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WITH FUNDING FROM
AUSTRIAN DEVELOPMENT COOPERATION

COUNSELLING MANUAL

FOR

COMMUNITY DRIVEN ACTIONS FOR GIRL-CHILD EDUCATION AMONG SOUTH SUDANESE AND HOST COMMUNITIES IN NORTHERN UGANDA (CODAGE) PROJECT STAFF AND EDUCATION MENTORS

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FOREWORD

Sexual Gender Based Violence (SGBV), Violence Against Children (VAC), HIV/AIDS, Ignorance about Rights and Responsibility of Children are issues that is affecting all the sectors of Uganda's economy. It has worsened the state of our existing problems in the country. In the education sector, it has compromised the ability to provide quality education to Ugandans. It has made worse the issue of staff, students and parents particularly in the area of low morale, stigma, discrimination and absenteeism in schools and work places. Absenteeism, lateness and complains of ill health have marred work places in education because of the scourge.

This Counselling manual has been developed with the help of a consultant for PALM CORPS Under the Community Driven Actions for Girl-Child Education Among South Sudanese and Host Communities in Northern Uganda (CODAGE) PROJECT.

The manual will enhance the capacity of CODAGE staff and education mentors to provide quality counseling services to the school management committee, parents, teachers, students and community in child rights, sexual reproductive health, Sexual Gender based Violence and parenting issues through group and individual counselling sessions.

Provision of effective counselling services will result into;
Improved management and infrastructure of elementary schools, improved attitudes and parenting skills of parents and guardians regarding girls' education, increased awareness of girls' rights in education, sexual and reproductive health, and sexual and gender-based violence and reintegration of school dropouts, improved class attendance, retention, progressing and wellbeing of the girl child in target schools and the community.

Hopefully this counselling manual will contribute to the realization of the project's purpose of improving access to and enhance the quality of primary education for girls in the refugee and host communities in schools in Rhino camp, Arua District, Northern Uganda and the entire country.

Abbey Anyanzo Thomas
Executive Director

ACKNOWLEDGEMENTS

The 2016 Violence Against Children Survey (VACS) indicates an unacceptably high level of physical, sexual, and emotional violence against children. Of females and males aged 18–24, 59 percent and 68 percent respectively reported experiencing physical violence before the age of 18. Twice as many girls (35 percent) than boys (17 percent) had experienced sexual violence and one third of both girls and boys had experienced emotional violence. Among females aged 18–24, 10 percent of girls and 4 percent of boys stated that they experienced forced or pressured sex before age 18.26 Un-negotiable early sexual encounters can force children out of homes and ultimately expose them to HIV risk. UPHIA data reveals that boys and girls have similar prevalence of HIV up until the age of 10. At that point, the prevalence of HIV increases in females so that by the ages of 15-24, females have a prevalence of HIV up to three times that of males (0.8 percent in males aged 15-24 versus 3.3 percent in females aged 15-24). One in four girls aged 15–19 has begun childbearing. Among girls aged 6–15 who drop out of primary school, 31 percent do so in order to marry, and 21 percent do so due to pregnancy. Secondary school completion rates also remain extremely low: only 34 percent of girls complete secondary school compared to 45 percent of boys.

To address all these challenges; PALM CORPS with funding from Austrian Development Corporation (ADC) and Volkshilfe Under the Community Driven Actions for Girl-Child Education Among South Sudanese and Host Communities in Northern Uganda (CODAGE) PROJECT sourced the services of a consultant to develop a Counselling manual for CODAGE staff and education mentors to provide quality counseling services.

The contents of the manual were adapted from the HIV Counseling and Testing manual developed by the Ministry of Health, Ministry of Education and sports, AIDS Information Centre Training Manuals and Ministry of Gender, Labor and Social Development GBV, Violence Against Children and case Management manuals. It is aligned to Uganda Counselling service delivery and PALM CORPS Community Driven Actions for Girl-Child Education among South Sudanese and Host Communities in Northern Uganda (CODAGE) project goal of contributing to gender equality in girls' education in Northern Uganda. The appendix of this document is adopted from The United Republic of Tanzania Ministry of Health, Community Development, Gender, Elderly and Children Gender-Based Violence and Violence Against Children Job Aids for Health Care Providers and Social Welfare Officers May 2017.

This document describes the policies, ethics, positive attitudes and procedures for service delivery. In addition, these technical guidelines specify how counseling is to be performed to facilitate consistent conformance to technical and quality system requirements under WHO and Ministry of Health Uganda guidelines.

I would like to thank the Austrian Development Corporation (ADC) and Volkshilfe for awarding the three-year (CODAGE) project to PALM CORPS to address Sexual Gender based Violence, improve class attendance, retention, progressing and wellbeing girl child in in the region.

Lulu Henry Leku
Consultant

THE CONCEPT OF COUNSELING

DEFINITION OF COUNSELING:

- A helping relationship to help a person help himself/ herself deal with a problem/ concern
- An interpersonal helping relationship between a counselor and client to help client to;
    - Gain insight of the problem
    - Explore options
    - Make a plan
- A dialogue between a patient (client) and a service provider aimed at identifying client's concerns and options for dealing with them.
- It is a dialogue between a person with a problem (client) and care provider aimed at enabling the client to appreciate and to take informed personal decisions related to Child rights, sexual reproductive health, Sexual Gender based Violence and parenting education.

GOAL OF COUNSELLING

- To help a patient to make an informed decision about child rights, sexual reproductive health, Sexual Gender based Violence and parenting education
- To achieve the counseling goal, Counselors need good interpersonal and communication skills

What are the benefits of Counselling?

- Counselling is necessary for it provides social and psychological support to people affected by violation of child rights, sexual reproductive health, Sexual Gender based Violence and poor parenting.
- The overwhelming negative effects associated with HIV infection (Stigma, Long Illness, Nature of transmission)
- Helps clients make informed decisions
- Helps clients to make appropriate planning
- Helps clients cope with difficult situations

Who needs Counselling?

