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PARTICIPANT MANUAL | MODULE THREE

PSYCHOLOGICAL CARE and PSYCHOSOCIAL SUPPORT

Module III: Psychological Care and Psychosocial Support

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Acronyms

CSA	Child Sexual Abuse
GBV	Gender-based Violence
NET	Narrative Exposure Therapy
PTSD	Post-Traumatic Stress Disorder
SV	Sexual Violence

Introduction

In Module II you have discussed how to approach survivors of GBV/SV, including history taking, physical examination, treatment of common injuries and physical/clinical consequences, follow-up care and referral. However, many survivors who are subjected to GVB/SV suffer from concomitant emotional and physical injuries and present with mental health problems. Hence it is very important for health care providers to be equipped with basic knowledge and skill on how to provide first line psychological/mental health care and/or refer for specialized care as necessary.

3.1 Learning Objectives

By the end of this module, participants will be able to:

- Explain the major psychological consequences of GBV/SV
- Describe the core principles of psychological treatments to survivors of GBV/SV
- Describe types and levels of psychological and social interventions
- Provide basic counseling service to survivors of GBV/SV
- Provide referral for rehabilitation and/or social reintegration

Core competencies:
***Cognitive*:**
- Explain the major psychological consequences of GBV/SV
- Able to provide service for range and levels of psychological and social interventions

***Skill*:**
- Provide counseling to survivors of GBV/SV

3.2 Psychological and Social Consequences of GBV/SV

3.2.1 Psychological Consequences

Many survivors who are exposed to gender-based violence or sexual violence will have emotional/psychological or mental health problems. Although some victims of GBV/SV start recovering emotionally once the physical injuries from the assault have healed, others will continue suffering from the emotional wounds and will need more time to recover.
It is important to be able to recognize these survivors and to help them get adequate care. If such help is not available, there are things that first-line health care providers can do to reduce their patients' suffering.

Psychological consequences of GBV/SV can be:

- Emotional
- Cognitive
- Behavioral or
- Mental health problems

The table below will help you differentiate and classify the different entities into each category of psychological impacts. It can as well function as a tool to help in clinical decision-making and management in assessing, deciding and handling individual survivors. Therefore, health care providers should follow good clinical practices in their interactions with all survivors seeking care. Moreover, they

should be aware of the consequences to enable them distinguish those requiring referral for specialized psychological care and those to be followed at the first health care.

Emotional	Cognitive	Behavioral	Mental Health Problems
• Anxiety • Fear • Insecurity • Anger • Shame • Self-hate • Self-blame • Withdrawn • Hopelessness • Helplessness • Worrying • Frustration • Denial • Repression	• Concentration difficulties, • Hyper-vigilance (e.g. when people feel constantly alert to what is happening around them) • Repeated re-experience of the traumatic event in the form of flashbacks • Nightmares or intrusive memories (these can be triggered by many different factors)	• Inability to sleep • Avoidance (e.g. some survivors tend to avoid certain situations that remind them of the traumatic event) • Social isolation • Withdrawal • Changes in eating behavior • Substance abuse • Relationship problems (difficulties in establishing interpersonal relationships) • Sexual problems • Fear of intimacy	• Depression • Suicidal thoughts • Post-traumatic stress disorder • Anxiety disorders • Eating disorders • Substance/alcohol abuse • Body issues

3.2.2 Child Sexual Abuse (CSA) and its Effects on the Child Survivor

Child sexual abuse is not uncommon and it is a serious problem. CSA is defined as any sexual activity with a child irrespective of the consent of the child. The sexual abuse can involve seduction by a beloved relative or it can be a violent act committed by a stranger.

CSA can take many different forms. Incest is a common form of CSA and is any direct or indirect sexual contact that occurs between a child and a family member (e.g. a parent, step parent, extended family member, surrogate parent, etc.). Most incest in families occurs between older male relatives and younger female children.

Note: Statutory rape is sexual intercourse with a minor, with or without her consent. Children under the age of 16 years are not termed to have been raped, but to have been defiled.

CSA survivors usually denunciate the following people as the perpetrators: father/father figure; secondary relatives (i.e. uncle, aunt, grand-father or cousin); peer acquaintance; neighbor; husband of an early arranged marriage; another person's boyfriend; a stranger; a sibling; or other.

