WORKING MANUAL FOR SURVIVORS OF VIOLENCE AGAINST WOMEN AND GIRLS COUNSELORS MAINLY IN SHELTERS

UN WOMEN

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ABBREVIATIONS

VAWG	Violence Against Women and Girls
GBV	Gender Based Violence
TF-CBT	Trauma Focused Cognitive Behavioral Therapy
SV	Sexual Violence/Abuse
SGBV	Survivor of Gender Based Violence
PTSD	Post-traumatic Stress Disorder
CBT	Cognitive Behavioral Therapy
DBT	Dialectical Behavioral Therapy
EMDR	Eye Movement Desensitization and Reprocessing
IASC	Inter-Agency Standing Committee
KAP	Knowledge, Attitude and Practice
OSC	One Stop Center
SEA	Sexual Exploitation and Abuse
TERM	Trauma Recovery and Empowerment Model
WERT	Women's Empowerment and Recovery-Oriented Trauma Therapy

INTRODUCTION

Violence against Women and Girls (VAWG) is one of the most systematic, widespread human rights violations faced globally. In Ethiopia, VAWG continues to be a major challenge and a threat to women's empowerment and protection. According to EDHS 2016,[1] at least one out of every three women in Ethiopia has been beaten, coerced into sex, or otherwise abused in her lifetime, by an intimate partner. The impact of violence ranges from immediate to long-term physical, sexual, and mental health consequences for women and girls, including death. It negatively affects women's well-being and prevents women from fully participating in the society leading to the loss of educational, employment, social, or participatory opportunities. Furthermore, there are insufficient rehabilitation service centers available in the country to provide effective and multi-sectorial services of high quality to women and girls survivors of violence in accordance with international human rights standards.

Studies and recent administrative reports revealed that there are few shelters providing rehabilitation and reintegration services for survivors of violence in the different regions and few one stop centers, gender-based violence hotlines and special investigation units providing coordinated and rapid services to women and girls. Reports also show a high unmet demand of services due to the prevalent incidents of violence and capacity gaps in shelters and one-stop centers. These gaps in providing standard services including access to tailored and regular training for personnel working in the shelters are paramount in combatting the issue[2].

On the other hand, the challenges in respect to staff burn-out resulted from dealing with women's traumatic experience was also one finding of the report.[3] One of the lessons learned from UN Women's end evaluation of the three-year program on EVAWG (2018) was to provide technical support to ensure counselling practice is based on a set of agreed principles and standards, so that counsellors are equipped with the necessary techniques for working with survivors, and that professional supervision is in place to monitor counsellors' self-care and professional competence, as well as to ensure ethical and safe practice.

UN Women has supported the provision of virtual training of trainers on tailored counselling to VAWG survivors for counsellors from shelters, one-stop centers and hotline services and the development of a reference manual on counselling for professional counsellors currently providing counseling services.

When in use of the Working Manual for Survivors of VAWG Shelter counselors in humanitarian setting, adaptation and contextualization is required in addition to referring to the IASC Guidelines on MHPSS in Emergency settings and the principles[4].

OBJECTIVE OF THE MANUAL

The overall objective of this manual is to enhance the quality of VAWG counseling services provided at the women's shelters, based on the overarching principle of 'Do no Harm'[5].

This working manual with counseling protocol will have an Amharic translated version so that it can be easily understood and used by the counselors for their day-to-day service provision in the shelters. Furthermore, five days training will be provided to the service providers from various organizations to learn how to implement the approaches included in the manual and to address burnout and stress management on a quarterly basis to counselors of survivors. This initiative will be implemented in line with the global essential services package specifically module 4 Essential Social Services.

Although counseling is provided at the One stop centers and Hotline services, the intervention delivered in those setting differ from counseling provided at shelters due to nature of the clients residing at the institute as opposed to One stop center and hotline clients who usually have a one-time visit.

The findings from the data collected from the knowledge assessment practice (KAP) and focus groups discussions conducted by UN women in 2021[6], led to the manual design for counselors supporting survivors of violence against women and girls with a focus on the on-going counseling at the shelters. The working manual is designed to best fit the on-going counseling approach at the women's shelters for survivors of VAWG; counselors at the one stop centers and GBV survivor's hotlines can contextualize the use of the working manual.

RATIONAL FOR THE MANUAL

The rational for this manual is to enhance the quality of counseling services by equipping counselors with the necessary counseling techniques, burnout and coping strategies, increased understanding of working with survivors of VAWG, strengthen their professional support, and ensure their counseling services help women and girls to achieve immediate safety, make sense of their experience, reaffirm their rights, and alleviate feelings of guilt and shame.

One of the challenges identified in the counseling service for survivors of violence is that it is usually provided through psychology graduates without a specialized training on VAWG. This poses serious risks, including re-traumatization or secondary victimization of the survivor and burnout or secondary traumatization of the counsellors themselves. Secondary traumatization on counsellors is defined[7] as indirect exposure to trauma through a firsthand account or narrative of a traumatic event. Counselors and therapists are exposed to extreme human suffering and observe the emotions of fear, helplessness and horror registered by survivors on a consistent basis. The vivid recounting of trauma by the survivor and the counselors' subsequent cognitive or emotional representation of that event may result in a set of symptoms and reactions that parallel PTSD. Recent research demonstrates that these occupational duties may cause psychological symptoms in the counselor who bears witness to the survivors' account of trauma. Secondary traumatization is also referred to as compassion fatigue (Figley, 1995) and vicarious traumatization (Pearlman and Saakvitne, 1995). It is an occupational hazard and reflects neither pathology in the therapist nor intentionality on the part of the traumatized client. According to Figley (1995), secondary traumatization results from knowing about a traumatizing event experienced by a significant other and the stress results from helping or wanting to help a traumatized person. Secondary traumatization is a term used to describe the effects not only upon mental health professionals but also upon family members and friends whose lives are closely associated with the trauma survivor.

According to the rapid assessment carried out during the Standard Operating Procedures (SOP) development for shelters, a limited number of the shelters provide art therapies, drawing, drama, music and handcraft activities for survivors as a way of teaching self-expression and trauma healing. For additional reading refer to Creative Counseling Techniques[8]. Aiming at assisting the protocol, this manual includes worksheets and activities to support the service provider with applying their new found skill. Many of the shelters provide individual counseling sessions, group counseling including peer counseling and therapeutic healing whenever relevant. These counseling services were rated as highly valuable services by the survivors.

HOW TO USE THE MANUAL

The manual is designed as a step by step guide and reference document to help VAWG counsellors. It recognizes that people using the manual will have different needs and different levels of knowledge and experience in relation to survivors of Violence against Women and Girls (VAWG) counselling. The manual has a table of contents to help users find information quickly and includes ready-to-use steps to support daily work. Above all, the manual is designed to be applicable in applying techniques and skills of counseling.

USERS OF THE MANUAL

Although counseling is provided at the One stop centers and Hotline services, the intervention delivered in those setting differ from counseling provided at shelters due to nature of the clients residing at the institute as opposed to One stop center and hotline clients who usually have a one-time visit.

ONE STOP CENTER AND HOTLINE COUNSELORS

Gender based violence counselors in the specific setting such as one stop center and Hotline service providers must abide by the principles described in their settings. Sector-specific tasks, roles and goals towards GBV survivors differ according to the nature of each service, but all providers share roles and responsibilities in dealing with survivors of GBV.

PART 1

HOW DO I PREPARE MYSELF AS A COUNSELOR FOR SURVIVOR'S OF VIOLENCE AGAINST WOMEN AND GIRLS

1.0 VAWG COUNSELOR AND COMPETENCIES

In Ethiopia, counseling services are usually provided through psychology graduates, and recently graduates who specialized in counseling, although all practice without a specific training on counseling to VAWG survivors. This poses serious risks, including re-traumatization or secondary victimization of the survivor and burnout or secondary traumatization of the counsellors themselves. According to the setup it is usually women who counsel the survivors at the women's shelters. However, at one stop centers, hotline services, and unisex shelters male counselors are available.

Effective counseling is an ongoing process of building relational bridges that engender trust and confidence. Sensitivity to the client's cultural and personal perspectives, genuine empathy, warmth, humility, respect, and acceptance are the tenets of all sound counseling relationship. Sue et al. introduced the phrase "multicultural counseling competencies" in 1992, researchers and academics have elaborated on the core skill sets that enable counselors to work with diverse populations, in addition Cultural competence has evolved into more than a discrete skill set or knowledge base; it also requires ongoing self-evaluation on the part of the practitioner. Culturally competent counselors are aware of their own cultural groups and of their values, assumptions, and biases regarding other cultural groups. Moreover, culturally competent counselors strive to understand how these factors affect their ability to provide culturally effective services to clients.

A genuine, trusting therapeutic relationship between the survivor(s) and counselor is crucial for the success of counseling. Effective counseling depends on putting together a dedicated counselor who have specialized knowledge, skills and attitudes on VAWG.

Counsellors maintain high standards of professional competence by attending to their personal well-being, by participating in continuing professional education, and by supporting the development and delivery of continuing education within the counselling profession.

The "counselling relationships" highlights the need for counsellors to enter into a collaborative dialogue with their survivor to ensure understanding of counselling plans intended to address goals that are part of their therapeutic alliance.

VAWG counselor provides safe, supportive and solution-focused approach to the survivor being mindful of their primarily obligation to help clients.

Unfortunately, not all counselors uphold the professional relationship they're expected to maintain with their clients. These professionals are known as abusive counselors, and they do a major disservice to the entire field of therapy, counseling, and other forms of professional mental health treatment. Abusive counselors may re-victimize individuals who may be already fragile or vulnerable. Counselors who elect to abuse the power they have been given as a mental health professional choose to cross boundaries that were established to protect their clients. This can potentially do incredible damage and majorly set individuals back in their road to recovery and healing. Counselors can abuse their power in many ways. Abusive counselors may negatively affect clients they see emotionally, psychologically, and even physically. One of the most harmful ways is through sexual exploitation and abuse (SEA). Sexual exploitation is when a person convinces someone with less power such as the survivor, to participate in sexual activities. This includes exchange of assistance that is due to beneficiaries. Any sexual relationship between those providing counseling and a person benefitting from such assistance and protection that involves improper use of rank or position is prohibited. Such relationships undermine the credibility and integrity of any counseling work. One of the warning signs of emotional abuse is when a counselor shames, blames, degrades, or humiliates the client who turns to them for help. As a mental health specialist, a counselor typically has a code of conduct to abide by that these behaviors would go against. When a counselor emotionally abuses their patient, it can exacerbate their concerns or create new issues.

Revealing personal information about another client is typically another red flag of an abusive counselor. Counselors usually have confidentiality agreements they need to follow, making it inappropriate and illegal for a counselor to discuss other clients' issues with anyone else.

In addition, when a counselor develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.

Counselors are obliged to create and maintain an environment which prevents SEA and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment"[9].

1.1 TOP 8 ATTRIBUTES OF A COUNSELOR[10]

Communication Skills

Effective counselors should have excellent communication skills. Although some of these skills can be honed during graduate school and are developed and refined over the course of your career, you should already possess certain communication skills before embarking on a counseling career. Counselors need to have a natural ability to listen and be able to clearly explain their ideas and thoughts to others.

Acceptance

Being nonjudgmental and accepting are important attributes in any of the helping professions. But professional counselors must be able to "start where the client is at." This phrase is often used in counseling to describe the ability to relate to clients with an open, nonjudgmental attitude – accepting the client for who she is and in her current situation. Counselors need to be able to convey acceptance to their clients with warmth and understanding.

Empathy

Counselors help people through some of the most difficult and stressful times of their lives. They must be able to display empathy – the ability to feel what another person is feeling. Empathy means that you are truly able to imagine what it's like to stand in someone else's shoes. Compassion and empathy help your clients feel understood and heard.

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Problem-Solving Skills

It's not up to a counselor to solve clients' problems, no matter how much one want to help. But counselors must have excellent problem-solving skills to be able to help their clients identify and make changes to negative thought patterns and other harmful behaviors that might be contributing to their issues.[11]

Rapport-Building Skills

Counselors must possess a strong set of interpersonal skills to help establish rapport quickly with clients and develop strong relationships. They must give their undivided attention to clients and be able to cultivate trust. Counselors need to be able to place all of their focus on what their clients are saying and avoid being distracted by their own personal problems or concerns when they are in a session.

Flexibility

Flexibility in counseling is defined as the ability to adapt and change the way you respond to meet your clients' needs. You don't stay rigid and stick to a predetermined treatment path when your clients require a different approach. Being flexible is one of the most important attributes of a professional counselor.[12]

Self-Awareness

Self-awareness is the ability to look within and identify your own unmet psychological needs and desires, such as a need for intimacy or the desire to be professionally competent. This ability prevents your issues from affecting or conflicting with those of your clients. Self-awareness has a major impact on a counselor's effectiveness, says Professor David Hutchinson in his book, "The Essential Counselor."

Multicultural Competency

Counselors help people from all walks of life. They must display multicultural competency and adopt a multicultural worldview, says Hutchinson. Multicultural competency means that you try to relate to and understand your clients regardless of their race, ethnicity, religious or political beliefs or socioeconomic background.

1.2 CONSIDERATIONS FOR CHILD SURVIVOR OF VAWG

As with all counseling-related jobs, having empathy is an absolute must for child survivor counselors. During childhood, children seek safety and security from their caregivers and their world in general; however when that trust is compromised through abuse or trauma, these child survivors are highly emotionally fragile, often leery of adults, and may not have the capacity to trust, at least initially. As a result, it is imperative that the counselor be able to identify with the child's situation and make them feel understood and safe through empathy.

Some extremely critical skills to accomplish these tasks are, kindness, trustworthiness, using simple language, and having an abundance of patience while listening to how they can identify, express, and work through emotions in their context.

Perhaps more so than in any other counseling-related profession, child survivor counselors must exude trustworthiness. Children that have suffered at the hands of an adult will likely have a difficult time being able to trust again. Therefore, child survivor counselors must be able to communicate and demonstrate their ability and willingness to be a trusted adult in the child's life. In addition child survivor counselors must possess high-level analytical skills that will help them decipher the specific issues with which the child is dealing with. However, sometimes child survivors will not be able to express how they feel, let alone explain what happened to them. Depending on the context, the counselor will be working with Child Protection Specialist as needed.

1.3 COUNSELING ADULTS AND CHILDREN SURVIVORS WITH DISABILITIES

On this manual we will refer the person with disabilities in the person-first language used by the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD). The CRPD explains that: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".[13]

Types of disability:

- Physical disabilities can affect mobility/walking and moving various parts of the body freely as well as muscles and bones and human body systems that include digestive, respiratory, circulatory, cardiovascular, endocrine and nervous systems.
- Cognitive or intellectual disabilities affect thinking, learning, reasoning, processing of new information, memory and concentration.
- Sensory disabilities affect touch, taste, smell, hearing and sight.
- Mental illness refers to mental health disorders whose symptoms affect thoughts, moods, behaviors and the impact on everyday functioning[14]

This section of the manual provides a starting point for counseling adults and children with disabilities with a goal of giving counselors a basic foundation to provide the best client services. Refer Layout 1 (icasa.org)for additional resources.

Violence against women is one of the most common forms of human rights abuse. Women and children with disabilities experience higher rates of abuse than women without disabilities due to intersection of gender and disability. Women with disabilities comprise 10% of women worldwide. The human rights based approach acknowledges that women and girls have human rights just like everyone else, and that violence against women with disabilities is a violation of those human rights.

According to the Global Essential Services Package for women and girls subject to violence, Essential health care, social services, justice and policing services must be available in sufficient quantity and quality to all victims and survivors of violence regardless of her place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language and level of literacy, sexual orientation, marital status, disabilities or any other characteristic not considered.[15]

It is essential that the counselor establishes meaningful connections with the survivor. Some survivors may be ready to talk about the abuse experience and engage in counseling from the first contact. For others, it can be helpful to have conversation that does not immediately focus on the abuse. Learn about the survivor and provide information about sexual safety, sexual violence prevention and trauma recovery. For counseling to be effective, counselors must have some understanding of the survivor's life outside of sessions. It is also very important for a counselor to check the assumption one has which can be about own capacity and/or the capacity of the person with disability. It is critically important to know what assumptions one has and the impact those assumptions make on counseling someone with a disability.

Violence against adults and children with disabilities can take many forms. As a result of the trauma that survivors with disabilities experience, they may also experience PTSD and other mental health-related disabilities. Individuals who experienced trauma can also acquire a disability due to the impact of the trauma on mental health or the body.

Adults and children who have disabilities may also experience sexual assault and abuse by volunteer or professional care providers - those very people charged with providing assistance with daily life activities. People with disabilities may wait longer than people without disabilities to disclose their experience of abuse and they may have experienced sexual abuse by multiple perpetrators and across multiple years. Interpersonal violence disproportionately affects individuals with disabilities, who often face increased risk due to factors beyond their control, such as power differentials in caretaker relationships. Disability may also impact an individual's ability to identify and report abuse and/or access inclusive resources and support.

Sexual assault survivors and children with disabilities share many of the same general effects of sexual assault and abuse as all survivors. When they are not supported, they may experience problems with substance abuse, eating disorders, depression and other trauma symptoms. Interviews with sexual assault and abuse survivors with disabilities indicate that they, too, experience difficulties with trust, safety and relationships and they, too, may become socially withdrawn and lose previously gained abilities that support independent living. Abuse survivors with disabilities may also encounter additional problems with self-protection, alienation, dissociation and overly compliant and acquiescent behavior.[16]

Disability is an experience often perceived by persons without disabilities and society as a negative experience and as something undesired. Such attitudes are not necessarily the same as those held by individuals with disabilities and their families (Dunn & Brody, 2008; Wright, 1991). Although there is no comprehensive or universal to-do lists when working with sexual assault survivors or children with disabilities, there are some general suggestions that can be helpful. Still, there is a great deal of individual differences in how a disability manifests itself, how a person understands and regards their disability, and the how they prefer interacting with other people regarding a disability.

Some adults and children with disabilities are unable to communicate through oral language, yet possess receptive language and other ways of communicating which include: sign language, nodding, or a communication board that has pictures, symbols and words to which the person can point. Anxiety almost always exacerbates speech impairments, so survivors with such a condition need patient, reassuring questioning.

Facts that counsellors should know:

- The multiple and intersecting forms of discrimination which are experienced by women with disabilities increases their vulnerability to many different forms of violence.
- Women and girls with disabilities are at higher risk of violence, due to misconceptions and negative attitudes, isolation and social exclusion.
- Children with disabilities, particularly girls with disabilities, may be denied the right to education, particularly in low-income settings where families may prioritize non-disabled children for limited resources than both non-disabled females and their disabled male counterparts.
- Because women and girls with disabilities are more isolated than most underrepresented groups, their plight typically has not been addressed.
- Women and girls with disabilities therefore warrant unique attention when examining abuse and violence in the community.
- Women and girls with disability who live in institutions are often victims of violence and sexual abuse.
- Women and girls with visual and hearing impairments, psycho-social disability or mental illness are twice as likely as women and girls without disabilities to experience violence and abuse throughout their lives.
- Women and girls with disabilities are targeted for rape because they might have challenge with physical mobility.
- Older women with disabilities are at particularly high risk of violence and abuse.[17]
- Women and girls with intellectual disabilities have greater risk of sterilization.

- Adults and children with disabilities may rely on others to meet basic needs, and the use of multiple caregivers increases opportunities for sexual abuse as they are dependent on others for daily care and activities. This may be used by others as a way of controlling or exercising power over the individual.
- Social isolation results in limited exposure and lack of information about personal relationships and opportunity to disclose if sexual assault/abuse occurs.
- Adults and children with disabilities have had limited opportunity to interact and develop social skills in integrated settings.
- Lack of social credibility for adults and children with disabilities who report or disclose sexual violence.
- Young women and girls with disabilities have lowest levels of sexual and reproductive health information and education.
- Sexual assault survivors that are deaf have speech difficulties or a limited vocabulary may need communication devices or interpreters to assist with disclosing or reporting abuse.
- People who have developmental disabilities may lack information about sexuality, sexual abuse and personal safety strategies. [18]
- Young people are up to 4 times more likely to face violence.

A person with a disability faces the complex challenges of coping with being a survivor but also as well as their disability and the barriers posed by the service providers.