The following people should be counselled:

- People affected by violation of child rights, sexual reproductive health, Sexual Gender based Violence and poor parenting.
- People who may be worried about their sero status.
- Those who have lost sexual partners.
- Those with multiple partners.
- Relatives and families of AIDS patients
- People diagnosed as having AIDS.
- Carers of AIDS patients
- Children of infected.
- Patients with chronic diseases
- Patients who wish to start on treatment with ARVs

THE COUNSELLING ENVIRONMENT

The environment within which a counselling activity or session takes place must be given careful consideration. One may possess all the desired counselling skills as well as all the ideal qualities, but may fail to conduct an effective counselling session if the environment is not conducive.

Figure 1

The Counselling environment should ideally be one that is:

- Clean
- Airy/well ventilated
- Quiet
- Private
- Cool/warm
- Physically comfortable
- Dry
- Free from dust, pollution and foul smell
- Generally welcoming (as much as possible)
- Accessible to the client and the counsellor
- Safe for the client (where they feel secure)

Who should offer Counselling?

A counselor is a person who has the following;

- Knowledgeable about the problem (Child rights, VAC, SGBV, Parenting, HIV infection and disease as a cross cutting issue).
- Positive attitudes
  - Caring,
  - Empathetic
  - Non-judgmental
  - Acceptance
  - Confidentiality
  - Exemplary
- Good communication skills such as:
  - Active listening
  - Clarifying
  - Paraphrasing
  - Reflection
  - Summarization
- Presentable & Willing to help people with problems
- Someone with time to help people with problems
- One with knowledge about the subject
- *Counsellors should be well trained in Counselling*

Figure 2

QUALITIES OF A GOOD COUNSELLOR

1. ***Empathetic understanding***

This is the ability to cognitively and emotionally experience the world from the other person's perspective, and help them cope and be able to stand up on their own feet as soon as possible.

2. ***Genuine/sincerity***

The ability and willingness to be open, real and consistent in the relationship with the client. To be prepared to give time and attention, to be a "real" person not just someone in a professional role.

Unconditional Positive regard

The ability to communicate with the client without blame or negative feelings, expelling all fear from the client and making them feel they are accepted the way they are and are wanted despite the weaknesses they may feel.

Figure 3

The counsellor cares and respects the clients. This conveys love and care
breaks down resistance from the clients and brings about healing

Emotional stability and maturity

The counsellor should be a mature person who can handle his/her own problems effectively, is aware of their feelings and motives free from unnecessary anxiety and insecurities so that the help they offer can be objective, unbiased, wise and supportive. In short, be able to tame your personality to fit in the required attitudes of counselling.

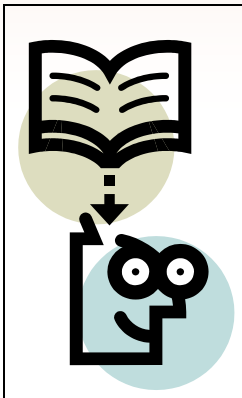
Warmth

6. Knowledgeable:

Counsellors should be well trained and equipped with basic skills such as:

- Active listening
- Clarifying
- Paraphrasing
- Reflection
- Summarization

HANDLING DIFFERENT EMOTIONS



Key Points

- Any emotions experienced under whatever circumstance is a natural reaction.
- Such emotions are healthy human responses that help one under go or cope with difficult circumstances.
- Every one experiences these emotions at one time or the other.
- Understanding one's emotion can be helpful.
- Note facts about the emotion is a better way to deal with it. That is, face the reality, and deal with the feelings (whatever it may be).
- Accept it, be a strong person, you will live happy.

Dealing with Some of the Most Common Emotions

Denial

Sometimes people react by denying the facts about an emotion as a way of coping temporarily. It is better to help such people face the reality of the emotion. Help them to go through the experience again through storytelling, or enacting and them healing may take place hence overcome the painful situation.

Figure 4

2. Anger

The experiences one undergoes may seem to be unfair. Therefore, one may feel angry with oneself, others and the situation at large.

Guilt

Some people blame themselves for the incidents. It is comforting to help them know and believe that they are also human – capable of making mistakes. These are events in life one may not control, get rid of or undo.

4. ***Loneliness***

Some incidents such as isolation and discrimination may make one lonely and afraid. Help them share with trustworthy friends their experience, join support groups, make friends and these feelings may fade.

Note: Involving self in various activities, relaxing and focusing on your future with hope will help you through no matter how difficult the circumstance may be. It is important for them to know that dying, we shall all die but what is important is the quality of life one lives.

General tips on Counselling

- Remain calm, even though a client may be upset crying or angry during counselling. If you are completely overtaken by emotion, don't deny it, but stop a bit and explain.
- Show interest in the client as a person.
- Show some understanding for what a person has to say.
- Focus on the most important problem, if there is one.

- Listen for cause of the problem.
- Try to be silent, if this is required.
- Accept the client's feelings, whatever they are.
- Help people talk about their feelings
- Give comfort and care.

The following are some guidelines on what counsellors should not do.

- Interrupt the person while he/she is talking.
- Argue with a person about their views or feelings
- Pass judgment
- Give advice unless requested (rather give information)
- Jump to conclusions
- Moralize, preach or patronize
- Give unwarranted reassurance
- Label – rather find out the person's motivations, fears and anxieties
- Encourage dependency on the counsellor by making him or her more important than is necessary.
- Try to solve all the client's problems or take on responsibility for the client.
- Ignore
- Instruct

POSITIVE ATTITUDES IN COUNSELLING

Attitudes can precisely be defined as *"The way someone perceives a situation, responds to and reacts towards other people."*
Attitudes can be positive or negative. The attitudes we have tend to determine how we respond and react towards other people or their actions.

As counselors it is essential that we have "Positive Attitudes" in order to be able to help others. There are 4 basic attitudes we must have as counselors

Caring
A counselor cares and wants to help. We show that we care by being approachable, interested in each person we are offering help to and prepared to make time to talk. We try to show warmth and concern and that we are trustworthy**,** honest and reliable.

Empathy
A counselor should want try to understand fully how the person is feeling. We try to imagine what it is like to be in the situation of the person we are trying to help, by imaging ourselves in their "shoes". Empathy is different from sympathy in that the former does not involve ones emotions in the counseling session.

Accepting (Non- Judgmental)

A counselor accepts the person they are offering help to as they are. A counselor should not be moralistic or judgmental about what the person tells him/her and should always show respect and neutrality towards any client.