The **acts of CSA** may include: fondling a child's genitals; masturbation; oral-genital contact; digital penetration and vaginal and anal intercourse. Non-physical sexual abuse in children includes sexual language, voyeurism and child pornography.

- **Causes for sexual abuse in children** can be linked to e.g. loss of parents, lack of security, extreme poverty, negative peer influence, poor living conditions, ignorance, myths about HIV/AIDS and virginity, alcohol and drug abuse and isolation.

- **Effects of CSA on children:** children and adolescents who have been sexually abused can suffer from a range of psychological and behavioral problems, ranging from mild to severe, in both the short and long term. As for GBV/SV in adults, the impact of CSA varies from person to person and from case to case.

The problems resulting from CSA include but are not limited to:

- ***Post-traumatic stress disorder (PTSD)***

PTSD arises in response to trauma (e.g. rape).

Psychological symptoms include: distressing re-experiencing symptoms (flashbacks); avoidance of reminders of trauma and emotional numbness; hyper arousal or loss of memory of what happened; feelings of jumpiness or panic; feelings of numbness, being in a daze or shock over what happened; feelings of despair and hopelessness; loss of interest in work, school, socializing or other activities previously enjoyed.

Physical symptoms include: headaches; muscle and joint pain, twitches or shakiness; stomach ache, diarrhea, indigestion, heartburn, frequent urination; sweating, dry mouth, cold hands; fatigue and irritability; substance abuse; sexual dysfunction.

It is important to know that children can also develop PTSD. From the ages 8-10, the symptoms are like those found in adults. For children under the age of 8 and particularly under 5 years however, the symptoms are less clear and there are often no overt signs of distress.

Some noted **behaviors** in children with PTSD include: regressive behavior; new fears; overt aggressiveness/destructiveness; repetitive play about traumatic event.

One should observe the level of behavior, e.g. assaulting another child vs. mild repetitive play, when considering the need for treatment.

- ***Withdrawal and isolation***

Children who become victims of sexual violence might avoid being alone with people, such as family members and friends. Moreover, they could become frightened of people or reluctant to socialize with them.

- ***Self-blame and guilt***

CSA survivors frequently take personal responsibility for the abuse. When the sexual abuse is done by an esteemed trusted adult it may be hard for the children to view the perpetrator in a negative light, thus leaving the survivor incapable of realizing that what happened as not their fault.

***Other effects may include*:** loss of interest (generally and/or in people/activities that the child might have enjoyed before the incident); increased anxiety; sleeping problems and nightmares; aggression; self-destructive behavior; feeling “dirty”; decreased school performance; absenteeism from school; secretive behavior; mood swings; concentration difficulties; complaining of pain while urinating or having a bowl movement; developing frequent unexplained health problems; suicidal thoughts or attempts.

3.2.3 Social Consequences

Social consequences depend on the cultural context of the area in which the survivor lives. In many cultures survivors are stigmatized and isolated. They, rather than the perpetrator, are often blamed for the incident. For example, because of the way a girl dressed or the way the survivor acted, the society might find that her/his behavior and physical appearance provoked the sexual assault. The stigma will also affect the survivor's family and wider social network. This may lead to rejection by partners/families/communities, domestic violence, separation from children, loss of function in society, loss of job and source of income.

Survivors may also have difficulties to continue a sexual relationship with their partner. This can create tensions and challenges within the relationship, especially if survivors decide not to disclose the incident of violence to their partner.

The table below summarizes the social consequences of GBV/SV:

Consequences specific to female survivors	Consequences specific to male survivors
• Pregnancy and having to carry the child of a perpetrator to term; • Being forced to marry the perpetrator to maintain the family's honor; • The risk of further violence; • Not finding a partner; • Having difficulties in making a living; • Negative attitudes and behavior towards the survivor from her own community.	*Men and boys affected by GBV/SV may struggle in terms of their self-image and social identity because of the following:* • GBV/SV challenges the common views of masculinity, i.e. men and boys should be strong, in control and dominant; • They are afraid of being labeled as homosexual or bisexual. They are therefore likely to stay silent on the issue and remain isolated.