Disability etiquette and sensitivity

It is not unusual for counselors who have no experience or limited experience with adults and children with disabilities to be concerned about how best to interact and communicate. Most of what a counselor already knows and do will work well with survivors with disabilities. Utilizing a survivor-driven approach is the foundation to a solid counseling relationship and communication. Focusing on the person instead of the disability is the best method. Disability etiquette is basically following the same good manners or practices that you would apply when interacting with anyone. A good starting point is to see the survivor with a disability as a human being and honor their lived experiences. Counselors don't have to be the expert. The expert is right in front of you.

Tips for counselors

- Make no assumptions based on appearance or communication. A person's disability may be more or less severe than it appears.
- Talk directly to the abuse survivor and not the care provider, family members, case manager, social worker or interpreter.
- Involve parents, caregivers, spouses, partners, service providers and other family members only if a survivor gives full consent.
- Person may be guarded by family members or service providers and support staff may be walking a fine line between the wishes of a client, and their guardian, family members, and agency policies and practices.
- Take special notice of any person who answers for and does not ever leave the survivor. This person may be working with or actually be the abuser.
- People with cognitive disabilities and/or mental illness may take longer to process feelings and information. Take additional time if needed for intake, advocacy and counseling services.
- Abused survivors may have extremely limited knowledge about sexual activity, their own bodies and they may have been instructed not to talk about either.
- Go slowly and take your cues from the person.
- Support the survivor in making decisions and choices as you would any other survivor.
- Keep in mind that living a normal life does not make a person with a disability extraordinary or heroic or special

Disability Humility

Disability humility is a survivor-centered approach which equalizes power between the counselor and the survivor. This approach reinforces the fact that the survivor is the expert about what happened to them, how they best learn, what they need to feel better, and what makes them most comfortable. In counseling, disability humility requires the counselor to be open, respectful, creative and ready to learn. As a counselor, YOU DO NOT HAVE TO BE AN EXPERT ON EVERY KIND OF DISABILITY. The disability is not the most useful or interesting piece of information about the person. Healing is supported by focusing on the whole person.

PART 2

2.0 FACTS ABOUT VIOLENCE AGAINST WOMEN AND GIRLS

2.1 Types of Gender Based Violence Include:[19]

- Sexual violence, including rape, sexual abuse, sexual exploitation and forced prostitution
- Domestic violence
- Forced and early marriage
- Harmful traditional practices such as female genital mutilation, honor crimes, widow inheritance
- Trafficking

The nature and extent of specific types of GBV vary across cultures, countries and regions.

The term "gender-based violence" is often used interchangeably with the term "violence against women" and "sexual and gender-based violence". The term, "gender-based violence" highlights the gender dimension of these types of acts; in other words, the relationship between females' subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, including sexual violence (SV), particularly when they are subjected to torture and/or detainment.

2. 2 Consequences of VAWG

It is important to understand the potential consequences of VAWG that may affect a survivor's behavior and choices after experiencing violence. It is also very important to avoid doing further harm by reinforcing any negative consequences, such as blaming the survivor or minimizing the violence they experienced. Furthermore ensuring confidentiality is pivotal as it is one of the main reasons survivors will not seek help in fear of the social lash back due to family and the community finding out about the violence they experienced.

Some form of GBV can be life threatening experience while they might have mild to severe emotional impact and its consequences can be divided into 4 forms:- Physical, Psychological, Emotional, and Behavioral.

Physical: Refers to physical injury sustained from rape, hitting, slapping, kicking, punching, pushing, and using weapons. These include HIV and/or sexually transmitted infections, unwanted pregnancy, chronic pain, sleeping and eating disorders, death, including suicide etc.

Emotional: Refers to increased incidences of depression, anxiety, PTSD, and suicide.

Psychological: Refers to traumatic stress such as nightmares, flashbacks, intrusive memories, numbing, hyper arousal, hyper vigilance, depression, temper, hopelessness, irritability, insomnia, appetite loss, sadness, self-mutilation, anxiety, fearfulness, etc.

Behavioral: Alcohol abuse to numb trauma, suicidal ideation for escape, lack of confidence, low self-esteem, living in fear, avoidance of places and situations, trouble concentration and isolation.

2.3 Trauma and VAWG

Trauma by definition[20] is "actual or threatened death, serious injury, or sexual violence" that are experienced. The following are trauma criteria based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [DSM-5].

1. Directly experiencing the traumatic event(s). 2. Witnessing, in person, the event(s) as it occurred to others. 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental. 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). This event is relived with all the accompanying symptoms such as anxiety, depression, or other feelings of unhappiness or distress that is out of proportion to the circumstances of a person's life. Intern, trauma may lead to long-term neurosis or mental disorder that causes a sense of distress and deficit in day to day functioning. This mental or behavioural disorder is known as Post-traumatic stress disorder-PTSD.

PTSD is a mental and behavioural disorder that can develop because of exposure to a traumatic event. Symptoms of PTSD usually begin within 3 months of the traumatic incident, but they sometimes emerge later. Although most people who experience traumatic events do not develop PTSD, people who experience particularly interpersonal violence such as rape, other sexual assaults, being kidnapped, stalking, physical abuse by an intimate partner, incest or other forms of sexual abuse are more likely to develop PTSD than those who experience non-assault based trauma, such as accidents and natural disasters.[21]

2.4 Brain Function with Trauma and PTSD

As we look at what happens in the brain, certain structures are closely related due to PTSD causing the hyperactivation of some brain structures while other areas become hypoactive. These structures include the amygdala, hippocampus and the prefrontal cortex. Our brain is equipped with an alarm system that normally helps ensure our survival. With PTSD, this system becomes overly sensitive and triggers easily. As a result, the part of our brain responsible for thinking and memory stops functioning properly.

Studies[22] show that the part of the brain that handles fear and emotion (the amygdala) is more active or hyperactive in people with PTSD, while the area that controls your memory (the hippocampus) and the pre-frontal cortex whose function is implicated in planning complex cognitive behaviour, regulation of emotions, decision making, and moderating social behaviour, becomes hypoactive or in other words abnormally inactive. Some get so inactive to the point of atrophy or to the point of becoming shrunk or become debilitated. A long-held interpretation of these studies is that, in PTSD, the pre-frontal cortex is asleep at the wheel, allowing the amygdala to go unchecked and thus produce many of the intense anxiety symptoms that are a key feature of PTSD. Experts recommended treatment at an early stage.

PART 3

WHAT IS MY GOAL OF COUNSELING VAWG SURVIVORS

3.0 COUNSELING OVERVIEW

As a counselor, it is essential to have an awareness of effective practices and interventions for use in treatment with VAWG survivors. With growing sexual abuse and traumatization cases, the need for knowledge, understanding, and implementation of effective practices becomes evident.

3.1 Definition of counseling: Consensus definition of counseling[23] is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. Counseling is a two way process.[24] Counselor can help the counselee if he/she cooperates with the counselor and open his/her heart to him, otherwise counseling becomes a difficult task.

We do counseling based on some scientific background and assumptions which will lead a counselor to a proper order in the counseling process. Doing this involves:

- Establishing a trusting relationship
- Helping the client tell their story
- Listening carefully
- Respecting the client
- Being non-judgmental
- Providing confidentiality
- Providing correct information
- Helping the individual make informed decisions
- Helping the client to recognize and build on their strengths
- Helping the client develop a positive attitude
- Maintaining a professional relationship with client

It does not involve:

- Making decisions for the client
- Judging, interrogating, blaming, preaching, lecturing or Arguing
- Making promises that you cannot keep
- Allowing clients to become dependent on you

THE COUNSELLING ENVIRONMENT SHOULD BE

- Welcoming (greet clients appropriately, show them where to sit)
- Comfortable (have comfortable seats, try to sit at the same level)
- A place with few distractions (no telephone, or interruptions from other staff or family members)
- A place where privacy and confidentiality can be maintained
- Non-threatening (e.g. a place where people can feel relaxed and comfortable).

3.2 Counselling goal for VAWG survivors

Counseling aims to facilitate self-knowledge, emotional acceptance and the optimal development of the survivor. The main objective of these goals is to bring about a voluntary change in the survivor to behave in a more rewarding manner that promotes healing, comfort, clarification, and reconciliation while modifying or replacing irrational beliefs or maladaptive thought patterns associated with self-destructive behavior.

Almost all theorists agree to bring about a change in behavior is enabling the client to live a more productive and satisfying life. Some of the different goals that are adopted either explicitly or implicitly by the counseling process are:

- **Behavior change:** The goal of counseling is to bring about change in behavior that will enable the client to be more productive within society's limitations.
- **Improving relationships:** Inadequate social skills cause survivors to have trouble relating to others within family, marriage, and peer group interactions due to poor self- image. The counseling goal is to help the client improve the quality of their lives developing effective interpersonal relationships.
- **Enhancing coping skills:** Helping survivors to cope with new situations and challenges is the goal despite the unique expectations and requirements imposed on us by others. Healthy coping skills are emotional, cognitive, and behavioral tactics that make us feel better and less stressed.
- **Enhancing decision-making:** Counseling enables the survivor to obtain information, clarify emotional concerns, and acquire an understanding of their abilities and interests in making decisions. This will enable making critical decisions regarding alternative courses of action without outside influence, and identify emotions and attitudes that could influence their choices and decisions.
- **Enhancing Potential:** Enhancing potential is to maximize survivor's freedom by giving them control over their environment while analyzing responses and reactions. The goal is to help survivors learn how to overcome the challenges such as shyness, depression, anxiety, stigma from family, fear of further violence from perpetrators, helplessness, insecurity, sexual dysfunction, addiction, and so forth.

3.3 Most effective approaches for counseling Survivors of VAWG

The needs of traumatized women are met through different aspects of counseling service. Counseling services offered by domestic violence programs incorporate a variety of therapeutic approaches such as cognitive-behavioral, solution-focused, empowerment-based, and art therapy tailored to the individual needs and desires of survivors. Some programs offer individual counseling, some provide group counseling, and still others offer both.[25] The general intent behind counseling interventions is to alleviate the distress that often accompanies victimization such as depression, anxiety, posttraumatic stress symptoms, guilt, shame, and to increase survivors' sense of self and well-being.

Some of the most effective treatment[26] methods for those struggling with trauma:

- Cognitive Behavioral Therapy: a common and well-supported treatment for trauma disorders.
- Exposure Therapy: a therapy in which the patient is exposed to reminders of their trauma in a gradual and safe way.
- Medication: can be used to treat many symptoms of trauma, including anxiety, depression, and insomnia.
- Narrative Exposure Therapy: helps individuals establish a coherent life narrative in which to contextualize traumatic experiences.
- Eye Movement Desensitization and Reprocessing (EMDR)[27]: A structured therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories.
- Group therapy is been found to be effective in treating trauma as well.
- Mindfulness-based treatments for posttraumatic stress disorder

From the above mentioned therapies, cognitive behavioral therapy (CBT) may be especially useful in reducing mental health problems associated with both intimate partner violence and sexual violence (WHO, 2010a). However, it is critical that those providing emotional care and support have adequate counselor training in issues related to the psychological impact of different types of violence against women and girls (Bott et al., 2004).

CBT is recommended more than others because it is a short-term, goal-oriented psychotherapy treatment 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 promote self-awareness and emotional intelligence by teaching survivors to "read" their emotions and distinguish healthy from unhealthy feelings.

Helping survivors understand how distorted perceptions and thoughts contribute to painful feelings are possible by using ones values as a compass, considering long term benefits in addition to short term benefits, considering the cost of not making a decision, and accepting mistakes despite the fear of making that mistake.

3.4 Survivor-centred Approach

"The survivor-centred approach aims to create a supportive environment in which a survivor's rights are respected, safety is ensured, and the survivor is treated with dignity and respect. The approach helps to promote a survivor's recovery and strengthen her or his ability to identify and express needs and wishes; it also reinforces the person's capacity to make decisions about possible interventions".[28]

The notes here focus on the principles of the survivor-centred approach.

1. The principle of safety

The safety of the survivor and survivor's family should be ensured at all times. Keeping survivors safe should be a number one priority. Survivors of sexual abuse are at heightened risk of ongoing violence (e.g. domestic violence), murder or suicide, as well as social discrimination and isolation. Counselors have to assess safety risks and minimize the risks for survivors and their immediate family members. Incidents of sexual violence also affect survivors' sense of security and trust in other people. The world may suddenly seem a dangerous, chaotic or unsafe place. Naturally enough, survivors may lose their belief in the goodness of humankind. Counselors should try to support them by staying close and remaining calm, even if the person is extremely distressed. Being genuine and honest will help the distressed person to rebuild a sense of trust and safety and begin the recovery process.

2. The principle of confidentiality

Maintaining confidentiality means that information about survivors should not be shared with others without the informed consent of the survivor. This means not sharing information with doctors, other NGOs, co-workers, family members, the media, etc. without consent. There are certain exceptions to this rule that are about the absolute safety of the survivor and/or immediate family. These exceptions to maintaining confidentiality are: when a survivor might try to hurt her or himself; when there is a risk that the survivor might hurt others; when a child is in danger and when laws or policies require mandatory reporting. Refer to worksheet 18 for a template of a consent form. For further information on mandatory reporting on VAWG, please refer to Ethiopian Women's Lawyer Association.[29] Disclosure of confidential information can expose survivors to severe social stigma. In some societies people affected by sexual violence will be punished or at risk of losing their life (together with those of their immediate family). They may be isolated or rejected from their families and the community. Confidentiality is therefore paramount in all aspects of support for survivors. The threat of discrimination, social isolation and punishment is very real. Survivors will be frightened that information about them could become public. Counselors must always inform those they are supporting that no information will be shared unless written consent is given. The fact that a person has shared her/his story with you as a service provider is a big step and a sign of trust. All personal information should therefore be treated extremely carefully. Maintaining confidentiality at all times is an important strategy to ensure the safety of the survivor and to minimize the risk of discrimination and isolation.

3. The Principle of respect

Respect means seeing the survivor as the primary actor in the situation. The wishes, rights, and dignity of the survivor have to be respected at all times. The role of counselors is to facilitate recovery and provide resources for problem-solving. Loss of control is a central element of incidents of SGBV. During the recovery process, a survivor has to gain back a sense of control over her/his life. The failure to respect the survivors' right to find their own solutions can increase their feelings of helplessness and dependency on others. The work of the helper should always be to strengthen self-efficacy, enabling survivors to feel strong and competent. Survivors should therefore be in control of the process and their wishes should determine the actions taken.

4. The principle of non-discrimination

The principle of non-discrimination "All people have the right to the best possible assistance without discrimination, on the basis of gender, age, disability, race, color, language, religious or political beliefs, sexual orientation, status or social class, etc." To offer support in a non-discriminative way, we need to be aware of these preferences or prejudices.

PART 4

PROTOCOL FOR COUNSELING VAWG SURVIVORS

INTRODUCTION TO TRAUMA FOCUSED-COGNITIVE BEHAVIORAL THERAPY PROTOCOL

The survivors of sexual violence benefit from the treatment of several specialized and general types of counseling process including trauma-focused cognitive–behavioral therapy (TF-CBT). In this working manual, we will focus on trauma-focused cognitive therapy to assist counselors in shelters, one stop centers, and hotlines achieving optimal outcomes among VAWG survivors.

The step by step TF-CBT protocol is a standard set of rules and structured procedure that allow the counselor to provide effective counseling session to survivors of VAWG in shelters, one stop centers, and hotlines. The protocol has 8 components.

The 8 PRACTICE Components of TF-CBT

Trauma-Focused Cognitive Behavioral Therapy is administered in eight components comprising three distinct phases.

In addition to these eight components, there is another complementary component for parents of the survivor in therapy. The parenting component (Non Offending parent/care giver) consists of an individual parents-only session for each of the eight PRACTICE components. Parents or care givers and child survivors receive the same amount of time in treatment. Child survivor refers to children between the ages of 3 and 18 years old according to TF- CBT.

Fostering the Ability to Hearing and Talking About Traumatic Events

A key requirement of TF-CBT is the counselor's ability to tolerate hearing and talking about survivor's trauma experiences. But this may be difficult because these stories are often very graphic and distressing. This is why avoidance is such a common and often maladaptive response among both trauma survivor and counselors. However, there is evidence that becoming able to remember and talk about the trauma without extreme distress is central to resolving trauma's impact. Therefore, it is crucial for a survivor to have a counselor who can tolerate hearing about their traumatic experiences, as well as their accompanying emotional reactions. Counselor's comfort and commitment to the positive value of openly addressing the trauma encourages both survivor (and parents) to follow their lead. Counselors need to balance the importance of addressing the trauma experience with the need for adequate preparation, a strong therapeutic relationship, and the survivor proceeding at a pace she or he can tolerate.

Limitations of TF-CBT

Because TF-CBT can temporarily worsen trauma symptoms, clients must demonstrate some ability to practice distress tolerance skills.

Hence, TF-CBT is inappropriate for children or adolescents experiencing actively severe suicidal ideation, psychosis, or self-harm behaviors. It is also not appropriate for people actively under the influence or struggling with a substance use disorder. Therefore, for clients with suicidal ideation a suicide risk assessment should be conducted according to the hand out 12.4 on the GBV Case Management & Counselling Training Manual[30] (Facilitator's Guide).

These populations will typically benefit from a more structured, supervised approach. In some cases, they may require a higher level of care offered in a hospital-based or inpatient setting. After achieving stabilization, TF-CBT may be an appropriate approach.

4.0 TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY OVERVIEW

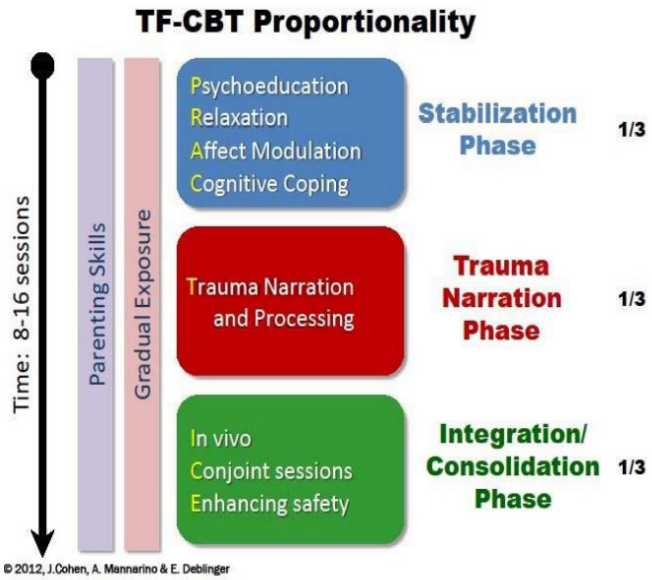
TTrauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a type of Cognitive Behavioral Therapy designed to help children, adolescents, adults, and families who are dealing with the detrimental effects of trauma. Originally, TF-CBT was created to help children and adolescents who had experienced sexual abuse. However, over the years Trauma-Focused CBT has expanded. TF-CBT has become an evidence-based method effective for anyone who has experienced individual trauma or multiple traumatic events. It is often used for the treatment of Post-Traumatic Stress Disorder, which may result from the grief and loss of a loved one or sexual, physical, or mental abuse in the home or workplace. Some of the symptoms of PTSD that can be treated with TF-CBT include depression, anxiety, and grief.[31]

Esther Deblinger PhD, is Professor of Psychiatry at Rowan University School of Osteopathic Medicine in Stratford, New Jersey , Judith Cohen is Professor of Psychiatry at Drexel University College of Medicine and Anthony Mannarino PhD, is Director of the Center for Traumatic Stress in Children and Adolescents and Vice Chair of the Department of Psychiatry at Allegheny General Hospital in Pittsburgh, Pennsylvania originally developed trauma-focused CBT, all of whom are experienced doctors of medicine and psychology. The therapeutic treatment method has been carefully studied and polished over the last 25 years. 14 randomized and controlled trials have already been conducted in countries throughout Europe, the US and Africa, comparing the outcomes of completed TF-CBT sessions with those of other therapeutic approaches.

Each one of these studies established that this specific method was superior in providing trauma survivors and their immediate families with the support and direction required to overcome destructive traumatic experiences and associated disorders.