PROFESSIONAL ETHICS IN COUNSELLING

Ethics:

Ethics refer to a legal set of conduct;

Ethics focus on the relationship between individuals within the profession, with other professions and clients. Good ethical behaviour implies treating others with respect, care, compassion, justice and fairness in all aspects of life.

Importance of Ethics:

Ethics are very important for the profession because they help to: -

- Build confidence/trust in the profession
- Ensure uniformity within the profession
- Ensure discipline within the profession
- Maintain a healthy relationship within the profession and other professions and client (s).
- Serve as security for the professionals and their clients.

Counselling just like other professions has a legal set of conduct, which includes the following:

1. Respecting the client

Regardless of who the client is, his/her behaviour, the client has come to you for help and deserves to be treated as a human being of worth.

The counsellor has a responsibility to help his/her clients feel okay about themselves and to increase their feelings of self-worth.

If the counsellor imposes his/her own moral values on the client, the client is likely to feel judged and thus damage their self-worth, and as a result the clients are likely to reject the counsellor plus the services, he/she is offering.

2. Giving client precedence:

When a client comes to the counsellor there is an implied contract with him/her to provide the confidential help required. Counsellors frequently experience a sense of conflict between their responsibilities to the client, the employing agency and to the community. However, the counsellor's responsibility to the client must take precedence.

Counsellors have a responsibility to abide by the professional ethics and National policies.

3. Ensuring Competence

A counsellor has a responsibility to ensure that he or she gives the highest possible standard of service to the client(s) . This calls for adequate training and supervision.

Counsellors need to attend to their own professional development and should be supervised and supported on a regular basis.

A counsellor needs to be aware of his/her competence both professionally and personally in case of any limitations, appropriate referrals should be made.

Failure to do this, results into the counsellor's own issues intruding into the counselling process to the detriment of the client.

4. Making Appropriate Referral

When a client' needs cannot be adequately met by a counsellor then that counsellor has the responsibility to make appropriate referral in consultation with the client.

Counsellors should be knowledgeable about available services for referral and networking.

5. Limits of the client – counsellor relationship:

There should be a limit to the client counsellor relationship. This relationship should be purely professional. The relationship must avoid creating any suspicions or temptations. Appropriate boundaries have to be set; if not then the ability to help the client diminishes.

6. Avoiding Self-promotion

It is unethical for a counsellor to make claims about himself/herself or his/her services, which are inaccurate or cannot be substantiated.

Counsellors who do this not only put their clients at risk, but may also face the possibility of prosecution.

7. Ensuring Safety

Counsellors should take all reasonable steps to ensure their own safety and ensure that their health is not compromised.

8. Responsibility to other counsellors:

Counsellors must not conduct themselves in their counselling – related activities in ways, which undermine the work of other counsellors. Professional counsellors should respect each other and should work in harmony with fellow counsellors.

9. Termination of counselling

It is not ethical to terminate counselling at a point where the client still needs further help. If for some unavoidable reason (e.g. shifting) then a suitable referral must be made to another counsellor.

10. Following Legal obligations

Counsellors like all other professionals and every other member of the community need to operate within the law. As a counsellor you therefore need to familiarise yourself with the relevant legal requirements e.g. if your client is an offender or a victim legal action must be under taken.

11. Keeping Confidentiality

Confidentiality is one of the most important ethical issues for a counsellor. Clients must feel secure after knowing that the information they have shared will be treated with a high degree of confidentiality.

There are instances where confidentiality ought to be shared:

- The need to keep and utilise records e.g. educational and research purposes
- The requirements of professional supervision
- Where a sexual partner needs to be protected from HIV infection, encourage supported disclosure.

Figure 5

12. Being Exemplary

The counsellor's personal life style should incorporate and reflect all the characteristics of a good counsellor. The counsellor must not be alcoholic, engaged in domestic violence or other forms of behaviour not consistent with family harmony. He/she should be model of leadership in the community who others would easily consult for guidance.

PRINCIPLES OF COUNSELLING

Principles

These refer to a set of norms that guide implementation (standards). Principles aim at ensuring quality services.

Importance of Principles:

- Ensure quality of the services
- Smooth implementation of the activities
- Act as safety measures
- Ensure cost effectiveness.

These are the universal principles that counsellors are expected to know and practice

1. **Individualization:**
2. People prefer to be treated as individuals rather than a case or type, so while dealing with a client do not treat him/her as a person of a particular type, religion, region for if a client senses that he is being treated as a case it can lead to rejection and hostility. For each one is unique though might face similar circumstances.

2. Self-expression of feelings

All human beings need to be given the opportunity to express their feelings including negative feelings. Client's self-expression enables the counsellor to understand the client's situation from the client's perspective. The client is also given an opportunity to air out the stressful feelings hence the feeling of acceptance of being listened to and being attended to.

3. Creating rapport

This involves setting a conducive atmosphere where the client feels free to express his/her feelings and concerns. The kind of relationship developed determines the quality of the session and service offered.

4. Client self determination

Direct efforts towards helping clients identify and fulfil their goals as well as needs with in the limitations of their capacity, potential and circumstances. Proceed as if the best solutions to a client's problems are to be found within client self. Structure each counselling session in such a way that clients are enabled to develop and improve the life skills needed to cope with their problem/situation within their resources. The Counsellor should help the client become independent and not dependent.

5. Impartiality

A counsellor should not take sides or blame any client on what is happening in their lives or the problems they are facing. A counsellor should always take a neutral stand while handling clients and controls personal values from influencing the way you deal with clients. Continually emphasize an attitude of high regard for the clients as worthy people need to be listened to impartiality.

6. Controlled emotional involvement

If a counsellor cannot control his or her feelings, the client then doubts whether the counsellor is able to help him/her. Such emotions or feelings may include crying, quarrelling, developing sexual relationships etc.

Counsellors should represent as an alternative source of support to the client. Therefore, counsellors need to have empathy instead of sympathy.

7. Self-Reflection

Dealing with human beings calls for continuous self-critique in order to improve the counsellor's helping relationship with his/her clients.

Counsellors need to always reflect into their personal values and attitudes towards different clients they handle, hence improve where necessary.

