair, forming or a "V" shape<sup>38</sup>.

### H. Verbal Communication:

- In first conversations with clients, community workers should always start by introducing himself/herself, the institution he/she works at, and his/her role in it.
- Clarify that this is a safe space and that confidentiality is a guiding principle of the center.



- The community worker should use a language that is intelligible within the local culture and context and avoid technical terms that the client would find difficult to understand.

### Useful to Know:

**Building Trust:** Trust has to do with the way the client perceives the community worker, as someone trustworthy who knows what he/she is doing.

Trust goes through three distinct phases:

**Preliminary Trust:** includes the way the client perceives the community worker before contact actually starts. Primary trust depends on several factors like the community worker's reputation and look. Most people would already have many impressions before visiting the community center and getting to know its activities, and these preliminary impressions get consolidated based on several factors like the lobby's appearance, client's reception, and the room of the community worker.

**Generated Trust:** indicates the trust that emanates from the actual interaction that takes place between two persons or more; this interaction consolidates preliminary trust. In the practice of serving individuals, generated trust depends on the impression the community worker makes on the client throughout the phases of interaction.

### Obstacles to Trust:

- **Breaching confidentiality:** upon sharing information with others and consulting with them without securing the client's consent.
- **Breaking promises:** when the community worker gives promises to the client and does not keep them.
- **Overwhelming the client:** where the assistant proposes objectives that are beyond the client's ability.
- **Infringing the limits of professional relationships:** which happens when the community worker moves the relationship to the emotional or personal circle.





## IV. PROVISION OF PRIMARY PSYCHOSOCIAL SUPPORT

### ■ Handling disclosure and identification of gender-based violence

It is important that community workers are aware of some of the signs and symptoms that may be associated with gender-based violence, while bearing in mind that they should not carry out proactive identification (such as asking specifically about past abuse, look for survivors or pushing for disclosure).

The following provides basic approaches and recommendations<sup>39</sup> to consider the psychosocial well-being of individuals in the effort to identify the conditions that can be associated with GBV. Assessing psychosocial well-being begins with observing and listening closely. Take note of the following:

#### Appearance & behaviour

- Does the person take care of his/her appearance?
- Are the clothing and hair cared for or in disarray?
- Is the person distracted or agitated?
- Is the person restless or calm?
- Are there any signs of intoxication or misuse of drugs?

#### Mood (observed and reported by client) and thoughts

- Is the person calm, crying, angry, anxious, very sad, without expression?
- Does the person have thoughts about hurting him/herself?
- Are there bad thoughts or memories that keep coming back?
- Is the person seeing the event over and over in his/her mind?

#### Speech

- Is the person silent?
- How does the person speak (clearly or with difficulty)? Too fast/too slow?
- Is the person confused?

You can also gather information by asking general questions:

- “How do you feel?”
- “How have things changed for you?”
- “Are you having any problems?”
- “Are you having any difficulties coping with daily life?”

If your general interaction identifies problems with mood, thoughts or behaviour and the person is unable to function in his/her daily life, he/she may have more severe problems. This does not necessarily mean that the person is experiencing gender-based violence, but means that a community worker may wish to follow up further with the person.

**Useful to Know:**

*Is there anything I should not do when interacting with a survivor who is seeking help?*

If approached by a survivor who seeks help, you **should not**:

- Advice/encourage the survivor to seek a certain type of service. Limit your interaction to providing information and not advising the survivor on your preferred option.
- Ask questions about the incident to the survivor. Remember that it is not your role to decide whether the person is saying the truth or not, whether he/she really needs help or not. Asking the survivor to tell his/her story several times will traumatize the survivor unnecessarily since the service will not be provided by you.
- Raise expectations – be honest and accurate (e.g. don't say things like "they will give you money, they will solve all your problems").

**■ Barriers to help-seeking<sup>40</sup>**

It is important to keep in mind that for most survivors, coming forward to seek help can be very difficult, particularly in situations of domestic and intimate partner violence. Fear of stigma, retribution by perpetrators, lack of trust in confidentiality and other factors can be barriers for survivors to disclose abuse and seek help:

- **Fear of acts of revenge against the survivor or other individuals:** Fear of incurring harm (or causing harm to the children or others) hinders many individuals from taking the decision to leave an abusive relationship. Added to that is the possibility of facing further violence while attempting to escape. This is further exacerbated by the concern that and often lack of ability to provide a secure life for the survivor and/or the children in their care.
- **Attachment:** Survivors may still love their partners despite ongoing abuse. Survivors are often still committed to their relationships and may hope that their situation will change. Some survivors fear that the partner would not be able to handle their departure, which might result in inflicting self-harm, committing suicide or revenge acts.
- **Low self-esteem:** Some survivors lose their self-confidence and belief in their own capabilities for change after being exposed to violent acts for a long period of time.
- **Economic dependency:** Survivors (generally women) lack the ability to obtain financial independence, and by leaving their home and their breadwinner, they –and their children if any– could face significant deterioration in their financial situation and life style.
- **Social isolation:** Many individuals who are exposed to abuse and violence are also isolated from friends, family and community by the perpetrator. Further,



many survivors choose to isolate themselves due to feelings of shame or fear. A result of isolation is often that the survivor lacks a trusted person or place of refuge/help or information about helping services available in their community.

- **Social stigma:** Survivors are often subjected to social pressures, religious or cultural beliefs that prevent them from abandoning the perpetrator, for instance, in a situation that would entail leaving the children.

### ■ Obtaining consent

It is important for community workers to understand how to obtain a survivor's consent before referring him/her to other service providers. Without consent we can't proceed with referring the survivor to other services (unless the survivor present specific high-risk behaviors, such as if he/she plans or attempts to harm himself/herself or someone else, or plans to carry out criminal acts). Consent means to say "Yes", or to accept something.

Informed Consent means that a person chooses something knowingly, freely and voluntarily in the context of a relationship of equivalent powers (equality). This means that he/she realizes the consequences of their choice, is of an equivalent power (compared to the power of the other party in the relationship), and chooses freely to accept the consequences of their choices.

Informed Consent also means that you are aware of your right to say "no."

Even if the survivor said "yes," it is not an informed consent if it is under duress (threat) – as in when the perpetrator/s use a kind of coercion/maltreatment to force the survivor to say "Yes". Whenever coercion and force are present, consent is not applicable.

### Useful to Know:

How do I explain the case management services to a woman or girl who seeks help?

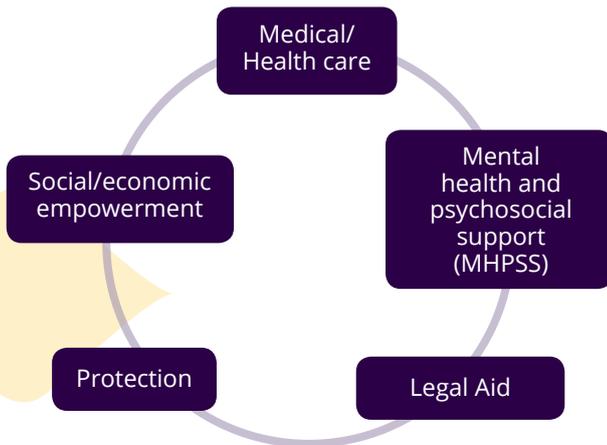
Explain that caseworkers can best support the survivor and will work with her/him to try to find solutions to her/his needs. Provide the client with information on case management services, briefly explain that these caseworkers are staff who will assist survivors in reaching the different type of assistance they need; including psychosocial assistance, medical assistance, legal assistance, or other services if needed. All these services are free of charge and confidential. Caseworkers assist all refugees without any discrimination, information is confidential and nothing will be done without the consent of the survivor:

- Ask and receive the survivor's verbal consent prior to putting her/him in touch with a caseworker and facilitating the contact between the caseworker and survivor.
- Ask the survivor which would be the preferred option to be contacted by a caseworker.
- Only after having the survivor's verbal consent proceed to referral.



## Referral procedures

For community workers, referral will usually be made to GBV caseworkers although, in some instances, referrals may be made directly to other service providers if necessary. In many situations, survivors will need support from more than one agency or service provider because of their varied needs. Usually, these needs are addressed with a GBV caseworker. The following constitute the key areas of intervention that survivors of gender-based violence often seek in order to cope with their situation:



Referrals are better done when the community worker is knowledgeable about the services available in the community and the organizations that provide them. Thus, emphasis should be placed on continuously knowing the relevant services and service providers within the **local referral pathways**. Talk to the GBV caseworker in your area about services and referral pathway. It is worth mentioning that, although it is the responsibility of the referral service provider (or agency) to provide the specified service, it is still important that the community worker continue to follow up with the survivor (if he/she wishes so) and the service provider to make sure the needs are being fully addressed.

### Useful to Know:

#### *How do I refer a client to the caseworker?*

A referral to a GBV caseworker can be done in the following ways:

- Through the **phone or in person**: by contacting directly the GBV caseworker on the referral pathway, ensuring confidentiality of information shared (i.e. private setting).
- Through **email**: fill out the referral form and address it to the caseworker's email on the referral pathway.

### Useful to Know:

The more the case gets complex, and requiring multiple services and long-term planning, the more necessary it would be for the community worker to refer the survivor to GBV case management services.



### Follow Up

Follow up for community workers is about making sure that the survivor is receiving the appropriate support and services which addresses his/her needs. Follow-up is part of ongoing primary psychosocial support that can be provided by community workers.

Follow up is done regularly, with the participation of the survivor and other involved service providers to whom the community worker has referred, if appropriate and in agreement with the survivor. The follow up carried out by community workers is about making sure from the service provider/organisation that the referred survivor is receiving the services he/she is supposed to receive.

#### Useful to Know:

Follow up can be carried out in a variety of ways, including:

- Receiving the survivor at the centre and confidentially following up with him/her about his/her experience with services referred to.
- Contacting the GBV caseworker and/or other service provider to whom the survivor was referred to ensure support is being provided. If feedback on support is requested by family or community members, including community workers, information should be given unless consent is given by the survivor as this is confidential. Therefore, a community workers' follow up with a

service provider should not include specific details about the survivor or the incident without the explicit consent of the survivor.

- Providing primary psychosocial support as part of ongoing services at the community centre.

### Providing primary psychosocial support: Key skills

It is important to note that survivors of gender-based violence are often hesitant, anxious, unsure, or confused. At the same time, your center might be his/her last hope. Therefore, you must be aware that your behavior and attitude will determine how willing he/she will be to accept receiving help or whether this would be his/her first and last visit or not.

*There are a few useful and important skills for community workers to have. These include:*

#### A. Communication Skills:

No good communication can be achieved without active listening, which can be defined as to be oriented towards the other and towards that which they are trying to express. Active listening starts by understanding the general context of what the speaker is talking about and what that context contains internally; sending constructive responses from the listener, which would help the speaker express his/her ideas, emotions, and feelings; and focusing on hearing everything that is being said, not only what the listener wants to hear.



### Active listening consists of the following four important skills:

- **Paraphrasing:** which is repeating what the speaker said in the listener's style; it aims at showing the listener's understanding of what has been said, as well as double-checking the validity and accuracy of that understanding. The following expressions demonstrate paraphrasing: "What I understood from what you just said is..." - "did you mean to say..." - "is my understanding of what you said accurate?"
- **Summarizing:** which is repeating the main points mentioned by the speaker in order to have his/her approval; it is used to go over what happened previously at the beginning of a dialogue session, at the end of each part of a session, or at the end of the session. Expressions that demonstrate summarizing include: "I would like to summarize..." and "let us collaborate to summarize what we talked about..."
- **Responding to Expressions:** Expressions are those which appear on the speaker's face or body (his/her body language). Responding to these expressions give the speaker the impression that the listener is interested and responsive.
- **Responding to Feelings:** it is one of the methods used to show understanding and responsiveness to the speaker. Talking about difficult and traumatic experiences requires the listener to show feelings of consolation for the speaker. For example:

- "I'm sorry for what happened to you."
- "This is not your fault."
- "You are safe now."
- "We're here to support you."

#### Useful to Know:

The difference between hearing, listening, and active listening:

- Hearing is to perceive what the speaker says using our ears.
- Listening is remaining silent to hear what the speaker says, it is noteworthy that listening requires more focus from the listener to what is being said; an individual can "hear" several speakers at once, hear while speaking or zoning out, or even when busy thinking about matters that are different to what he/she is hearing. What both hearing and listening have in common is the ability to do either of them without needing to see the speaker, like hearing or listening to the radio, or listening to a speaker in an adjacent room.
- Active listening is focusing on what the speaker has to say and on the speaker himself/herself. While hearing happens through the ear, active listening happens with the rest of the sensory organs too, like the eye which conveys to the active listener the expressions the speaker wants to convey through his/her face, limbs... etc.





Practices to Avoid	Practices to Emphasize
Predicting what the survivor will say	The survivor should be allowed to speak without predicting what he/she has to say in order to avoid forming prejudice that would lead to forming predictions, instead of listening and observing with care and interest. Predicting would obstruct communication.
Presuppose the meaning of what the survivor is saying; which can often lead to misunderstanding the meaning when the community worker receives an ambiguous message and fails to understand or clarify it.	Revisit the meaning of the survivor's ambiguous messages in order to avoid misunderstandings and wrong information.
Labeling the survivor and looking at him/her as a member of certain groups, such as ethnic, racial, religious or economic groups... etc.	Stereotyping the survivor, or judging him/her on the basis of the groups or categories to which he/she belong to, must be avoided at all times.
Not clarifying the objective of the interview. An unclear objective results in differences, or even contradictions, between the survivor and the assistant, whereby each would interpret the other's communications in light of his/her own understanding of the interview's objectives.	The role of the community worker must be clarified in order to maintain a better communication level and manage expectations.
Zoning out and not paying attention, which creates obstacles for the contact's continuity.	Focusing and paying attention are a must. In the case where an community worker loses focus, he/she should admit it saying, for example, "sorry... what you said made me think of something else. I was following you up till the moment X."

**Useful to Know:**

Difference between open-ended, closed-ended, and suggestive questions

- The answers to the open-ended questions are usually longer, since they are not questions that could be answered with "yes" or "no". Thus, open-ended questions do not direct those who respond while they answer.
- Suggestive questions are not advised, since they suggest a specific answer; they often put words in the mouth of the person responding to the question.
- Both suggestive and closed-ended questions are advised against as they can easily be understood as blaming the survivor.
- It is best to avoid the question "why?" because it often bears a sense of accusation or blame and begs justification from the survivor.

**B. Empathy Skills:**

We can say to another person "I understand you", "I feel what you are feeling" or "I understand what is going on inside you" when we are sensitive. Empathy is more than mere sympathy; it is the ability to actively listen and have insight in order to better understand and grasp the other persons' thoughts and feelings. Empathy describes the ability to understand the other persons' experiences and respond to it based on that understanding.



Empathy is not just a sharing of emotions; it is an attempt to understand what lies beneath these emotions. This is why empathy requires active listening and careful observation. If we want to be empathic, we have to accurately understand what is going on inside the other person. This is why we attempt to see the world through the eyes of others. This switch in perspective (and the momentary abandoning of our own) grants us the chance to have an understanding that goes beyond sympathy. As soon as we manage to “read” what the other thinks, feels, and intends, as well as his/her motives and stances towards us, only then we can empathize with him/her.

This means that we become able to help him/her – or even protect ourselves from his/her intentions and plans, since empathy could be used to a person’s interest or harm. Those who know really well what “goes on” in the heads of those around them not only can help and protect them but also manipulate and abuse them.