The Trauma-Focused CBT Approach

TF-CBT is a short term, trauma-sensitive approach that usually lasts between 8 to 16 sessions though it can also last anywhere from 8 to 25 sessions depending on the case. It also depends on the individual and their specific needs. In a safe and secure therapy environment, Cognitive Behavioral Therapy techniques are implemented so that the individual can understand their negative or distorted thinking patterns and reactions and modify these thoughts and behaviors. Survivors are encouraged to share their feelings and learn techniques to manage their difficult emotions and symptoms. This is done over the course of therapy. Moreover, elements of family therapy are also incorporated in the TF-CBT approach. When the individual engaging in therapy is a child or adolescent who has experienced trauma in the form of domestic violence, abuse, or has experienced the death of a loved one, the non-offending parent is often involved in the sessions. Both the child and parent learn to better process their emotions, communicate with one another, and develop skills. Some core aspects of TF-CBT include: Psychoeducation; Learning relaxation techniques; Cognitive processing of the trauma(s); Family therapy (e.g. child-parent sessions); Skill-building, and developing plans for enhancing future safety.[32]



TF-CBT treatment goals include:

• Help the individual recognize and accept that they are not responsible for the trauma

• Decrease the person's sense of shame and embarrassment

• Reduce symptoms related to or triggered by the trauma

• Assist the person in improving all areas of functioning that were affected by the trauma

- Lessen any acting out behaviour connected to the trauma
- Help mend and strengthen relationships, including communication and attachment
- Provide a process in which the survivor learns about trauma and develop strategies to reduce related stress and modulate and control associated feelings and thoughts
- Aid the individual in learning to cope with stimuli that may lead to traumatic reactions
- Assist in developing and maintaining a secure sense of safety as well as adaptive social skills

4.1 PHASE ONE: STABILIZATION

Stabilization (If applicable)

Goal: To calm and orient emotionally overwhelmed or disoriented survivors

Counselors know that trauma treatment must begin with an emphasis on safety and stabilization; it is often very difficult to know exactly how to help the trauma patient stabilize. Counselors can easily get caught up in the roller coaster ride of crises, suicide attempts, self-loathing, self-destructive impulses, anxiety, hyper vigilance, and difficulties with self-regulation. Counselors can start to feel out of control with frequent experiences of joining the patient on this roller coaster ride, rather than helping them get off of it.

Implementation:

- ☐ The counselor must first adopt the attitude that nothing, not even the patient's feelings, is more important than safety and stability
- ☐ The counselor must believe strongly that recovery from traumatic experience cannot take place without sufficient stability to be able to remember the past without becoming overwhelmed by it and thus re-traumatized
- ☐ The counselor must assume the role of teacher or guide to the survivor
- ☐ A significant factor in stabilization is the gradual re-defining of the patient's role from that of victim to that of survivor
- ☐ Counselor must orient emotionally overwhelmed adult survivors to understand their reactions by explaining that intense emotions may come and go like waves, shocking experiences may trigger strong, but often upsetting, self-protective "alarm" reactions in the body
- ☐ Each and every troubling symptom can be re-framed with the appropriate psychoeducational input
- ☐ The other key message in the psychoeducational piece of stabilization work is that the trauma survivor has symptoms instead of memories
- ☐ An other way to stabilize is to take a few moments for calming routines (for example, go for a walk, breathe deeply, practice muscle relaxation techniques)
- ☐ Counselor checks if friends or family can be a sources of support to help the survivor calm down
- ☐ For survivors who appear extremely agitated, show a rush of speech, seem to be losing touch with the surroundings, or is experiencing ongoing intense crying,
  - Ask the individual to listen to you and look at you
  - Find out if he/she knows who he/she is, where he/she is, and what is happening
  - Ask him/her to describe the surroundings, and say where both of you are
- ☐ Counselor introduces Grounding technique to the agitated survivor by stating "After a frightening experience, you can sometimes find yourself overwhelmed with emotions or unable to stop thinking about or imagining what happened. You can use a method called 'grounding' to feel less overwhelmed. Grounding works by turning your attention from your thoughts back to the outside world. Here's what you do...."

- Sit in a comfortable position with your legs and arms uncrossed.
- Breathe in and out slowly and deeply.
- Look around you and name five non-distressing objects that you can see. For example you could say, "I see the floor, I see a shoe, I see a table, I see a chair, I see a person."
- Breathe in and out slowly and deeply.
- Next, name five non-distressing sounds you can hear. For example you could say, "I hear a woman talking, I hear myself breathing, I hear a door close, I hear someone typing, I hear a cell phone ringing."
- Breathe in and out slowly and deeply.
- Next, name five non-distressing things you can feel. For example, you could say, "I can feel this wooden armrest with my hands, I can feel my toes inside my shoes, I can feel my back pressing against my chair, I can feel the blanket in my hands, I can feel my lips pressed together."
- Breathe in and out slowly and deeply.

☐ If none of these interventions aids in emotional stabilization, consult with mental health professionals and/or a psychiatrist, as medication may be needed.

When the survivor is a child: The counselor explains that

☐ After bad things happen, your body may have strong feelings that come and go like waves in the ocean

☐ When you feel really bad, that's a good time to talk to your mom and dad to help you calm down

☐ Even adults need help at times like this

☐ Many adults are working together to help with what happened, and to help people recover

☐ Staying busy can help you deal with your feelings and start to make things better

☐ When something bad like this happens, it is really important to get support from adults that you trust. Is there anyone who helps you feel better when you talk to them? Maybe I can help you get in touch with them

When counselor uses grounding technique on a child survivor: counselor asks

- To name colors that they see around them. For example, you could say, "Next, name five colors that you can see from where you are sitting. Can you see something blue? Something yellow? Something green?"

Relationship Building

The most important element in a counseling relationship, weather a single session or long term counseling, is the quality of the relationship between the counselor and the survivor. Establishing an open and trust worthy relationship with your survivor creates the foundation for how they will most effectively reach their goal and it is also a significant measure of success in counseling.

Points to consider

☐ Create an atmosphere that is friendly, warm and welcoming.

☐ Remain sensitive why the survivor has sought help.

☐ Establish Rapport, build trust, and identify survivor's likes, dislikes, motivations, interest, and etc.

☐ Form boundaries and do not judge

☐ Explain the purpose of counseling, confidentiality, survivor rights, and explain TF-CBT.

☐ Complete thorough intake assessment, history, etc.

☐ Develop survivor's problems list, identify strength and concerns, identify potential barriers to treatment, and identify resources and/or supplemental treatment.

☐ Encourage survivor to start a personal journal (writing, drawing of self, family, etc.)

4.1.1 PSYCHOEDUCATION

Goals: To provide information about, validate and normalize for survivor and parent, the impact of the survivor's trauma experiences on different domains of functioning and provide information about the value of treatment and hope for recovery.

Implementation:

To assist you in your application refer to Worksheet 1 & 1.1

- ☐ Provide directive education about trauma
- ☐ Provide Psychoeducation about abuse
- ☐ Provide Psychoeducation about rape or type of abuse
- ☐ Provide developmentally appropriate sexual education (anatomy, birth control, STD, etc.)
- ☐ Provide Psychoeducation on self-esteem and relationships (healthy friendship, romantic and coercive relationship, domestic violence, sexual assault, love and affection versus lust and attraction, boundaries, etc.)
- ☐ Provide information on one's human rights, value and worth.
- ☐ Discuss other beneficial topics based on the individual needs. (Anger management, communication, trauma reminders, or how stress and PTSD affect our bodies).
- ☐ Establish social norms regarding survivor responsibility for trauma and trauma coping: "It's not your fault and you did the best you could".
- ☐ Educate about normal reaction to trauma. Example statement: I see that this is tough for you, but I'm glad to hear that you feel safe. You are in a safe place. The feelings you're having now are because of something that already happened. It is okay to feel that way, and it is okay to talk about it. I'm here to help you feel less bad.
- ☐ Provide information about neurobiology responses to trauma and how TF-CBT treatment can address this.
- ☐ Walk survivors through the Trauma-Focused Cognitive Behavioral therapy approach, and help them develop the skills they will need to promote meaningful healing and development.
- ☐ Explain and normalize PTS symptoms/PTSD and avoidance: "You're not crazy".
- ☐ Explain how treatment works (e.g., learn skills to feel better when scared/worried; learn how thoughts drive feelings and behavior; talking about what happened lowers the emotions when remembering or being reminded; putting the trauma into perspective helps put it into the past).
- ☐ Confirm that survivor's reactions are normal and understandable and that their feelings are valid.
- ☐ Finally, this component is wrapped up by encouraging the survivor that there is hope for recovery. The counselor will acknowledge that although it may be a long road and much effort may be required, it is possible to live a happy and healthy life once again.

4.1.2 RELAXATION

Goals: To develop and practice individualized relaxation strategies that the survivor can use and reinforce using it in a variety of settings and to assist the survivor in identifying personally helpful calming skills and activities.

Implementation:

To assist you in your application refer to Worksheet 3, 4, 5, 6, 8, 9, 10 and 11

- ☐ Provide information about the body's response to stress and how relaxation skills can help to lessen stress, anxiety, and fear reaction to abuse and trauma reminders.
- ☐ Identify and discuss both positive and negative coping strategies.
- ☐ Discuss survivor's personal triggers and coping mechanisms. (only if client is ready to talk about it)

- ☐ Teach relaxation and thought stopping strategies. (Deep breathing, progressive muscle relaxation, exercise and physical activity, mindfulness, guided imagery, thought stopping ideas, thought replacement ideas.
- ☐ Help survivor identify and list personally helpful activities for calming herself and minimizing intrusive thoughts, feelings, and memories.
- ☐ Identify helpful ideas for dealing with nightmares, flashbacks, and sleep problems (if applicable).
- ☐ Help the survivor describe activities the survivor finds enjoyable and/or relaxing (e.g., sports, reading, crafts, games, bath, music, etc.), and uses these as a basis for developing a "toolkit" of individualized relaxation strategies the survivor can use in a variety of settings (e.g., going to sleep; at school; with friends; with trauma reminders).
- ☐ Demonstrate and ask the survivor to try some empirically proven relaxation strategies such as focused ("belly") Breathing ; Progressive Muscle Relaxation; Visualization; Yoga; Mindfulness; Grounding; Deep breathing; ; Guided meditation; Thought stopping; Positive self-talk; and Have survivor use their own strategy.

When the survivor is a child:

- ☐ The counselor meets individually with the parent, shares the survivor's preferred relaxation strategies with the parent, and instructs the parent to encourage the survivor to practice these in a structured way for at least 20 minutes each day, and to encourage the survivor to use these strategies when trauma reminders occur (gradual exposure, GE). (Kerr, 2007).

4.1.3 AFFECTIVE MODULATION SKILL

Goals: To empower the survivor with the vocabulary to appropriately describe the full range of emotions, as well as identify and be aware of emotional triggers.

Implementation:

To assist you in your application refer to Worksheet 2,3,4,5 and 11

- ☐ Have survivor practice identifying and labeling emotions.
- ☐ Present Psychoeducation regarding emotional expression including: What, How, When, Why and How much (intensity).
- ☐ Assist survivor in recognizing and expressing various emotions and when they are generally experienced and to what degree.
- ☐ Discuss the role of body language and facial expressions in the communication of various emotions.
- ☐ Educate applying relaxation and stress reduction techniques.
- ☐ Provide the survivor with affective expression skills through games or activities.
- ☐ Demonstrate and practices with the survivor a variety of affective modulation skills tailored for the survivor's developmental level and preferences. These may include positive imagery, ongoing self-monitoring of feelings, distraction skills from negative thoughts (e.g., activities and social interactions, reading,

When the survivor is a child:

- ☐ The therapist meets individually with the parent to teach the parent these skills and encourage the parent to support the survivor in practicing these skills daily, including in response to trauma reminders.

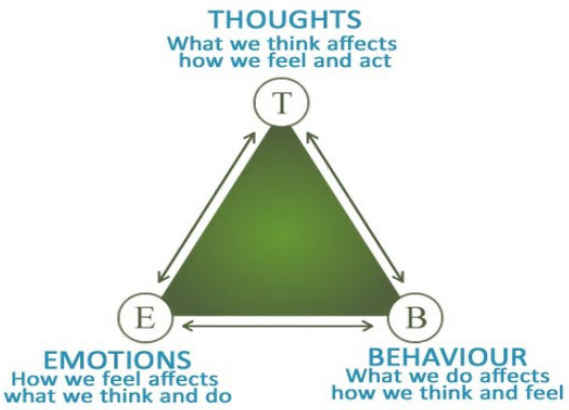
4.1.4 COGNITIVE COPING SKILL

Goals: To help the survivor gain understanding in connections between their thoughts, feelings and behaviors; and to gain skill in replacing inaccurate or unhelpful inner dialogue and thinking process.

Implementation:

To assist you in your application refer to Worksheet 8,9,10 and 11

- ☐ Teach the cognitive triangle (how our thoughts affect our feeling which leads to our behaviour).



- ☐ Explain the difference between thoughts and feelings.
- ☐ Present the existence of inner dialogue or internal conversation with ourselves.
- ☐ Present the thinking process including what we think (internal dialogue) which could be positive or negative thoughts and why we think the way we do (influences and experiences).
- ☐ Review common inaccurate unhelpful thoughts.
- ☐ Identify ways to respond to negative internal messages with accurate helpful thoughts.
- ☐ Practice scenarios from the survivor's everyday life.
- ☐ Assist the survivor in considering whether their everyday thoughts are accurate and helpful, and if not, develop skills to replace inaccurate or unhelpful thoughts with more accurate or helpful thoughts, in order to feel and act more positively.
- ☐ Introduce the cognitive triangle (connections among thoughts, feelings, and behaviors) in relation to common scenarios from the survivor's daily life that generates negative emotions. (e.g., "a friend doesn't say hi to you in school—what do you think, how do you feel, how do you act?"), through this process, help the survivor to explore whether their thoughts are accurate or helpful (e.g., "I think my friend is mad at me"; "I feel sad and mad—I didn't do anything to her to get mad at me"; "I don't talk to her the rest of the day").
- ☐ Assist the survivor to develop more helpful and/or accurate thoughts (e.g., "Maybe something upsetting happened to her last night; maybe she's worried about a test today") thereby developing more positive feelings ("concerned about my friend; not mad at her") and behaviors ("I'd try to find her and ask if she's okay") in the situation.
- ☐ Encourage the survivor to practice this skill regularly and to track how it works.
- ☐ Implement trauma narration as it facilitates survivor in correcting their maladaptive trauma related cognitions by helping the survivor to better clarify and organize their traumatic experiences.

When the survivor is a child:

- ☐ Introduce and practices these cognitive coping strategies with the parent. Gradual Exposure (GE) is used only with the parent in this component, by starting to explore the parent's maladaptive cognitions related to the survivor's trauma experiences.

4.2 PHASE 2: TRAUMA NARRATIVE AND PROCESSING

The trauma narrative is a psychological technique used to help survivors of trauma makes sense of their experiences, while also acting as a form of exposure to painful memories.

Goals: To assist the survivor in developing a trauma narrative about the survivor's personal trauma experiences by providing a safe therapeutic environment.

> **Note:** Trauma narratives can be emotionally draining, especially when exploring new territory. Be sure to leave plenty of time before the end of a session for your client to decompress and regain composure.

Implementation:

To assist you in your application refer to Worksheet 3,5,7,8 and 11

- ☐ Start with the facts, the survivor's first retelling of their trauma story should focus on the facts of what happened. Encourage them to share the who, what, when, and where of their traumatic experience.
- ☐ Discuss reason and importance for doing a trauma narrative.
- ☐ Read a story about someone's experience of abuse/trauma (to normalize the sharing).
- ☐ Have the survivor choose which part of the trauma to share.
- ☐ Discuss options for story telling in a personally chosen format other than dictating which could be by drawing, music, poem, dance, drama, collage, etc.
- ☐ Encourage use of relaxation technique whenever there is fear or anxiety.
- ☐ Affirm that negative thoughts and feelings are in the past, they are not part of the present.
- ☐ Have the survivor tell her story in detail, dictated to and repeated by the counselor (with some prompting for additional details, thoughts, and feelings).
- ☐ Praise the survivor for bravely sharing her personal story of trauma and remind her that it reflects only part of and not the totality of her life story.
- ☐ If a lesser trauma was chosen, ask the survivor if she would like to now share a worst trauma and repeat this sharing process.
- ☐ Assess survivor's readiness to share her story with someone other than the counselor.
- ☐ Support survivor to identify a supportive person with whom to share her personal trauma story.
- ☐ Assess the support person's readiness to hear the survivor's trauma story and prepare on how best to respond.
- ☐ Prepare survivor to share her trauma story by discussing expectations and possible reaction of the chosen person.
- ☐ The trauma narration process involves the counselor guiding the survivor in an interactive trusting process of sharing the experiences and cognitively processing the trauma with new meaning. Journal writing can be an effective tool to achieve this.
- ☐ Trauma narratives are most effective when they're written. However, for many people, it will be difficult to get started with a completely blank canvas or for those who are not able to write, audio recording is an alternative. In these cases, talking through the facts will make it easier to write or record the narrative.
- ☐ It is important to emphasize that the product the survivor develops (e.g. a written journal, song, poem, etc.) represents only a small part of that process.
- ☐ If the facts are too difficult to get out, break things down further. Ask your client to write separate entries about what happened before, during, and after their trauma.
- ☐ Ask them to slowly read through their narrative, adding information about the thoughts and feelings they experienced during their trauma. Revisions to the facts are also acceptable during this part of the process.

- ☐ Your role as the counselor is to encourage more sharing. Avoid challenging any irrational thoughts, for now
- ☐ Use open questions to help your client explore their thoughts and feelings in key areas.
- ☐ As your client becomes more comfortable telling their story, you'll begin to focus on the more uncomfortable parts of their experience. Ask your client to share their worst memory, or the worst moments, of their trauma.
- ☐ If it is difficult for your client, it's OK to move slowly
- ☐ Try prompting your client by asking about each of their senses, and what they were thinking and feeling during the worst moments of the trauma.
- ☐ Review the story once again, this time challenging any irrational thoughts. Allow your client to revise any sections as they see fit.
- ☐ Finally, ask your client to write one last paragraph about how they feel differently now, as opposed to when their trauma was occurring. What have they learned? Have they grown stronger in any ways? What would they say to someone else who was going through the same experience?

When the survivor is a child:

- ☐ The trauma narration and processing involves the counselor guiding the survivor in an interactive, trusting process of sharing the experiences; cognitively processing these traumatic experiences (making new meaning) and sharing the narration and processing with the caregiver during individual sessions, in preparation for upcoming conjoint child parent sessions. Refer worksheet 4, 7 and 10.
- ☐ Children can complete trauma narratives by drawing, painting, or playing instead of writing. For example, allow them to act out their memories with action figures or dolls.

4.3 PHASE 3: INTEGRATION/CONSOLIDATION

4.3.1 IN VIVO MASTERY OF TRAUMA REMINDERS

Goals: To help survivors reduce and master their trauma related fears and enable them to function appropriately around people, places, things, activities, or other triggers that may be associated with traumatic events by slowly exposing them to that situation. This phase is helpful for survivors who have developed overgeneralized fear and avoidance of harmless situations.

Note: In vivo Mastery is the only TF-CBT component that is optional, i.e., this component is only implemented for those survivors who develop overgeneralized fear and avoidance of real life situations that serve as trauma reminders that are innocuous, and the avoidance of which involve significant functional impairment (for example, avoiding the use of public bathrooms; not attending work or not sleeping in one's bedroom).

This component is only implemented if the situation is harmless or safe. If the situation is not safe, the counselor does not implement this component, but rather focuses on the Enhancing Safety component.

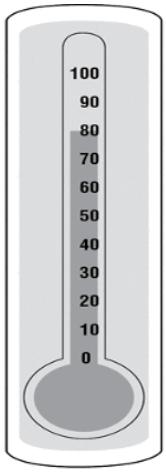
Implementation:

To assist you in your application refer to Worksheet 3, 4, 5, and 15

- ☐ The counselor implements this component by educating the survivor about the value of overcoming overgeneralized avoidance of harmless situations.
- ☐ Counselor collaboratively assists in developing a fear hierarchy ("ladder"). The ladder will consist of a list from the least feared to the most feared situations.

- ☐ The counselor begins the In-vivo exposure with the rationale by explaining the trauma related fear is sometimes unrealistic or excessive due the estimate of danger that has increased following the traumatic event (e.g. rape).
- ☐ Counselor teaches and applies positive and negative reinforcements to increase the likelihood of survivor's desirable behaviour. Remember that reinforcement is anything that increases the likelihood of a behavior. In positive reinforcement, it increases the likelihood of a behavior by the addition of something positive e.g. reward or added incentive. Just like positive reinforcement, negative reinforcement increases the likelihood of the desired behavior by the withdrawal of something negative e.g. Survivor is anxious and avoids or escapes, that escape is negative reinforcement because it removes or decreases anxiety.
- ☐ Counselor will expose the survivor slowly and methodically to the list of those experiences, paired with relaxation and other coping strategies.
- ☐ By repeatedly exposing the survivor to the safe situations over and over and staying long enough anxiety will decrease In-vivo exposure.
- ☐ Counselor teaches survivor how to communicate the level of anxiety with SUDS scale.