8. Self-awareness

This involves knowing one's strong areas and weak areas. It is important for a counsellor to know where his/her strong and weak areas, this helps him to determine what kind of situation he can handle effectively with a client and which he cannot take on. In most cases, if a counsellor finds out that he cannot handle the situation, and then he can easily refer the client to another counsellor.

9. Externalisation

Counsellor should not label clients according to their problems, as this promotes discrimination and stigmatisation. Separate the client from the problem e.g. Never refer women on PMTCT Programme as "PMTCT mothers' or "NVP babies" instead those are mother on PMTCT Programme or babies who received NVP.

INTRODUCTION TO COMMUNICATION

What is communication?

- Communication is when two or more people exchange messages using verbal and non-verbal language. Communication happens because two people want to share information, ideas, thoughts, feelings etc and get another person's feedback.
- Communication is when a person sends a message to another person with the hope and desire of receiving a response through an appropriate channel.

Therefore communication is a key to every aspect of our lives and plays an important role in building and strengthening our relationships with people.

The way a person communicates with another will affect how the other person reacts.

Aggressive communication will trigger an aggressive or defensive response.
Assertive behavior is important so we can negotiate for the things we want without being bullied or influenced by other.
Use the four basic communication skills to make your messages effective.

Verbal and Non – verbal Communication

Every face-to-face communication involves verbal and non – verbal messages. Usually these messages are matching, so if a person is saying that he or she appreciates something you have done s/he is smiling and expressing warmth non – verbally. Communication problems arise when a person's verbal and non- verbal messages contradict each other.

Non – verbal communication includes the use of facial expressions, hands, posture, eyes etc to communicate a message. If a person is saying one thing but is sending a different message non – verbally, it is often a sign that what the person is saying is not entirely true. It is important to pay attention both verbal and non – verbal messages and ask direct questions so that you can get open, honest responses.

Table 1

Non – verbal communication	Associated feeling
Smile	happy
Frown	unhappy
Does not sit still on the seat	uncomfortable
Moving legs up and down	tense
Cannot keep hands still	tense
Eyes widen	afraid
Scratches head	unsure of herself/himself
Eye contact	serious, paying attention
Nodding the head	understanding
Sitting close by	relaxed
Leaning towards	interested/ encouraged to continue
Eyes wide open, mouth agape	disgusted

Communication Skills

Counselors must have effective communication skills and knowledge about child rights, sexual reproductive health, sexual gender based violence and parenting issues. for counselors to communicate effectively, they need the skills of ;

- Listening,
- Checking understanding,
- Asking questions and
- Answering questions.

Listening skills:

in order to listen attentively, a health care provider should:

R - Relax – have time and interest in attending/ helping the patient while keep an open body posture.

O – Being Open

L – Lean Forward

E – Eye Contact i.e. Keep eye contact with the patient and other persons he/she is talking to.

S- Sit/Stand close to the client

Technique For Effective Listening

Technique 1

CLARIFY:

Purpose:

- To get additional facts
- To explain all sides of the problem

Example:
"can you clarify this?"
"Do you mean this?"
"Is the problem as you see it?"

Figure 6

Technique 2

RESTATE

Purpose:

- To check if counselor's interpretation coincides with that of the client
- To show that counselor is understanding what the client is saying
- To help counselor analyze other aspects of the problem to discuss with the client

Example:
"As I understand it, your idea is …."
"This is what you have decided to do and the reason is …."
"So, what you have said is …."

Techniques 3

NEUTRAL

Purpose:

- To show that you are listening and interested
- To encourage the client to continue talking

Example:

"I see."
Uh huh
That is interesting
Is that so
I understand

Techniques 4

1. REFLECTIVE

Purpose:

- To show that the counselor understands the feelings expressed by the client
- To help client evaluate and moderate his/her feelings as expressed by the counselor

Examples:
"So, it is a shocking thing as you said …"
"You felt you were not taken seriously …"
"You felt you were not treated fairly …"

Techniques 5

SUMMARISING

Purpose
To wrap up and bring the discussion to focus
Example
"These are the key ideas that you have expressed"
"If I understood you correctly you feel …."

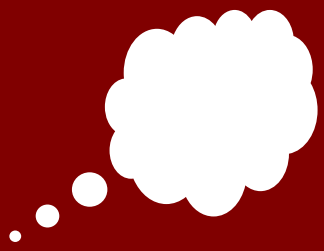
Do's in Listening

- Show interest
- Be understanding
- Listen for cause of problem
- Encourage speaker to believe that s/he can solve the problem
- Know when to remain silent

Don'ts in Listening

- Don't argue
- Don't interrupt
- Don't pass judgment too quickly
- Don't give advice unless client asks for it
- Don't jump to conclusions

TIPS ON ACTIVE LISTENING



1. **Roles**
   - Stop talking
   - Remove distractions, e.g. phones, fiddling around with objects
   - Concentrate
   - Look interested (maintain good eye contact)
   - Check that you are understanding you hear (time to time repeating and summarize)
   - Use probing questions
   - Be patient
   - Be non-judgmental

Common Factors Affecting Effective Communication

- Inadequate knowledge and skills
- Differences in culture
- Language barrier
- Time
- Stress and burnout
- Lack of motivation and recognition
- Fear of doing harm and provoking emotions, e.g. sex, death, dying
- Distancing (avoiding client due to personal experiences)
- Making assumptions about what a client is expressing or feeling – use your skills to find out exactly what worries client

Summary
Effective communication skills enable health workers to communicate with patients in order to understand the situation from the patient's point of view not their own experiences or opinion
Counseling is client centered and must emphasize problem solving
The session leads to positive action

Show immediacy: the ability to deal with a situation affecting the way you and the patient are relating *at the given moment* (e.g., if the patient is exhibiting hostility towards you)

Skills of Checking Understanding

***Clarifying*:** When talking to a patient, there are circumstances when certain issues are not clear to either party (patient or health worker) Clarifying unclear points can enhance communication (e.g., by asking, "Do you mean…?") or supply facts (e.g., by asserting, "No, HIV is not transmitted by eating from the same dishes.").