### C. Recognizing “Transference” Skills:

**Transference** is the set of positive or negative feelings that move from the (service recipient) survivor to the (service provider) assistant. Through transference, the examinee repeats a past relationship with the current present person subconsciously.

The relationship between the assistant and the survivor evokes some behaviors, attitudes, and defense mechanisms he/she used to use in his/her past relationship<sup>41</sup>.

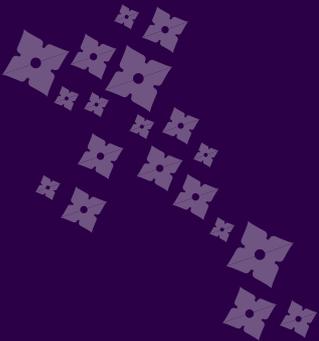
#### **Example:**

A survivor finds resemblance between the assistant and a former lover, an intimate friend, or a family member; the survivor, then, transfers the feelings he/she used to have for that person to the assistant. This would be the case of a positive transference. As for negative transference, the feelings would be negative such as anger and hostility.

**Countertransference:** is the subconscious reaction to the survivor, and more specifically to his/her transference (how the examiner responds and acts in response to the examinee’s transference).

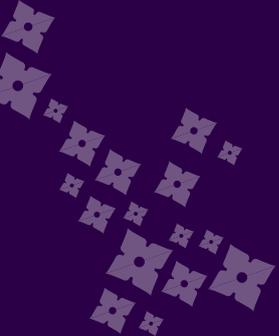






# CHAPTER TWO

## Child protection: Child Survivors of violence

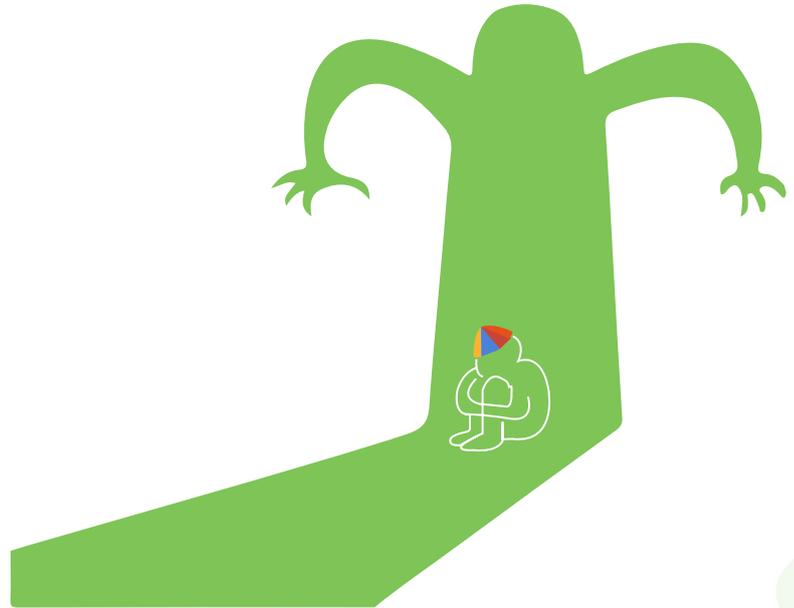


# Unit One

## Unit Objectives:

*Enabling Participants to:*

- *Understand child protection basic concepts*
- *Identify child protection risks and factors that can lead to increased vulnerability*
- *Identify Children at risk*





## I. WHO IS A CHILD?

A child is defined as any person under the age of eighteen<sup>42</sup>.

## II. WHAT IS VIOLENCE AGAINST CHILDREN?

Violence against children is defined as all forms of physical and psychological harm, abuse, neglect and exploitation.

Violence can be perpetrated by an individual, group, community or state<sup>43</sup>.

## III. WHAT IS CHILD PROTECTION?

- Intervention with children affected by physical or psychological harm, abuse, neglect or exploitation takes place under the name of child protection: Child protection is defined as preventing and responding to abuse, neglect, exploitation and violence against children, encouraging their well-being and development<sup>44</sup>.
- The term “Protection” more broadly is a term that includes all the activities that aim to ensure and respect all the rights of an individual in accordance with International Human Rights Law and International Humanitarian Law and Refugees Law<sup>45</sup>.

All children may face protection risks at home, at school, in the community, or because of the context in which they live. Risk refers to the likelihood that a hazard<sup>46</sup> will happen, its magnitude and its consequences. It relates to

the probability of external and internal threats (such as armed attacks, natural hazards, gender-based violence) occurring in combination with individual vulnerabilities (such as poverty, physical or mental disability or membership of a marginalized group)<sup>47</sup>.

Some girls and boys are particularly vulnerable because of gender, race, ethnic origin or socio-economic status. Higher levels of vulnerability are often associated with children with disabilities, who are orphaned, from ethnic minorities and other marginalized groups. Other risks for children are associated with living and working on the streets, living in institutions and detention, and living in communities where inequality, unemployment and poverty are highly concentrated. Armed conflict, and displacement may expose children to additional risks. Child refugees, internally displaced children and unaccompanied or separated children are also populations of concern. Vulnerability is also associated with age; younger children are at greater risk of certain types of violence and the risks differ as they get older.

Violence, exploitation and abuse are often practiced by someone known to the child, including parents, other family members, caretakers, teachers, employers, law enforcement authorities, state and non-state actors and other children.



Many children are exposed to various forms of violence, exploitation and abuse, including sexual abuse and exploitation, armed violence, trafficking, child labor, gender-based violence, bullying, cyber-bullying, gang violence, child marriage, physically and emotionally violent child discipline, and other harmful practices<sup>48</sup>.

### IV. CHILDREN AT RISK

There will be children who, because of their circumstances, are at increased risk of abuse. These children will need more attention and will require, in addition to the development of their self-protection capacities an offer of assistance. There are likely to be context specific risk factors of child sexual abuse, but as a guide the following factors are known to be associated with increased risk:

Every child can be exposed to violence and abuse, but there are some children who, due to the situation they are in, are at increased risk. Some of these child protection risks can include:





<b>Unaccompanied Children</b>	<p>are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.</p> <p>Some children may be totally alone, while others may live with family friends, neighbors, other adults, or with a group of peers.</p> <p>Example: Child-Headed Household Children who are cared for by other older children, below the age of 18, are at risk of not receiving adequate nutrition or basic services<sup>49</sup>.</p>
<b>Separated Children</b>	are those separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members <sup>50</sup> .
<b>Children Living with Dangerous/ Infectious Diseases</b>	Children who may be subject to stigma and discrimination. Their risks will be heightened if they are marginalized and poor <sup>51</sup> .
<b>Children with Disabilities</b>	Because of exclusion and discrimination, children with movement, speech, visual, hearing and learning/intellectual and mental impairments are more vulnerable to neglect and abuse. They are also at high risk of abuse and neglect because of being viewed as easy targets <sup>52</sup> .
<b>Children in Contact with the Law</b>	Children who take to begging, prostitution, stealing or other criminal activities in order to meet their daily needs and those of their families <sup>53</sup> .

<b>Children labour</b>	It is the work that is likely to be hazardous or to interfere with the child's education or to be harmful to the child's health or physical, mental, spiritual, moral or social development. The worst forms of child labour, including slavery; prostitution and pornography; illicit activities; and work likely to harm children's health, safety or morals, as defined in ILO Convention No. 182
<b>Child marriage</b>	a formal marriage or informal union before age 18, is a reality for both boys and girls, although girls are disproportionately the most affected. Child marriage is widespread and can lead to a lifetime of disadvantage and deprivation <sup>54</sup> .
<b>Children in families where caregivers suffer from alcohol or substance abuse</b>	Parental substance abuse is recognized as a risk factor for child maltreatment and child welfare involvement <sup>55</sup> . Research shows that children with parents who abuse alcohol or drugs are more likely to experience abuse or neglect than children in other households <sup>56,57</sup> . One longitudinal study (Dubowitz et al., 2011) identified parental substance abuse (specifically, maternal drug use) as one of five key factors that predicted a report to child protective services (CPS) for abuse or neglect <sup>58</sup> .
<b>Children associated with armed forces or armed groups</b>	<p>It is the recruitment of boys and girls into government armed forces or rebel groups to serve as combatants, cooks, porters and messengers or in other roles. Children, mostly girls, are also recruited for sexual purposes or forced marriage.</p> <p>Some children join willingly as a result of economic, social, or security pressures. Situations of displacement and poverty make children even more vulnerable to recruitment.</p>
<b>Other categories</b>	<ul style="list-style-type: none"> <li>• Siblings and cousins of a child survivor, especially if the abuser is a family member;</li> <li>• Children with fragmented family situations, such as families living apart or families that suffer different forms of domestic violence;</li> <li>• Children living in overcrowded collective shelter conditions</li> </ul>



## V. WHAT IS THE ASSESSMENT OF CHILD PROTECTION RISKS?

Risk Assessment is a methodology to determine the nature and extent of risk by taking into account potential hazards and existing conditions of vulnerability that together could harm children and their families. Risk assessment should also take into account communities' capacity to resist or recover from the hazard impact<sup>59</sup>.

### What are Protective Factors (from Risks)?

Protective factors are conditions and properties of individuals, families, groups and communities that, when present, reduce or prevent the exposure of families and communities to risks. That, in turn, increases the health and well-being of children and families<sup>60</sup>.

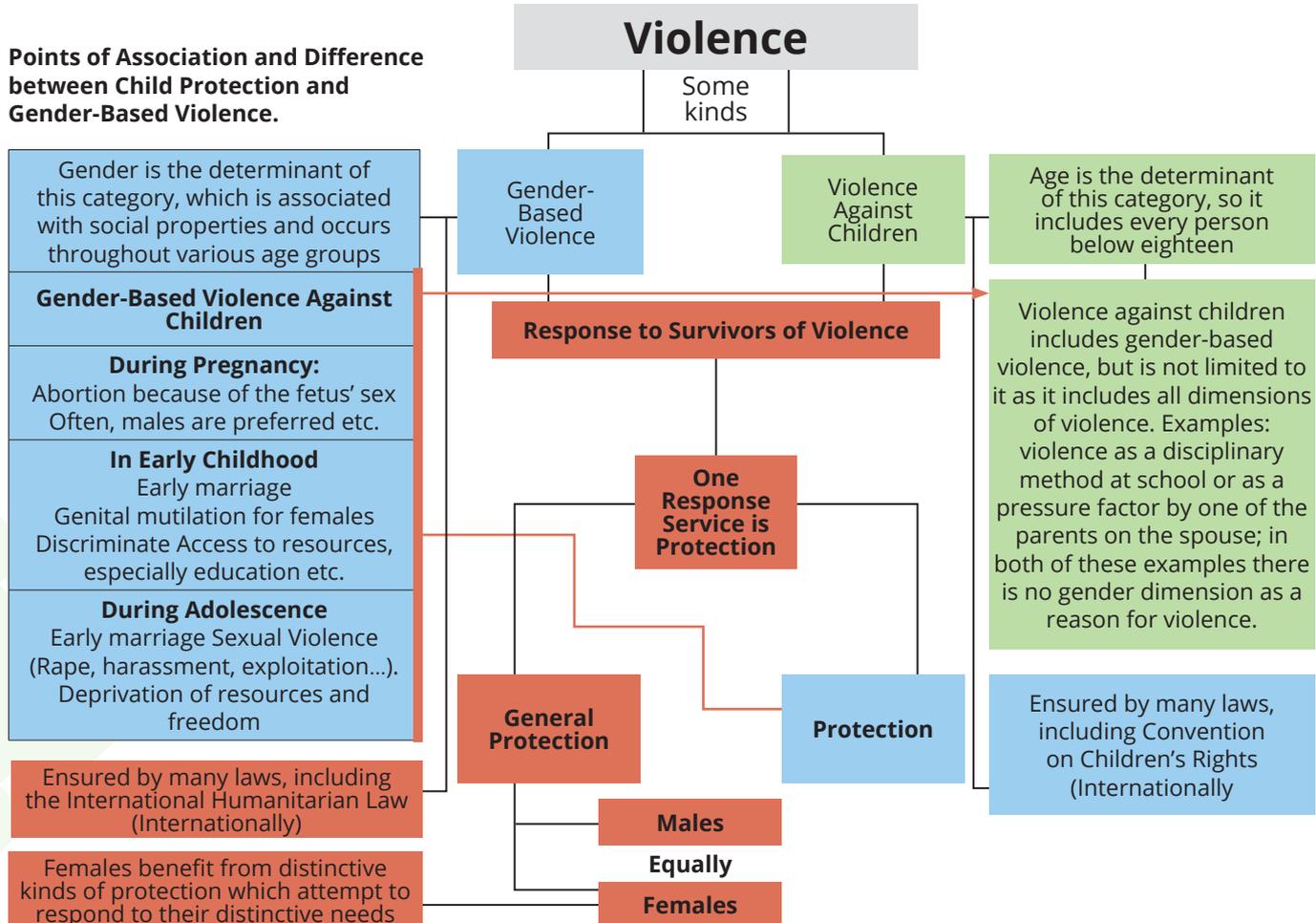
## VI. WHAT IS RESILIENCE?

The ability of children and their families to withstand and recover from adversities, based on their personal characteristics and external factors, such as diversity of livelihoods, coping mechanisms and life skills like problem solving, ability to seek support, motivation, optimism, faith, perseverance and resourcefulness<sup>61</sup>.





## Points of Association and Difference between Child Protection and Gender-Based Violence.

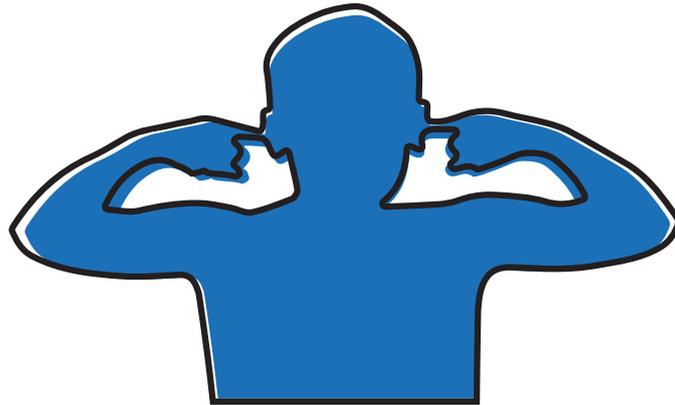


## Unit Two

### Unit Objectives:

*Enabling Participants to:*

- *Understand the different types of child abuse*
- *Understand signs and symptoms of child abuse that can appear in children at every developmental stage*





## I. TYPES OF CHILD ABUSE

Child maltreatment, sometimes referred to as child abuse, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five subtypes can be distinguished:

### 1. Abuse

Child abuse can be defined as any deliberate act or encroachment that causes, or potentially causes, any harm and endangers a child's safety, survival, growth, or health. Abuse is categorized into three sub-categories: Physical, Psychological (emotional) and Sexual. Neglect can also be considered a form of child abuse but is described separately here<sup>62</sup>.



### Sexual Abuse

Forcing or enticing a child to engage in sexual activity<sup>63</sup>.

Children don't understand it, can't give a learned consent to it, and don't have enough growth to perform it. This sexual activity is a breach of law and social taboos<sup>64</sup>.

Child sexual abuse does not require penetration, force, pain or even touching.

#### **Direct sexual activities:**

Child sexual abuse often involves body contact such as sexual touching or kissing, oral, anal or vaginal sex, putting objects into the genitals or private parts of the child for sexual purposes, forcing the child to touch genitals of another person, showing sexual organs to a child, or forcing a child to perform sexual intercourse with another person.