SUDS stands for Subjective Units of Distress to help counselors understand how survivors are tolerating a trauma or event. This is how a counselor knows how far to push during an intervention.



100 – Highest anxiety/distress that you have ever felt
90 – Extremely anxious/distressed
80 – Very anxious/distressed; can't concentrate. Physiological signs present.
70 – Quite anxious/distressed; interfering with functioning. Physiological signs may be present.
60 – Moderate-to-strong anxiety or distress
50 – Moderate anxiety/distress; uncomfortable, but can continue to function
40 – Mild-to-moderate anxiety or distress
30 – Mild anxiety/distress; no interference with functioning
20 – Minimal anxiety/distress
10 – Alert and awake; concentrating well
0 – No distress; totally relaxed

Note: "SUDS" stands for **"Subjective Units of Distress Scale."** Physiological signs may include, for example, sweating, shaking, increased heart rate or respiration, gastrointestinal distress.

When the survivor is a child:

- ☐ Parental involvement is generally essential to overcoming this type of avoidance, since parents have often been allowing if not enabling the survivor to avoid the feared situation. Importantly, since this component typically takes several weeks to successfully complete, the counselor usually begins this component during the stabilization phase (e.g., as soon as the survivor has learned relaxation strategies).

4.3.2 CONJOINT CHILD-PARENT SESSIONS- WHEN THE SURVIVOR IS A CHILD

Note: In vivo Mastery is the only TF-CBT component that is optional, i.e., this component is only implemented for those survivors who develop overgeneralized fear and avoidance of real life situations that serve as trauma reminders that are innocuous, and the avoidance of which involve significant functional impairment (for example, avoiding the use of public bathrooms; not attending work or not sleeping in one's bedroom).

Goals: The goals of conjoint survivor-parent sessions are to: a) enhance direct supportive trauma-focused communication between the survivor and parent, including facilitating the survivor to directly share the trauma narration and processing with the parent; b) address other trauma-related issues collaboratively with survivor and parent (e.g., trauma-related behavior problems; sexual health; safety concerns); and c) transfer direct, supportive trauma-related communication with survivor from therapist to parent.

Implementation:

- ☐ During the conjoint survivor-parent sessions, the therapist typically facilitates the survivor in directly sharing the trauma narration and processing with the parent. It is important that the therapist has already shared and processed the narrative with the parent during individual parent sessions, while the survivor was developing it (or shortly thereafter) during the trauma narration and processing treatment phase.
- ☐ The therapist should never share the trauma narrative in a conjoint session, until the therapist has prepared the survivor and parent for this session.
- ☐ At a minimum, this requires that: a) the survivor knows that the conjoint session will occur; b) the therapist has previously shared and cognitively processed the survivor's narrative with the parent; and c) the therapist has prepared the parent for the upcoming conjoint session. This preparation includes preparing the parent for how to respond to the survivor's sharing the narrative, including practicing appropriately supportive parental responses. If the parent is unable or unwilling to provide sufficiently supportive responses to the survivor's trauma narrative, the therapist should not proceed with sharing the survivor's narrative with this parent during the conjoint sessions.
- ☐ Alternative strategies for a conjoint survivor-parent session are to: 1) identify an alternative adult with whom to share the trauma narration and processing with survivor's consent. Depending on age, the parent's consent; as well as several sessions of preparatory work to learn about TF-CBT treatment as well as to complete the steps described above to prepare specifically for the conjoint sessions or 2) include the parent in conjoint session but not share the entire trauma narration during these sessions.
- ☐ Alternative activities for these conjoint sessions might include: a) enhancing trauma-related communication such as discussing sexual health principles; b) developing a family safety plan; c) addressing ongoing behavioral issues; and d) providing praise for each other related to work accomplished. The survivor may also choose to only share the final chapter of the trauma narrative, allowing a sense of mastery and meaningful representation to be shared with the parent

4.3.3 ENHANCING SAFETY

Goals: To develop appropriate safety strategies that the survivor can utilize in everyday situations, in response to trauma reminders and set future goals.

Implementation/steps:

- ☐ Discuss living free of fear and living well (future planning and termination).
- ☐ Identify avoidance areas like people, places, and things (obvious or harmless).
- ☐ Develop and implement a gradual desensitization plan for each avoidant area.
- ☐ Discuss living safe (protection, prevention, and planning).
- ☐ Teach personal safety skill like awareness and identification of safe and unsafe people and situations; assertive communication; self-defence.
- ☐ Make a personal safety plan in what to do if and when survivor feels unsafe.
- ☐ Practice role playing.
- ☐ Set goals for the future, it could be educational, vocational, emotional, recreational, etc.
- ☐ Complete a journal including the safety plan, future goals, hopes, and dreams.
- ☐ Recognize that these survivors often have significant unsafe behaviors that are a priority to address early in treatment.
- ☐ Celebrate completion of counselling (but keep an, open door and normalize setbacks).

When the survivor is a child:

- ☐ Parental involvement is generally essential to overcoming this type of avoidance, since parents have often been allowing if not enabling the survivor to avoid the feared situation. Importantly, since this component typically takes several weeks to successfully complete, the counselor usually begins this component during the stabilization phase (e.g., as soon as the survivor has learned relaxation strategies).

Referral Tips

Referral's system goal is to address the immediate and multiple needs of the survivor in a manner that will ensure the safest and most effective way of reporting in accordance with survivor's preferences for care and treatment. Referral is also about a coordinated approach to service delivery. All service providers should be aware of the system and able to activate referrals whether or not they are the first point of contact for a survivor. A referral system can function effectively if information about institutions, organizations, specific service providers, and contact details are systematized and shared between all relevant institutions. In Ethiopia, referral pathways have their limitations. Although it might be hard to access referral systems online, organizations and specific service providers provide their own individual referral pathways for their own use. Currently a national referral pathway is not available online. As a starting point for counselors in Addis Abeba please use the Setaweet Movement link https://setaweet.com/wp-content/uploads/2022/07/Alegnta-Hotline.pdf for reference.

The following points need to be considered for referring a survivor:

- ☐ Evaluate what referral may be useful for the VAWG survivor, according to the assessed needs and wishes.
- ☐ Inform the survivor about the possibility to be referred to other service providers, as requested and/or needed.
- ☐ Obtain the consent of the survivor to make the referral, prior any further step.
- ☐ Clarify with the survivor what information will be shared to other service providers and what information will be kept confidential (specify if there are any legal regulation/limitation).
- ☐ Give to the survivor complete and correct information about service providers, following the 3W scheme descripted below: (WHO, WHAT and WHERE)

WHO – which institution/organization provides services.

WHAT – what sort of assistance they can expect to receive from a service provider.

WHERE – where exactly is the place (the exact address) of the indicated services.

tion that she/he is not comfortable with.

- ☐ Accompany the referral by a short written report and a telephone discussion with the other service provider, as a method for avoiding the situation when the survivor has to repeat the story and answering the same questions during multiple interviews, passing again through the psychological trauma caused by the VAWG incident.
- ☐ Encourage the survivor's autonomy by empowering her/him to do the referral by themselves.
- ☐ Accompany the survivor to the referred service provider, if needed and possible.
- ☐ Explain for what purpose the collected evidence might be important or useful. Ask the survivor if she/he desires the evidence of violence to be collected. Recall the importance to collect evidence as soon as possible in particular VAWAG situations (e.g. sexual violence). Explain what should be done and what should be avoided in order to not to destroy the evidence (e.g. not to wash, change clothes).
- ☐ In accordance with the needs and desires, refer survivor to other services. Some key services that could provide essential support for GBV survivors are: - nearest facility that can assist her/him in collecting evidence; - police (department or station) to make an official complaint; - health facility for medical care and one stop centers.

- ☐ Keep up to date a directory of institutions/ organizations which provide services for GBV survivors. The directory must include institution's name, contact person, address, other contact details, list of services provided.
- ☐ Have agreements and protocols about the referral process with relevant services/ institutions, including clear responsibilities of each service.
- ☐ Ensure that procedures between services/institutions for information sharing and referral are consistent and known by team.

PART 5

TRAUMA THERAPY APPROACHES FOR COUNSELING VAWG SURVIVORS

5.0 INTRODUCTION TO TRAUMA THERAPY APPROACHES

This section of the GBV trauma therapy manual is designed to help survivors of violence against women and girls (VAWG) to cope with their trauma and work towards healing. Women who have experienced violence can experience a range of symptoms, including anxiety, depression, flashbacks, nightmares, and difficulty trusting others. This section of the manual is based on evidence-based trauma interventions and focuses on helping survivors improve their emotional regulation, increase their sense of safety, and develop healthy coping mechanisms. It is designed to be trauma-informed, culturally sensitive, and empowering, with a focus on helping survivors of VAWG build resilience and regain a sense of control and agency in their lives. It is also designed to be flexible and adaptable to meet the needs of diverse populations including survivors from different ethnic and cultural backgrounds, those with disabilities, and those from different socioeconomic backgrounds. The approach described in this section of the manual is evidence-based and draws on a range of therapeutic models, including Trauma Recovery and Empowerment Model (TREM), Women's Empowerment and Recovery-Oriented Trauma Therapy (WERT), EMDR, flash techniques, TFCBT, DBT, and other trauma-focused therapies.

5.1. UNDERSTANDING TRAUMA

Trauma is a normal response to an abnormal event. When something traumatic happens, the brain goes into fight, flight, or freeze mode to protect itself. Trauma can cause a person to feel anxious, overwhelmed, and scared. Trauma symptoms can manifest in various ways, including physical, emotional, and behavioral. Note the following:

- The body remembers.
- The body reacts as if the event is happening again.
- We are talking about reactions that the person cannot control

Women who have experienced violence may suffer from the following symptoms:

- Intrusive Thoughts
- Negative beliefs about self and others
- Hyperarousal
- Irritability and angry outbursts
- Nightmares
- Flashbacks
- Avoidance behavior and numbing
- Difficulty concentrating

Triggers:

Many survivors of violence are triggered by specific situations, smells, or sounds that remind them of their traumatic experience. These triggers can lead to intense emotions and physical reactions, and it is important for survivors to identify their triggers and work with a therapist to develop strategies for coping.

Emotional Regulation:

Traumatic experiences can cause intense emotions that survivors might find difficult to manage. Emotional regulation techniques can help to control these emotions and allow survivors to cope with daily life. Here are some tips for regulating emotions:

- Deep breathing and other relaxation techniques
- Mindfulness: focusing on the present moment without judgment
- Grounding: Using the five senses to stay in the present moment
- Self-care: Taking care of oneself physically and mentally

Increasing Safety:

Safety is crucial after experiencing violence, and it is important for survivors to develop strategies to feel safe in their environment. Increasing safety strategies might include:

- Physical safety measures like locks, alarms, self-defense training
- Emotional safety measures like avoiding triggers and situations that might feel unsafe
- Creating a support network consisting of family, friends, and support groups

Healthy Coping Mechanisms:

Healthy coping strategies are important for survivors to maintain emotional stability and allow for the processing of trauma. They might include:

- Journaling: Writing can be a helpful way to process emotions
- Exercise: Moving the body can help regulate emotions
- Art therapy: Creating art

5.2. THEORETICAL ORIENTATION

Trauma therapy is a specialized form of therapy that is designed to help individuals who have experienced traumatic events, such as survivors of violence against women and girls (VAWG). Trauma therapy is different from other forms of therapy because it focuses specifically on addressing the effects of trauma on the individual's mental, emotional, and physical well-being.

There are several reasons why trauma therapy is particularly effective for survivors of VAWG:

1. Trauma therapy is designed to address the unique needs of survivors of VAWG. Survivors of VAWG may have experienced physical, emotional, and sexual abuse, which can have a profound impact on their mental health. Trauma therapy is specifically designed to address these issues and help survivors work through the trauma they have experienced.

2. Trauma therapy is evidence-based. There is a large body of research that supports the effectiveness of trauma therapy for survivors of VAWG. This means that survivors can be confident that they are receiving a treatment that has been proven to be effective.

3. Trauma therapy is focused on empowerment. Survivors of VAWG often feel disempowered and helpless as a result of their experiences. Trauma therapy is designed to help survivors regain a sense of control over their lives and their emotions.

4. Trauma therapy is a safe and supportive environment. Survivors of VAWG may feel hesitant to discuss their experiences with others for fear of being judged or stigmatized. Trauma therapy provides a safe and supportive environment where survivors can talk openly about their experiences without fear of judgment.

5. The trauma therapy approach for survivors of violence against women and girls (VAWG) is rooted in the theoretical framework of trauma-informed care. This approach assumes that experiences of violence and trauma can have profound and lasting effects on individuals' emotions, behaviors, and beliefs about themselves and others. Trauma-informed care is characterized by a set of guiding principles that prioritize safety, trust, collaboration, empowerment, and cultural responsiveness.

The trauma therapy approach for survivors of VAWG builds on these principles and is informed by research on the neurobiological, psychological, and social consequences of violence and trauma. It recognizes that survivors may experience a range of symptoms and reactions, such as hyperarousal, dissociation, flashbacks, avoidance, shame, guilt, and depression. It also acknowledges that these symptoms may be exacerbated by systemic and cultural factors, such as victim blaming, stigmatization, discrimination, and lack of access to resources.

The trauma therapy approach aims to provide survivors with a safe and supportive environment where they can explore their experiences, emotions, and beliefs, and learn new coping skills and strategies. Some common assumptions and principles that guide this approach include:

1. Trauma is a complex and multifaceted experience that affects individuals' thoughts, feelings, and behaviors in different ways.

2. Survivors have unique needs and preferences that should inform the design and implementation of treatment interventions.

3. The therapeutic relationship plays a crucial role in facilitating healing and growth, and should be characterized by trust, empathy, respect, and collaboration.

4. Trauma can be healed and recovery is possible, although the process may be long and non-linear.

5. Treatment interventions should be evidence-based, culturally-responsive, and trauma-informed.

6. Safety and stabilization are essential prerequisites for trauma processing and should be prioritized before engaging in more challenging therapeutic work.

7. Survivors should be empowered to make their own choices and decisions regarding their lives and recovery process.

8. Collaborative relationships with diverse community agencies and partners are necessary to ensure survivors have access to a range of resources and support.

Overall, the trauma therapy approach for survivors of VAWG is guided by a commitment to promoting healing, growth, and resilience in the face of traumatic experiences. It prioritizes survivors' unique needs and strengths, emphasizes the importance of relationships and collaboration, and seeks to create a more compassionate and just society free from violence and oppression. Trauma therapy is a highly effective form of therapy for survivors of VAWG because it is specifically designed to address the unique needs of this population. It is evidence-based, focused on empowerment, and provides a safe and supportive environment for survivors to work through their trauma.

Trauma therapy techniques such as EMDR, flash techniques, and DBT are effective for survivors of violence against women and girls (VAWG) because they address the back side of the brain where trauma memories are stored. This is different from other forms of therapy that primarily focus on the front side of the brain, where logical thinking and verbal communication take place. When a person experiences trauma, the memories of the event are stored in the back side of the brain, which is responsible for processing emotions and sensory information. These memories can be triggered by various stimuli, leading to feelings of anxiety, fear, and other negative emotions.

Trauma therapy techniques such as EMDR and flash techniques work by accessing these traumatic memories and processing them in a safe and controlled environment. This helps to desensitize the person to the traumatic event and reduce the intensity of the associated emotions.

DBT, on the other hand, is a type of therapy that helps individuals regulate their emotions and cope with distressing situations. It teaches skills such as mindfulness, emotion regulation, and interpersonal effectiveness, which can be particularly helpful for survivors of VAWG who may struggle with managing their emotions and relationships.

Overall, trauma therapy techniques that address the back side of the brain can be highly effective for survivors of VAWG because they help to process traumatic memories and reduce the associated negative emotions. This can lead to improved mental health and a better quality of life.

5.3. ASSESSMENT

Assessing a survivor of Violence Against Women and Girls (VAWG) in a trauma session requires a comprehensive and sensitive approach that prioritizes the safety, well-being, and empowerment of the survivor. Here is a step-by-step guide for conducting an assessment in a trauma session for survivors of VAWG:

1. Establish Rapport: The first step is to establish a rapport with the survivor. This involves creating a safe and supportive environment where the survivor feels comfortable sharing their experiences. It is essential to build trust and rapport with the survivor to encourage them to share their experiences and feelings.

2. Obtain Informed Consent: Before conducting any assessment, obtain informed consent from the survivor. Explain the purpose of the assessment, the types of assessments that will be used, and how the information will be used.

3. Clinical Interview: Conduct a clinical interview to gather information about the survivor's current situation, their history of abuse, and their current needs. The interview should be conducted in a sensitive and supportive manner and should be guided by the survivor's needs and priorities.

4. Standardized Measures: Use standardized measures to assess the survivor's mental health, including measures of depression, anxiety, post-traumatic stress disorder (PTSD), and other psychological symptoms. Standardized measures can provide a more objective assessment of the survivor's mental health and can help guide treatment planning.

5. Safety Assessment: Conduct a safety assessment to identify any immediate safety concerns, including the risk of harm from the abuser, suicide risk, or other safety concerns. If there are immediate safety concerns, take appropriate action to ensure the safety of the survivor.

6. Needs Assessment: Assess the survivor's needs, including their physical, emotional, and practical needs. This can include assessing their financial situation, housing situation, and access to support services.

7. Cultural Assessment: Assess the survivor's cultural background and any cultural factors that may be relevant to their experience of abuse and their recovery.

8. Treatment Planning: Based on the information gathered through the assessment, develop a treatment plan that is tailored to the survivor's needs and priorities. The treatment plan should be collaborative and should prioritize the survivor's safety, well-being, and empowerment.

Overall, conducting an assessment in a trauma session for survivors of VAWG requires a sensitive and comprehensive approach that prioritizes the survivor's needs and priorities. The assessment process should be guided by the survivor's needs and should be conducted in a safe and supportive environment.

Trauma therapy is a type of psychological treatment that is designed to help individuals recover from traumatic events. Traumatic events can include physical, sexual, or emotional abuse, natural disasters, accidents, or witnessing violence. Trauma therapy can help individuals process their experiences, develop coping skills, and reduce symptoms such as anxiety, depression, and post-traumatic stress disorder (PTSD).

Eye Movement Desensitization and Reprocessing (EMDR) is a type of trauma therapy that has gained popularity in recent years. EMDR involves a series of guided eye movements that are designed to help individuals process traumatic memories. The theory behind EMDR is that the eye movements help to stimulate the brain's natural healing processes, which can facilitate recovery from trauma. EMDR has been found to be effective in treating PTSD and other trauma-related disorders.

Flash techniques are another type of trauma therapy that have gained popularity in recent years. Flash techniques involve the use of rapid, intense exposure to traumatic memories in order to help individuals process their experiences. Flash techniques are often used in conjunction with other types of trauma therapy, such as cognitive-behavioral therapy (CBT) or EMDR.

When it comes to the specific needs and experiences of women and girls who are survivors of violence, there are several factors to consider. For example, women who have experienced domestic violence may have different needs than women who have experienced war-related trauma. There are several therapy models that have been developed specifically to address the needs of women and girls who are survivors of violence. One such model is the Trauma Recovery and Empowerment Model (TREM), which is a group therapy model that focuses on building resilience and empowerment in survivors of violence. Another model is the Women's Empowerment and Recovery-Oriented Trauma Therapy (WERT), which is a trauma-focused therapy model that is designed to help women recover from trauma and build skills for empowerment and self-care.

Overall, there is a wealth of literature on trauma therapy, EMDR, flash techniques, and other therapy models used to treat survivors of violence. When working with women and girls who are survivors of violence, it is important to consider their unique needs and experiences, and to utilize therapy models that are specifically designed to address these needs.

5.4. SAFETY AND STABILIZATION

Safety and stabilization is a crucial component of trauma therapy for survivors of violence against women and girls (VAWG). The goal of safety and stabilization is to help the survivor feel safe and secure, both physically and emotionally, so that they can begin to process their trauma in a therapeutic setting. This is important because trauma can leave survivors feeling unsafe and vulnerable, and without a sense of safety and stability, it can be difficult to engage in the therapeutic process.