Consequences specifically to child survivors
• Show sexual behavior inappropriate for her/his age: child survivors might become sexually active at a younger age than would be considered appropriate; they might be promiscuous; and they might use sexual language or know information that they are not expected to know at their age. • CSA survivors (especially males) are more likely to become perpetrators of SV themselves. • When the perpetrator was a close family member, it might be very difficult for the survivor to build trustworthy relationships in the future. • The child might have concentration difficulties which might lead to decreased school performance to complete absenteeism from school.

3.3 Psychological and Social Interventions

3.3.1 General Principles of Psychological Treatments for Survivors of GBV/SV

- Survivors of GBV/SV seeking psychological treatments should not be viewed only from the lens of their problems, but should be seen as a whole person with a unique personality and lifestyle, and living in a particular context.
- The care giver should be aware of important differences in child and adult sexual assault survivors and should adapt the interventions accordingly.
- The psychological treatment for survivors of GBV/SV works best when the relationship between the patient and the service provider is based on trust and understanding. The care provider needs to have good rapport-building skills and should speak at the level of the patient, keeping in mind that each patient is unique.
- The care provider should assess the readiness to change in each survivor. Survivors might resist good suggestions, sabotage their progress, or may not cooperate with the care provider. The care giver needs to be attuned to when a survivor is more open to change and should guide her/him towards it.
- The care provider should assume that survivors deeply want change, even if there might be resistance to varying degrees. The care provider needs to help the survivors unlock the power of positive change.
- The survivor is the one that has to do the changing. The care provider can only be the facilitator, or provide the skeleton/framework. The care provider can help the survivor to see new habits, paths, and ways of being, or more positive directions. However, the patient is the one who must choose these new options.
- As human beings, each of us is in a continual transition to a better path and to a better way of being. We might get stuck at a particular level, or even regress. However, the care provider should work from the principle that problems are solutions waiting to happen and from the assumption that each moment is an opportunity for potential growth. We should never stop believing that our problems can be solved or that our growth can continue.
- Keep it simple. Therapy must reflect common sense to the survivors and must be communicated to them in simple terms and without omitting important information.
- Respect the overarching or super-ordinate principles like the right to Human Dignity, Non-Discrimination, Self-Determination, and the right to Information, Privacy and Confidentiality.

3.3.2 Factors that Influence the Psychological Impact on Victims of Sexual Violence

- Often the psychological needs of victims of sexual violence are overlooked, even in settings that offer medical services. With that in mind, health care providers should be aware of the factors that influence the psychological impact of victims of sexual violence.
  These can include:
  - Whether the victim is a child or an adult, i.e. age
  - A victim's socio-biological characteristics

- A victim's perception of her/his rights and her/his status
- Prior history of incidents, sexual or otherwise
- Prior mental health issues
- The relationship of the offender to the victim
- A victim's appraisal of the circumstances of the violence (e.g. threat to life, self-blame)
- A victim's coping mechanisms
- Positive social support
- Perceived and actual response of society, including any formal services approached, to disclosure of sexual violence
- The intensity of violence used during the SV (e.g. assault with a weapon)
- The location where the SV took place (whether the place was considered 'safe' by the victim prior to the assault)
- A victim's level of education

3.3.3 Types and Levels of Psychological and Social Interventions

Treatment for psychological disorders relating to sexual violence varies significantly in both approach and cost. Some treatments have proven effective for treating multiple types of psychological disorders while others address symptoms related to very specific syndromes.

- **Counseling services** have proven effective in addressing the psychological needs of survivors of sexual violence experiencing depression, anxiety or PTSD. Some of the other services include support groups (i.e. an informal group made up of people with similar problems who and 24-hour support hotlines.

- **Group therapy** is a therapeutic process between a counselor and a group of people with similar problems who share their experiences and thoughts. This approach has also proven to be effective in addressing symptoms of depression and anxiety. Group therapy is common in places or environments where social stigma and lack of resources and counselors make it difficult to receive one-on-one counseling sessions from qualified professionals.

- **Cognitive Behavioral Therapy** is a short-term, goal-oriented psychotherapy that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behavior that are behind people's difficulties, and thereby change the way they feel. The therapeutic method works by changing people's attitudes and their behavior by focusing on the thoughts, images, beliefs and attitudes they hold (a person's *cognitive processes*) and how these processes relate to the way a person behaves, as a way of dealing with emotional problems.