***Paraphrasing*:** —restating the patient's words in the counselor's own words—helps achieve this objective. To paraphrase effectively, the health worker must listen actively; the health worker must determine what is being said and check with the patient that the paraphrase is accurate.
Reflecting feelings: Useful phrases help to reflect feelings in a counseling context, particularly when the patient is primarily expressing feelings and not giving clues about the association. For example; "You feel (feeling word: sad, anxious, relieved) because (paraphrase) . . ." Or "You seem (feeling word: confused, happy, excited). What's happening to you?"

Repeating information: saying what the patient has said in his or her own words. At times of stress and crisis, people may be in a state of denial or feel overwhelmed, so they may not always comprehend everything they are told. Health workers should repeat important information for the client if they believe he or she has not absorbed what has been said.

***Probing*:** Probes are verbal tactics to help clients talk more about themselves and define their concerns concretely in terms of specific experiences, behaviors, and feelings. Probing also helps identify themes that may emerge when exploring these elements.

Asking questions

Why do we ask questions?

- *To Get More Information,*
- *Clarify A Point,*
- *Confirm What We Have Heard Etc.*

Types of questions:

- Open ended questions
- Close ended questions

1. Open ended questions

These invite the patient to talk more about their concerns. E.g. "How did you know you wife was pregnant?" What is the composition of your family?

Asking open-ended questions: Open-ended questions give patients an opportunity to express themselves freely and make it easier for you to identify their needs and priorities. Open ended questions are useful in starting a dialogue, finding a direction, and/or exploring a patient's concerns

***Using a non-directive approach*:** When discussing behavior change, one should avoid such directive statements such as, "You have to use a condom every time you have sex!" Instead you can put responsibility in the patients hands (a "buffet" approach), giving the patient control over decisions that meet his or her needs by asking, for instance, "What do you think you could do to protect yourself?"

2. Close ended questions these require specific answers, mostly yes, no. E.g. how old are you? Are you married?

Answering questions

Use simple, clear, age-appropriate language.
Provide accurate and complete information
Be honest acknowledging when you do not know the answer to a patient's question. Note that some questions do not have answers.

Communication from Children about Potential Abuse

General principles

- Children frequently feel responsible for things that happen around them and to them
- Children are likely to feel protective of the adults they are dependent on, even when the adult is treating them badly
- Children often feel at fault and ashamed when they are being treated badly
- For the above reasons, children have difficulty disclosing sensitive issues
- Children often express themselves through their behaviour rather than through their words

Common signs that suggest a child is feeling troubled

- They ***tell*** us something is bothering them
- They ***show*** us something is bothering them (children are not always able to talk about their feelings, either because they are confused and don't understand them, or they aren't able to put their feelings into words.)
- Noticeable behaviour changes, e.g., a usually outgoing child becomes quiet and withdrawn, or a formerly cooperative child seems angry, becomes argumentative or aggressive
- Become easily upset or angry
- Very active or restless
- Distractibility/poor concentration
- A decrease in school performance
- Withdrawal from peers
- Lacking in trust, seem fearful or sad

A child who has suffered difficult experiences needs someone to tell, otherwise they remain alone in their distress. They will usually feel relief when they confide in someone who is available to listen.

Talking with Children about Potential Abuse concerns

What to do when you notice a change in a child, or a child indicates they want to talk with you

- Find a quiet place out of hearing range of others
- Give the child your undivided attention
- It is CRITICAL that you maintain confidentially and not share information with anyone other than those who are mandatory
- Discuss the issue with the appropriate person/people, e.g the headmaster

What to say

- Tell the child directly that you are concerned, and why- what you have observed. Be specific.
- If, when asked, the child says that nothing's wrong (often a first response), ask more questions and tell them that based on your observations you believe there's a problem.

- Let them know that anything they tell you will be kept private and will only be shared with people you are required to tell for the purpose of helping them, and that you will only do it with the child's knowledge.
- If there is reason to think they are being harmed, but they ask you to keep the information they share secret, be clear that you are required to get help for them.
- If there is information that has to be shared with others, ask the child if they want to do it with you or if they want you to do it for them.
- Tell the child that you are going to do everything you can to help them and that you will keep them informed about who you talk with. Keep your word and follow through on this.

Do not, under any circumstances, lie to a child in order to make the conversation feel easier in the moment, e.g. saying that you won't share information that you need to. For child who is being abused in any way, their world feels very unsafe. It is critical that they are able to trust you.

Use your imagination: think back to a time when you were young and something very difficult happened. What did you feel? What do you think the child is feeling now?

Accepting the child's feelings: Remember these are difficult things for the child to talk about. It is important they don't feel judged. Statements such as, "That must have been very frightening," "you must have been angry when that happened," or "this sort of thing usually feels very difficult to deal with," helps the child know that you are understanding what they are saying and are supportive.

Be sure the child understands what you say:

- Use simple language, and the child's mother tongue if possible.
- Ask the child to tell you what they understand you've said, rather than ask 'do you understand?'

Dos and Don'ts of Effective Listening with Children Reporting

Table 2

DOs	DON'Ts
Believe the child.	Don't ask accusing questions.
Create a rapport with the child.	Don't be overly formal.
Listen objectively.	Don't be judgmental.
Be reliable.	Don't miss appointments.
Be committed.	Don't offer assistance unless you are able to follow through.
Explain circumstances as they are likely to happen.	Don't assure the child about matters over which you have no control.
Ensure privacy is obtained to enable the child to talk in confidence.	Don't speak to the child where there are likely to be interruptions and eavesdroppers.
Assure the child of a reasonable level of confidentiality.	Don't give information about the child unless professionally required.
Agree at the outset on the amount of time you will take.	Don't appear to be in a hurry.
Maintain an appropriate physical distance.	Don't touch the child, especially if you are of the opposite sex.
Assure the child that he or she can always come back.	Don't feel frustrated if the child does not open up immediately.
Be in control of your emotions.	Don't get overwhelmed by your emotions about the situation.
Be patient.	Don't pressure or rush the child to speak.
Allow the child to tell his or her story.	Don't interrupt.
Be aware of your own feelings.	Don't project your personal experience onto the situation.
Know your limits.	Don't try to handle a problem that is beyond your training.
Be available immediately to a distraught or suicidal child.	Don't delay helping a child with suicidal thoughts.
Refer victims to appropriate professionals or services in situations that are beyond your level of expertise.	Don't make referrals without the consent of the person counseled (or guardian if appropriate).