Strategies for Establishing Safety and Stabilization with Survivors of Violence:

1. Establishing a Safe and Supportive Environment: The therapist will create a safe and supportive environment for the survivor by ensuring that the therapy space is private, comfortable, and free from distractions. They will also establish clear boundaries and guidelines to ensure that the survivor feels safe and in control.

2. Psychoeducation: The therapist will provide psychoeducation to the survivor about the effects of trauma on the mind and body. This will help the survivor understand their symptoms and normalize their experiences.

3. Grounding Techniques: The therapist will teach the survivor grounding techniques to help them stay present in the moment and manage their emotions. These techniques can include deep breathing, mindfulness, and visualization exercises.

4. Safety Planning: The therapist will work with the survivor to create a safety plan to ensure their physical and emotional safety. This can include identifying safe spaces, developing an emergency plan, and setting boundaries with others.

5. Self-Care: The therapist will encourage the survivor to practice self-care activities, such as exercise, healthy eating, and journaling. These activities can help the survivor manage their stress and improve their overall well-being.

Case Story:

Rahel is a survivor of sexual assault. She has been experiencing symptoms of anxiety, depression, and PTSD. She had endured the traumatic experience and was struggling to cope with the psychological and physical symptoms of PTSD. She had difficulty sleeping at night, often waking up with nightmares of the assault, and found herself struggling with anxiety and panic attacks daily. Her thoughts were consumed with fear and trauma, and she felt as though she was losing control of her life. Even after being admitted to the shelter, she feared no one would believe her story. She was referred to a therapist who specializes in trauma therapy for survivors of VAWG. The therapist uses safety and stabilization strategies to help Rahel feel safe and secure in the therapy setting.

Step-by-Step Guide:

1. Establishing a Safe and Supportive Environment: The therapist ensures that the therapy space is private, comfortable, and free from distractions. They also establish clear boundaries and guidelines to ensure that Rahel feels safe and in control.

2. Psychoeducation: The therapist provides psychoeducation to Rahel about the effects of trauma on the mind and body. This helps Rahel understand her symptoms and normalize her experiences.

3. Grounding Techniques: The therapist teaches Rahel grounding techniques to help her stay present in the moment and manage her emotions. These techniques include deep breathing, mindfulness, and visualization exercises.

4. Safety Planning: The therapist works with Rahel to create a safety plan to ensure her physical and emotional safety. This includes identifying safe spaces, developing an emergency plan, and setting boundaries with others.

5. Self-Care: The therapist encourages Rahel to practice self-care activities, such as exercise, healthy eating, and journaling. These activities help Rahel manage her stress and improve her overall well-being.

Rahel came to the house feeling scared and vulnerable, with a deep sense of shame and guilt. The staff at the Safe house provided her with a safe environment where she learned to trust and feel safe again. Through counseling, she found a safe space to share her experiences with someone who understood what she was going through. Rahel was able to gain a better understanding of her symptoms, and through therapy was able to recognize the triggers that caused her to relive the experience. She discovered that the Safe house was a community where she felt understood and supported by those who could comprehend what she experienced, and that helped her find healing, which in turned allowed her to move forward.

Her stay at the Safe house was a moment of clarity for her, and she discovered that she was not alone. Through hope, support, and trust, she was able to recognize her inner strength and resilience. At the same time, she was rigorous in taking care of her psychological and physical health, and the Safe house provided her best practices and provided her with a chance to heal.

Today, Rahel is a different person. She recognizes how far she has come and how essential it was for her to speak up and seek help. She finally reached a place where she was empowered to explore new opportunities and experiences. Her journey to recovery is remarkable, and the Safe House played a crucial role in being the stepping stone for her towards self-discovery and restoration.

Overall, safety and stabilization strategies are essential in trauma therapy for survivors of VAWG. By establishing a safe and supportive environment, providing psychoeducation, teaching grounding techniques, creating a safety plan, and encouraging self-care, survivors can feel safe and secure in the therapy setting and begin to process their trauma in a therapeutic and healing way.

5.5. TRAUMA RECOVERY AND EMPOWERMENT MODEL (TREM)

The Trauma Recovery and Empowerment Model (TREM) is a therapeutic approach that is specifically designed to address the needs of survivors of violence against women and girls (VAWG). The model is based on the principles of empowerment, self-care, and community building, and it aims to help survivors of VAWG to heal from the trauma they have experienced and to rebuild their lives in a way that is safe, healthy, and fulfilling.

TREM is a group-based intervention that typically involves 20 weekly sessions, each lasting two hours. The group is facilitated by two trained therapists, and it is designed to provide a safe and supportive environment in which survivors can share their experiences, learn new coping skills, and build relationships with other survivors.

The first phase of TREM focuses on building a sense of safety and trust within the group. Survivors are encouraged to share their stories and to validate each other's experiences. The therapists provide psychoeducation on trauma and its effects on the body and mind, and they teach survivors a range of self-care techniques, such as relaxation exercises, mindfulness, and breathing techniques.

The second phase of TREM focuses on empowerment and building resilience. Survivors are encouraged to identify their strengths and to set goals for themselves. They learn about assertiveness, boundary-setting, and communication skills, and they practice these skills in role-play exercises. They also learn about healthy relationships and how to build supportive networks.

The final phase of TREM focuses on community building and advocacy. Survivors are encouraged to become advocates for themselves and for other survivors of VAWG. They learn about the legal and social resources available to them, and they are encouraged to use these resources to build a better life for themselves and their families.

Case Story:

Sarah is a survivor of domestic violence. She has been in an abusive relationship for six years before she decided to leave her partner. She has been experiencing symptoms of anxiety, depression, and PTSD. She was referred to a therapist who practices the Trauma Recovery and Empowerment Model (TREM).

Step-by-Step Guide:

Building Rapport: The therapist will start by building a rapport with Sarah. They will establish trust and create a safe space where Sarah can feel comfortable sharing her experiences. The therapist will explain the TREM framework and how it can help her recover from the trauma.

Psychoeducation: The therapist will provide psychoeducation to Sarah about the effects of trauma on the mind and body. They will explain how trauma can cause symptoms such as anxiety, depression, and PTSD. They will also provide information about the TREM model and how it can help her recover.

Safety and Stabilization: The therapist will work with Sarah to create a safety plan to ensure her physical and emotional safety. They will also teach her grounding techniques to help her manage her emotions and stay present in the moment.

Trauma Narrative: The therapist will work with Sarah to create a trauma narrative. This involves writing down the details of the traumatic event and processing it with the therapist. This process helps Sarah to make sense of the traumatic event and reduce its emotional impact.

Empowerment: The therapist will work with Sarah to identify her strengths and build her self-esteem. They will also teach her assertiveness skills to help her set boundaries and communicate her needs effectively.

Community Building: The therapist will work with Sarah to build a support network. This can include friends, family, or support groups. The therapist will also help Sarah to identify resources in her community that can help her with her recovery.

Closure: The therapist will work with Sarah to create a closure plan. This involves reflecting on the progress that has been made and setting goals for the future. The therapist will also provide Sarah with resources to help her continue her recovery after the sessions have ended.

Overall, the Trauma Recovery and Empowerment Model (TREM) is an evidence-based approach that can help survivors of violence against women and girls (VAWG) to recover from trauma. By providing a safe space, psychoeducation, safety planning, trauma narrative, empowerment, community building, and closure, survivors can develop the skills and resources they need to heal and move forward in their lives.

TREM is a powerful and effective therapeutic approach for survivors of VAWG. It provides a safe and supportive environment in which survivors can heal from the trauma they have experienced, build resilience, and become empowered to create a better future for themselves and their communities.[33]

5.6. WOMEN'S EMPOWERMENT AND RECOVERY-ORIENTED TRAUMA THERAPY (WERT)

Women's Empowerment and Recovery-Oriented Trauma Therapy (WERT) is a type of therapy that focuses on empowering women who have experienced violence against women and girls (VAWG) by providing them with the tools and skills needed to recover from their traumatic experiences. The therapy approach combines elements of empowerment, cognitive-behavioral therapy, and feminist therapy to help survivors of VAWG to regain control over their lives.[34]

Here is a case story of how WERT works for survivors of VAWG in a step-by-step guide:

Step 1: Building Trust The first step in WERT is building trust between the therapist and the survivor. The therapist, in this case, a woman named Selam, meets with the survivor, named Sarah, and explains the therapy process to her. Selam listens to Sarah's story without judgment, and they discuss the goals of therapy.

Step 2: Psychoeducation on Trauma Selam provides Sarah with psychoeducation on trauma and how it affects the brain and the body. She explains to Sarah that her reactions to her traumatic experiences are normal and that she is not alone in what she is feeling. Selam also teaches Sarah coping skills such as deep breathing and grounding exercises to help her manage her anxiety.

Step 3: Empowerment: Selam helps Sarah to recognize her strengths and encourages her to take control of her life. She helps Sarah to set achievable goals and celebrates her successes. Selam also teaches Sarah assertiveness skills and helps her to develop boundaries.

Step 4: Cognitive-Behavioral Therapy Selam uses cognitive-behavioral therapy techniques to help Sarah challenge the negative thoughts and beliefs she has about herself and her experiences. She helps Sarah to replace these negative thoughts with positive, empowering thoughts.

Step 5: Feminist Therapy Selam uses feminist therapy to help Sarah understand the societal and cultural factors that contribute to VAWG. She helps Sarah to develop a sense of empowerment by encouraging her to challenge the societal norms that contribute to gender-based violence.

Step 6: Trauma Processing Selam helps Sarah to process her traumatic experiences in a safe and supportive environment. She uses techniques such as exposure therapy and eye movement desensitization and reprocessing (EMDR) to help Sarah move past her trauma.

Step 7: Closure Selam helps Sarah to recognize how far she has come in her recovery and to celebrate her progress. She provides Sarah with resources for ongoing support, such as support groups and self-help books.

In conclusion, WERT is a therapy approach that provides survivors of VAWG with the tools and skills needed to recover from their traumatic experiences. It combines elements of empowerment, cognitive-behavioral therapy, and feminist therapy to help survivors regain control over their lives. Through a step-by-step guide, the therapist can help survivors like Sarah to process their traumatic experiences and move forward in their journey of recovery.

5.7. EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)

Eye Movement Desensitization and Reprocessing (EMDR) is a type of therapy that has been shown to be effective in treating trauma, including trauma experienced by survivors of violence against women and girls (VAWG). EMDR therapy is based on the idea that traumatic memories are stored differently in the brain than non-traumatic memories, and that bilateral stimulation can help to reprocess these memories and reduce their emotional impact.

Theoretical Basis:

EMDR therapy is based on the Adaptive Information Processing (AIP) model, which suggests that trauma symptoms are the result of unprocessed memories. According to this model, traumatic memories are stored differently in the brain than non-traumatic memories, and bilateral stimulation can help to reprocess these memories and integrate them into the brain's memory network.

Eight-Phase Treatment Approach:

EMDR therapy typically involves an eight-phase treatment approach:

1. History and Treatment Planning: The therapist will gather information about the survivor's history and develop a treatment plan.

2. Preparation: The therapist will teach the survivor relaxation and coping skills to help them manage their emotions during the therapy process.

3. Assessment: The therapist will identify the specific traumatic memories that will be targeted during the therapy process.

4. Desensitization: The therapist will use bilateral stimulation, such as eye movements or tapping, to help the survivor process the traumatic memories.

5. Installation: The therapist will help the survivor to install positive beliefs and emotions to replace the negative emotions associated with the traumatic memories.

6. Body Scan: The therapist will guide the survivor through a body scan to identify any residual tension or discomfort.

7. Closure: The therapist will help the survivor to feel grounded and safe before ending the session.

8. Reevaluation: The therapist will assess the survivor's progress and adjust the treatment plan as needed.

Types of Bilateral Stimulation:

Bilateral stimulation can be achieved through various methods, including eye movements, tapping, or auditory stimulation. The type of bilateral stimulation used will depend on the survivor's preferences and comfort level.

Case Story:

Lina is a survivor of conflict related sexual violence. Lina was just 19 years old when the conflict broke out in her community. She was living with her parents and younger siblings in a small village. As tensions grew between various groups, armed groups started attacking villages, killing people and looting homes.

As the violence escalated, Lina's family decided to flee their village and seek refuge in a nearby town. However, on their way to safety, they were ambushed by an armed group. Lina witnessed her parents being shot dead in front of her, and she was then raped by several members of the group. Her younger siblings managed to escape and were later found by a humanitarian organization.

Lina was brought to a safe house or shelter run by the humanitarian organization, where she received medical and psychological care. When she arrived, she was physically exhausted, weak, and malnourished. She had several injuries and genital trauma from the rape. Lina showed symptoms of PTSD, including flashbacks, nightmares, and intense fear and anxiety. She was easily startled, hypervigilant, and had trouble sleeping. She also experienced feelings of depression, hopelessness, and shame. She isolated herself from other residents at the shelter and had trouble trusting anyone.

To address her physical symptoms and trauma, Lina received medical care, including medication for pain management and infections. She underwent several surgeries to repair her injuries and received regular checkups from a gynecologist.

Step-by-Step Guide:

1. History and Treatment Planning: The therapist gathers information about Lina's history and develops a treatment plan.

2. Preparation: The therapist teaches Lena relaxation and coping skills to help her manage her emotions during the therapy process.

3. Assessment: The therapist identifies the specific traumatic memories that will be targeted during the therapy process.

4. Desensitization: The therapist uses eye movements to help Lina process the traumatic memories.

5. Installation: The therapist helps Lina to install positive beliefs and emotions to replace the negative emotions associated with the traumatic memories.

6. Body Scan: The therapist guides Lina through a body scan to identify any residual tension or discomfort.

7. Closure: The therapist helps Lina to feel grounded and safe before ending the session.

8. Reevaluation: The therapist assesses Lina's progress and adjusts the treatment plan as needed.

Overall, EMDR therapy is an evidence-based approach that can help survivors of VAWG to reprocess traumatic memories and reduce their emotional impact. By using bilateral stimulation and an eight-phase treatment approach, survivors can work through their trauma in a safe and supportive therapeutic setting.[35]

5.8. FLASH TECHNIQUES

Flash techniques are a type of trauma-focused therapy that can be used to help survivors of violence against women and girls (VAWG) to process traumatic memories and reduce their emotional impact. These techniques involve a brief exposure to the traumatic memory, followed by a rapid reprocessing of the memory to reduce its emotional impact.

The use of flash techniques in trauma therapy is based on the idea that traumatic memories are stored differently in the brain than non-traumatic memories, and that brief exposure to the memory can help to reconsolidate the memory and reduce its emotional impact.

"The Flash Technique for Rapid Relief from Trauma" by Philip Manfield and Jennifer Manfield provides a step-by-step guide to using the flash technique in therapy sessions with survivors of trauma, including VAWG. The flash technique is a brief intervention that can help survivors to reduce the intensity and frequency of traumatic memories and associated emotions. The authors explain the theory behind the flash technique and provide practical guidance on how to use it effectively with clients. They also provide case examples that illustrate how the technique can be applied in therapy sessions with survivors of VAWG.

Specific Techniques:

1. Picture Book Technique: The Picture Book Technique involves creating a picture book that tells the story of the traumatic event. The survivor is asked to draw or select pictures that represent different aspects of the traumatic event, and then arrange the pictures in a narrative sequence. The therapist then guides the survivor through a rapid reprocessing of the memory, using techniques such as eye movements or tapping.

2. Flash Technique: The Flash Technique involves a brief exposure to the traumatic memory, followed by a rapid reprocessing of the memory. The survivor is asked to bring the traumatic memory to mind, and then to imagine a positive outcome or resolution to the memory. The therapist then guides the survivor through a rapid reprocessing of the memory, using techniques such as eye movements or tapping.

Case Story:

Semira is a survivor of domestic violence. She has been experiencing symptoms of anxiety, depression, and PTSD. After she came to the safe house, she was referred to a therapist who specializes in flash techniques.

Step-by-Step Guide:

1. Assessment: The therapist assesses Semira's history and identifies the specific traumatic memories that will be targeted during the therapy process.

2. Preparation: The therapist teaches Semira relaxation and coping skills to help her manage her emotions during the therapy process.

3. Picture Book Technique: The therapist guides Semira through the Picture Book Technique, helping her to create a picture book that tells the story of the traumatic event.

4. Flash Technique: The therapist guides Semira through the Flash Technique, asking her to bring the traumatic memory to mind and imagine a positive outcome or resolution to the memory.

5. Rapid Reprocessing: The therapist guides Semira through a rapid reprocessing of the memory, using techniques such as eye movements or tapping.

6. Closure: The therapist helps Semira to feel grounded and safe before ending the session.

7. Reevaluation: The therapist assesses Semira's progress and adjusts the treatment plan as needed.

Overall, flash techniques are a promising approach to trauma therapy for survivors of VAWG. By providing a brief exposure to the traumatic memory, followed by a rapid reprocessing of the memory, survivors can begin to reconsolidate the memory and reduce its emotional impact in a safe and supportive therapeutic setting.

The Flash Technique is a type of trauma-focused therapy that can be used to help survivors of violence against women and girls (VAWG) to process traumatic memories and reduce their emotional impact. This technique involves a brief exposure to the traumatic memory, followed by a rapid reprocessing of the memory to reduce its emotional impact. Here's an expounded step-by-step guide to using the Flash Technique:

1. Identify the Traumatic Memory: The therapist asks the survivor to identify the specific traumatic memory that they would like to target during the therapy process.

2. Rate the Emotional Intensity: The therapist asks the survivor to rate the emotional intensity of the traumatic memory on a scale of 0-10, with 0 being no emotional intensity and 10 being the highest emotional intensity.

3. Imagine a Positive Outcome: The therapist asks the survivor to imagine a positive outcome or resolution to the traumatic memory. This can be something that has already happened, or something that the survivor would like to happen in the future.

4. Check the Emotional Intensity: The therapist asks the survivor to rate the emotional intensity of the traumatic memory again, after imagining the positive outcome. This allows the survivor to see if the emotional intensity has decreased.

5. Rapid Reprocessing: The therapist guides the survivor through a rapid reprocessing of the memory, using techniques such as eye movements, tapping, or auditory stimulation. The survivor is asked to focus on the traumatic memory while following the therapist's instructions.

6. Check the Emotional Intensity Again: The therapist asks the survivor to rate the emotional intensity of the traumatic memory again, after the rapid reprocessing. This allows the survivor to see if the emotional intensity has decreased further.

7. Repeat if Needed: If the emotional intensity has not decreased enough, the therapist may repeat the process until the survivor feels a significant reduction in emotional intensity.

8. Closure: The therapist helps the survivor to feel grounded and safe before ending the session. This can include teaching relaxation and coping skills to help the survivor manage their emotions.

Overall, the Flash Technique is a promising approach to trauma therapy for survivors of VAWG. By providing a brief exposure to the traumatic memory, followed by a rapid reprocessing of the memory, survivors can begin to reduce the emotional impact of the trauma in a safe and supportive therapeutic setting.

5.9. DIALECTICAL BEHAVIOR THERAPY (DBT)

Dialectical Behavior Therapy (DBT) is a type of therapy that was originally developed to treat individuals with borderline personality disorder. However, it has since been adapted for use in the treatment of trauma, including trauma experienced by survivors of violence against women and girls (VAWG). DBT is a comprehensive approach to therapy that focuses on developing skills in four key areas: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

Application of DBT to Trauma Therapy for Survivors of VAWG:

DBT is a useful approach to trauma therapy for survivors of VAWG because it focuses on developing skills that can help survivors manage their emotions, cope with stress, and build healthy relationships. Survivors of VAWG often struggle with these areas due to the trauma they have experienced, and DBT can provide them with the tools they need to move forward in their lives.

Specific DBT Techniques:

1. Mindfulness: The mindfulness component of DBT involves developing awareness of the present moment and accepting it without judgment. This can help survivors of VAWG to manage their emotions and stay present in the moment.

2. Distress Tolerance: The distress tolerance component of DBT involves developing skills to cope with distressing emotions and situations. This can include techniques such as distraction, self-soothing, and self-care activities.

3. Emotion Regulation: The emotion regulation component of DBT involves developing skills to manage and regulate emotions. This can include techniques such as identifying and labeling emotions, using opposite action, and practicing mindfulness.