- **Trauma-based approach** is a method which is part of a cognitive behavioral therapy currently considered most effective for treating adults and children with PTSD by directly targeting the traumatic event. The methodology generally involves retelling the event in explicit detail, a process that helps the victims to "relive" the experience within a safe environment. One variation of this trauma-based strategy is called **Narrative Exposure Therapy (NET)**, where the

survivor constructs a narration about her/his entire life from birth to the present, exploring the traumatic experience(s) within this context.

- **Art therapy/Play therapy** has been used in a range of cultural settings where children have experienced sexual violence or other traumatic events. The **Art Therapy Treatment Intervention** is facilitated in a one-on-one session with children for approximately one to two hours. Children are encouraged to draw in a way that relate to her/his own unique story in a manner that was consistent with her/his level of graphic, perceptual, and cognitive development. After completing the piece of art, the child then retells the event using the drawings. At this point numerous issues are addressed, including misconceptions, rescue and revenge fantasies, shame or guilt, traumatic reminders, and coping and reintegration strategies.
  Art of play therapy thus creates an opportunity for the child survivor to easily join a therapeutic process.

  Note: This type of intervention is especially important for children, as they express themselves differently than adults. Indeed, to communicate with children, one has to be able to speak and understand their three languages: 1) the language of body, 2) the language of play, and 3) the spoken language.
  Moreover, children use four indirect methods to express their feelings: 1) Drawing, 2) Story-telling, 3) Drama, and 4) Play.

- **Psychodynamic psychotherapy** focuses on several aspects, such as expression of emotions, exploration of avoidance of distressing emotions, examining past experiences, identification of defense mechanisms, and working through interpersonal relationships. An important part of psychodynamic psychotherapy is bringing the person's conflict and psychic tensions from the unconscious into the conscious to encourage healthier functioning.

- **Client Centered/Humanistic/Supportive psychotherapy** may be provided in individual or group settings, and allows an individual to share her/his traumatic experience and the symptoms that resulted from the event. Supportive approaches aim to normalize the experience, instill hope, increase interpersonal learning, and decrease an individual's sense of isolation.

- **Family therapy** is a type of psychological counseling and is usually provided by a psychologist, clinical social worker or therapist. It helps family members to resolve conflicts.

3.3.4 Basic Psychosocial Support: Counseling Survivors of Sexual Violence

Survivors of sexual violence have multifaceted psychological needs and related cognitive patterns that should be well understood and taken care of to respond to those needs professionally. Identifying and understanding the psychological and emotional needs of persons who suffered a traumatic experience is a very important responsibility and all service providers need to be aware of this.
The response or psychosocial services mainly include psychological counseling, socialization, skill training and income-generating programs.

What does *psychosocial* mean?

- **Psycho:** The mind (unique feelings, emotions, thoughts, understandings, attitudes and beliefs which an individual acquires)
- **Social:** Interpersonal relationships and what goes on in the natural environment.

"Psychosocial" can mean the dynamic relationship between social and psychological experiences where the effects of one continuously influences the other. Social experiences may indeed lead to psychological consequences and some individuals with psychological problems will experience social consequences.

Social experiences that can lead to psychological problems include:	Psychological experiences that can lead to social problems include:
- Loss of loved ones - Sickness (of one's self and/or of one's parents) - Physical disability - Lack of basic needs (food, shelter, love etc.) - Loss of social status - Domestic violence	- **Anger** - **Helplessness** - **Frustration** - **Mental illness** - **Lack of peace of mind, anxiety** - **Worries** - **Suicidal thoughts**

Psychosocial versus Emotional Support

Psychosocial support is defined as: "providing compassionate and ongoing psychological assistance for survivors to heal their emotional pain and sufferings from sexual abuse."

Emotional support is a "first aid" psychological intervention for understanding the emotional environment of the survivor and has a healing power for the emotional wounds of child sexual abuse survivors.

3.3.4.1 Purpose of Psychosocial Support

Needs of survivors of SV:

- *Physical needs*: food, clothes, shelter
- *Emotional/psychological needs*: care, attention, security, acceptance, understanding
- *Social needs*: education, information, health
- *Spiritual needs*: prayer

After a sexual assault, basic psychosocial support by the general health care provider may be sufficient for the first 1-3 months, while at the same time monitoring the survivor for more severe mental health problems. Survivors with more severe mental symptoms need to be referred for specialized mental/psychological treatment.