#### **Indirect sexual activities:**

Non-contact sexual abuse includes inappropriate use of sexual language, exposing the adult's genitals to the child, forcing a child watch, draw, hear or illustrate pornographic materials or sexual acts; encouraging a child to perform sexual acts, photographing a child in sexual poses and watching a child undress.



<p><b>Physical Abuse</b></p>	<p>Deliberate use of physical force against a child, which causes, or potentially causes, harm to the child's health, survival, development and dignity<sup>65</sup>.</p> <p>It includes any deliberate act that causes harm or damage to the child like: hitting with hands, or objects – throwing – kicking – strangling – biting –burning with a hot object or a cigarette – scalding – drowning – hanging –starving or reducing food.</p> <p>Often, these acts are observable on the child's body (bruises and scars), but they can also be internal and not detectable. Most types of violence against children are inflicted at home or in school as a form of discipline<sup>66</sup>.</p>
<p><b>Psychological Emotional &amp; Abuse</b></p>	<p>Psychological and emotional abuse is the cornerstone of all violations because it is present in all other types of violence, and it often accompanies physical or sexual abuse<sup>67</sup>.</p> <p>It is the persistent failure of parents or caregivers to provide a supportive environment for child growth. Acts in this category are highly likely to cause harm to the child's physical and psychological health, as well as physical, psychological, spiritual, social and psycho-social development<sup>68</sup>.</p> <p>It includes: Insult, ridicule, threatening and shaming a child, as well as restriction of movement, refusing to acknowledge the child, rejection, terrorizing, frightening, blaming, harshly criticizing, belittling, discriminating against; and other non-physical forms of rejection or hostile treatment.</p>



## 2. Neglect<sup>69</sup>

Neglect can be defined as the failure to fulfill duties and responsibilities, intentionally or unintentionally, aimed at providing enough care for the child and meeting the basic physical, mental, psychological, and social needs of the child.

Neglect is the persistent failure of a parent or adult caregiver to provide appropriate care to a child, despite being able to do so. Neglect is usually an ongoing pattern of inadequate care that can be observed by people in close contact with the child:

Physical Neglect	Medical Neglect	Emotional Neglect	Educational Neglect
<p>The consistent failure to provide a child with basic necessities such as: food, shelter, or clothing.</p> <p>Added to those are child abandonment, inadequate supervision, and failure to ensure safety.</p> <p>Other examples include, leaving children unsupervised in dangerous places, as well as locking him/her up in a room etc.</p> <p>Physical neglect can severely impact a child's development, by causing failure to thrive, malnutrition, and serious illnesses.</p>	<p>The consistent failure to provide necessary health services to a child, thus placing the child's health and life at risk. Examples include when a parent refuses to seek medical care for a child who has an acute illness which will have complications, or not providing medical care when the child needs it.</p>	<p>The consistent failure to provide affection, stimulation, nurturance and encouragement to a child. Severe emotional neglect of an infant's need for stimulation and nurturance can result in the infant failing to thrive and even in the infant's death. Emotional neglect can also lead to the child's poor self-image and self-esteem, and to alcohol or drug abuse and other destructive behaviors later in life.</p> <p>Another form of emotional neglect is a child watching his/her parents' disputes.</p>	<p>Depriving a child of education, the failure to enroll the child in a school that is suitable to the child's age, allowing the child to forfeit school duties, and not fulfilling the child's educational needs.</p>



### 3. Exploitation

The use of children for someone else’s economic or sexual advantage, gratification or profit, often resulting in unjust, cruel and harmful treatment of the child<sup>70</sup>.

Sexual Exploitation of Children	Child labor and worst forms of child labor	Hazardous Work
<p>A practice by which a person, usually an adult, achieves sexual gratification, financial gain or advancement through the abuse or exploitation of a child’s sexuality.</p> <p>Examples of such practices are trafficking, prostitution, prostitution tourism, pornography, and stripping. It is considered to be one of the worst forms of child labor<sup>71</sup>.</p>	<p>The International Labor Organization (ILO), a UN agency, uses two terms to differentiate acceptable from unacceptable activities for children: work and labor. According to the ILO, work is generally acceptable for children and is defined as light activities, paid or not, like helping parents at home, or earning pocket money outside school hours and during school holidays, provided they don’t affect their health and personal development or interfere with their schooling. These kinds of activities are viewed as part of children’s development and welfare, which enhances their self-image and self-esteem.</p> <p>As for labor, it includes every activity, paid or not, that poses physical, psychological, emotional, social or moral risk or damage to the child and interferes with his/her education. The ILO especially focuses on children’s age to differentiate work from labor; every work in which working children have not reached the minimum age suitable for the kind of work they are performing is considered labor. The limits have been defined in ILO conventions 138 and 182<sup>72</sup>.</p>	<p>Any activity or occupation which leads to negatives effects and consequences that jeopardize children’s safety, health, and psycho-social development.</p> <p>Hazardous work consists of night work or long working hours; exposure to physical, psychological, or sexual abuse; or working underground, underwater, at dangerous heights or in narrow places. It also includes working with dangerous machines, equipment, or tools and working in an unhealthy environment which exposes children to dangerous substances or temperatures that could harm their health.</p>



Child trafficking	Children associated with armed forces or armed groups
It is the recruitment, transportation, harboring or receipt of children for the purpose of exploitation. It is a violation of their rights and well-being and denies them the opportunity to reach their full potential <sup>73</sup> .	It is the recruitment of boys and girls into government armed forces or rebel groups to serve as combatants, cooks, porters and messengers or in other roles. Children, mostly girls, are also recruited for sexual purposes or forced marriage. Some children join willingly as a result of economic, social, or security pressures. Situations of displacement and poverty make children even more vulnerable to recruitment.

## II. WHO MIGHT ABUSE A CHILD

**Self-Harm:** e.g. deliberately cutting or harming oneself; suicidal thoughts; attempted and actual suicide.

**Peer abuse:** e.g. physical and sexual abuse; bullying (physical and/or psychological); gang violence.

**Abuse by adults:** e.g. domestic violence (physical, psychological, sexual); corporal punishment in schools and organizations; sexual abuse and exploitation.

**Societal abuse:** a social, political, economic and cultural environment which actively encourages or tacitly condones

violence against children, like political campaigns which encourage 'clearances' of street children; cultures which encourage physical and humiliating punishment of children as acceptable childrearing practices; harmful traditional practices such as female genital mutilation, ritual scarification etc.; cultural attitudes which condone or promote ideas of children as being the 'property' of parents rather than as human beings deserving of equal rights<sup>74</sup>.

### III. SIGNS OF CHILD ABUSE<sup>75</sup>

The way a child reacts to abuse will vary according to their age, sex, developmental stage and cultural background. Recognizing indications of potential abuse is complex; there is no simple checklist to allow easy recognition. There are potential warning signs that you can be alert to but they should be observed and assessed with care. It should not be automatically assumed that abuse is occurring; talking to the child may reveal something quite innocent. It is important not to dismiss significant changes in behavior, fears, worries, and physical indicators a child is exhibiting.

*Remember it is not your role to be an investigator. Report any concerns to the designated child protection contact in your community.*



## 1. Possible signs of physical abuse:

<ul style="list-style-type: none"> <li>• Bruises, Sprains and Dislocations</li> <li>• Bites, cuts</li> <li>• Improbable excuses given to explain injuries</li> <li>• Injuries which have not received medical attention</li> <li>• Injuries which occur to the body in places which are not normally exposed to falls, rough games</li> <li>• Arms and legs kept covered in hot weather</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of returning home or of parents being contacted</li> <li>• Showing wariness or distrust of adults</li> <li>• suicidal tendencies</li> <li>• Being aggressive towards others</li> <li>• Being very passive and compliant</li> <li>• Withdrawal from physical contact</li> </ul>
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## 2. Possible signs of emotional abuse:

It might be difficult to recognize emotional abuse because the signs of its presence are more behavioral than physical. Usually, signs of emotional abuse are associated with other forms of abuse.

<ul style="list-style-type: none"> <li>• Physical, mental and emotional development is delayed</li> <li>• Highly anxious</li> <li>• Showing delayed speech or sudden speech disorder</li> <li>• Abnormal relationship with one of the parents/caregivers such as anxiety, carelessness, or total estrangement</li> <li>• Eating disorders (Loss of appetite/voracity)</li> </ul>	<ul style="list-style-type: none"> <li>• Compulsive stealing</li> <li>• Obsessions or phobias</li> <li>• Sudden under-achievement or lack of concentration</li> <li>• Attention seeking behavior</li> <li>• Persistent tiredness</li> <li>• Lying</li> <li>• Low self-esteem</li> <li>• Introvert</li> </ul>
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## 3. Possible Signs of Sexual Abuse:

Boys and girls of all ages might be subject to sexual abuse, and they would usually be afraid to talk about it due to feelings of guilt, fear, or both. Most children who are victims/survivors of sexual abuse are abused by someone close to them resulting in a betrayal of trust. It cannot be assumed that all survivors will disclose abuse. Not all children will want to talk about their abuse and others may take a long time before they trust an adult enough to tell them about past or current experiences. Children should not be “pushed” to disclose but a community worker should be aware and keep in mind that abuse might be the underlying reason for a child’s disturbed behaviour or distress.

The table below gives some guidance on the common signs that can be associated with recent, or in some cases (especially with the older child), past sexual abuse. If a child exhibits one or more of these signs or symptoms we should be alert to the possibility of abuse. Even if the child has not been abused he/she is likely to be troubled or upset about something and the community worker should consult the designated child protection contact in the community.

**Some Behavioral Signs**

- Age inappropriate sexualized behavior
- Behavioral indicators (general and sexual) which must be interpreted with regard to the individual child's level of functioning and development stage
- Persistent or exaggerated masturbation
- Depression (chronic sadness), crying or emotional numbness
- Sleep disorder
- Fear of particular people, places or activities, or of being attacked
- self-harm, suicidal thoughts or tendencies
- Taking part of sexual activities or randomly choosing partners for sexual activities.
- Showing distress to take off clothes (such as during sports or cultural events, However there could be social reasons not associated with abuse).

**Some Physical Signs**

- Pain or itching in genital area
- Blood-stained underwear
- Young-girl-pregnancy with unknown father
- Somatic symptoms like injuries in genitals or rectal opening, bruises in buttocks and abdomen, or having sexually transmitted diseases and traces of semen.



- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Frequent hunger</li><li>• Failure to grow</li><li>• Stealing or gorging food</li><li>• Poor personal hygiene</li><li>• Constant tiredness</li><li>• Inappropriate clothing, e.g. summer clothes in winter</li></ul> | <ul style="list-style-type: none"><li>• Frequent lateness or non-attendance at school</li><li>• Untreated medical problems</li><li>• Poor social relationships</li><li>• Compulsive stealing</li><li>• Drug or alcohol abuse</li></ul> |
|---|--|



## Unit Three

### Unit Objectives:

*Enabling Participants to:*

- *Understand the importance of informed consent and assent with children*
- *Know the timeframe for intervention according to risk and types of Maltreatment*
- *Define the fundamental principles of child rights*
- *Respond to child protection and provide primary support to children at risk*





## I. INFORMED CONSENT AND ASSENT WITH CHILDREN AND CAREGIVERS

### ■ How to Obtain Consent from Children and Caregivers<sup>76</sup>

As a general principle, consent to proceed with working with a child or referring to another service provider must be sought from the child as well as the parent or caregiver, unless it is deemed inappropriate to involve the child's caregiver. Children must be consulted and given all the information needed to make an informed decision using child-friendly techniques that encourage them to express themselves and understand the information provided to them. It is important to remember that children's ability to provide consent on the use of the information and the credibility of the information will depend on their age, maturity and ability to express themselves freely.



### Important to Know:

**“Informed Consent” is the voluntary agreement of an individual who has the legal capacity to give consent:**

- To provide “informed consent” the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent.
- Parents are typically responsible for giving consent for their child to receive services until the child reaches 18 years of age. In some settings, older adolescents are also legally able to provide consent in lieu of, or in addition to, their parents.

**“Informed Assent” is the expressed willingness to participate in services:**

For younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child's “informed assent” is sought.

**Guidelines for Obtaining Informed Consent/Informed Assent from Children and Caregivers**

- The age at which parental consent is needed for a child depends on the laws of the country.

AGE GROUP	CHILD	CAREGIVER	IF NO CAREGIVER OR NOT IN CHILD'S BEST INTEREST	MEANS
0 – 5	-	Informed Consent	Other trusted adult's or caseworker's informed consent	Written consent
6 – 11	Informed Assent	Informed Consent	Other trusted adult's or caseworker's informed consent	Oral assent, written consent
12 – 14	Informed Assent	Informed Consent	Other trusted adult's or child's informed assent. Sufficient level of maturity (of the child) .can take due weight	Written assent, written consent
15 – 18	Informed Consent	Obtain informed consent with child's permission	Child's informed consent and sufficient level of maturity takes due weight	Written consent



## II. RISK ASSESSMENT GUIDE<sup>77</sup>

	Level 1	Level 2	Level 3	Level 4
<b>Description</b>	Child significantly harmed; urgent response and frequent follow up required	Child harmed; response and follow up required	Child at risk of harm; monitoring required	Child no longer at risk; no further action required; case closure
<b>Time Required for Response</b>	Recommended response within 24 hours and bi-weekly follow up	Recommended response within 3 days and weekly follow up	Recommended response within 7 days and fortnightly to monthly follow up	Consider external monitoring with new referral to child protection specialist if needed
Type of Maltreatment				
<b>Physical Abuse</b>	<ul style="list-style-type: none"> <li>• Serious injury</li> <li>• Infant or toddler injured in Domestic Violence</li> <li>• Child attempted suicide</li> </ul>	<ul style="list-style-type: none"> <li>• Excessive corporal punishment</li> <li>• Dangerous and reckless behavior</li> <li>• Child is self-harming</li> </ul>	<ul style="list-style-type: none"> <li>• Non injurious</li> </ul>	<ul style="list-style-type: none"> <li>• No violence present (factors causing the harm have been addressed or removed)</li> <li>• Person causing harm no longer in contact with the child</li> </ul>



	Level 1	Level 2	Level 3	Level 4
<b>Sexual Abuse</b>	Any sexual contact between a child and an adult (where person causing harm has access to the child)	<ul style="list-style-type: none"><li>• Child is expected to be married</li><li>• The child has been sexually abused in the past and has not received any support</li></ul>	<ul style="list-style-type: none"><li>• Negative behavior towards the child</li></ul>	<ul style="list-style-type: none"><li>• The child and family have received support and there are no sexual harm factors present</li></ul>
<b>Emotional Abuse</b>	<ul style="list-style-type: none"><li>• Child is being persistently belittled, isolated, or humiliated by a significant caregiver</li></ul>	<ul style="list-style-type: none"><li>• Significant caregivers approach to the child is harmful (occasional belittling, isolation or humiliation)</li><li>• Threats of harm</li></ul>	<ul style="list-style-type: none"><li>• Child is treated differently than other siblings and parent is negative towards the child</li><li>• Threats of harm</li></ul>	<ul style="list-style-type: none"><li>• Factors causing the emotional harm have been addressed (parent received support)</li><li>• Person causing harm no longer has contact with the child</li></ul>