4. Interpersonal Effectiveness: The interpersonal effectiveness component of DBT involves developing skills to build and maintain healthy relationships. This can include techniques such as assertiveness, setting boundaries, and practicing effective communication.

Case Story:

Mekdes is a 18-year-old girl who has experienced a traumatic childhood. Mekdes's father sexually abused her from the age of 5 until she was 16. Mekdes's mother was aware of the abuse but did not stop it, which left Mekdes feeling alone and unsupported. As a result of the abuse, Mekdes developed borderline personality disorder (BPD). Mekdes's symptoms of BPD included extreme mood swings, fear of abandonment, and a distorted self-image. Mekdes struggled with intense feelings of emptiness and often engaged in impulsive behaviors such as binge eating and substance abuse. Mekdes also had a history of self-harm and suicidal thoughts.

Mekdes's childhood trauma also had a significant impact on her mental health. Mekdes experienced flashbacks and nightmares related to the abuse, which left her feeling anxious and unsafe. Mekdes also struggled with trust and intimacy issues, as well as difficulty forming healthy relationships. Despite the challenges Mekdes faced, she was determined to heal and overcome her trauma. Mekdes reported the case to the police who referred to the shelter for survivors of VAWG. After some time in the shelter, she was referred to a therapist who specializes in DBT.

Step-by-Step Guide:

1. Assessment: The therapist assesses Mekdes's history and identifies the specific areas that need to be targeted during the therapy process.

2. Mindfulness: The therapist teaches Mekdes mindfulness techniques to help her manage her emotions and stay present in the moment.

3. Distress Tolerance: The therapist teaches Mekdes distress tolerance techniques to help her cope with distressing emotions and situations.

4. Emotion Regulation: The therapist teaches Mekdes emotion regulation techniques to help her manage and regulate her emotions.

5. Interpersonal Effectiveness: The therapist teaches Mekdes interpersonal effectiveness techniques to help her build and maintain healthy relationships.

6. Practice: The therapist helps Mekdes to practice these skills in a safe and supportive therapeutic setting.

7. Generalization: The therapist helps Mekdes to apply these skills in her daily life, outside of the therapy setting.

8. Closure: The therapist helps Mekdes to feel grounded and safe before ending the session.

Overall, DBT is a promising approach to trauma therapy for survivors of VAWG. By focusing on developing skills in mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness, survivors can learn to manage their emotions, cope with stress, and build healthy relationships in a safe and supportive therapeutic setting.[36]

Mekdes worked with the GBV counselor to develop coping mechanisms to manage her symptoms of BPD. Mekdes also joined a support group for survivors of incest, which provided her with a safe space to share her experiences and connect with others who had similar experiences. Through therapy and comprehensive support, Mekdes was able to make progress in her healing journey. Mekdes learned to regulate her emotions, form healthy relationships, and develop a positive self-image. Mekdes also found her voice and became an advocate for survivors of incest, using her story to raise awareness and promote healing. Mekdes's journey was not easy, but she proved that healing is possible with the right support and resources.

5.10. TREATMENT PLANNING

Developing a treatment plan for trauma therapy for survivors of violence against women and girls (VAWG) is an important part of the therapy process. A treatment plan should be tailored to the individual's specific needs and goals, and should be developed in collaboration with the survivor. Here are some guidelines for developing a treatment plan:

1. Assess the Survivor's History: The therapist should gather information about the survivor's history, including their experiences of trauma, their current symptoms, and their goals for therapy.

2. Identify the Survivor's Needs:

Identifying the needs of survivors of Violence Against Women and Girls (VAWG) in a counseling session can be a complex and sensitive process. Here are some general steps that may help:

1. Create a safe and supportive environment: The first step in identifying the needs of survivors of VAWG in a counseling session is to create a safe and supportive environment. This involves building trust and rapport with the survivor, ensuring confidentiality, and allowing them to speak freely without fear of judgment or retaliation.

2. Listen actively: Active listening is a crucial part of identifying the needs of survivors. It involves paying attention to what the survivor is saying and responding with empathy and understanding. It also involves asking open-ended questions to encourage the survivor to share more about their experiences and feelings.

3. Assess their current situation: It's important to understand the survivor's current situation, including their living arrangements, employment, and any legal or financial issues they may be facing. This will help identify their immediate needs and priorities.

4. Identify their emotional needs: Survivors of VAWG often experience a range of emotions, including fear, anger, shame, and guilt. Identifying their emotional needs can help inform the counseling approach and interventions.

5. Assess their physical and mental health: Survivors of VAWG may experience physical injuries, sexually transmitted infections, or mental health issues such as depression, anxiety, or post-traumatic stress disorder. It's important to assess their physical and mental health needs and refer them to appropriate medical or mental health services if necessary.

6. Explore their support network: Identifying the survivor's support network, including family, friends, and community resources, can help inform the counseling approach and interventions. It can also help identify any gaps in support that need to be addressed.

Overall, identifying the needs of survivors of VAWG in a counseling session requires a compassionate and client-centered approach that prioritizes their safety, well-being, and empowerment.

5.11. IMPLEMENTATION

A comprehensive implementation guide for trauma therapy for survivors of VAWG

1. Number and frequency of sessions: The number and frequency of therapy sessions will depend on the individual needs of the survivor. Some survivors may require longer-term therapy, while others may only need a few sessions. Generally, trauma therapy is conducted over a period of several months, with sessions typically held weekly or bi-weekly.

2. Assessment tools: There are several assessment tools that can be used in trauma therapy for survivors of VAWG. These can include the PTSD Symptom Scale (PSS), the Clinician-Administered PTSD Scale (CAPS), and the Trauma Symptom Inventory (TSI). These tools can help therapists assess the severity of a survivor's trauma symptoms and track their progress over time.

3. Treatment approach: There are several evidence-based treatment approaches that can be effective for survivors of VAWG, including Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). The specific approach used will depend on the survivor's individual needs and preferences.

It is important to note that trauma therapy for survivors of VAWG can be complex and challenging, and should be conducted by a trained and licensed mental health professional with experience in working with survivors of trauma. It is also important to prioritize the safety and well-being of the survivor throughout the therapy process, and to provide a supportive and non-judgmental environment.

5.12. UNDERSTANDING THE CULTURAL CONTEXT

1. Understand the cultural context: It is important to have a basic understanding of the cultural norms, beliefs, and values of the Ethiopian culture. This can help the therapist to develop a culturally sensitive approach to therapy that takes into account the unique needs and experiences of survivors within this context.

2. Build trust and rapport: In Ethiopian culture, building trust and rapport is an important part of the therapeutic process. It may be helpful to spend time getting to know the survivor and to establish a relationship of trust and respect before beginning therapy.

Coffee ceremony

3. Use culturally appropriate assessment tools: It is important to use assessment tools that are culturally appropriate and relevant to the Ethiopian context. This may involve adapting existing assessment tools to better reflect the cultural experiences of survivors, or developing new tools that are specific to the Ethiopian context.

4. Incorporate cultural practices and beliefs: Ethiopian culture has a rich history of traditional healing practices and beliefs. It may be helpful to incorporate these practices and beliefs into the therapy process, where appropriate, to help survivors feel more comfortable and supported.

The Ethiopian coffee ceremony is an important cultural tradition in Ethiopia, where it is seen as more than just a social gathering, but rather as a ritual that is essential for wellbeing, connection, and healing. The ceremony is a time of deep connection and sharing for participants, with a focus on offering hospitality, warmth, and comfort.

One of the key healing aspects of the ceremony is the emphasis on the emotional connection between people. Through the ceremony, people are able to create a deep sense of connection and intimacy, allowing them to open up and share their thoughts, feelings, and experiences. This creates a sense of belonging and community, which is essential for emotional healing and wellbeing.

Another way in which can support the GBV counseling process for survivors of violence in shelters in the Ethiopian culture is through the Ethiopian coffee ceremony which supports healing through the use of ritual and tradition. Rituals are powerful symbolic acts that can help people find a sense of meaning and purpose, and connect them to something greater than themselves. The ceremony offers a sense of continuity and tradition, which can provide a sense of stability and comfort during difficult times.

Additionally, the preparation and serving of coffee in the ceremony is seen as a form of hospitality and generosity. It is a way for people to show love and support for one another, and to create a sense of caring and connection. This act of giving and receiving can be deeply healing, particularly for those who may feel isolated or disconnected from others. Furthermore, the coffee itself is believed to have healing properties. Ethiopian coffee is known for its rich, complex flavors and aromas, and is often brewed with spices and herbs such as cardamom and cinnamon, which have been used for centuries in traditional medicine to treat a range of ailments. The caffeine in coffee and the incenses that are burnt through the process are also believed to have therapeutic effects, including reducing stress and anxiety and improving cognitive function and mood.

Overall, capitalizing on the therapeutic aspects of the Ethiopian coffee ceremony, counselors of survivors of VAWG can foster the healing experience that combines community, ritual, tradition, and the therapeutic properties of coffee. It is an important cultural practice that provides a space for survivors of VAWG to connect, share, and support one another, and to find comfort and healing through the warmth and hospitality of the ceremony.

5. Foster community support: In Ethiopian culture, community support is an important part of the healing process. It may be helpful to involve the survivor's family and community in the therapy process, where appropriate, to help provide additional support and resources.

6. Prioritize safety and confidentiality: It is important to prioritize the safety and confidentiality of survivors throughout the therapy process. This may involve taking additional steps to ensure the physical safety of survivors, and being mindful of cultural norms around privacy and confidentiality.

Overall, providing trauma therapy for survivors of VAWG within the Ethiopian culture requires a culturally sensitive and responsive approach that takes into account the unique needs and experiences of survivors within this context. It is important to work closely with survivors and their families to develop a therapeutic approach that is respectful, supportive, and effective.

Basic Principles

Below are main principles that every GBV counselor should note. When assisting trauma survivors, it may be helpful to keep these things in mind.

- It is important to recognize that violence against women and girls constitutes a violation of human rights.
- Traumatic situations are extremely painful and distressing, and they are characterized by overwhelming and intense trauma memories and an inability to regulate them.
- The past, present, and future are all impacted by intrusive memories.
- It's important to consider reactions to traumatic experiences as a form of survival.
- If you have a basic understanding of trauma, you can recognize and pinpoint trauma reactions.
- Note that every survivor is different and has a unique experience. Your own skills and knowledge of trauma therapy is valuable. However, there is no one size fit all method of therapy. Customize trauma therapy based on the need of each survivor.

PART 6

HOW DO I TAKE CARE OF MYSELF AS A HEALER

6.0 STRESS AND BURNOUT MANAGEMENT

In the last decade, there has been growing interest in the levels of stress and trauma experienced by counsellors. The experience of deep empathy for a person's suffering and the desire to understand their perspective, resolves their misfortunes, as well as remedy and resonate with their pain, comes at a cost even though it can be deeply rewarding. Challenges and issues encountered by professionals in therapy-related professions include sadness and depressive feelings, anxiety, relationship problems, and emotional exhaustion, amongst others. These challenges, although considered normal and expected in this type of profession, can cause significant drawbacks if not dealt with properly.[37]

When counsellors adapt and empathize to the perspective of the person who is suffering, they are necessarily exposed to the emotional energy and trauma of the particular survivor they are working with, which can lead to secondary traumatic stress and burnout. Burnout refers to a state of emotional and physical exhaustion that result from poorly managed workplace stress. The three dimensions of burnout stated by World Health Organization are fatigue, cynicism about work, and feelings of inefficacy with the most important being fatigue. Because without fatigue, the diagnosis of burnout is not possible; however, fatigue on its own is insufficient for a diagnosis of burnout. WHO's recent updated definition refers to burnout as "syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed'. According to the ICD-11, its symptoms include: 1) feelings of energy depletion or exhaustion or; 2) increased mental distance from a job, or negative or cynical feelings related to a job; and 3) reduced professional efficacy.[38] Burnout is also an insidious condition; it develops slowly but can have devastating effects. Since it develops so slowly, counsellors may not realize that they are experiencing burnout until it is too late.

If counsellors do not help themselves, how can they help others? From an ethical perspective, it is imperative for "helping professionals" (YOU) to engage in self-care as you are susceptible to burnout and impairment, which might affect your work. In fact, ethical practice requires helping professionals to monitor "their physical, psychic, and spiritual state to ensure the provision of competent and adequate services to survivors.

6.1 SELF-CARE

Self-care can be categorized into physical, psychological, emotional, spiritual, personal, and professional support that aim at reducing stress and burnout and promoting wellbeing for counsellors. However self-care is not an emergency response plan, and it is not just activated when stress becomes overwhelming, nor is it acting selfishly and thinking that "it's all about me", and it's not adding more tasks to your "to-do" list.

Examples of self-care activities include healthy eating, working out, participating in recreational activities, taking vacations, pursuing hobbies, engaging in personal psychotherapy or meditation, practicing self-reflection, and engaging in other health promoting activities.

Several studies point to the process of self-care as an acquired set of skills that help you become more resilient and renew your spirits rather than a personal characteristic.[39]

The three basic concepts of self-care are Awareness, Balance, and Connection.

- Awareness of your own needs limits, emotions, resources and developing the habit of "checking yourself".
- Balance among your activities such as work, family and social life, rest, and leisure. Remind yourself that you deserve to have a meaningful and enjoyable life outside of work.
- Connection with supportive relationships and establishing positive relations with co-workers, friends, and family to elicit support and avoid isolation.

6.2 SELF-CARE TECHNIQUES

These techniques of self-care can be grouped into 4 domains; (1) physiological; (2) professional; (3) psychological; and (4) spiritual.

Physiological:- highlights the importance of physical activities, healthy eating, and sleeping habits.

"When You Say 'Yes' to Others, Make Sure You Are Not Saying 'No' To Yourself."

Paolo Coelho

These techniques of self-care can be grouped into 4 domains; (1) physiological; (2) professional; (3) psychological; and (4) spiritual.

Physiological:- highlights the importance of physical activities, healthy eating, and sleeping habits. Knowing your limitations as a counselor is a form of self-care. As a counselor, you strive to help your clients come to terms with issues presenting deep concern to their emotional health and well-being. Part of being an effective counselor relies on knowing when you can be of assistance to your clients and when you are bumping up against your limits of proficiency in counselling in a way that could negatively impact the survivor. Your limitations as a counselor are determined by your level of experience, your expertise in a given counseling area and the legal requirements regarding your responsibility to warn in your practicing state.

- Practice time management. Try to keep reasonable working hours so you do not become too exhausted.
- Remember that it is not your responsibility to solve all problems survivors bring with them; do what you can to help people help themselves and recognize the limitations of what you could provide given the circumstances.
- Acknowledge what you were able to do to help others, even in small ways and learn to reflect on what you did well, as well as accept what did not go very well.
- If the workload seems overwhelming, or if you have a conflict you are unable to address with one of your colleagues, talk to your manager or human resources person.
- Maintain division and boundaries; separate between professional and personal boundaries by keeping relationships courteous but professional; avoid expressing personal emotions or behaviors in the workplace. Ensure that you act professionally and with courtesy with persons you do not necessarily get along with on a personal level.

Psychological:- Refers to how you take care of yourself mentally and emotionally among the workplace stress that restrains your efficiency and has a negative impact on overall quality of life. The following are strategies on how to prevent stress and promote healthy living.

"The Relationship With Yourself Sets The Tone For Every Other Relationship You Have."

Robert Holden

- Admitting that it is difficult and scary to face your own feelings is step one.
- Remember that your feelings are normal responses to events (current and even past events); sometimes they tend to be intense and distressing. It is important to understand yourself and what you're going through.
- Reflect on what has helped you cope in the past and what you can do to stay strong. Since the first person who can comfort you is yourself, remember to talk to yourself in a friendly way giving yourself some compassion, similarly to when you are supporting a friend or a survivor.
- Remember to also talk with friends, loved ones or other people you trust for support when needed without breaking survivor's confidentiality. Do not wait until you are reaching a breaking point.

Spiritual:- The spiritual element of self-care can be the most personal piece of the puzzle when trying to place all four dimensions of self-care together. Generally, people like to live a life with meaning and purpose. When these goals are met, it puts harmony in one's life and others they surround themselves with. Stress can make you unhappy but you have to keep in mind that happiness is not the only measure of wellbeing. It's also important to have a sense of meaning in life.

"Take Care Of The Soul That Takes Care Of Others."

Otis Redding

- Simply ask yourself questions about the person you are and your meaning. Ask yourself: Who am I? What is my purpose? What do I value most? These questions will lead you down a road where you will think more in-depth about yourself and allows you to notice things about yourself that will help you achieve fulfillment.
- Looking for deeper meanings in your life and analyzing occurring patterns will help you see that you have control over your destiny. Being aware of this can help you achieve a happy and healthy life.
- Expressing what is on your mind will help you to maintain a focus. By writing down your thoughts, you may be able to think clearer on issues you were confused on and make sense of your feelings.
- While managing your time and daily tasks can be hard, it is crucial to devote time to connect with yourself. Whether in the morning when you wake up, during your lunch break, or before you go to sleep, take five to 10 minutes to meditate or pray each day. Fitting mediation, prayer, and relaxation into your lifestyle will free your mind and foster a stronger relationship with your spiritual wellness.

6.3 SELF-CARE ASSESSMENT WORKSHEET

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve. Using the scale below, rate the following areas in terms of frequency:

5 = Frequently 4= Occasionally 3=Rarely 2=Never 1= Never occurred to me

Physical Self-Care

___ Eat regularly (e.g. breakfast, lunch and dinner)

___ Eat healthy

___ Exercise

___ Get regular medical care for prevention

___ Get medical care when needed

___ Take time off when needed

___ Get massages

___ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun

___ Take time to be sexual—with yourself, with a partner

___ Get enough sleep

___ Wear clothes you like

___ Take vacations

___ Take day trips or mini-vacations

___ Make time away from telephones

___ Other:

Psychological Self-Care

___ Make time for self-reflection

___ Have your own personal psychotherapy

___ Write in a journal

___ Read literature that is unrelated to work

___ Do something at which you are not expert or in charge

___ Decrease stress in your life

___ Let others know different aspects of you

___ Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings

___ Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance

___ Practice receiving from others

___ Be curious

___ Say "no" to extra responsibilities sometimes

___ Other:

Emotional Self-Care

___ Spend time with others whose company you enjoy

___ Stay in contact with important people in your life

___ Give yourself affirmations, praise yourself

___ Love yourself

___ Re-read favorite books, re-view favorite movies

___ Identify comforting activities, objects, people, relationships, places and seek them out

___ Allow yourself to cry

___ Find things that make you laugh

___ Express your outrage in social action, letters and donations, marches, protests

___ Play with children

___ Other:

Spiritual Self-Care

___ Make time for reflection

___ Spend time with nature

___ Find a spiritual connection or community

___ Be open to inspiration

___ Cherish your optimism and hope

___ Be aware of nonmaterial aspects of life

___ Try at times not to be in charge or the expert

___ Be open to not knowing

___ Identify what in meaningful to you and notice its place in your life

___ Meditate

___ Pray

___ Sing

___ Spend time with children

___ Have experiences of awe

___ Contribute to causes in which you believe

___ Read inspirational literature (talks, music, etc.)

___ 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 your clients and colleagues

___ Balance your caseload so that no one day or part of a day is "too much"

___ Arrange your work space so it is comfortable and comforting

___ Get regular supervision or consultation

___ Negotiate for your needs (benefits, pay raise)

___ Have a peer support group

___ Develop a non-trauma area of professional interest

___ Other:

Balance

___ Strive for balance within your work-life and workday

___ Strive for balance among work, family, relationships, play and rest

WORKSHEET 1

PSYCHOEDUCATION- POINTS TO MAKE WHEN EDUCATING ADULTS

This is just something to start with when conversing with a survivor, there are numerous resources online that you can prepare yourself with depending on your case that you are handling.

Note: To help survivors of trauma make sense of what they're experiencing, Psychoeducation is a natural place to begin. Psychoeducation can help by normalizing the experience of trauma, and by giving a name to the enemy. It can help your clients build the confidence they need to know they can get better.

What is Trauma?

A powerful emotional response to a distressing event such as war, an accident, the unexpected loss of a loved one, or abuse. Trauma can continue to cause both emotional and physical symptoms for many years after the event has concluded.

Trauma risk Factors

The traumatic experience was unexpected.	The trauma occurred during childhood.
The survivor has experienced past traumas.	Feeling of helplessness during the experience.
The experience happened repeatedly, or over a prolonged period of time.	The victim is dealing with other major stressors, unrelated to the trauma.