- Explain that she/he is likely to feel better with time
- Help strengthen her/his positive coping methods
- Explore the availability of social support

- Teach and demonstrate **stress reduction** exercises
- Make regular follow-up appointments for further support

❖ **What is counseling?**

Counseling is a professional relationship between a trained counselor and a client. It can be done person to person or can take place in form of a group therapy.
Counseling can help the survivor to better understand what happened to them, to clarify their views, to reach self-determined goals through meaningful and well informed choices. Furthermore, it gives the client an opportunity to explore, discover and clarify ways of living a more satisfying and resourceful life.

3.3.4.2 Conditions for Effective Counseling

In order for counseling to be effective, *certain conditions must be fulfilled:*

The counselor must always have **the client's best interest** in mind; she/he must possess the **professional knowledge and skills** to manage cases of sexual violence; **enough time** should be provided for each session; the sessions must take place in a **separate and private counseling room**.

Moreover, *the different ground rules in counseling must be respected:*

- ***Rapport/Build a relationship based on trust***. Do not rush the process but give it time. You can for example start discussing things unrelated to the sexual assault in order to ease the situation and to make the patient feel more comfortable.
- ***Explain the problem/incident*** by adapting your language to the language used by the survivor. For instance, if talking to a child survivor of sexual assault, speak to her/him in a language the child understands. Use anatomically correct dolls, body language or drawings if necessary for the child to comprehend the incident and why it was wrong.

Possessing good communication skills and being an attentive listener by following the different steps (**ROLES**) is also an essential requirement for effective counseling:

R – stands for **Relax**: Survivors are more likely to feel comfortable when the care providers are calm and relaxed.

O – stands for **Open**: Keep an open posture; particularly regarding your arms (do not cross your arms).

L – stands for **Lean**: When sitting, lean slightly forward to engender a greater sense of intimacy.

E – stands for **Eye**: Eye contact is an important part of showing your attention and expressing empathy.

S – stands for **Square**: Face the survivor square on, with shoulders parallel to her/him.

- ***Exchange ideas and information*****:** during the session, ask only one question at a time; ask open-ended and closed-ended questions.
- ***Decision-making*****:** Know the importance of assessment and decision making procedures in the counselling process. You cannot decide for your patients but you can help them to make their own informed and rational decisions ("maximum benefit versus minimum risk").

- ***Follow-up*****:** Explain to the survivor the importance of patience and time in the healing process and the value of scheduling at least three follow-up sessions.
- ***Evaluation*****:** A periodic, comprehensive and systematic review of the intervention, including its results, is essential to understand whether the intervention is benefitting the patient or whether a change in the strategy/approach must be made.

❖ **A Counselor's Attitude and Skills**

- ***Professional*** *ethics*

Especially in cases of CSA, accepting that the child has been abused is not always easy for the person that the child talks to. Strategies and skills in handling sexually abused children are thus vital for all care providers.

- ***Confidentiality***

The principle of confidentiality is fundamentally important with regard to psychological support of survivors of SV, and is the backbone of counseling. Maintaining confidentiality is essential to build trust as it creates a safe environment for the patient to speak openly of what happened to him/her.
As for *child victims of sexual violence*, confidentiality should always be maintained except if it could potentially harm the child or others. Parents or legal guardians are made aware of confidentiality requirements but are informed of the counseling progress.

- ***Flexibility***

It is important for the care provider to remain flexible in her/his approach when dealing with survivors of GBV/SV. Every case of sexual assault is unique because each survivor is different and has different needs, beliefs, understandings, etc.

- ***Respect***

Showing respect towards the patient is crucial. It helps to build trust and thereby helps the survivor to open up on what happened to her/him.

- ***Empathy***

Always show and express empathy; try putting yourself in your patient's position and imagine how hard it must be for her/him to talk about the incident. Do not be judgmental in your questions and comments.
Apathy versus sympathy: Apathy is the lack of emotion, motivation or enthusiasm about a person, activity or object and/or a lack of interest or enthusiasm whereas sympathy is compassion; the ability to share the feelings of another person and a feeling of sorrow for the suffering of another.