	Level 1	Level 2	Level 3	Level 4
<b>Neglect</b>	<ul style="list-style-type: none"> <li>• Serious injury or illness due to neglect (e.g. malnutrition with no apparent causal factors)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of supervision</li> <li>• Inadequate basic care</li> <li>• Failure to protect</li> <li>• The child is often left to look after themselves, or is undertaking tasks beyond his/her developmental capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Caregivers are emotionally distant</li> </ul>	<ul style="list-style-type: none"> <li>• The child's basic needs are being met by the caregiver</li> </ul>
<b>Exploitation</b>	<ul style="list-style-type: none"> <li>• Child involved in worst forms of child labor</li> </ul>	<ul style="list-style-type: none"> <li>• Child forced to work</li> </ul>	<ul style="list-style-type: none"> <li>• Parents are threatening to send the child to work</li> </ul>	<ul style="list-style-type: none"> <li>• The child is no longer working, support has been provided</li> </ul>



	Level 1	Level 2	Level 3	Level 4
Children in Special Need of Care				
<b>Unaccompanied Children &amp; Separated Children (UASC)</b>	<ul style="list-style-type: none"><li>• Unaccompanied child under 5</li><li>• Separated child under 5 with unknown family</li><li>• UASC with level 2 harm factors</li></ul>	<ul style="list-style-type: none"><li>• Unaccompanied child under 12</li><li>• Separated child under 12 with unknown family</li><li>• Child-headed household</li><li>• UASC (female) with unknown family</li></ul>	<ul style="list-style-type: none"><li>• UASC who have had their best interests assessments and Best Interest Determination completed, who have caregivers, and their needs are being met</li></ul>	<ul style="list-style-type: none"><li>• The child is being adequately cared for and the situation has been monitored for several weeks with no issues arising</li></ul>
<b>Child previously associated with armed forces and armed groups</b>	<ul style="list-style-type: none"><li>• Child at risk of being recruited into armed forces and armed groups again</li><li>• Pregnant teenage girls</li><li>• Child parent</li></ul>	<ul style="list-style-type: none"><li>• Unaccompanied child with difficulties reintegrating the community</li><li>• Previously associated with armed groups and armed forced and no support of services provided</li></ul>	<ul style="list-style-type: none"><li>• Previously associated with armed groups and armed forced but accessing support and in a safe family environment</li></ul>	<ul style="list-style-type: none"><li>• The child is being adequately cared for and no harm or vulnerability factors are present</li></ul>



	Level 1	Level 2	Level 3	Level 4
<b>Adolescent pregnancy/ child parent</b>	<ul style="list-style-type: none"> <li>Unaccompanied adolescent pregnancy/child parent</li> </ul>	<ul style="list-style-type: none"> <li>Adolescent pregnancy/ child parent with psychosocial distress</li> <li>Those with difficulties with community and family reactions or low levels of support</li> </ul>	<ul style="list-style-type: none"> <li>Adolescent pregnancy/child parent with family support</li> </ul>	<ul style="list-style-type: none"> <li>Adolescent pregnancy/ child parent with significant family support and networks</li> </ul>
<b>Child disabled or chronically ill</b>	<ul style="list-style-type: none"> <li>Child under 5 with level 2 harm factors</li> </ul>	<ul style="list-style-type: none"> <li>Disabled or chronically ill child and family are not accessing the support that they need</li> </ul>	<ul style="list-style-type: none"> <li>Disabled or chronically ill child with challenging behaviors</li> </ul>	<ul style="list-style-type: none"> <li>Disabled or chronically ill child has significant family support and the child and family are accessing all the needed support</li> </ul>
<b>Domestic violence present in the home</b>	<ul style="list-style-type: none"> <li>Child under 5 with level 2 harm factors</li> <li>Child is witnessing domestic violence and there are level 2 harm factors</li> <li>Significant injuries to the parent suffering the violence</li> </ul>	<ul style="list-style-type: none"> <li>Child and family are not accessing the support that they need</li> <li>Child is displaying emotional distress and difficulties learning and socializing</li> </ul>	<ul style="list-style-type: none"> <li>There has been sporadic disputes and violence, but the child is over 15 and has support networks</li> </ul>	<ul style="list-style-type: none"> <li>No violence present (factors causing the harm have been addressed or removed)</li> <li>Person causing harm no longer has contact with the child</li> </ul>



### III. THE FUNDAMENTAL PRINCIPLES OF CHILD RIGHTS<sup>78</sup>

Community workers must have the ability and commitment to put the following child protection principles and values into practice, and to ensure that child-friendly attitudes are communicated during the provision of any interventions with children, regardless of the presence of any child protection risk:

#### 1. Non-discrimination

Non-discrimination means ensuring that children are not discriminated against (such as denied services or poorly treated) because of their individual characteristics or a group they belong to (i.e. age, gender, disability, socio-economic background, ethnicity). It applies to all forms of discrimination, including denial of reasonable accommodation. The subject of non-discrimination is especially important in the protection of refugee or displaced children as it refers to the recognition of the obligation to grant every child, within the jurisdiction of a member-state, the chance to enjoy the rights recognized in the convention, regardless of citizenship, immigration status, or any other status.

#### 2. Best interests of the child

- The 'best interests of the child' must be a primary consideration in making decisions that may affect their lives. This approach includes both a child's physical and

emotional well-being, as well as their right to positive development, and should be the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families.

- Continuous evaluations must be carried out to assess the risks a child may face, his/her resources and environment, as well as the positive and negative results ensuing from taken measures.
- It is recommended that the chosen course of action be the least risky, and all measures must ensure the upholding of the child's rights to safety and continuous development.

#### 3. Right to life, survival and development

- The principle of "survival and development" does not merely comprise of physical aspects, it also emphasizes the need to ensure growth for the child on the spiritual, ethical and social levels, where access to education is key.
- Since the standards of child treatment vary according to culture and region, knowing child rights is necessary to ensure adherence to international rules and standards and their inclusion in interventions and decision-making.



**4. Respect for the Views of the Child**

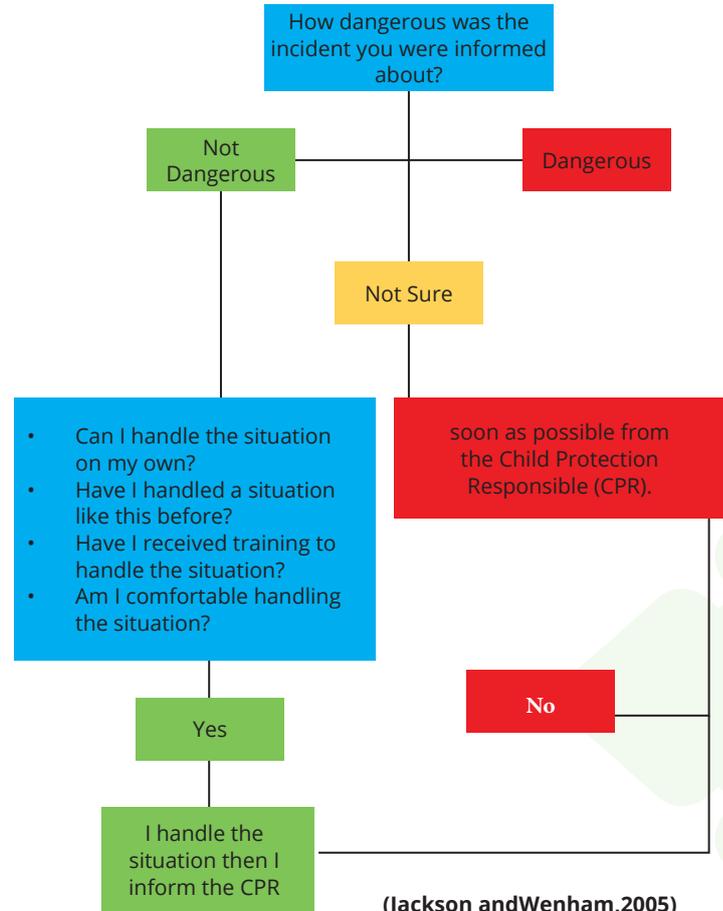
- Children have the right to express their opinions regarding their experiences and to participate in making decisions that could affect their lives. It is the responsibility of all adults to familiarize children with their rights to participate –including their right to abstain from answering questions that make them feel uncomfortable – as well as to support them in claiming their rights at all stages during the process of primary support.

**5. Do no harm**

- Ensuring that actions and interventions do not expose the child to further harm. Actions and interventions designed to support the child and his or her family should not expose them to further harm.

**IV. WORKING WITH CHILDREN AT RISK OR EXPOSED TO MALTREATMENT IN A PRIMARY SUPPORT SETTING**

Suppose you were at the center where you work, and a child came to you (or you learned about/noticed him/her) to tell you he/she was being physically abused. How would you react?



(Jackson and Wenham, 2005)



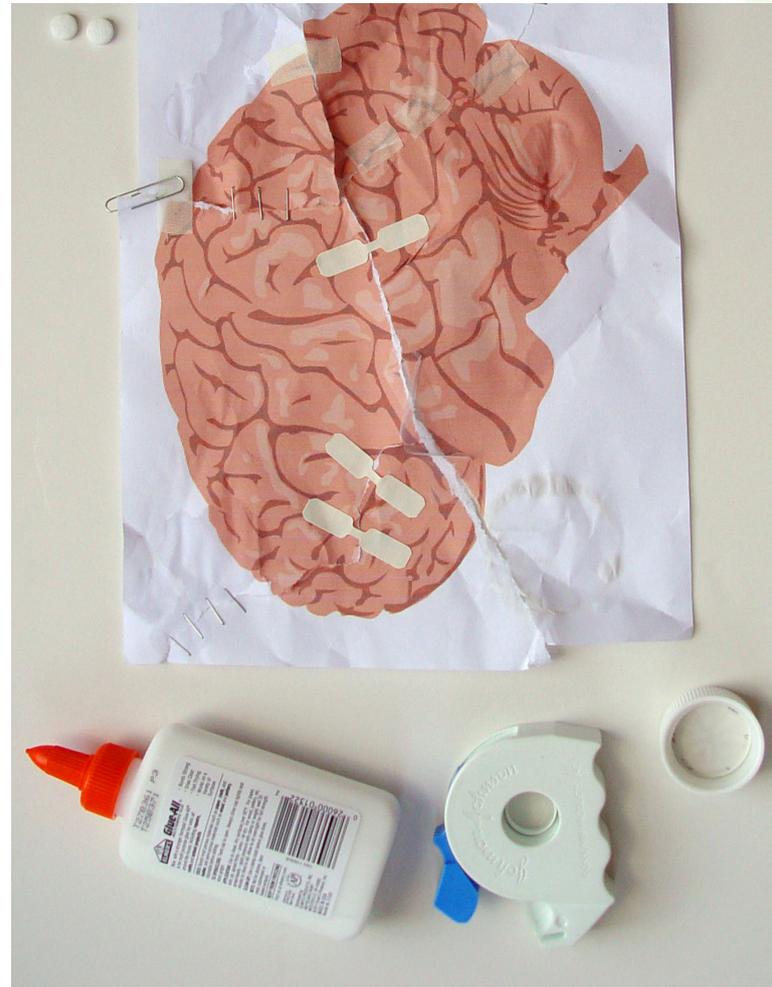
While interacting with a child who survived abuse always ask yourself the following questions:

What is my specific role of intervention with this child? (As a community worker, educator/teacher, parent, counsellor, etc.). If you are intervening as a community worker, remember that your role is to provide primary psychosocial support and to refer to and coordinate with a child protection responsible for further specialized child protection services.

#### **A. Key considerations when responding to children who have experienced abuse<sup>79</sup>**

When community workers interact with child survivors of abuse or at risk it is crucial to remember that:

- The child must not be blamed
- A child who has been abused needs to build and rebuild trusting relationships with others
- The child's identity should not be reduced to the event he/she survived
- The child should be made aware of the decisions and steps of support
- The symptoms are a message that the child is sending to call for help
- The disclosure of details of "what happened?" should only take place in a specialized setting. Community workers should not push the child to tell the details of the abuse and should not ask intrusive questions.





### 1. The child must not be blamed

In many instances the community, the caregivers and even the parents themselves might think that it is the child's fault – partially or completely – if he/she was abused. It is important to remember that the psychological and developmental capacities of the child mean that the child cannot in any way be held responsible for a crime perpetrated against him/her.

In an example to illustrate this: parents and teachers might say: "if the parents told their child "do not go out on the street after 5:00 p.m.", and the child did, and he/she was abused, then the child is to be held responsible because he or she disobeyed his/her parents, otherwise he/she would have not been abused. While we can argue that the child knew it was wrong to disobey the mother we cannot under any circumstances argue that the child holds any responsibility for the abuse that occurred.

Judging, blaming and pointing fingers are often what the survivor may be confronted with in many situations following an incident of abuse. Community workers should always remember that in many instances, they might offer the only opportunity the child may have to experience genuine human understanding, support and interaction. Blaming the child is losing this only chance!

### 2. Child survivors need to build and rebuild trusting relationships with others

Child survivors find difficulties in trusting others especially when people they have trusted in the past have harmed them or when there was no one in their network with whom they could build a trusting relationship or to whom they could turn to for support. Trusting the community worker may develop gradually and it is the community worker's role to ensure that this trust is respected and acknowledged. This will help the child to recommence healthy interactions with others.

### 3. The child's identity should not be reduced to the event he/she survived

When a child has been abused, caregivers and parents may focus on the event to the point where the identity of the child is reduced to the act of abuse. When they see the child, they often can't help but remember that he/she has been abused. Service providers might also tend to call the child: "case of physical abuse, case of rape, case of sexual assault etc."

While providing support to child survivors, it is important to remember that the child is not simply "the event". He/she:

- Has a name and you should remember and use his/her name while working with her/him;
- Has a past, is living a difficult present but will have a better future. Community workers and other service



providers can support the child by ensuring that they offer the child healthy and supportive relationships;

- Have resource, whether at the individual, family or community level, even though there is a likelihood of risk factors in the child's environment. These are resources that the community worker can help the child to identify and develop in order for the child to overcome the difficulties he/she is facing.



#### **4. The child should be aware of the decisions and steps of support**

Children experiencing abuse lose control of their own bodies, as well as their lives and wider environment. This is exacerbated by uncertainty over when, how, for how long, etc. the abuse might take place. Ensuring primary support to child survivors starts by giving them predictable support, letting them know how and when to expect the support and at the same time giving the child choices and helping him/her to feel in control. Helping the child to feel in control means that the community worker should:

- Honestly and explicitly inform the child about the role of a community worker and about the objectives of the support;
- Inform the child that he/she can have access to the support of the community worker and come back and ask for support or information anytime she/he needs it.

#### **5. The symptoms are a message that the child is sending to call for help**

Child survivors might have different behavioural, physical or emotional symptoms following the abuse or as a consequence of other difficulties in the family and environment. The symptoms are generally perceived as a problem and service providers will usually try



unsuccessfully to make it disappear. It is important to remember that the symptom is not the problem, but the consequence of the problem. The child, who may not have the verbal capacities or the psychological and emotional maturity to identify and express his/her feelings or his/her needs, might call for help through a symptom or behaviour.

Trying to stop the behaviour as a first reaction by asking the child to stop or by educating the child without looking at the reasons behind the behaviour or symptom will make the community worker and other caregivers' role in supporting the child more difficult. By focusing on the symptom, the chance of discovering the underlying cause and understanding the child's needs is likely to be lost.

In most of the cases, when a child receives the appropriate care, and protection from further abuse, psychosocial and mental health support, information or education, the symptom will disappear.

**6. The detailed disclosure of "what happened?" should only take place in a specialized setting. Community workers should not push the child to tell the details of the abuse**

Remembering difficult situations can be very distressing for anyone and even more so for children. When adults are asked to think about a very difficult or sad moment that they have gone through, the entire body remembers.