What is Posttraumatic Stress (PTS)?

PTS is a reactions to trauma. It is a mental health condition that can result when PTSD does not get better over time. The symptoms persist or get worse. They interfere with normal functioning.

Is PTS normal? It is normal to have reactions to a trauma. Some have stronger reactions. There are many reasons why some have stronger reactions than others. No matter what the initial reaction is, client can still recover.

When is PTS a serious problem?

PTS is usually worst right after the trauma and then gradually gets better. After a few weeks or months, most of the time, PTS is not a big problem. When PTS does not get better or if it gets worse, then professional help may be necessary.

WORKSHEET 1.1

PSYCHOEDUCATION- POINTS TO MAKE WHEN EDUCATING CHILDREN

WHAT IS CHILD SEXUAL ABUSE?

Child sexual abuse occurs when an adult or older child touches or rubs and child's private parts (penis, testicles, vagina, bottom, breasts), or when an adult or older child asks a child to touch the other person's private parts. This kind of touching is not OK. The person who does this is called a sex offender. The offender might make the child do these things and be rough, or he/she might pretend it is a game or even give the child a reward to do it. The offender could be someone known to the child—a relative, a family friend, a teenager, or another child. Still, it is not OK even if the person tries to make it fun, and the child thinks it is fun.

WHO SEXUALLY ABUSES CHILDREN?

Some people sexually abuse children, but many more people only touch children with not OK touches. Most sex offenders are men, though some are women. Children cannot tell by the way these people look, dress, or act that they are offenders. Most of the time, the offender is not a stranger but someone whom the child knows very well. The offender could be a family member (such as a cousin, uncle, parent, or grandparent) or someone who is well known to the child (such as a coach, babysitter, or neighbor).

WHY DON'T CHILDREN TELL?

Sometimes the offender tells the child to keep the not OK touching a secret. The offender may use tricks to keep the child from telling. The person may say that it is the child's fault or that the child or his/her family will get hurt if the child tells. These are all tricks. Sometimes children just keep it a secret because they feel ashamed, embarrassed, or scared. For those reasons, many children do not tell about sexual abuse or they take a little while to gain the courage to tell. It helps the children to keep telling adults until they find an adult who will help them to stop the sexual abuse.

WHY DOES SEXUAL ABUSE HAPPEN?

There are a lot of different reasons, just like there are lots of different offenders. But it is very hard to know the reason why it happens to any child. We do know this much: No child is responsible for what an adult does.

HOW CAN YOU TELL THAT A CHILD HAS BEEN SEXUALLY ABUSED?

You cannot tell by looking at a child that he/she has been sexually abused. Sometimes you can tell by the way the child is acting that something is bothering him/her, but you do not know what it is. That is why it is so important for children to tell somebody when they experience a not OK or confusing touch.

HOW DO CHILDREN FEEL WHEN THEY HAVE BEEN SEXUALLY ABUSED?

Children may have all kinds of feelings in response to sexual abuse. The sexual touching may feel good to some children, and they may still like the person who did it. But some children have other feelings; they are very angry at the person who did the abuse or are scared of him/her. Other children might feel guilty about what happened. Any of these feelings are OK. Sometimes when people have these feelings, the feelings affect the way they behave. A child who is afraid may not want to sleep alone or be left alone. Sometimes children get into more arguments, and some may just feel sad and want to be alone. Some children feel upset for a long time after the abuse has ended but often feel better with the help of counseling. If children are having a hard time with these feelings, talking with a counselor or caregiver can help them feel better.

HOW CAN CHILDREN RESPOND TO CHILD SEXUAL ABUSE?

All children need to know that their body belongs to them. If you feel uncomfortable in the way you are being touched, you can tell the person "NO!" Saying "NO!" can sometimes be hard to do, especially if you are scared, shy or embarrassed. But the next and most important thing to do is "GO TELL"—although this can also be hard to do, it is important to tell an adult (such as a caregiver, other family member, or a teacher) about what happened. It is important to keep telling until someone listens and helps. Remember the steps: NO-GO-TELL! It is great to talk to a counselor or a caregiver. It helps to talk about sexual abuse, even though it can be hard. Talking, writing, and even singing and drawing can help children who have been sexually abused feel better after a while. It is important to tell adults about child sexual abuse so that they can get help. There is a program available to help children who have experienced abuse.

NO! GO, TELL[40]

1. Revisit rules about private parts: No one is allowed to touch or look at my private parts. No one is allowed to make me touch or look at their private parts. No one is allowed to show me rude pictures or take photos of my private parts. My mouth is a special private part. No one is allowed to stick anything yucky in my mouth.

2. Introduce NO GO TELL:

We're going to talk about what you can do if someone breaks the rules about our private parts. We need to use the NO! GO, TELL steps – to tell them, "NO!", to go away from them and to tell a trusted adult.

NO!: If someone touches our private parts or breaks another rule about our private parts, we need to tell them "NO!" or "STOP!" in a big, strong voice. We could say "STOP, it's not allowed!", because we know that they have broken the rules about our private parts. Let's practice saying that together in a big, strong voice: "STOP, it's not allowed!"(Practice 3 times) When we say, "STOP, it's not allowed!" we can put our hands out in front of us telling the person with our body that we don't want them near us. Let's practice again, this time with our hands out in front of us. (Practice 3 more times: "STOP, it's not allowed!" with hands

outstretched). It can take a lot of courage to tell someone, "NO!" or "STOP!", particularly if they are an adult or an older child. No matter who they are, they are not allowed to touch our private parts and we will not get into trouble for telling them, "NO!"

GO: The second thing we need to do if someone breaks a rule about our private parts is to go away from them straight away to a safe place. A safe place is somewhere there are people I know and trust and who will listen to me. A safe place is somewhere I feel safe and protected.

Q: Where would be a safe place you could go? (Discuss safe places in different environments, e.g. at school, home at a friend's house or a market).

TELL: The most important step to remember if someone breaks the rules about our private parts is to tell an adult we trust about what happened. We need to make sure that the adult we tell understands exactly what happened so they can help us and can make sure that it doesn't happen again.

Sometimes adults we tell might not listen to us or believe us. If this happens we need to find another adult to tell or call Helpline. We shouldn't stop telling adults we trust until we get the help we need to feel safe again and to solve the problem.

Role playing making a disclosure is of particular value.

Summarize key points:

- It is never our fault if someone breaks the rules about our private parts.
- If someone breaks the rules about my private parts I need to: say, NO or STOP, it's not allowed!; go to a safe place; and tell an adult I trust.
- If they don't listen or believe me, I need to tell another trusted adult.
- If I can't find anyone to listen or believe me, I can call Helpline .
- I shouldn't stop telling adults I trust until I get the help I need to feel safe again and to solve the problem.

Questions for Psychoeducation

Use these questions for, add in the trauma type for each question, and add in any abuse specific or child-specific questions to (1) make sure all relevant Psychoeducation topics are covered and (2) learn more about how the child/adolescent views their experience.

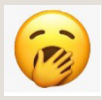
What is _____? What are some examples of _____? How do kids feel when/who have been _____? How many kids does _____ happen to? What kinds of kids does _____ happen to? What kinds of worries do kids who've been through _____ have? What do they think about? What are some common things that kids do after they've been through _____? How can you tell if another kid has been through _____? Can other people tell that you've experienced _____? What happens to kids who have experienced _____, when they grow up? What are some reasons that some kids don't (tell /get help) right away if they're experiencing _____? What are some things that a kid could do if s/he wanted to get help with/ about_____? Whose fault or responsibility is _____? Is it ever the kid's fault? What if _____? Is it the kid's fault then? Why does _____ happen? What do adults say to kids about _____? What kind of help is there for parents/caregivers who _____? What happens to adults who _____? When adults do _____ does it mean that they hate kids / are angry at the kids?

WORKSHEET 2

FEELING/EMOTIONS DEFINITIONS

Complete the sentences with the right words:

1. Confused	**5. Arrogant**	**9. Worried**
2. Ashamed	**6. Bored**	**10. Scared**
3. Disappointed	**7. Amused**	**11. Exhausted**
4. Malicious	**8. Angry**	**12. Happy**

1. When you lose your temper, it means that you are.....	**2. When you have nothing interesting to do you are usually.....** 
3. If you are thinking too much about bad things that could happen, it means you are.....	**4. When you work too hard you usually feel.....**
5. When you feel pleased and satisfied you are.....	**6. When you feel guilty about something, you are .....**
7. When you feel fear of something you are	**8. When you can't think clearly about something, you are .....**
9. When something you hoped for did not happen, you get	**10. When you find something funny, you feel .....**
11. When you want to hurt someone, you are	**12. When you think you are better than other people you are .....**

WORKSHEET 3

DIAPHRAGMATIC OR BELLY BREATHING

- ☐ Sit or lie comfortably.
- ☐ Put one hand on your chest and one hand on your diaphragm or belly.
- ☐ Breathe from the belly, not the chest.
- ☐ Breathe in through your nose.
- ☐ Breathe out through your pursed lips.
- ☐ Notice your belly expand like a balloon as you inhale and deflate as you exhale.
- ☐ Try to breathe in and out smoothly.
- ☐ Breathe at a comfortable rate (usually about 8-12 breaths per minute).
- ☐ Inhale a normal amount of air, not huge breaths.
- ☐ Count "1" as you inhale and think "relax" as you exhale.
- ☐ Count up to 10 on your inhalations and then start back at 1.
- ☐ Practice for about 5-10 minutes
- ☐ Practice belly breathing during a relatively calm time
- ☐ Once you feel comfortable with belly breathing, you can also use it to feel better when you are worried or afraid.

WORKSHEET 4

RELAXATION SCRIPT FOR CHILDREN

Introduction

NOTE: These exercises can be done seated OR lying down.

Today we are going to do some special kinds of exercises called "relaxation exercises." These exercises help you learn how to relax when you are feeling uptight and help you get rid of those butterflies-in-your-stomach kinds of feelings. In order for you to get the best feelings from these exercises, there are some rules you must follow. First, you must do exactly what I say, even if it seems kind of silly. Second, you must try hard to do what I say. Third, you must pay attention to your body. Throughout these exercises, pay attention to how your muscles feel when they are tight and when they are loose and relaxed. And fourth, you must practice. The more you practice the more relaxed you can get. Are you ready to begin? Okay. First, get comfortable as you can in your chair. Sit back, get both feet on the floor, and just let your arms hang loose. That's fine. Now, close your eyes and do not open them until I say so. Remember to follow my instructions very carefully, try hard, and pay attention to your body. Here we go.

Hands and Arms

Pretend you have a whole lemon in your left hand. Now squeeze it hard. Try to squeeze all the juice out. Feel the tightness in your hand and arm as you squeeze. Now drop the lemon. Notice how your muscles feel when they are relaxed. Take another lemon and squeeze it. Try to squeeze this one harder then you did the first one. That's right. Really hard. Now drop your lemon and relax. See how much better your hand and arm feel when they are relaxed. Once again, take a lemon in your left hand and squeeze all the juice out. Do not leave a single drop. Squeeze hard. Good. Now relax and let the lemon fall from your hand. [REPEAT THE PROCESS FOR THE RIGHT HAND AND ARM.]

Arms and Shoulders

Pretend you are a furry, lazy cat. You want to stretch. Stretch your arms out in front of you. Raise them high over your head. Way back.

Feel the pull in your shoulders. Stretch higher. Now just let your arms drop back to your side. Okay, kitten, let's stretch again. Stretch your arms out in front of you. Raise them over your head. Pull them back, way back. Pull hard. Now let them drop quickly. Good. Notice how your shoulders feel more relaxed. This time let's have a great big stretch. Try to touch the ceiling. Stretch your arms way out in front of you. Raise them way up high over your head. Push them way, way back. Notice the tension and pull in your arms and shoulders. Hold tight, now. Great. Let them drop very quickly and feel how good it is to be relaxed. It feels good and warm and lazy.

Shoulder and Neck

Now pretend you are a turtle. You are sitting out on a rock by a nice, peaceful pond, just relaxing in the warm sun. It feels nice and warm and safe here. Oh-oh! You sense danger. Pull your head into your house. Try to pull your shoulders up to your ears and push your head down into your shoulders. Hold in tight. It is not easy to be a turtle in a shell. The danger is past now. You can come out into the warm sunshine and, once again, you can relax and feel the warm sunshine. Watch out now! More danger. Hurry, pull your head back into your house and hold it tight. You have to be closed in tight to protect yourself. Okay, you can relax now. Bring your head out and let your shoulder relax. Notice how much better it feels to be relaxed than all tight. One more time now. Danger! Pull your head in. Push your shoulders way up to your ears and hold tight. Do not let even a tiny piece of your head show outside your shell. Hold it. Feel the tenseness in your neck and shoulders. Okay. You can come out now. It is safe again. Relax and feel comfortable in your safety. There's no more danger. Nothing to worry about. Nothing to be afraid of. You feel good.

Jaw

You have a giant jawbreaker bubble gum in your mouth. It is very hard to chew. Bite down on it. Hard! Let your neck muscles help you. Now relax. Just let your jaw hang loose. Notice how good it feels just to let your jaw drop. Okay, let's tackle that jawbreaker again now. Bite down. Hard! Try to squeeze it out between your teeth. That's good. You are really tearing that gum up. Now relax again. Just let your jaw drop off your face. It feels so good just to let go and not have to fight that bubble gum. Okay, one more time. We are really going to tear it up this time. Bite down. Hard as you can. Harder. Oh, you are really working hard. Good. Now relax. Try to relax your whole body. You've beaten the bubble gum. Let yourself go as loose as you can.

Face and Nose

Here comes a pesky old fly. He has landed on your nose. Try to get him off without using your hands. That's right, wrinkle up your nose. Make as many wrinkles in your nose as you can. Scrunch up your nose real hard. Good. You've chased him away. Now you can relax your nose. Oops, here he comes back again. Right back in the middle of your nose. Wrinkle up your nose again. Shoo him off. Wrinkle it up hard. Hold it just as tight as you can. Okay, he flew away. You can relax your face. Notice that when you scrunch up your nose that your cheeks and your mouth and your forehead and your eyes all help you, and they get tight too. So when you relax your nose, your whole face relaxes too, and that feels good. Oh-oh. This time that old fly has come back, but this time he's on your forehead. Make lots of wrinkles. Try to catch him between all those wrinkles. Hold it tight now. Okay, you can let go. He's gone for good. Now you can just relax. Let your face go smooth, no wrinkles anywhere. Your face feels nice and smooth and relaxed. Let your face go smooth, no wrinkles anywhere. Your face feels nice and smooth and relaxed.

Stomach

Hey! Here comes a cute baby elephant. But he's not watching where he's going. He doesn't see you lying there in the grass, and he's about to step on your stomach. Do not move. You do not have time to get out of the way. Just get ready for him. Make your stomach very hard. Tighten up your stomach muscles real tight. Hold it. It looks lie he is going the other way. You can relax now. Let your stomach go soft. Let it be as relaxed as you can. That feels so much better. Oops, he's coming this way again. Get ready. Tighten up your stomach. Real hard. If he steps on you when your stomach is hard, it won't hurt. Make your stomach into a rock. Okay, he's moving away again. You can relax now. Kind of settle down, get comfortable, and relax. Notice the difference between a tight stomach and a relaxed one. That's how we want it to feel – nice and loose and relaxed. You won't believe this, but this time he's really coming your way and no turning around. He's headed straight for you. Tighten up. Tighten hard. Here he comes. This is really it. You've got to hold on tight. He's stepping on you. He's stepped over you. Now he's gone for good. You can relax completely. You are safe/ Everything is okay, and you can feel nice and relaxed. This time imagine that you want to squeeze through a narrow fence and the boards have splinters on them. You'll have to make yourself very skinny if you are going to make it through. Suck your stomach in. Try to squeeze it up against your backbone.

Try to be as skinny as you can. You've got to get through. Now relax. You do not have to be skinny now. Just relax and feel your stomach being warm and loose. Okay, let's try to get through that fence now. Squeeze up your stomach. Make it touch your backbone. Get it real small and tight. Get as skinny as you can. Hold tight, now. You've got to squeeze through. You got through that skinny little fence and no splinters. You can relax now. Settle back and let your stomach come back out where it belongs. You can feel really good now. You've done fine.

Legs and Feet

Now pretend that you are standing barefooted in a big, fat mud puddle. Squish your toes down deep into the mud. Try to get your feet down to the bottom of the mud puddle. You'll probably need your legs to help you push. Push down, spread your toes apart, and feel the mud squish up between your toes. Now step out of the mud puddle. Relax your feet. Let your toes go lose and feel how nice that is. It feels good to be relaxed. Back into the mud puddle. Squish your toes down. Let your leg muscles help push your feet down. Push your feet. Hard. Try to squeeze the mud puddle dry. Okay. Come back out now. Relax your feet, relax your legs, relax your toes. It feels so good to be relaxed. No tenseness anywhere. You feel kind of warm and tingly.

Conclusion

Stay as relaxed as you can. Let your whole body go limp and feel all your muscles relaxed. In a few minutes I will ask you to open your eyes, and that will be the end of this session. As you go through the day, remember how good it feels to be relaxed. Sometimes you have to make yourself tighter before you can be relaxed, just as we did in these exercises. Practice these exercises every day to get more and more relaxed. A good time to practice is at night, after you have gone to bed and the lights are out and you won't be disturbed. It will help you get to sleep. Then, when you are a really good relaxer, you can help yourself relax at school. Just remember the elephant, or the jawbreaker, or the mud puddle, and you can do our exercises and nobody will know. Today is a good day. You've worked hard in here, and it feels good to work hard. Very slowly, now, open your eyes and wiggle your muscles around a little. Very good. You've done a good job. You are going to be a super relaxer.

WORKSHEET 5

PROGRESSIVE MUSCLE RELAXATION

One of the body's reactions to fear and anxiety is muscle tension. This can result in feeling "tense", or relaxation can lead to muscle aches and pains, as well as leaving some people feeling exhausted. Think about how you respond to anxiety. Do you "tense up" when you're feeling anxious? Muscle relaxation can be particularly helpful in cases where anxiety is especially associated to muscle tension. This information sheet will guide you through a common form of relaxation designed to reduce muscle tension.

Muscle tension

Muscle tension is commonly associated with stress, anxiety and fear as part of a process that helps our bodies prepare for potentially dangerous situations. Even though some of those situations may not actually be dangerous, our bodies respond in the same way. Sometimes we don't even notice how our muscles become tense, but perhaps you clench your teeth slightly so your jaw feels tight, or maybe your shoulders become. Muscle tension can also be associated with backaches and tension headaches.

Progressive Muscle Relaxation

One method of reducing muscle tension that people have found helpful is through a technique called Progressive Muscle Relaxation (PMR). In progressive muscle relaxation exercises, you tense up particular muscles and then relax them, and then you practise this technique consistently.

Relaxation sequence

1. **Right hand and forearm**. Make a fist with your right hand.
2. **Right upper arm.** Bring your right forearm up to your shoulder to "make a muscle".
3. **Left hand and forearm.**
4. **Left upper arm.**
5. **Forehead.** Raise your eyebrows as high as they will go, as though you were surprised by something.
6. **Eyes and cheeks.** Squeeze your eyes tight shut.
7. **Mouth and jaw.** Open your mouth as wide as you can, as you might when you're yawning.
8. **Neck. !!!** Be careful as you tense these muscles. Face forward and then pull your head back slowly, as though you are looking up to the ceiling.
9. **Shoulders.** Tense the muscles in your shoulders as you bring your shoulders up towards your ears.

preparing for relaxation

When you are beginning to practice progressive muscle relaxation exercises keep in mind the folloing points.

- **Physical injuries.** If you have any injuries, or a history of physical problems that may cause muscle pain, always consult your doctor before you start.
- **Select your surroundings.** Minimise the distraction to your five senses. Such as turning off the TV and radio, and using soft lighting.
- **Make yourself comfortable.** Use a chair that comfortably seats your body, including your head. Wear loose clothing, and take off your shoes.
- **Internal mechanics.** Avoid practicing after big, heavy meals, and do not practice after consuming any intoxicants, such as alcohol.

general procedure

1 Once you've set aside the time and place for relaxation, slow down your breathing and give yourself permission to relax.
2 When you are ready to begin, tense the muscle group described. Make sure you can feel the tension, but not so much that you feel a great deal of pain. Keep the muscle tensed for approximately 5 seconds.
3 Relax the muscles and keep it relaxed for approximately 10 seconds. It may be helpful to say something like "Relax" as you relax the muscle.
4 When you have finished the relaxation procedure, remain seated for a few moments allowing yourself to become alert.