BARRIERS TO COMMUNICATION/ GAPS IN COMMUNICATION:

These are factors that affect the effectiveness of communication:

- Detractors
- Inconvenient venue
- Language
- Doubts not cleared
- Lack of information by health worker
- Too much information
- Not listening
- No time
- No checking understanding
- No follow up
- Asking questions not appropriate
- Interpreting and jumping into conclusion

THE STAGES IN THE COUNSELLING PROCESS

1st Stage: (Telling the Story)

Problem Identification Stage

The main question at this stage is "what is the problem?"

- Help the client narrate his/her story/problem(s) this stage involves;
- Creating rapport
- Explain services offered
- Assure the person of confidentiality
- Give orientation information when necessary.
- Counsellor helps client identify and assess his/her problems.
- Counsellor helps the client to define his/her problems
- Counsellor should help client to prioritise his/her problems
- Address problems according to urgency

Note: *The counsellor should probe in order to identify the real problem as opposed to the one presented.*

2nd Stage:

Identifying Possible Options

The main question at this stage is "what can be done to solve the problem?"

- Help the client explore possible options and explain the implications of each.
- Discuss the implication of each option
- Help the client identify the possible practical option.

3rd Stage:

Making an implementation plan

The main question here is "when, with who, where and what to do to solve the problem?"

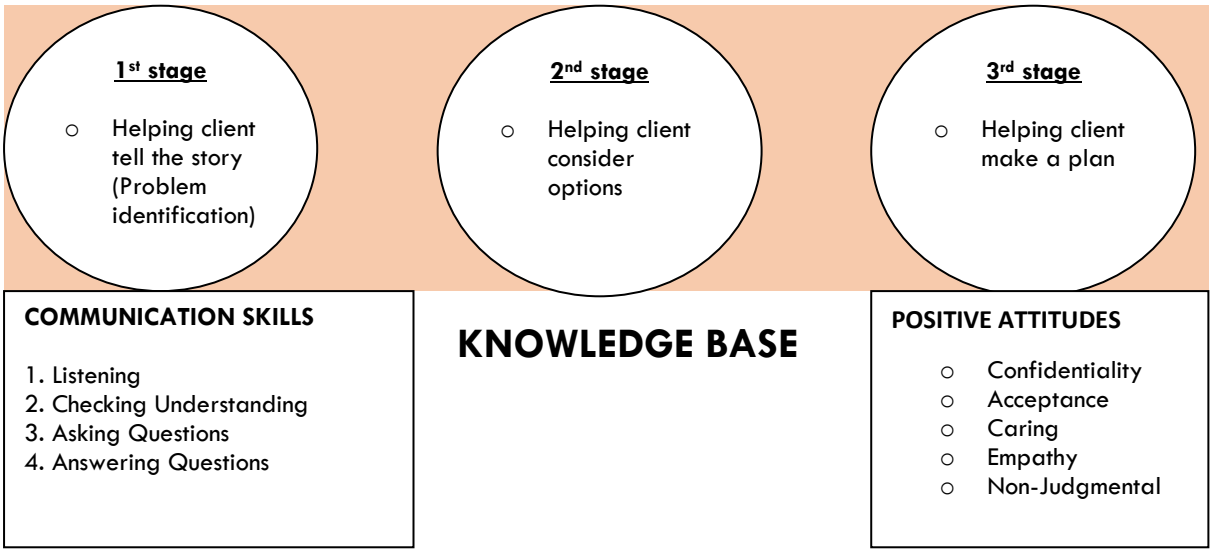
- Help the client come up with a realistic plan on how to implement the option chosen.

- The client should be helped to make a programme on how and when to implement the option(s) chosen.
- Help client to identify appropriate referral units for care and support.
- Encourage client to come back for supportive counselling.

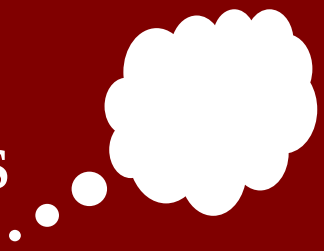
Here in summary we follow the GATHER steps:
G – Greet the person, show respect and assure confidentiality.
A – Ask about the problem, anxieties, worries and determine their access to help.
T – Tell them any relevant information
Accurate
Specific
Simple language
Repeat important points
H – Help them make a decision to test and explore various options for risk reduction.
E – Explain any misunderstanding.
R – Return for follow up

The Counselling Model

Counselling is a framework that comprises of **three main stages** that form the counselling process standing on two major pillars that is **positive attitudes and good communication skills**. To be effective in providing the service, it is important that the HBVCT counsellor is very **knowledgeable** on facts about child rights, sexual reproductive health, Sexual Gender based Violence and parenting, HIV/AIDS and related issues. This can be illustrated as a table with two sides (pillars) and three plates (stages).



COUNSELLING OF SPECIAL CASES



Crisis Counselling

Definition of a crisis

- This is a situation that seems dangerous and completely out of a person's control at a material time
- A situation of excessive stress, pain
- A period when one lacks control of what is happening

Crisis counseling

Helping a person experiencing a crisis to gain some control over a situation
The situation usually needs immediate attention

Common causes

- Intensely threatened
- Surprised completely
- Loss of control or hope
- No solution

How to identify a crisis and Possible solutions

- Crying
- Anger
- No response – the client could be in shock or denial
- Denial
- Anxiety – client may feel over whelmed by fear or worry which prevents him or her from doing simple tasks
- Panic or threats of suicide, e.g.:
  - *"this cannot be happening to me"*
  - *"I just can't believe it"*
  - *"nothing makes sense anymore"*
  - *"I don't know what to do'"*
  - *"I don't know where to turn for help"*
  - *"Nobody understands what I am going through"*

Indicators of crisis and Possible solutions

Table 3

Indicator	Possible Solution
Crying	Allow to ventilate Comment, e.g.: "*This must be difficult for you… would you like to tell me what is making you cry?"*
Anger	Don't panic, stay calm Allow client to express feeling Explain that their feeling is normal and let them explain what is making them angry
No response	Acknowledge client's difficulty in accepting this information Let them talk about their feelings
Anxiety	Remain calm Accept as genuine and guide accordingly
Panic/ threats of suicide	