Feelings of sorrow or fear, as well as tears, accelerated heartbeats, etc. might accompany the difficult memory, sometimes as if the difficult moment is taking place again in the present. The same happens when adults are asked to remember a happy memory. The body also reacts with the memory of positive emotions. A child can experience fear, pain and harm on the body and emotionally. By asking him/her to remember what might have occurred in the near past or what might still be occurring we might be asking the child to relive difficult and painful events. Avoiding distressing questioning is an essential step in the process of providing primary support. Whatever happened to the child, the reality is that now he/she needs to feel secure and understood. When these needs are met, children, if they can and when they are ready, usually will disclose.





### B. Do's and Don'ts in primary support<sup>80</sup>

The below do's and don'ts table can serve as a useful checklist for community workers in their interaction with a child in a primary support setting:

Do's	Don'ts
<ul style="list-style-type: none"><li>• React calmly so as not to frighten the child.</li><li>• Listen to the child and take what they say seriously. Don't show disbelief. Children need to be reassured that they are believed.</li><li>• Reassure the child they are not to blame and were right to tell someone. Adults who react with anger, blame or other negative responses may cause a child to stop talking and/or later deny the abuse disclosed by the child.</li><li>• Be nurturing, comforting, supportive. Service providers are responsible for responding to child abuse disclosure with compassion, care and calm.</li><li>• Be aware of interpreting what a child says, especially if they have learning or physical disabilities which affect their ability to communicate.</li><li>• Don't assume that the experience was bad or painful - it may have been neutral or even pleasurable; thus it is important that you listen to the child expressing their thought about it.</li><li>• Only use open-ended, non-leading questions e.g. Who? Where? When? Use healing statements such as "I believe you" and "It's not your fault" at the outset of disclosure and throughout primary support.</li><li>• Monitor any interactions that might upset or further traumatize the child.</li></ul>	<ul style="list-style-type: none"><li>• Panic</li><li>• Interrupt the child when speaking</li><li>• Show shock or distaste.</li><li>• Probe for more information than is offered.</li><li>• Speculate or make assumptions.</li><li>• Make negative comments about the person against whom the allegation has been made.</li><li>• Approach the individual against whom the allegation has been made.</li><li>• Make promises or agree to keep secrets and give a guarantee of confidentiality. Instead, tell the child that you are going to do everything you can to help and protect him/her (review consent and assent).</li><li>• Project your own reactions onto the child.</li><li>• Ask questions. If necessary only ask enough questions to gain basic information to establish the possibility that abuse may have occurred.</li><li>• Introduce personal information from either your own experiences or those of other children.</li></ul>



### C. If you feel concern for the immediate safety of the child:

■ Take any needed measure to ensure the child's immediate safety. Give the child an active role in identifying his/her priority needs and possible allies. Remember that by giving the child the possibility to develop his/her capacities of self-protection can be a step towards healing.

Therefore, you can ask the child if he/she:

- Thinks that there is an immediate need that should be addressed
- Has an idea of who in his/her family can help or can protect him/her at home?

#### *For example:*

"we need to identify together someone from your own family who can protect you when needed. Can you think of someone who usually listens to you or helps you when you are in trouble?"

Do you think this person can help us in this situation? Always remember that child's main needs are: to be believed, to be reassured, to know what can be done or who can help and to know that what he/she shared will not be shared with others. The child needs to know that he/she talked to and asked for help from the right person. Therefore, it is crucial that you share with him your understanding of his/her needs by

saying something like: "from what I am hearing you didn't do anything wrong and you took a courageous step by coming here to ask for support." And/or "I will share with you what I think can help you but I will also ask you about what you think can help. What you are telling me will stay between us until we both decide together what can help you."

■ Inform the child of the possible steps to follow, i.e. talking to a child protection responsible in order to identify the available specialised services in your area. You may say: "when children share with me their difficulty I usually introduce them to my colleague, Miss/Mr X who is a person with a lot of experience in this matter and who will, like me, respect your wishes and do his/her best to protect and help. I will ask you to think about it and to let me know when you feel ready if you would like to meet Miss/Mr X. If you prefer I can talk to them first and, with your permission, ask their advice".

■ Give the child the possibility to contact you or another person who can help when needed by giving the phone number of a child protection hotline or by sharing with the child your schedule, when and where he/she can find you.

**Useful to know:  
Child Protection Hotline  
contact numbers**

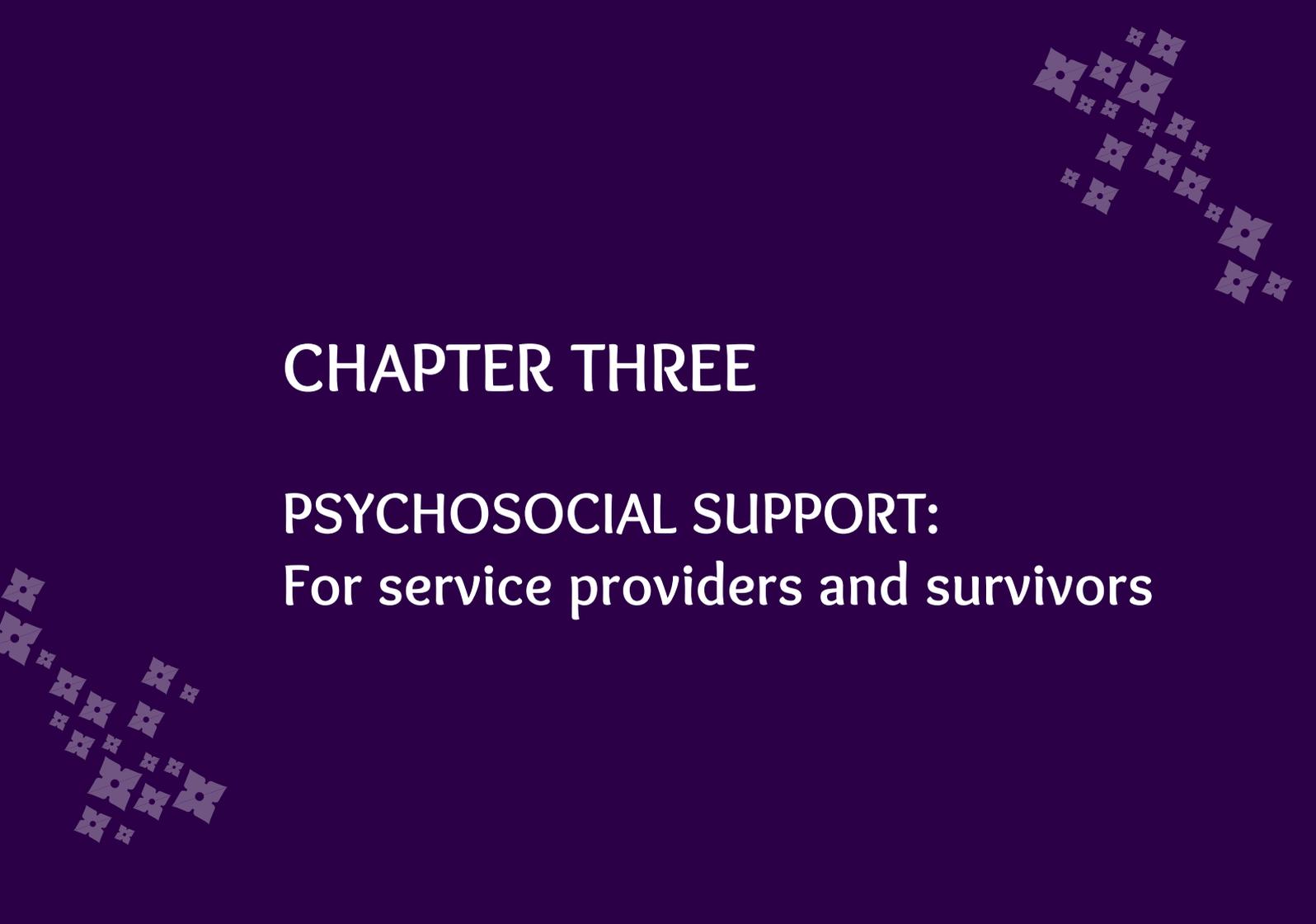
**Himaya: 03 41 49 64  
UPEL: 01 42 79 73**



**Pass the information immediately to the Child Protection Responsible, and ask for his/her advice. As much as possible, take note of the following (without probing):**

- Record the information given by the child as soon as possible, as it would help the child protection responsible and/or the authorities take child protection measures later.
- It is important to record the child's account of what has happened and how any injuries occurred using the child's own words.
- Record the time and date in which the child gave you their account.
- Record a description of any visible injuries or behavioral signs (do not physically examine the child).
- Record details of any witnesses.
- Record whether the child's parents have been informed or not.
- Record the child's views on what happened.
- Provide the child protection responsible with the information. If there is none in your organisation, consult with the UNRWA protection unit or official authorities while maintaining confidentiality until the appropriate child protection responsible receive the file.
- Don't keep any copy of the information after referring it to the person capable of helping.





# CHAPTER THREE

## PSYCHOSOCIAL SUPPORT: For service providers and survivors

# Unit One

## Unit Objectives:

*Enabling Participants to:*

- *Understand the concepts of psychosocial support*
- *Apply the key principles of intervention in the provision of basic psychosocial support*





## I. TERMS AND CONCEPTS OF PSYCHOSOCIAL SUPPORT

### What Is the Meaning of “Support”?

Supporting something means holding it up to keep it from falling, and supporting individuals is the process of aiding them and strengthening them to keep them from collapsing and falling.

- The process of supporting individuals occurs through the provision of “pillars” preventing them from collapsing until they manage to recover and cope again.
- These pillars in the model at hand are psychosocial pillars.

### What Is the Meaning of “Psychosocial”<sup>81,82</sup>?

This term is mostly used in the context of humanitarian settings to emphasize the interconnection between the psychological and the social aspects of the experiences an individual goes through, especially in times of conflict or displacement. It indicates the dynamic relation between the social and the psychological, which interact with each other continuously and influentially.

### ■ *Psychological aspects refer to:*

Individual functions at various levels such as the cognitive (perception and memory as a basic rule for the ability to think and learn), emotional (reactions, both positive and negative), and behavioral levels.

### ■ *Social aspects refer to:*

Social interconnections, family and social networks, and economic situation.

### What is Psychosocial Support<sup>83,84,85,86</sup>?

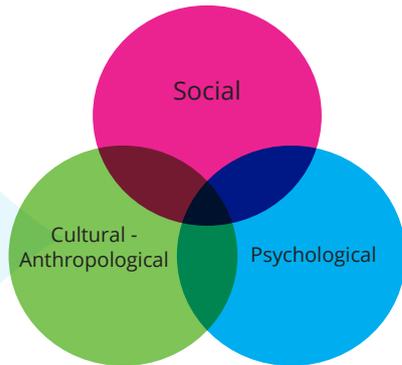
Psychosocial support refers to measures that address both the psychological and the social needs for individuals, families, and local communities. These measures are practically represented by a wide sequence of means and activities (that are culturally related to the subject), which are effected to address psychological and social needs. These means and activities respect the independence, dignity, and coping mechanisms of individuals and communities. These means and activities form a continuum that facilitates the resilience of individuals, families and communities. This way social cohesion and infrastructure are recovered within communities which suffer disasters and emergencies.



The concept of psychosocial support is based on helping individuals cope with, and overcome, the difficulties that emerge in everyday life. There is no need for an individual to be an expert to be able to offer psychosocial support. Psychosocial activities focus on the interconnectedness of:

- Individual psychological state
- Socio-economic factors
- Social and collective interactions
- Events and predicaments; and
- The cultural and anthropological constructs around this relation

These factors intersect with as demonstrated by the following Psychosocial Approach Model<sup>87</sup> :



### How can psychosocial support be provided?

Psychosocial support can be provided in several ways including:

- Being there and listening to how affected individuals or family are by a difficult incidence or situation
- Contacting relatives and reintegrating the individual into family and social networks
- Organizing practical matters such as supporting in overtaking day to day tasks
- Encouraging and supporting social initiatives like family support, school intervention, vocational training programs, skills training programs
- Establishing social centers
- Forming support groups

### Intervention takes place to provide psychosocial support in situations of difficult or traumatic events.

#### What are Traumatic Events<sup>88,89,90,91</sup>?

Some researchers<sup>92</sup> used the term “trauma” to refer to traumatic experiences that an individual could face, such as war trauma, rape trauma, and flood trauma. Traumatic events, thus, indicate trauma. Consequently (from these events), the expression “traumatizing pressures” follows, and it indicates the kind of pressures that cause a trauma.



- Circumstantial, traumatic events could be dangerous, surprising, and confusing; they are typically intense, extreme, and cause fright, anxiety, avoidance, or withdrawals. They are neither recurrent nor expected, and the consequences could be acute or chronic, could affect individually as in violent crimes or traffic accidents or could affect communities collectively as in natural disasters or war.
- Complex Traumas are cumulative, recurrent, and, unlike Circumstantial Traumas, occur where the victim is stuck, unable to escape from the perpetrator's grip. Examples: prison, slave camps...etc.

**If the purpose of psychosocial support is dissemination and facilitation of psychosocial wellbeing, resilience, and coping strategies; what are the meanings of these terms?**

■ **Resilience<sup>93</sup>**

Resilience refers to an individual's capacity to adapt to challenges and difficulties, recovering and maintaining a balance which had been threatened or destroyed. It is often described as the ability to "get back into shape".

■ **Coping Strategies<sup>94</sup>**

Coping strategies are the totality of the constantly changing cognitive and behavioral efforts which aim at controlling,

reducing, or enduring internal or external burden, which is perceived as capable of threatening the individual's capacities or overwhelming them.

■ **Psychosocial wellbeing<sup>95</sup>**

Psychosocial wellbeing describes the state of positive existence in which a human being grows and prospers, and which could be affected by psychological and social factors. The meaning of wellbeing has to do with the environment in which an individual lives; it thus changes with changing place, groups, and cultures. Consequently, it is important to understand and consider the psychosocial wellbeing of the individuals a community worker work with before planning an intervention. This can be done by assessing how an individual can be happy and well in the current community, learning the social cues that reflect happiness and wellness, and learning what makes the individual sad and distressed in the same community.

**Useful to know:**

“Forced immigration and displacement resulting from conflicts, lack of security, natural disasters, and human rights violations are often accompanied with stress factors that can’t be considered “normal,” as well as with a temporary decline in coping capacity. Therefore, the individuals’ capacities to contribute to their communities get stifled in these situations. This is mainly due to the general redefinition of society and the identities in it, as well as the lack of opportunity to contribute or the host country’s prohibition of it, in addition to the multiplication of local communities that an individual has to respond to (original local community, community of immigrants, and the host community). The same thing applies to the situations in which individuals don’t leave their communities, except what happens is that their communities undergo deep changes because of the same reasons above.

We should not assume that the temporary inability to handle unusual pressures, or the impossibility of contributing to a community’s life when the requirements for such contribution are not there, is necessarily related to a psychological disorder or a health dysfunction. On the other hand, it is important to know that psychological wellbeing is more than just the lack of psychological disorders<sup>96</sup> .