10. **Shoulder blades/Back.** Push your shoulder blades back, trying to almost touch them together, so that your chest is pushed forward.
11. **Chest and stomach.** Breathe in deeply, filling up your lungs and chest with air.
12. **Hips and buttocks.** Squeeze your buttock muscles
13. **Right upper leg**. Tighten your right thigh.
14. **Right lower leg. !!!** Do this slowly and carefully to avoid cramps. Pull your toes towards you to stretch the calf muscle.
15. **Right foot.** Curl your toes downwards.
16. **Left upper leg.** Repeat as for right upper leg.
17. **Left lower leg**. Repeat as for right lower leg.
18. **Left foot**. Repeat as for right foot.

Practice means progress. Only through practice can you become more aware of your muscles, how they respond with tension, and how you can relax them. Training your body to respond differently to stress is like any training – practising consistently is the key.

Centre for Clinical Interventions

WORKSHEET 6

VISUALIZATION EXERCISE

Quiet is a liquid technique

Life can sometimes feel overwhelming; we're bombarded with information all day long and it's often difficult to silence our chattering minds. This visualization can help you silence the noise and focus your thoughts.

Use it: When you feel overwhelmed by your chattering mind

Step 1: Visualize 'quiet' as a thick, clear liquid, filling your head with peace and quiet.

Step 2: See it pouring slowly down your body, filling you with the clear liquid until you feel like a liquid ball.

Step 3: Once you're in this zone, breathe deeply and stay in this position for a few minutes.

Whether you want to thrive at work or simply relax and make the most of your free time, visualization really works. It can help you to keep calm and tackle the variety of challenges that life throws your way.

WORKSHEET 7

HELPFUL HINTS FOR THE TRAUMA NARRATIV FOR CHILD

1. Introduce the child and caregiver to the theory behind TF-CBT and the trauma narrative (e.g., cleaning a wound, taking out a splinter).

2. Prepare the child for the trauma narrative by talking about upsetting aspects of the traumatic event(s) a little bit at a time so that talking about it becomes less painful, frightening, and overwhelming over time.

3. Have the child write a chapter about a positive experience s/he has experienced. This will allow the child to practice creating a narrative, so s/he will be better prepared to create a trauma-related narrative. This also helps the counselor differentiate between the child showing trauma-related avoidance versus having limited ability to express experiences verbally or in writing.

4. Introduce the trauma narrative by reading a book about another child's experience with similar traumatic events (e.g., Please Tell, A Place for Starr).

5. Suggest that children start their trauma narrative with non-traumatic information, such as with whom they live and where they go to school. They can then be encouraged to describe the specific context leading up to the traumatic experience.

6. Help the child develop the trauma narrative:

a The child can create a book that tells the story of the traumatic event(s).

b The child can create a "life narrative" instead of just a "trauma narrative."

c The child can verbally describe the traumatic event(s).

d The therapist can suggest that the child write down what he/she has described afterwards. Alternatively, the therapist can act as recorder while the child talks.

e The child can start by providing just one or a few details of the event. The therapist can then ask questions such as what s/he was doing at the time the incident occurred, what happened next, and so on.

f The therapist should provide a lot of praise and encouragement for the child's efforts.

g It is best not to interrupt the child in the flow of his/her narrative to ask about his/her thoughts and feelings regarding the event since this may make it more difficult for him/her to keep focused on the event. Instead, let him/her first describe his/her perception of the event, and then return to the beginning to clarify things or to ask about his/her feelings and thoughts.

7. Once the child has written a full narrative of his/her memories, thoughts and feelings about the traumatic event, the therapist should employ cognitive-processing techniques to explore and correct cognitive distortions and errors.

8. Prepare the child and caregiver(s) to share the child's trauma narrative with the child's caregiver(s). The narrative is shared with the caregiver only after considerable preparation is provided for the caregiver in parent sessions, and only when the caregiver is capable of providing a supportive response to the client (e.g., if a caregiver does not believe the abuse occurred it may not be a good idea to share the narrative with them).

WORKSHEET 8
MINDFULNESS

Mindfulness: a state of nonjudgmental awareness of what's happening in the present moment, including the awareness of one's own thoughts, feelings, and senses.

Components of Mindfulness Awareness

During a state of mindfulness, you will notice your thoughts, feelings, and physical sensations as they happen. The goal isn't to clear your mind or to stop thinking—it's to become aware of your thoughts and feelings, rather than getting lost in them.

Acceptance: The thoughts, feelings, and sensations that you notice should be observed in a nonjudgmental manner. For example, if you notice a feeling of nervousness, simply state to yourself: "I notice that I am feeling nervous". There's no need further judge or change the feeling.

Benefits of Mindfulness

- Reduced symptoms of depression
- Improved memory, focus, and mental processing speed
- Greater satisfaction with relationship
- Improved ability to manage emotions
- Improved ability to adapt to stressful situations
- Reduced rumination (repetitively going over a thought)

Mindfulness Meditation

Sit in a comfortable place, and begin paying a tention to your breathing. Notice the physical sensation of air filling your lungs, and then slowly leaving. When your mind wanders— which it will simply notice your thoughts, and turn your attention back to breathing.

Mindfulness Walk

While walking, make a point to practice. Mindfulness Start by noticing how your body moves and feels with each step. Then, expand your awareness to your surroundings. What do you see? Hear? Smell? Feel? This technique can also be expanded to other daily activities.

Body Scan

Pay close attention to the physical sensations throughout your body. Start with your feet, and move up through your legs, groin, abdomen, chest, back, shoulders, arms, hands, neck, and face. Spend

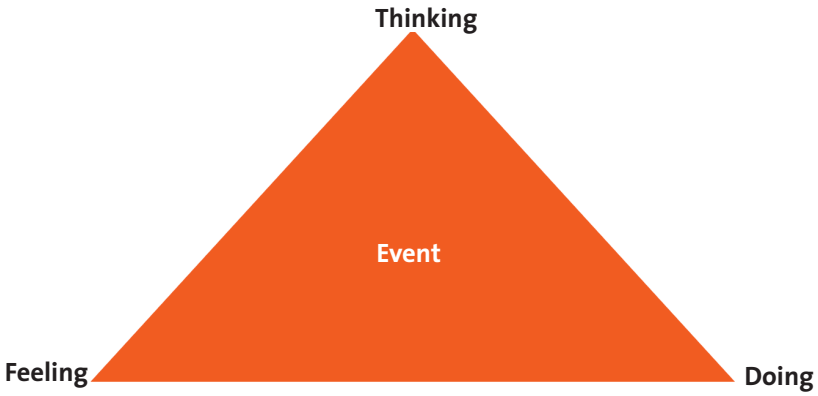
Five Senses

Make a conscious effort to notice the present moment through each of your senses.

- 5 Things you see
- 4 things you feel
- 3 Things you hear
- 1 Thing you taste
- 1 thing you smell

WORKSHEET 9

COGNITIVE TRIANGLE: CHALLENGING YOUR THINKING MISTAKES



EVENT "Something Happens"	THOUGHTS "I tell myself something"	FEELINGS "I feel something"	BEHAVIORS "I do something"

Are my thoughts accurate?

_____

Are my thoughts helpful?

_____

Am I falling into a Thinking Mistake trap (If so, which one)?

_____

What could I say to myself that would be more accurate, positive, or helpful?

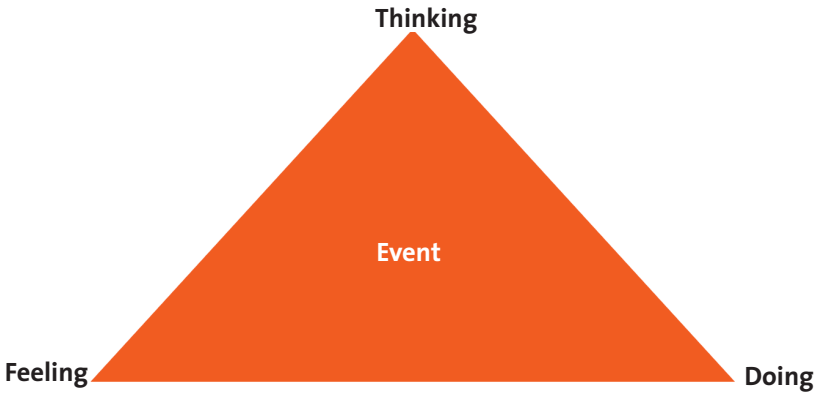
_____

How would I feel if I told myself this?

_____

WORKSHEET 10

PRACTICING THE COGNITIVE TRIANGLE



During the coming week, whenever you feel upset about something, write down the situation and how it makes you feel. Then "track back" to what your thought was about the situation that made you think that way. Ask yourself whether that thought is (1) accurate and (2) helpful. Come up with alternative thoughts in this situation and write down how they make you feel and whether they are accurate and helpful. To identify new, more helpful thoughts, think about what you would say to a good friend in a similar situation if he/she shared the distressing thought(s).

Situation:_____

Thought:_____

Feeling:_____

New thought:_____

New feeling:_____

New Behavior:_____

WORKSHEET 11

TRAUMA COMMON UNHELPFUL AND HELPFUL THOUGHTS TOOL

The impact of things that happen to us has a lot to do with our thinking. Please check the box next to any unhelpful and helpful thoughts you sometimes have about what happened. Some clients have one or more of these thoughts	tor only think this way sometimes or have none of these thoughts.

Common Unhelpful Thoughts	Common Helpful Thoughts
☐ What happened was my fault	☐ What happened wasn't my fault
☐ I should have done something different	☐ I did the best I could with a hard situation
☐ What happened means something bad about me	☐ What I did made sense at the time
☐ I can't trust anyone	☐ I've learned some things from what happened
☐ I should feel embarrassed or ashamed about what happened	☐ Some good things have come out of a hard situation
☐ There is something about me that made this happen	☐ The event doesn't mean anything bad about me
☐ I have to watch out for danger all the time	☐ I can trust at least some people for some things
☐ My future dreams won't come true	☐ I don't need to feel embarrassed or ashamed
☐ Other unhelpful thoughts you have:	☐ I can do things to help myself stay safe
	☐ Other helpful thoughts you have:

For unhelpful trauma-related thoughts that you have a lot, try filling out the Unhelpful Thought – Feelings – Actions triangle to see how the thought might be affecting you. Then, with your counselor, identify the reasons why you think that and then try to come up with more helpful thoughts to have instead. Pay attention to the thoughts you have that are helpful and see how you can make them more common.

WORKSHEET 12

AFFECTIVE MODULATION: 25 WAYS TO FEEL BETTER RIGHT NOW

1. Stop whatever you are doing, close your eyes, and take 10 slow, deep breaths.
2. Visualize your "safe place."
3. Go to a quiet room and read a good book.
4. Meditate or focus on your special relaxation phrase.
5. Listen to your favorite music.
6. Sing out loud.
7. Dance.
8. Play.
9. Listen to, watch, or read something funny.
10. Go outside and take a walk in a safe area.
11. Run in place for 5 minutes.
12. Call a friend.

13. Talk to a caregiver or other adult who understands and listens.

14. Write in your journal.

15. Volunteer.

16. Tell yourself that things will get better.

17. Take a warm bath.

18. Make something with your hands—knit, sew, crochet, woodwork, etc.

19. Tell yourself five good things about yourself.

20. Draw, color or paint.

21. Talk about your feelings with someone you trust.

22. Tell someone you love him or her.

23. Play with your pet.

24. Do something to help someone else.

25. What else helps you feel better?

WORKSHEET 13

PROBLEM-SOLVING STEPS

Problem solving involves several steps that can be summarized as follows:

State, or describe, the problem.

Think of, or identify, possible solutions to the problem. Try to think of as many as you can, without judging them as good or bad.

Evaluate, or consider, the likely outcomes of each possible solution. What good or bad might happen if you chose that solution?

Pick the solution most likely to help and try it out.

See how your choice worked. If it worked, great! If it didn't work out as you hoped, try to figure out what went wrong. Go back and pick another solution to try to solve the problem

WORKSHEET 14

4 STRATEGIES FOR DISPUTING UNHELPFUL THOUGHTS

When we feel upset about something, we tend to be thinking unhelpful thoughts. We can ask ourselves 4 main questions in order to (a) evaluate whether these thoughts are realistic or helpful to us, and (b) come up with more realistic or helpful thoughts.

1. Evidence?

What is the evidence for this thought or belief?

Are your judgments based on how you feel rather than what you are doing or what you have done (rather than the evidence)?

Are you confusing a low probability event with a high probability event?

Are you underestimating what you can do to deal with the situation?

2. Alternatives?

Is there any alternative way of looking at the situation?

How would someone else think about the situation?

Are you overestimating how much control and responsibility you have in this situation?

3. Implications?

What are the consequences of you thinking this way?

What would be the worst thing that could happen?

If this is true, so what? What does it mean?

What are the real and probable consequences of the situation?

4. Usefulness?

Is it useful for you to think this way?

What are the advantages of holding on to this belief?

What are the disadvantages of holding on to this belief?

Are you setting yourself up for an unrealistic standard?

WORKSHEET 15

CONQUERING THE MOUNTAIN OF FEAR

[41]The survivor may show fear or avoidance by:

These are the feelings and thoughts I may have:

Things I can tell myself, or actions I can do to reduce my own distress:

How I can support the survivor for achieving a step on the fear mountain:

WORKSHEET 16

BURNOUT SELF-TEST

Instructions: For each question, place the corresponding number in the column that most applies.

Questions	Not At All (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
I feel run down and drained of physical or emotional energy.					
I have negative thoughts about my job.					
I am harder and less sympathetic with people than perhaps they deserve.					
I am easily irritated by small problems, or by my co-workers.					
I feel misunderstood or unappreciated by my co-workers.					
I feel that I have no one to talk to.					

I feel that I am achieving less than I should.					
I feel under an unpleasant level of pressure to succeed.					
I feel that I am not getting what I want out of my job.					
I feel that I am in the wrong organization or profession.					
I am frustrated with parts of my job.					
I feel that organizational politics or bureaucracy frustrate my ability to do a good job.					
I feel that there is more work to do than I practically have the ability to do.					
I feel that I do not have time to do many of the things that are important to doing a good quality job.					
I find that I do not have time to plan as much as I want to.					
Total					

Score interpretations (No matter your score, pay attention to areas you ranked a 5)[42]

15-18: No sign of burnout.

19-32: Little sign of burnout.

33-49: At risk of burnout.

50-59: Severe risk of burnout.

60-75: Very severe risk of burnout.

WORKSHEET 17

THE TOP 10 THINGS COUNSELORS NEED TO KNOW ABOUT PEOPLE WITH DISABILITIES

1. We have been hurt.

Sexual violence is a very real part of our lives and we feel shame, guilt, fear and confusion. No one may know that we suffer and for some of us, it has been so common; we think it is just a part of life. We may not report because we fear losing services and independence, not being believed, not being considered a credible witness, and not getting victim services. We may not know there is anyone who can help.

2. We need your support to move forward.

We need you to listen and be patient. We need you to give us an opportunity to share our story. We need you to remind us that it wasn't our fault and that we are not alone.

3. We are not all the same.

People with disabilities are a diverse group and there is no one size fits all. Our disability labels include physical disabilities, intellectual disabilities, mental illnesses, developmental disabilities, blind and Deaf but everyone is unique. You don't have to be the expert on disabilities because we are. Ask if you want to know how to support us. We have learned that this does not happen easily so understand that.

4. We are more than our labels.

Our diagnosis does not tell you anything about us. We want you to know our abilities, talents, contributions, our deepest dreams and even our purpose. By knowing our strengths, you can help us to expand our life possibilities. You can see us as a person, very much like yourself, doing the best we can. Please know that we are more alike than different.

5. Everyone communicates.

We may not communicate the same way that you do so you might think you can't understand us. Some of us communicate with devices, some of us use pictures, and some of us can show you with gestures and pointing. Take the time to get to know how we communicate. Together, we can figure out lots of things. Please give us time.

6. Listen carefully.

You can understand us not just by listening with your ears; but with your eyes and heart, as our bodies have a lot to say. When you do, you will most likely understand what we are trying to say. If you don't understand something ask.

7. Ask me to repeat what I said.

Those of us who are difficult to understand know that. We would rather you ask us to repeat something than pretend you know what we said. There is a label called 'non-verbal' which means I can't use my voice, but I can still communicate. Don't be tricked by these labels, or the person who hurt us gets to win. Instead understand that...

8. Some of us need accommodations to participate.

To participate in counseling, some of us need a Sign Language Interpreter or Braille documents, we may need pictures to show what happened; many of us need to be spoken with in plain language. Ask what we need so we can best participate.

9. Teach family and support staff about the effects of trauma.

When we are having a hard time, people say we are having a 'behavior', or that we just want attention. Can you help them understand that we still remember the abuse and it hurts? No medicine or behavior plan will make the memories go away. Teach them to believe and support us. We need to feel safe to express what has happened to us. We need help in finding our strength and moving forward. We don't want to be managed; we want to feel able to manage ourselves.

10. Encourage others to empower us.

If you teach us to be assertive and tell us we can say no to unwanted touch, we may be confused. Some of us are NEVER allowed to say no. If we can't say no to food or an activity, how can we possibly say no to someone who wants to hurt us? If the people we trust the most give us permission to say no, then we will be free to say no to others.

WORKSHEET 18

TEMPLATE: CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize XYZ shelter to receive (name of client or survivor) from/disclose to _____ _____ (name of person and organization) for the purpose of _____ _____ (need for disclosure) the following information _____ (nature of the disclosure).

I understand that my records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically on _____ unless otherwise specified below.

(date, condition, or event)

Other expiration specifications: _____

Date executed: _____

Signature of client: _____

Signature of parent or guardian, where required

Helpful resources for trauma therapy for survivors of VAWG

• One highly recommended book is "The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma" by Bessel van der Kolk. This book provides a comprehensive overview of the impact of trauma on the brain and body, and offers practical strategies for healing and recovery. It is based on the author's many years of experience working with survivors of trauma, including survivors of VAWG.

• Another highly recommended book is "Trauma and Recovery: The Aftermath of Violence--from Domestic Abuse to Political Terror" by Judith Herman. This book provides a detailed exploration of the impact of trauma on survivors, with a particular focus on the dynamics of interpersonal violence. It offers a framework for understanding the complex nature of trauma and its effects on survivors, and provides practical guidance for therapists working with survivors of VAWG.

• Other recommended books on trauma therapy for survivors of VAWG include "Healing from Trauma: A Survivor's Guide to Understanding Your Symptoms and Reclaiming Your Life" by Jasmin Lee Cori, and "The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse" by Ellen Bass and Laura Davis. Each of these books offers a unique perspective on the healing process for survivors of trauma, and can be a valuable resource for therapists working with survivors of VAWG.

• A book on flash technique for survivors of Violence Against Women and Girls (VAWG) is "The Flash Technique for Rapid Relief from Trauma" by Philip Manfield and Jennifer Manfield. The book emphasizes the importance of working with survivors in a trauma-informed and client-centered manner and also highlights the need to prioritize the safety and well-being of survivors throughout the therapy process. Overall, "The Flash Technique for Rapid Relief from Trauma" is an excellent resource for therapists working with survivors of VAWG who are seeking effective and efficient techniques to help their clients manage traumatic memories and associated emotions.

• The International Society for Traumatic Stress Studies (ISTSS): ISTSS provides resources for clinicians and researchers on trauma and its treatment, including guidelines and manuals for trauma-focused therapy.

• The National Resource Center on Domestic Violence (NRCDV): The NRCDV offers various manuals and resources for working with survivors of domestic violence, including trauma-informed care and self-care for advocates.

• The National Center for PTSD: The National Center for PTSD provides resources for individuals and professionals on various topics related to trauma and its treatment, including manuals for specific types of therapies.

• The Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA offers numerous resources on trauma and its treatment, including manuals and guides on various evidence-based practices.

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It is important to note that trauma therapy is a complex and specialized field that requires training and expertise. It is essential that survivors seek support from qualified professionals who can provide personalized care based on their unique needs and experiences.

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UN WOMEN IS THE UN ORGANIZATION DEDICATED TO GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN. A GLOBAL CHAMPION FOR WOMEN AND GIRLS, UN WOMEN WAS ESTABLISHED TO ACCELERATE PROGRESS ON MEETING THEIR NEEDS WORLDWIDE.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.

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