- ***Understanding***

Show the survivor that you understand her/his pain and that you understand the difficulties she/he must face. Also show understanding when they refuse to disclose any information regarding the assault or when they need more time.

3.3.4.3 Strategies for Handling and Addressing Cases of Child Sexual Abuse (CSA)

- Provide medical support;
- Refer for legal support (e.g. child friendly police unit, free legal aid center, child friendly courts, etc.);
- Create a safe environment for the child to express her/himself;
- Provide child-friendly and child-sensitive integrated services;
- Provide ongoing counseling support;
- Involve family members if appropriate, social workers, etc.;
- Discuss the possibility of the child attending support groups (e.g. for sexually abused children);
- Assess the need for treatment of STIs;
- Teach children in a language they can understand (using anatomically correct dolls, body language, drawings, etc.):
    - About basic sexual education;
    - About their rights and the things they are allowed to do;
    - That their bodies are their own;
    - That sexual advances from adults are wrong and against the law;
    - To say "NO" when their bodies are being touched;
    - About the difference between good and bad secrets.
- Do not put different sexes in the same bed room, where possible;
- Parents/guardians should know their children's circle of friends;
- Teach children important life skills (e.g.: assertiveness);
- Sensitize communities on CSA (including awareness raising and capacity-building).

❖ **Interventions in CSA survivors**

Child survivors of sexual abuse are often too young to fully understand and realize what happened to them. In order to help traumatized children to recover from the emotional and psychological stress and to deal with the situation, it is very important to:

- Give the children warmth, love, care, support, even when they do not respond to it.
- Give them structure and make them follow a daily schedule.
- Find them a parent substitute if their own parents are not present.
- Offer them opportunities to talk about what has happened but give them as much time as they need to open up.
- Give them opportunities to express themselves through play, drawing or writing.
- Offer them a sympathetic ear.
- Give encouragements and avoid too much criticism.

3.3.4.4 Strengthening the Survivor's Positive Coping Methods

After a violent event a survivor may find it difficult to return to her/his normal routine. Encourage her/him to take small and simple steps. Talk to her/him about her/his life and activities. Discuss and plan together. Let her/him know that things will likely get better over time. *Encourage the survivor to:*

- Build on her/his strengths and abilities. Ask what is going well currently and how she/he has coped with difficult situations in the past.
- Continue normal activities, especially the ones that used to be interesting or pleasurable.
- Engage in relaxing activities to reduce anxiety and tension.
- Keep a regular sleep schedule and avoid sleeping too much.
- Engage in regular physical activity.
- Avoid using self-prescribed medications, alcohol or illegal drugs to try to feel better.
- Recognize thoughts of self-harm or suicide and come back as soon as possible for help if they occur.
- Return if these suggestions are not helping.

❖ **Explore the Availability of Social Support**

Good social support is one of the most important protections for any survivor suffering from stress-related problems. When survivors experience abuse or violence, they often feel cut off from normal social circles or are unable to connect with them. This may be because they lack energy or feel ashamed.
You can ask:

- "When you are not feeling well, who do you like to be with?"
- "Who do you turn to for advice?"
- "Who do you feel most comfortable sharing your problems with?"

Note: Explain to the survivor that, even if there is no one with whom she/he wishes to share what has happened to her/him, she/he still can connect with family and friends. Spending time with people the survivor loves can distract her/him from the distress.

Help the survivor to identify past social activities or resources that may provide direct or indirect psychosocial support (e.g. family gatherings, visits with neighbors, sports, community and religious activities). Encourage her/him to participate.

Collaborate with social workers, case managers or other trusted people in the community to connect her/him with resources for social support such as:

- Community centers
- Self-help and support groups
- Income-generating activities and other vocational activities
- Formal/informal education.

Exercise 3.1 Breathing and Progressive Muscle Relaxation Techniques

This breathing and progressive muscle relaxation exercise can be a helpful method to reduce stress. Your facilitator will take you through this exercise so that you can help survivors, who are stressed, agitated and anxious to relax using breathing and muscle relaxation technique. This exercise will help to feel calm and relaxed. You can also use this technical whenever you are stressed or anxious or cannot sleep. Follow the steps of this practical exercise with your facilitator.
This exercise will take approximately 6 minutes to complete.