Guidelines for Crisis counseling – W-E-A-T-H-E-R approach

Guidelines for Crisis counseling – W-E-A-T-H-E-R approach

Table 4

W- atch the clients verbal and non-verbal expression	Remain calm and show confidence Listen actively
E -licit emotions	Show empathy and reflect on feelings
A- sk about concerns and fears	
T-reat concerns as normal	Allow to ventilate Assess suicide risks
H-elp with hope	
E- mpower the client	Agree on plan of action, don't prescribe
R-elate to HIV. Reaffirm your empathy and hop	Refer in case of difficult situation

APPENDICES

OBTAINING CONSENT FROM GBV AND VAC SURVIVORS

Introduce yourself and explain your role in assisting the survivor and the importance of documenting the medical examination for the survivor's records.

Provide information on the medical consequences related to GBV or VAC, including the risk of sexually transmitted infections (STIs), HIV, and pregnancy.

Inform the survivor (and family if appropriate) on the rights that correspond to GBV or VAC.

Explain the procedures for gathering forensic samples/evidence and that any evidence gathered may be used in court.

Strive to help the survivor understand your explanation.
Note that in some cases the survivor may be in a state that makes it difficult for him/her to comprehend.

Obtain verbal consent from the survivor before performing every examination step.

Obtain written consent from the survivor using the consent form for:

- Conducting medical examinations (including genital and anal exams)
- Collecting forensic sample/evidence (body fluid, hair, scrapings, etc.)
- Providing forensic sample/evidence and information to the police/legal system

Children younger than 9 years have the right to give their informed opinion and be heard.

The social welfare officer shall seek alternative consent for the examination and any necessary treatment of the child.

- Consent may be provided by the child, where he or she is of sufficient maturity to understand why a medical examination and any necessary treatment should be undertaken.
- The determination of whether the child is of sufficient maturity shall lie with the doctor undertaking the examination. In any case where emergency treatment is required to prevent loss of the child's life or to prevent permanent damage to the child, the doctor may proceed without the consent of either a parent or the child.
- In all other cases, where consent is not forthcoming, the social welfare officer may seek an order from the juvenile court under section 95(3)(a), permitting the medical examination to take place. Any such application shall be heard on the day that the application is made.
- Children 16 years old and older are generally sufficiently mature to make decisions.
- Children between ages 14 and 16 are presumed to be mature enough to make a major contribution. Children between ages 9 and 14 can meaningfully participate in the decision-making procedure, but maturity must be assessed on an individual basis.
- Children younger than age 9 have the right to give their informed opinion and be heard. Views of the child should be weighed and decisions taken on a case-by- case basis, depending on his/her age, level of maturity, developmental stage, and cultural, traditional, and environmental factors.

PROCEDURE FOR RECEIVING AND HANDLING GBV AND VAC SURVIVORS

RECEIVING AND HANDLING AN ADULT SURVIVOR

Table 5

1.	Receive and conduct triage.
2.	Greet and welcome.
3.	Introduce yourself and establish rapport.
4.	Build up a supportive relationship with the survivor.
5.	Use polite and familiar language.
6.	Respect norms, customs, and values of the survivor.
7.	Seek the survivor's consent in every step of engagement.
8.	Consider the safety and privacy of the survivor.
9.	Ask survivor for a brief explanation of his/her health issues.
10.	Show sensitivity, understanding, and willingness to listen to the survivor's concerns.
11.	Take detailed history from the survivor and/or other informants, and establish facts.
12.	Examine the survivor in a safe and private area.
13.	Collect samples for medical and forensic purposes.
14.	Document injuries.
15.	Discuss the findings with the survivor.
16.	Provide medical and psychosocial care and support.
17.	Link the survivor to appropriate services available.
18.	Provide evidence to police if required for investigation.
19.	Provide referrals to other services if desired.
20.	Keep the survivor's information confidential.
21.	Thank the survivor.

PROCEDURE FOR RECEIVING AND HANDLING A CHILD SURVIVOR

Table 6

1.	Ensure survivor`s privacy.
2.	Approach all children with extreme sensitivity and recognize their vulnerability.
3.	Establish a neutral environment and rapport with the child before beginning the interview.
4.	Establish the child's developmental level in order to understand any limitations as well as appropriate interactions.
5.	Stop the examination if the child indicates discomfort or withdraws permission to continue.
6.	Prepare the child by explaining the examination and showing equipment.
7.	Encourage the child to ask questions about the examination.
8.	If the child is old enough, and it is deemed appropriate, ask whom s/he would like in the room for support during the examination.
9.	Some older children may choose a trusted adult to be present.
10.	Establish ground rules for the interview, including permission for the child to say s/he doesn't know, to correct the interviewer, and the difference between truths and lies.
11.	Ask the child to describe what happened, or is happening, to her/him in their own words.
12.	Use open-ended questions and avoid leading questions.
13.	Consider interviewing the child with the caretaker present and/or absent.
14.	Examine the child survivor in a safe and private area.
15.	Collect samples/evidence for medical and forensic purposes.
16.	Document injuries if any.
17.	Provide medical and psychosocial care and support.
18.	Link the child survivor and family to appropriate services available.
19.	Provide evidence to police if required for investigation.
20.	Provide referral to other services.
21.	Keep child survivor's information confidential.

DEVELOPING THE SAFETY PLAN

- The safety plan is a guide for a survivor that should be developed in partnership with service providers to help ensure safety.
- The questions are meant as a guide or prompt so a plan can be put in place. Remember that it might not be safe for survivors to fill in safety plans and take copies home.

SAFETY IN THE RELATIONSHIP

- Avoid places with potential weapons (such as the kitchen) when abuse starts.
- Develop a list of people the survivor can turn to for help and inform if s/he is in danger.
- Ask neighbors or friends to call for help or police if they hear anything to suggest abuse.
- Identify places to hide important phone numbers, such as help line numbers.
- Plan for how to keep children safe when abuse starts.
- Teach children to find safety or get help, perhaps from neighbors or social welfare officers.
- Keep important documents in one place to take if a survivor needs to leave suddenly.
- Let someone know about the abuse so that it can be recorded (important for court cases).