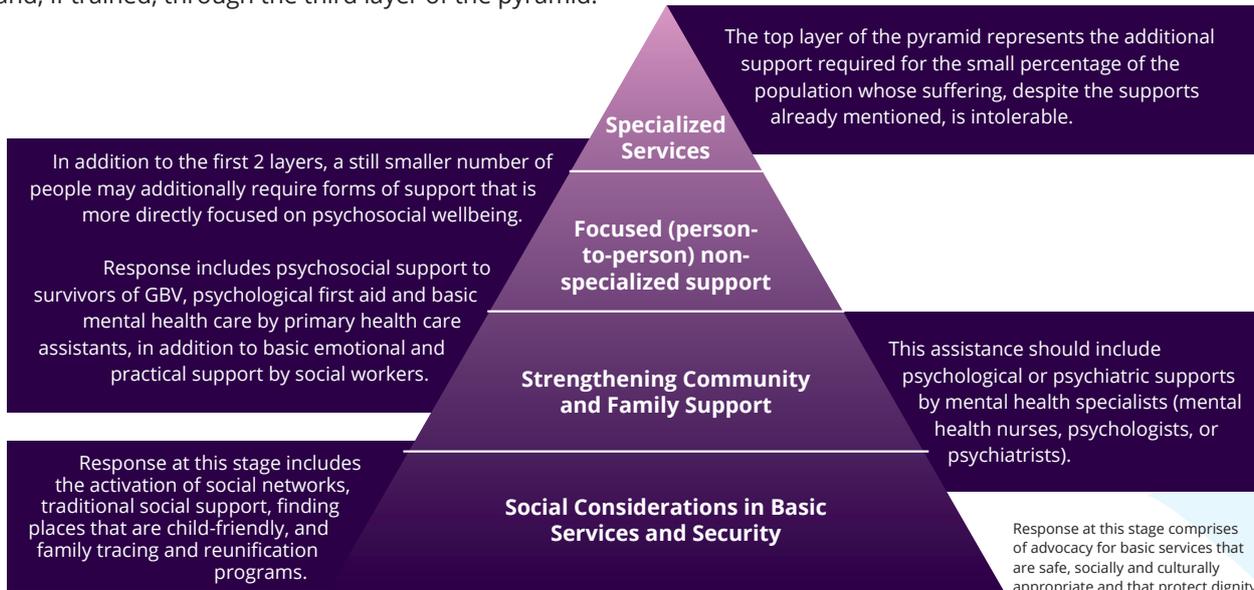
Therefore, we can’t consider that an individual in a given situation is in a state of wellbeing or that he/she is going through psychological disorders; individuals actually fluctuate between the two ends while under pressures. What determines the end to which the individual is at is the way he/she deals and copes with those pressures, the extent of his/her resilience, and the resources he/she has access to.





## II. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) PYRAMID OF INTERVENTION<sup>97</sup>

The MHPSS model displays a layered system of complementary support systems. The different layers represent the different kinds of support people may need, whether during times of crisis, recovery, or duress that people may face for many years. Community workers can provide psychosocial support and help individuals and communities primarily at levels one and two, and, if trained, through the third layer of the pyramid.





### III. INTRODUCING THE GUIDING PRINCIPLES OF INTERVENTION TO PROVIDE PSYCHOSOCIAL SUPPORT<sup>98</sup>

#### 1. Human Rights and Equity

- Humanitarian actors should promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations
- Humanitarian actors should also promote equity and non-discrimination.

#### 2. Participation

- □ Humanitarian actors should ensure the participation of local affected populations in the response, relief and reconstruction efforts. In most emergency situations, significant numbers of people exhibit sufficient resilience to be capable of participating in these efforts.

#### 3. Do no harm

Work on mental health and psychosocial support has the potential to cause harm because it deals with highly sensitive issues.

***Humanitarian actors may reduce the risk of harm in various ways, such as:***

- Participating in coordination groups to learn from others and to minimize duplication and gaps in response
  - Designing interventions on the basis of sufficient information about the community
  - Developing cultural sensitivity and competence in the areas in which they work
  - Using human rights as a reference for thinking about, developing, and understanding affected communities
- #### 4. Building on Available Resources and Capabilities
- All affected groups have resources that support mental health and psychosocial wellbeing.
  - A key principle – even in the early stages of an emergency – is building local capacities, supporting self-help and strengthening the resources already present.
  - This is especially true in light of the fact that externally driven and implemented programs often lead to inappropriate MHPSS and frequently have limited sustainability.
- #### 5. Integrated Support Systems
- Activities and programming should be integrated as far as possible.
  - The proliferation of stand-alone services (such as those dealing only with rape survivors or only with people with a specific diagnosis, disorders, or needs) can



create a highly fragmented care system.

### 6. Multi-Layered Supports

- In emergencies, people are affected in different ways and require different kinds of supports.
- It is necessary to develop a layered system of complementary supports that meets the needs of different groups, such as the Pyramid of Intervention Model (mentioned above) where all layers are important and should ideally be implemented concurrently.

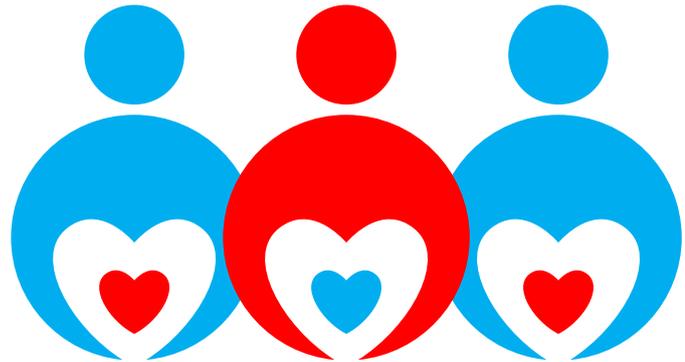


## Unit Two

### Unit Objectives:

*Enabling Participants to:*

- *Understand the importance of self-care*





## I. WHAT IS SELF-CARE<sup>99,100,101,102?</sup>

- Self-care is part of everyday life and of individuals' care of their own health and wellbeing. It includes the actions done by individuals and caregivers towards themselves, their children, their families, and others in their environments in order to survive and maintain good physical and psychological health; meet psychological and social needs; prevent diseases, as well as simple and chronic disorders; and maintain health and wellbeing after healing from acute illnesses and leaving the hospital, and it is encompassing:
  - Hygiene (public and private)
  - Nutrition (type and quality of food)
  - Lifestyle (sports, entertainment...)
  - Environmental factors (Life conditions and social habits)
  - Socio-economic factors (Income level/Cultural beliefs...)
  - Self-medication (for mild illnesses)
- Self-care is the basic survival skills for community workers. It is the set of activities and practices that can be engaged with regularly to reduce tension, enhance personal wellbeing, and maintain it on the long-term and short-term, and it is a necessary element for you to be effective and successful in honoring your professional and personal commitments.
- Self-care is encompassing cooperation between the individuals and service providers. The purpose of

cooperation is for individuals to be actively involved in taking care of themselves, not be reliant on receiving care services, because some aspects of self-care (like accidents prevention, amenities provision, exercise encouragement...) can't be achieved except if individuals work with each other.

1. **Why is the emphasis on community workers' self-care an important process<sup>103,104?</sup>**
  - Stress from everyday work is considered a main source of the fatigue that affects service providers, especially during crises. The long working hours, numerous responsibilities, lack of clear job description, miscommunication and mismanagement, as well as working in areas that are not safe, are all examples of the work-related burnout that can affect service providers.
    - Community workers may feel they are responsible for the safety and care of the people. They may witness, or even experience, horrible things like destruction, injuries, death, or violence directly. They may also hear stories of other individuals' pain and suffering, and all these experiences could affect them (and their colleagues).



■ In order to be active and able to continue in providing services to others, we need first to be able to help ourselves; in fact, if we didn't give ourselves enough care, we wouldn't be able to reach the goals we would be aiming to reach through providing the service.

■ Below is a set of points that self-care can help achieve:

- **Identify and manage the general challenges that all caseworkers face**, such as:
  - Stress
  - Burnout
  - Interpersonal difficulties
- **Be aware of own personal vulnerabilities**, such as:
  - Re-traumatization (in case of untreated trauma history)
  - Vicarious or secondary traumatization (from work conditions, especially when working with individuals who report their own traumatic experiences)
  - Compassion fatigue (which can be developed from a combination of burnout and vicarious traumatization)
- **Achieve more balance in your life** by maintaining and enhancing the attention you pay to the different domains of your life in a way that makes sense to you

## 2. What are the fields of self-care<sup>105</sup>?

Below are common goals for almost all self-care fields:

- a. Mental Health Care
- b. Physical Health Care
- c. Stress Management and Reduction
- d. Emotional Needs Fulfillment
- e. Spiritual Needs Fulfillments
- f. Relations Enhancement and Nourishment (private and social)
- g. Private life/Career Balance

*(Tools and guidance on how to manage your own self-care, refer to Annex I, II and III)*

### Useful to Know:

- Every individual has their own personal history, needs, pressures, and challenges, as well as objectives and ambitions, which reflect differences in the way to confront and manage everyday challenges.
- Every individual has their own stress management activities and strategies; in some cases, individuals may develop conscious and aimed methods to confront challenges, but these remain mostly habits which were not put to the test and may not be the best solution to their interest and wellbeing on the long-term.
- Therefore, there is no “one-size-fits-all” self-care program or plan. Every individual has to develop their own self-care plan<sup>106</sup>.



### 3. Self-Care is a process that takes place<sup>107</sup>:

#### ■ Before Helping Others:

- Community workers must ask themselves: “Am I ready to provide help?”

#### ■ While Helping Others:

- Community workers must ask themselves: “How do I remain in good health: physically and psychologically – emotionally?”
- Community workers must ask themselves: “How do I support my colleagues and myself?”

#### ■ After Helping Others:

- Community workers must ask themselves: “How do I take time to rest, recover and regain energy?”

#### Useful to Know:

Suggestions that might be helpful in handling burnout<sup>108</sup>:

- Think of the things that helped you cope in the past, and the things that you can do to stay strong.
- Try to allocate time to eat food, take a break and relax, even for short time.
- Try to commit to reasonable work hours to avoid being overworked. Think, for example, about dividing workload, working in shifts during tough times of a crisis, and taking a break regularly.

- Some people may suffer from many problems after a crisis, and you may feel frustrated or incompetent when you don't manage to help people solve all of their problems. Remember, though, that you are not responsible for solving all of people's problems.
- Give everything you can to help people help themselves.
- Reduce the amount of alcohol, caffeine, or nicotine that you consume, and avoid taking over-the-counter drugs.
- Check on your colleagues' wellbeing, and ask them to check on you. Work on developing ways to ensure you support each other.
- Talk to friends, close ones, or other people you trust to be able to provide support for you.
- Community workers should ask for support from a trusted other in the following cases:
  - When haunted by troubling ideas and memories from the crisis in which he/she is providing help in
  - When feeling extreme agitation or sadness
  - When having sleep disorders
  - When having too much coffee or drugs to cope with the experience he/she has been through.



## II. STRESS, INDIVIDUALS' ENDURANCE AND THE ROLE OF PSYCHOSOCIAL SUPPORT

### 1. **Stress**<sup>109,110,111</sup>:

- Stress, especially psychological stress, indicates the presence of external factors pressuring the individual, totally or partially, to a point where it generates a sense of anxiety (psychological stress) or a distortion to his/her personality. When the intensity of this stress increases, it may push the individual to lose equilibrium and change his/her behavioral pattern.
- Psychological stress affects individuals both physically and psychologically. It is a situation suffered by an individual when faced with a relentless and serious request or with grave danger. There are several sources of stress in the life of the individual; it might be due to environmental changes, or it can emanate from the individual himself/herself or his/her perception of the surrounding circumstances.
- Social and psychological problems (stress) affect most groups, but it is worth noting that every individual experiences the incident (stress) differently to others and has his/her own distinct resources and assets that may help overcome the incident (stress).

- States of emergency wash away forms of preventive support usually available, increase the risk of various problems (stress), and tend to magnify the already existing problems.

- Psychosocial problems (stress) and mental health problems (stress) firmly overlap during emergencies, but mostly remain either social or psychological in nature. Problems (stress) of social nature primarily include the following:

#### **Social problems already present before the emergency:**

Such as belonging to a group that suffers discrimination, marginalization, or political oppression...etc.

#### **Social problems resulting from emergencies:**

Family dispersal – safety – stigma – destruction of means of life – destruction of social networks, local community structures, resources, and trust – involvement in sexual acts...etc.

#### **Social problems resulting from humanitarian aid:**

Such as over-crowdedness, lack of privacy in the camps, undermining social structures or traditional support mechanisms, and aids-dependence...etc.

- **Problems (stress) of psychological nature primarily include the following:**



**Problems already present before the emergency:**

- Such as acute psychological disorder – depression – alcoholism...etc.

**Problems resulting from emergencies:**

- Sorrow – non-pathological distress – alcohol- or other substance abuse – depression and anxiety disorders like Post-traumatic Stress Disorder (PTSD) etc.

**Problems resulting from humanitarian aid:**

- Anxiety from lack of information about food aid distribution...etc.

■ There are also evidence that stress generated as result of crises or displacement, like inappropriate residence, unemployment, and changing family structure (sometimes referred to as everyday life’s pressures), significantly affects mental health and its effects may even exceed those of the trauma itself.

■ Unfulfilled needs play a role in mediating between previous traumatizing events and current distress determinants. Moreover, efforts to treat unmet momentary needs may have significant effects on current distress.

**2. Individuals’ Endurance<sup>112</sup>:**

- Every individual has needs and wants, which differ from person to another.

- Every individual has a time-bound endurance and patience before these needs and wants must be fulfilled, and this endurance varies from person to another.
- Between these two variables (Intensity of needs and wants, and time elapsed before they are fulfilled), an individual’s endurance is determined:

a. The maximum degree of endurance is referred to as “threshold of explosion,” after which changes occur to the individual.

b. If the intensity of the needs and wants is low or endurable and the time elapsed also low or endurable, the behavior then will be sound with no ailments what so ever, and the individual would be far away from the threshold of explosion.

*needs and wants are endurable + the time elapsed endurable = the behavior will be sound.*

c. Whereas if the intensity of the needs and wants is high or unendurable and the time elapsed also high or unendurable, then the behavior would be pathological, meaning that the individual would have crossed the threshold of explosion and entered into illness.

*the needs and wants are unendurable + the time elapsed unendurable = the behavior would be pathological*



### 3. Role of psychosocial support

The role of psychosocial support in helping individuals and groups go through five stages<sup>113</sup>:

STRESS	
	Stress
2. Second Stage: Individual begins to get affected by	Stress
3. Third Stage: Represents the need to express – release	Stress
4. Fourth Stage: If no release, Individual begins to crack under	Stress
5. Fifth Stage: Individual collapses under	Stress

■ The above model presents an important example of the role of psychosocial support, since as we mentioned earlier: individuals are under various kinds of stress during times of crisis, whether caused by the crisis, caused by helping in the crisis, or present-before-but-magnified-during the crisis.

■ As mentioned under endurance every individual has a capacity to endure stress in terms of intensity of needs and wants, on one hand, and the time elapse before they must be fulfilled.

#### First Stage:

- The individual goes through a crisis, is surrounded by stress and under pressure

#### Second Stage:

- If the individual does not treat the stress, he/she would begin to become affected by it and gets closer to the threshold of explosion.
- At this stage, we would be at the first base of the “Pyramid of Intervention.”

#### Third Stage:

- If stress is expressed and released, the individual goes back to normal, which represents the role of psychosocial support and family and social networks.
- Here, we would be at the second and third layers of the “Pyramid of Intervention.”

#### Fourth Stage:

- If stress is not expressed and released, the individual begins to break under stress, meaning that he/she begin to lose endurance and thus reach the threshold.
- At this stage, psychosocial services become insufficient, and there would be a major need for a more specialised intervention. Here, we would be at the fourth layer of the “Pyramid of Intervention.”



### **Fifth Stage:**

- The individual crosses the threshold of explosion, enters into pathological behavior, and becomes in need of more specific specialist services.
- In this model, collapse means depression. Here, we would be at an advanced stage of the fourth layer of the "Pyramid of Intervention."