1. **Slow breathing technique**

Step 1 – Positioning: Sit with your feet flat on the floor or sit on a chair. Put your hands in your lap or let them hang down loosely at both ends if you are sitting on a chair. Close both your eyes.

Step 2 – Relax: Relax your body by shaking your arms and legs and let them go loose. Roll your shoulders back and slowly move your head from side to side.

Step 3 – Focus your mind: Think about your breath and put your hands on your belly.

Step 4 – Breathe: Slowly breathe out all the air through your mouth, and feel your belly flatten. Now breathe in slowly and deeply through your nose, and feel your belly fill up like a balloon.

- Breathe deeply and slowly. You can count 1–2–3 on each breath in and 1–2–3 on each breathe out.
- Keep breathing like this for about two minutes. As you breathe, feel the tension leave your body.

2. **Progressive muscle relaxation technique**

In this exercise you tighten and then relax muscles in your body.

- Begin with your toes. Curl your toes and hold the muscles tightly. This may hurt a little. Breathe deeply and count to 3 while holding your toe muscles tight. Then, relax your toes and let out your breath. Breathe normally and feel the relaxation in your toes.
- Do the same for each of the following parts of your body, one after the other. Each time, breathe in deeply as you tighten the muscles, count to 3, then relax and exhale slowly.

  Hold your leg and thigh muscles tight…
  Hold your belly tight…
  Make fists with your hands…
  Bend your arms at the elbows and hold your arms tight…
  Squeeze your shoulder blades together…
  Shrug your shoulders as high as you can…
  Tighten all the muscles in your face…

- Now, drop your chin slowly toward your chest. As you breathe in, slowly and carefully move your head in a circle to the right, and then breathe out as you bring your head around to the left and back towards your chest. Do this 3 times. Now, go the other way… Inhale to the left and back, exhale to the right and down. Do this 3 times.
- Now bring your head up to the center. Notice how calm and relaxed you feel.

3.4 Referral for Social Services, Rehabilitation and/or Social Reintegration

The health care workers who complete the service and ensure the well-being of the survivor should know and refer her/him for social services for rehabilitation or re-integration. The process of reintegration into the community or reunification with the family in case of children who have been placed in temporary homes involves certain procedures and activities. The activities can be divided into two major categories, namely pre-reintegration and post-reintegration.

Pre-Integration Activities:

- Family tracing and assessment of the social environment
- Developing a reintegration plan
- Preparing the child
- Preparing family or relatives
- Preparing the child for entry into another residential home

Post Family Reunification or Re-integration Activities/Services:

- Post-reintegration outreach monitoring of the family, foster family/care or temporary shelter
- Ongoing support for the reintegrated child
- Provide different capacity-building trainings for the survivors
- Empowerment of the reunified survivor
- The child survivor of CSA reunified with the family shall be provided with the following capacity building/empowering trainings:
    - Life skill training
    - Basic business skill training
    - Assertiveness

In general, all parties and organizations engaged in psychosocial treatment shall have the following major roles and responsibilities:

- The organization has to make sure that its staff receives orientation on psychosocial care, and that each staff member has clearly defined roles and responsibilities.
- The decision for psychosocial intervention is to be taken only by a professional psychologist or fully-trained counselor from the case management team (if available). With the exception of emergency and crisis situations, the child has to participate in all decisions regarding psychosocial interventions on her/his behalf.
- Each organization should make sure that psychosocial interventions addressing trauma, extreme emotional states, etc. shall be conducted only by professionally trained counselors, psychologists and psychiatrists, and in accordance with the case management process.

Summary of Module III

This module focused on the psychological and psychosocial support for survivors of GBV/SV. These are very important considerations and essential for health care providers to fully understand. Knowing what attitudes to adopt and what skills are necessary when dealing with vulnerable survivors is crucial in providing adequate health services.

Also, the issue of CSA and the need to use different strategies when caring for child survivors is greatly emphasized in order to show how each patient is different and has different needs.

Moreover, the concept of psychosocial support is explained and various possibilities for referrals for social support identified.

Participant Self-Evaluation

- What did you learn?

- What knowledge and skills were you able to improve?

- What knowledge and skills still need improvement?