SAFETY WHEN THE RELATIONSHIP IS OVER

Keep contact details for professionals who can provide support.

- Change phone numbers and door locks.
- Develop a plan to keep the survivor's location secret from the perpetrator.
- Obtain non-molestation, exclusion, or restraining order.
- Talk to any children about the importance of staying safe.
- Ask the survivor's employer for help ensuring safety while at work.

LEAVING IN AN EMERGENCY

- Pack an emergency bag and hide it in a safe place in case the survivor leaves in an emergency.
- Plan for whom to call and where to go (such as a temporary shelter or a relative's home).
- Remember to take documents, medication, keys, and a photo of the abuser if available.
- Ensure access to a phone.
- Save as much money as possible in a safe location, even if just enough to pay for transport.
- Develop a transport plan.
- Take proof of the abuse, such as photos, notes, or details of people who know about it.

ADHERENCE COUNSELLING TIPS

Provide information on GBV and HIV, covering all aspects, and provide medical information to the survivor in an age-appropriate manner.

Educate on the need to prevent HIV and other illnesses by adhering to treatment.

Discuss the benefits of adherence and consequences of nonadherence.

Discuss current methods used to enhance treatment adherence (medication diary, reminders, alarm, buddy).

Discuss the importance of using a family system during the treatment process to help ensure adherence.

Discuss the importance of all family members getting involved and helping with a child's treatment, particularly with taking medications at home.

PROVIDING REFERRAL TO GBV AND VAC SURVIVORS

Identify and list all possible needs of survivors that may require referral, such as:

- Security and protection needs
- Legal needs
- Psychological needs
- Physical needs
- Medical needs

Create a local directory of all services for each of the possible needs listed above, including the following details:

- Type of service and institution conducting the service
- Location and address of the service
- Contact details of person(s) responsible
- Hours and days of service

Identify the cause for which the survivor needs to be referred for further attention/help.

Explain to the survivor/ (his/her family) about the importance of the referral and where the service is available in your local setting

Obtain verbal consent from the survivor for the particular referral you intend to offer.

Provide the required referral using the official form and arrange for a follow-up.

PROVIDING TRAUMA COUNSELING PURPOSE

- Helps survivors understand what they are experiencing and explore ways to cope
- Can prevent longer-term mental health problems by quickly returning survivors to pre disaster levels of functioning
- Normalizes, validates, and affirms survivor's reactions
- Offers practical assistance

Start after assessing the survivor and provide emergency care.

STEPS

Table 7

STEP	PROCEDURE
Therapeutic alliance/relationship building	• Ensure safety and confidentiality, welcome, greet, and acknowledge
Storytelling, remembrance, and mourning	• Preferred questions: • "Where would you like to start?" or "How are you? • Avoid questions like "What happened?" • Encourage survivor to tell his/her story. • Help survivor to transform his/her traumatic memories, focusing on other aspects of client's symptoms.
Reconnection	• Reconnect the survivor with self, family, and community. • Assess and focus on strengths, interests, and goals. • Establish and develop positive coping strategies. • Build confidence, self-worth, and self-esteem. • Reestablish roles and responsibilities. • Foster and maintain good knowledge of and relationships with services in community, building pathways to education, support networks, leisure facilities, voluntary work, employment.

Remember:

- Each survivor is affected by a traumatic event differently and processes trauma differently.
- This implies that the counselor has to be nondirective, probing, encouraging the survivor to express what is important to him/her in the order and way he/she feels is natural.
- Trauma counseling may not be completed in one session. The counselor may need to arrange for follow-up sessions.

TECHNIQUES FOR STRESS MANAGEMENT

Table 8

COPING STRATEGY	PROCEDURE
Writing	• Help survivor to write things that bother her/him. • Help survivor to list 10–15 stressful events s/he has encountered. • Help survivor to write a few words about how s/he felt after the events. • Help survivor to find out what was the cause.
Helping survivor's feelings to come out	• Encourage survivor to talk, laugh, cry, express anger and emotion as a way to relieve stress.
Helping survivors to do something they enjoy	• Encourage survivor to perform his/her hobby such as gardening, creative activity such as writing or crafts, caring for animals, or voluntary work.
Helping survivors to exercise	• Encourage survivor to exercise; everyday activities such as housecleaning or yard work can also reduce stress.
Breathing exercise	• Encourage survivor to practice deep breathing.
Progressive muscle relaxation	• Encourage survivor to relax separate groups of muscles one at a time—this helps to reduces muscle tension.

SOCIAL WELFARE OFFICER'S CHECKLIST:

CARING FOR CHILDREN WHO HAVE EXPERIENCED SEXUAL ASSAULT

THERAPEUTIC COMMUNICATION IS KEY

Discussing the rape

Assess developmental level.

- Do not ask children younger than five years' questions about the rape.
- Allow the patient to lead the conversation (if s/he wishes to talk about it).
- Ask the patient if s/he wants to talk about it; if so:
  - Ask open-ended questions (avoid "yes/no" questions)
    - Say, "Tell me about what happened."
    - Let the patient tell his or her story the way s/he wants to.
    - DO NOT pressure a child to speak.
    - Refer to the chart for rape details.
  - Do not ask questions that have already been asked and documented.
  - Avoid questions that suggest blame, for example:
    - "What were you doing there alone?"
- Attempt to initially speak with the patient and caregiver separately and privately.
    - Speak to the patient and caregiver together if that is what is desired.
- Encourage and support the patient and caregiver; for example:
  - "I believe you."
  - "I am proud of you for talking about this."
  - "This is not your fault."
  - "You did what you had to do to survive the rape."
  - "You did nothing wrong."
  - "No one deserves to be raped."

DISCHARGE CONSIDERATIONS AND SAFETY PLANNING

Discuss possible trauma-related symptoms

- Feelings of guilt and shame
- Uncontrolled emotions such as fear, anger, and anxiety
- Nightmares
- Suicidal thoughts or attempts
- Numbness
- Substance abuse
- Sexual dysfunction
- Medically unexplained somatic symptoms

Safety planning

- Where is the child going?
- Who will be there to protect the child?

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