All this demonstrate the significance and importance of community workers and psychosocial support in the prevention of individuals deteriorating and entering into severe illness.



## Unit Three

### Unit Objectives:

*Enabling Participants to:*

- *Understand Psychological First Aid (PFA)*
- *Identify w individuals in need of special care*





## I. WHAT IS PSYCHOLOGICAL FIRST AID<sup>114</sup>?

Psychological First Aid (PFA) is a humane, supportive and practical assistance to fellow human beings who are suffering and are in need of support<sup>115,116</sup>.

### It involves the following:

- Non-intrusive, practical care and support
- Assessing needs and concerns
- Helping people to address basic needs (food, water)
- Listening, but not pressuring people to talk
- Comforting people and helping them to feel calm
- Helping people connect to information, services and social supports
- Protecting people from further harm

### Useful to Know

#### ***PFA is:***

- NOT something only professionals can do
- NOT professional counseling
- NOT “psychological debriefing” as it does not include a detailed discussion of the distressing event
- NOT asking people to analyze what happened or put time and events in order
- NOT pressuring people to tell you their feelings or reactions to an event

## What Does PFA Include?

It includes factors that seem to be very beneficial to people’s recovery on the long-term.

These factors comprise of:

- Providing people with a feeling of safety, connectedness to others, calm and hope
- Providing access to social, physical and emotional support
- Enhancing survivors’ sense of control by being able to help themselves

### Useful to Know:

***PFA is an alternative to psychological release (which proved ineffective in emergencies)***

Emotional Release aims at:

- Releasing repressed emotional discharges by recalling memories of the traumatizing event or previous memories recalled by the traumatizing event.
- Helping individuals to formulate these memories using a clear language.
  - The language the individuals use here substitutes for the physical activity they might have resorted to in order to release stress.



- Emotional discharge occurs in the words and voluntary/involuntary reactions that follow; for example, shedding tears may cause the sought-after therapeutic effect.
- Psychological release is a common, yet controversial, technique, and could at times be ineffective and thus shouldn't be applied<sup>17</sup>.
- This therapeutic technique is carried out by specialists in a clinical context and is not for PFA providers.



### Who Benefits from PFA?

- Very distressed people who were recently exposed to a serious stressful event.
- Can be provided to adults and children.
- ***Not everyone who experiences a crisis event will need or want PFA.***
- Don't force help on those who don't want it, but make yourself available and easily accessible to those who may want support.
- Some cases may need forms of support that go beyond PFA alone. Thus, community workers should be aware of their limits and should seek others' help such as medical cadres (if available), colleagues, other individuals in the area, local authorities, community leaders, or religious leaders.
- PFA is also offered to those who need immediate advanced support like medical support as a priority to save their lives, such as:
  - Individuals suffering serious, life-threatening, injuries who need urgent medical care
  - Individuals suffering severe distress so they can't take care of their children or self
  - Individuals who self-harm
  - Individuals who harm others



### When Is PFA Provided?

- PFA aims at helping individuals who have just been exposed to a serious painful event.
- PFA can be provided upon first contact with very distressed people, usually during an event or immediately after.

#### Useful to Know:

Sometimes, PFA could be provided a few days or weeks after the event, depending on the duration of the event, its intensity, and the time it took the assistants to arrive.

### Where Is PFA Provided?

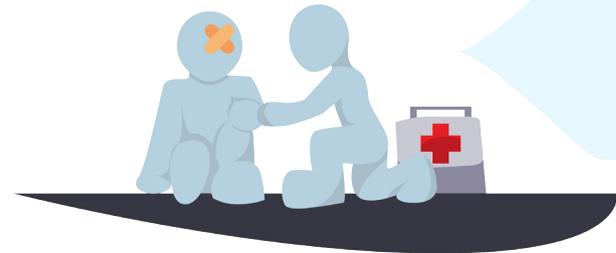
- PFA should only be provided wherever it is safe to do so.
- Ideally, PFA should be provided at a location where the confidentiality and dignity of the affected person can be insured. This is especially important for individuals who suffered from traumatic events., such as sexual violence.

#### Useful to Know:

Adapting actions to match an individual's culture:

- When an event or crisis happens, affected individuals are often from different cultural backgrounds, including minorities and marginalized groups.

- Social culture determines the way we treat others, detailing what should or should not be said and done.
- In some cultures, for example, it is inappropriate to share personal feelings outside of the family, women can only speak to other women, or maybe certain dress code hold great significance.
- You may find yourself working with individuals from different backgrounds than yours. As community workers it is important that you pay attention to your own cultural background to neutralize any bias you may have.
- Work on providing help in the ways that best suit those you are helping, giving comfort.
- Every crisis is a unique event in itself. Thus, intervention must be adapted to suit the specific context, taking into consideration the local, social and cultural norms and standards.





## II. WHAT ARE THE PRINCIPLES OF PFA?

### A. Prepare – Obtaining information about the Situation

- Obtain information about the event
- (What happened? When, where, and how many and who are affected?)
- Obtain information about the available services and opportunities of support
- (Who is providing help, what kind of help, where and how could individuals access it?)
- Obtain information about safety and security fears (Is the disaster over or still ongoing? What dangers may be in the environment?)

Crisis situations can be chaotic and often require urgent action. However, it is important whenever possible to take time to obtain detailed information BEFORE you enter the crisis site.

### B. Look, Listen Link

- The three action principles of PFA are: Look, Listen and Link.
- These principles help guide the community workers on how to look at disasters, how to enter an event location safely, as well as on how to treat affected individuals, understand their needs, and link them with practical support and information.

### 1. Look

- Observe for safety (Are there any persistent risks at the center? Can you be there without being at risk of dangers?)
- Observe for people with obvious urgent basic needs (people with critical injuries, individuals in need of rescue, people who are stuck or under direct dangers, people with obvious basic needs like clothes, individuals who are at risk of discrimination).
- Observe for people with serious distress reactions (individuals who are unable to move on their own or in the case of trauma).

### 2. Listen

- Make contact with people who may need support (Although some needs may seem obvious, it is important always to ask people what their needs and concerns are).
- Ask about people's needs and concerns
- Listen to people and help them feel calm

### 3. Link

- Help people address their basic needs and access services (like food, water, and medication... The more an assistant is aware of individuals' needs during crises, the more effective his/her help will be. It is important here not to neglect vulnerable or marginalized individuals. Community workers must remember to only make promises they can keep and



keep whatever promise they give to the individuals and follow up with them to this effect).

- Help people cope with problems (distressed people may feel overwhelmed with fears and worries. Help them look into, prioritize, and fulfill their most urgent needs. For example, you can ask them to think about what needs to be met right now and what can be postponed till later. Managing to accomplish things can give individuals a greater sense of control over the situation and can strengthen their ability to cope with it).
- Give information (affected individuals need to receive accurate information about the event, their family and loved ones and their safety...).

#### Useful to Know:

Listening and active listening are among the most important components of PFA, so community workers have to practice communication skills and active listening. It is essential to listen properly to the individuals to whom you provide help in order to understand their situation and needs help them feel calm, and be able to provide the relevant assistance. Learn to listen and actively listen through:

- Your Eyes: showing the individuals that they have your full attention
- Your Ears: showing them you are listening to their worries and fears
- Your hearts: showing good care for, and interest in, those who need help.

### III. WHO ARE THE MOST VULNERABLE INDIVIDUALS, ESPECIALLY DURING CRISES?

#### ■ Children and adolescents

- Children and adolescents are more at risk than others during crises.
- Crises often distort their familiar environments in terms of the people, places, and daily habits which used to give them a sense of safety.
- Risks vary and can include several types of violence, maltreatment and abuse.
- Young children are especially at risk; they can't fulfil their own basic needs or protect themselves, while their caregivers might be drowning in severe sorrow, rendering them unable to help.
- Older children are at commonly at greater risk of trafficking, sexual abuse, child labour or recruitment to armed forces.

#### ■ People with specific health needs, chronic health conditions or disabilities

- Individuals suffering from chronic health conditions, disabilities, psychological disorders, or old age may need special help to reach a safe place, be linked to basic supports and health care, or be enabled to take care of themselves, to name a few examples.



- Difficult and traumatic experiences may worsen health conditions (like hypertension, heart diseases, asthma, anxiety and many other psychological or health disorders). Pregnant and breastfeeding women could suffer from severe fatigue because of the crisis, which could affect their pregnancy, health, or babies.
  - People who are unable to move on their own, or who have sight or hearing problems, may have difficulty finding their loved ones or accessing available services.
- People at risk of discrimination or violence
- People at risk of discrimination or violence may include women, people from certain ethnic or religious groups or minorities, or people suffering from psychological disorders. They are at risk the most because they could be:
    - Left out of distribution of basic services
    - Not involved in decision-making about aid, services and their own future
    - Targeted for violence, including sexual violence

People at risk of discrimination or violence may need special protection to ensure their safety during crises, and may require additional help to fulfil their basic needs and accessing available services.



## Unit Four

### Unit Objectives:

*Enabling Participants to:*

- *Understand community-based support groups, their roles and properties*





## I. WHAT IS A COMMUNITY-BASED SUPPORT GROUP<sup>118</sup>?

- Support group can be defined as a group of individuals having common needs, difficulties, fears, and interest, who meet together to exchange support among each other through sharing experiences, information and opinions in an appropriate environment.
- It is a place for these individuals to share their experiences and help each other out in times of hardship in order to ensure the health and wellbeing of all the group's members.
- Individuals facing similar life situations, especially in terms of negative or sad experiences, find comfort, support and strength in being together with other individuals facing the same, or a similar, situation.
- Social networks established within support groups may help reduce feelings of solitude and create a sense of social solidarity between individuals suffering from similar difficulties in their lives. In fact, the mere presence of an individual in a group may alone help him/her relieve him/herself from psychological and emotional stress; getting involved in a group of individuals suffering of the same problem helps in the realization that individuals are not alone, and also allows for sharing feelings of anger, sorrow, helplessness associated with their problems.
- Information sharing is one of the most important tasks of support groups.

- Information shared in support groups helps participants in developing coping mechanisms.

### Useful to Know:

Support groups don't offer treatment:

- They don't interpret your behavior in the group in order to provide insight.
- They don't analyze relations within the group in order to facilitate change on the level of the individual.
- They don't offer a professional analysis of interactions and reactions.

## II. WHAT IS THE ROLE OF COMMUNITY-BASED SUPPORT GROUPS?

The role of support groups is to provide a context that facilitates the meeting of the group members in all circumstances.

This context can be in the form of:

- Emotional support
- Spiritual support
- Physical support
- Psychological support
- Economic support
- Knowledge support – through providing information, knowledge and awareness



### III. WHAT IS THE PURPOSE OF SUPPORT GROUPS?

Support groups convene in order to:

- Share experiences, difficulties, and feelings
- Help individuals understand their problems better
- Establish contact with others having similar experiences and problems
- Reduce or eliminate feelings of anxiety, fear, guilt, or other negative feelings
- Receive effective information which could be helpful in participants' everyday lives
- Get to know the community's available referral system

### IV. WHAT ARE THE PROPERTIES OF SUPPORT GROUPS?

- After determining the members and the facilitator, there are a few properties which must be agreed upon concerning social groups.
- These properties are determined by defining the purpose of these groups (taking into consideration the cultural dimensions we work within).
- Successful emotional support groups have a purpose and mission which are specific and clear to all members.

Some of these Properties are:

#### 1. Venue

- It is recommended that the group's meetings be held at the same venue. This could be at a community center.
- It should provide confidentiality, privacy, and comfort, as well as fit all the participants.
- It should be easy to find and accessible for all the participants.

#### 2. Time

##### ■ Support Meetings' Start and End Timings:

- Having a clear framework, which makes meetings' duration predictable, would help the members organize their schedules to accommodate the group's meetings, and would contribute to the group's survival and continuity.
- Meeting duration should range between an hour and a half and two hours (duration can be better estimated based on the number of participants).

##### ■ Speaking Time Allocated for Each Individual:

- Members must agree on a time limit to abide by so everyone will have time to speak and participate.
- In some instances, it might be difficult to strictly abide by the time limit, especially when it is clear a member is going through a time of crisis, distress or pressure. In this case, the group may allow for an extended speaking time.



### 3. Determining whether the Group is Open or Closed:

- Open Groups: some of their properties:
  - Allows new members to join at any time
  - This kind is useful for individuals who need instant and direct support and who can't join permanently due to health, emotional, or work reasons.
- Closed Groups: some of their properties:
  - Have a preset number of members and new members can't be accepted.
  - This kind is useful for individuals looking for confidentiality.

### 4. Determining whether the Group is Definite or Indefinite:

- Definite Groups:
  - Have a set number of sessions, like having 6 or 8 sessions for example.
  - Have an agenda for every session.
- Indefinite Groups:
  - Don't have a set period of time for its end; they end when achieving agreed objectives.
  - Meeting agendas are determined according to members' needs.
  - Members have a more active role in deciding agendas; they determine what topics will be discussed and when it will be discussed.

### 5. Determining whether the Group is Mixed or Specific

- Mixed Groups:
  - Are groups that have no membership criteria such as sex, age, etc
- Specific Groups:
  - Are groups that do have membership criteria like sex, age, geographic location, and sexual orientation.

### 6. Group Size

Effective support groups have a specific number of members. The optimal number is somewhere between at least 6 and at most 15 individuals.

### 7. Ground Rule

- Each group's members have to define, and commit to, its ground rules during meetings.
- These ground rules define and organize the group's functioning during meetings.

### 8. Snacks and Breaks

Providing food and beverage can help in creating a welcoming and accepting atmosphere; but should be done before or after, not during, meetings because of the noise and interruption it could cause.



**Useful to Know:**

Examples of Ground Rules in Support Groups:

- a. We are here to exchange our personal feelings and experiences, not to provide advice.
- b. We are all responsible for making this collective effort a success.
- c. We accept others exactly as they are, and avoid making judgements.
- d. Every individual should be able to say what he/she feels and thinks, and this should be accepted by the group
- e. We try to give everyone a chance to participate.
- f. We have the right to speak and the right to remain silent.
- g. We pay attention and support the person speaking and avoid side-talks.
- h. We avoid interruption. If it is time for break, we resume speaking turns with the person speaking before the break.
- i. We have the right to ask questions and the right to refuse answering.
- j. We are trying to grasp our own feelings and talk about what we are going through now, not our past experiences.
- k. We don't talk about the group's members in their absence.
- l. We start and end meetings at on time.
- m. Everyone in the group are peers; there are no experts among us.
- n. There is no right or wrong in what an individual has to say.

**9. Fundamental Principles**

- Absolute Confidentiality:
  - What is said during a meeting stays in the meeting; this applies to every meeting.
  - Confidentiality doesn't mean withholding participants' identities from each other. It is common practice to take attendance (filling names, addresses, and phone numbers), and members can expect the facilitator to call or text them. That is not a breach of confidentiality.
  - Confidentiality here applies to the statements or disclosures of the participants during the sessions, not the identities of the support group.
- Respect:
  - Respect means treating others as you would like to be treated.
  - The facilitator and all the members should treat each other with respect.
  - All members of the support group are expected to:
    - a. Not judge the speaker
    - b. Not embarrass the speaker
    - c. Not push the speaker to say more than he/she wants to say
    - d. Not exceed time limits when speaking
- Empathy:
  - Helping someone doesn't mean changing the way he/she is handling the situation.
  - Empathy does not mean giving advice.



- It is the deep understanding of another person's thoughts and feelings, without judgement or expectation.
- It is reflected in listening with interest to others' feelings and behaving sensitively towards them; giving full attention and listening to every member when speaking reflects empathy, quite simply.
- It is very important to remember that facilitators are like a model for the group. They must show "respect" and "empathy" to the group's members, which contributes to creating a healthy, comfortable, and safe environment for the group.
- Facilitators can empathize with individuals' cases by simply being there fully for them and listening to them.
- Sometimes, it is recommended that empathy is expressed verbally through sentences like: "This experience you are(have) going(gone) must be (have been) tough!"

■ Focus on the "Here and Now":

- People in a support group shouldn't resolve their old problem, they should rather focus on their current situation.
- Facilitators should always guide people away from past experiences and bring them back to the present through questions like:

*"How are you handling the situation now?"*

*"Is there a specific situation you would like to discuss in the group?"*

- When an individual in a group dwells excessively on the past, a simple question can bring him/her back to the "here and now" such as:

*"What is the most urgent need now?"*

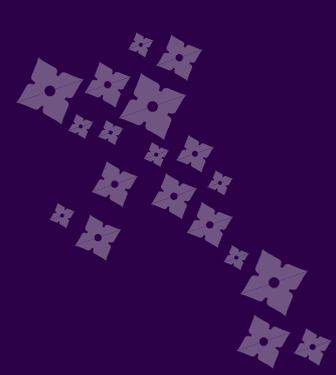
*"Allow me to help you stay the course: what is the current status of the situation you're talking about?"*

*"Can you present to us the current problem? I know it is difficult to stick to the present, but please tell us what is happening currently"*

*"I know how hard it is to do it, but could you please jump back to the "here and now" concerning this difficulty?"*

**Useful to Know:**

- Support group is not the right place to treat past problems. It is the appropriate place to discuss and solve current problems.
- The "here and now" means that the members focus on how to facilitate issues "now and here" and on the problems they would like to solve now.



# CHAPTER FOUR

## Facilitation Skills



## 1. Definition of Facilitation and its Benefits

Effective facilitation is an interactive process that allows a group of individuals to deliberate, dialogue, and exchange ideas. It also allows for agreement on specific issues through collaborative and creative discussions in order to reach conclusions and solutions to the issues at hand.

Through facilitation, a facilitator can achieve the following:

- Creating of a friendly and respectful environment in which proposed issues could be looked into
- Enabling individuals to express themselves without holding back
- Enabling teams to reach real outcomes without invading individual privacies
- Building trust and developing the concepts of being a group
- Problem solving
- Developing thinking skills
- Innovation

## 2. Facilitator's Skills

### ■ Communication Skills

Communication skills are the cornerstone of good facilitation; where the participants' skills can be utilized through the techniques of dialogue, discussion, listening, question-and-answer, and conclusion. Communication skills are highlighted via active listening and paraphrasing.

### ■ Discussion Administration Skills

In order to administer an effective discussion session, facilitators should follow the below steps:

- Leading and organizing conversations, disallowing chaos and side-talks
- Redirecting conversations to include the entire group, not only the facilitator
- Making sure a point is concluded before moving on to the next one

### ■ In-Discussion Diversity Management Skills

The cultural and social backgrounds of the participants are often diverse. Therefore, facilitators must account for this by paying attention to:

- The varying levels of knowledge among the participants
- Cultural differences
- Differences in interests and wants

### ■ Summarizing and Clarification Skills

At the end of a discussion, the facilitator has to always compile, before moving on to a new topic, all the concepts and issues that have been addressed while explaining the subject. By doing so, the participants would leave with an intensive, all-encompassing picture about the subject. Thus, the following should be accomplished:

- Summarizing the concepts tackled
- Having the participants summarize all the points of



- agreement according to a logical sequence
- Using the technique of posing questions to facilitate the process of revision
- Having one of the groups or one of the participants to present the summary

### ■ Observational and Analytical Skills

Facilitators should acquire a critical, objective, and constructive sense. Observational and analytical skills help them know and understand what goes on in the group on all levels. These skills also form the main pillars for the process of evaluation, aiding the group in the assessment of their progress vis-a-vis their goals and the effectiveness of the tools used to achieve them.

### 3. Facilitator's Characteristics

- Objective as possible
- Flexible and adaptable with circumstances
- Respectful and Understanding of cultural differences
- Unbiased and impartial
- Transparent in dealing with others
- Unprejudiced
- Open to unplanned emerging developments and problems and able to find alternative solutions

### 4. Facilitator's Role

#### Before the Session

- Get to know the group and identify its properties
- Define the goals of the session and plan it (Phases, timing...)
- Prepare a suitable environment for the session in terms of venue and equipment
- Prepare mentally and psychologically before opening the session

#### During the Session

- Display the session's goal and its procedures before starting the discussion
- Urge the group to focus on the subject under discussion
- Guide the group toward achieving the set goals
- Listen more than talk
- Adopt varying methods and styles to stimulate communication and information exchange
- Bridge the gaps between differing opinions
- Motivate the group, boost their activity or reduce it as needed
- Summarize the progress of the session
- Assign enough time for group work
- Stop anyone from dominating or monopolizing the discussion
- Manage conflicts if applicable
- Manage the session's pace and time



## After the Session

- Thank the group for taking part in the session
- Evaluate the session
- Document the progress for the session
- Contact the group for follow up when needed

## 5. Facilitation Techniques

### ■ Brainstorming

Brainstorming is a technique that enables the facilitator to collect the maximum number of ideas and opinions pertaining to a question – the subject at hand.

#### *How do we implement brainstorming?*

- Ask a specific question about the subject at hand.
- Write on the board everything the participants say without showing any reaction, be it in agreement or otherwise, and without discussing any idea.
- Categorize or sort the ideas, opinions and words in line with the session's goal and adjust what has been mentioned.

#### *Technique's Significance*

- Allows everyone's participation
- Amasses a lot of information
- Avoids debates
- Focuses on participants' ideas

### ■ Group Work

Group work is based on dividing the big group into smaller work groups that are in charge of assessing one specific issue; the issue can be the same for all work groups or each would handle one of its specific aspects.

#### *How do we implement group work?*

- Define the goal of using the work group technique.
- Demonstrate the work's procedures and phases with the assigned time.
- Make sure the information and procedures are clear to everyone.
- Have the group divided, by choice or assignment.
- Have groups start work and pass by each group to answer queries
- As group work is concluded, have each group display their set of outcomes.
- Administer the discussion and assist in reaching conclusions.

#### *Technique's Significance*

- Enhances problem solving, critical thinking, communication, and leadership skills.
- Increases the ability to participate of those who struggle to express themselves in front of the big group.
- Helps participants exchange ideas.
- Promotes team work.



### ■ Group Discussion

Group discussion is based on proposing a debatable topic that is supplemented with questions that serves a specific purpose.

#### ***How do we implement group discussion?***

- Prepare the supplemented questions that will be discussed in the big group.
- Present the topic and define the discussion's ground rules.
- Pose the questions for discussion in succession.
- Write the proposed ideas and opinions on the board so they would be summarized later on (optional).

#### ***Technique's Significance***

- Uses the participants' experiences in the session and builds on them.
- Enhances sharing and exchanging experiences.
- Helps the participants to consider different points of view of a single problem.
- Allows everyone to participate whenever they choose within the assigned time limit.
- Develops the participants' negotiation and communication skills, including listening.
- Enriches the topic under discussion with the multitude of ideas and opinions.



Medical card

Name \_\_\_\_\_

Gender \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of issue \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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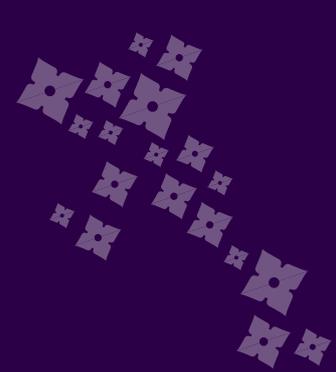
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# ANNEXES





## ANNEX I: SELF-CARE ASSESSMENT WORKSHEET<sup>119</sup>

The following worksheet for assessing self-care is not exhaustive; it is merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days.

When you are done, look for patterns in your responses. Are you more active in some areas of self-care but ignore others? Are there items on the list that make you think, "I would never do that"? Listen to your inner responses, your internal dialogue about self-care, and make yourself a priority. Take particular note of anything you would like to include more in your life.

3 = I do this well (e.g., frequently)

2 = I do this OK (e.g., occasionally)

1 = I barely or rarely do this

0 = I never do this

? = This never occurred to me

### Physical Self-Care

- Eat regularly (e.g. breakfast, lunch, and dinner)
- Eat healthily
- Exercise
- Get regular medical care for prevention

- Get medical care when needed
- Take time off when sick
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other fun physical activity
- Take time to be sexual - with myself, with a partner
- Get enough sleep
- Wear clothes I like
- Take vacations
- Other:

### Psychological Self-Care

- Take day trips or mini-vacations
- Make time away from telephones, email, and the Internet
- Make time for self-reflection
- Notice my inner experience - listen to my thoughts, beliefs, attitudes, feelings
- Have my own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which I am not expert or in charge
- Attend to minimizing stress in my life
- Engage my intelligence in a new area, e.g., go to an art show, sports event, theatre
- Be curious
- Say no to extra responsibilities sometimes
- Other:

**Emotional Self-Care**

- Spend time with others whose company I enjoy
- Stay in contact with important people in my life
- Give myself affirmations, praise myself
- Love myself
- Re-read favorite books, re-view favorite movies
- Identify comforting activities, objects, people, places and seek them out
- Allow myself to cry
- Find things that make me laugh
- Express my outrage in social action, letters, donations, marches, protests
- Other:

**Spiritual Self-Care**

- Make time for reflection
- Spend time in nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish my optimism and hope
- Be aware of non-material aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to me and notice its place in my life
- Meditate
- Pray
- Sing

- Have experiences of awe
- Contribute to causes in which I believe
- Read inspirational literature or listen to inspirational talks, music
- Other:

**Relationship Self-Care**

- Schedule regular dates with my partner or spouse
- Schedule regular activities with my children
- Make time to see friends
- Call, check on, or see my relatives
- Spend time with my companion animals
- Stay in contact with faraway friends
- Make time to reply to personal emails and letters; send holiday cards
- Allow others to do things for me
- Enlarge my social circle
- Ask for help when I need it
- Share a fear, hope, or secret with someone I trust
- Other:

**Workplace or Professional Self-Care**

- Take a break during the workday (e.g., lunch)
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with clients and colleagues



- \_\_\_ Balance my caseload so that no one day or part of a day is “too much”
- \_\_\_ Arrange work space so it is comfortable and comforting
- \_\_\_ Get regular supervision or consultation
- \_\_\_ Negotiate for my needs (benefits, pay raise)
- \_\_\_ Have a peer support group
- \_\_\_ (If relevant) Develop a non-trauma area of professional interest

### **Overall Balance**

- \_\_\_ Strive for balance within my work-life and work day
- \_\_\_ Strive for balance among work, family, relationships, play, and rest

Other Areas of Self-Care that are Relevant to You

- \_\_\_
- \_\_\_
- \_\_\_



## ANNEX II: MY MAINTENANCE SELF-CARE WORKSHEET<sup>120</sup>

- Review the Self-Care Assessment that you just completed, which includes what you are doing now for self-care.
- On this maintenance self-care worksheet, list those activities that you engage in regularly (like every day or week) under “current practice” within each domain.
- Identify new strategies that you would like to begin to incorporate as part of your ongoing maintenance self-care; pay particular attention to domains that you have not been addressing in the past.
- On the last page, identify barriers that might interfere with ongoing self-care, how you will address them, and any negative coping strategies you would like to target for change and how you will change them.

<b>Mind</b>	<b>Body</b>
<b>Current practice</b>	<b>Current practice</b>
<b>New practice</b>	<b>New practice</b>
<b>Emotions</b>	<b>Spirit</b>
<b>Current practice</b>	<b>Current practice</b>
<b>New practice</b>	<b>New practice</b>



<b>Mind</b>	<b>Body</b>
Current practice	Current practice
New practice	New practice
<b>Others</b>	<b>Others</b>
Current practice	Current practice
New practice	New practice

<b>Barriers to maintaining self-care strategies</b>	<b>How I will address these barriers and remind myself to practice self-care</b>
<b>Negative coping strategies I would like to use less or not at all</b>	<b>What I will do instead</b>



## ANNEX III: EMERGENCY SELF-CARE WORKSHEET<sup>121</sup>

Why do I need to do this? It is very hard to think of what to do for yourself when things get tough. It is best to have a plan ready for when you need it.

What should be in it? You need to consider 3 general areas: what to do, what to think, and what to avoid.

1. Make a list of what you can do when you are upset that will be good for you.

a. What will help me relax?

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*For example,*

- Breathing, Muscle relaxation, Music
- Reading for fun, watching a movie
- Exercising, Taking a walk

b. What do I like to do when I'm in a good mood?

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List all the things you like to do so you remember what they are when you need to think of something to do.

c. What can I do that will help me throughout the day?

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*For example,*

- Avoid too much caffeine if feeling anxious
- Remember to breathe
- Watch my thoughts
- Stay in the moment

d. Other: What else do YOU need to do that is specific to YOU?

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2. Make a list of people you can contact if you need support or distraction.

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For example, your best friend, other friends, sibling, parent, grandparent, other relative, therapist, priest/minister/rabbi/imam, etc.

a. Divide the list of people into categories by asking yourself the following questions:

- Who can I call if I am feeling depressed or anxious?
- Who can I call if I am lonely?
- Who will come over to be with me if I need company?
- Who will listen?
- Who will encourage me to get out of the house and do something fun?
- Who will remind me to follow my self-care plan?
- Other:

3. Next, make a list of positive things to say to yourself when you are giving yourself a hard time.

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Examples of negative self-talk:

- "I got a B- on the paper; that proves that I shouldn't be in graduate school." CHANGE to: "That is a good grade. I will work on getting a better one."
- "I do not understand research methods, I am so dumb." CHANGE to: "A lot of students are having a problem with this course. Maybe we should start a study group to help each other."
- "I can't get all this work done. I should just drop out." CHANGE to: "I will develop a schedule so that I can get this all done." "I can check with other students for ideas." "I can get some feedback from the professors that might help me do the assignments."

You get it. Try to think about what you would say to a client with the same struggles and apply it to yourself.



4. Next, make a list of who and what to avoid when you are having a hard time.

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Examples of people to avoid:

- My boy(girl)friend broke up with me. I will not call my sister as she always hated him. She'll be happy he's gone.
- I didn't get my assignment in on time and I'm worried about my grade. I will not call my dad. He is a stickler for doing things in advance so that they are never late. He'll just give me a hard time.
- I am discouraged about my grades. I won't call my best friend because she'll just tell me not to worry about it and to quit school if it's such a hassle.

You get this too. Not everyone can be supportive or helpful with every situation. Go to the ones who can be supportive about the specific issue you are dealing with.

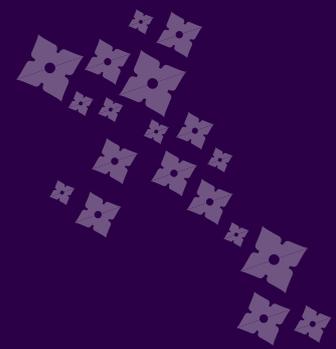
Examples of things to avoid:

- I should not stay in the house all day.
- I should not stay in bed all day.

- I should open the shades and let the light in.
  - I should not listen to sad music.
  - I should not drink too much alcohol.
  - Other:
- Again, you get it.

5. Write this plan on a 3x5" card. Keep it in your purse/wallet (and on your phone if you can). Look at it often. Add any good ideas to it whenever you can. USE IT!

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