

Healing Education

What is healing education in GBV interventions and why is it important?

Healing education is a psychosocial approach focused on equipping individuals with the necessary skills and knowledge to support and promote their healing and restore their emotional and social wellbeing through safe learning opportunities. Healing education as it relates to GBV interventions is specific to the case management process.

Information about violence and abuse as well as non-specialized coping techniques and plans are supported by case workers helping survivors and their supportive caregivers (in relevant cases) to understand and manage the impact of what they have experienced. Specifically, healing education for survivors of GBV aims to:

- Provide survivors with an accurate understanding of the violence they have experienced and its associated impacts. This may mean clarifying and correcting information that survivors may have already acquired before coming for support that may not be accurate or helpful to their recovery.
- Validate and normalize survivors' reactions to the abuse.
- Equip the survivor and their caregivers with non-specialized techniques specific to their case that they can use to reduce stress, cope, improve communication, strengthen relationships and practice self-care. This is helpful for many of the settings where specialized mental health services may not be available to address the specific emotional and psychological distress that many survivors experience following the disclosure of GBV.
- Support survivors in developing a coping plan that includes social support and activities that build on their interests and strengths.

Healing education is central to a survivor-centered approach to GBV case management as it equips survivors with the knowledge and skills empowering them to decide on their recovery and manage their thoughts and feelings about the abuse.

What are examples of healing education in GBV case management?

1. Healing Statements and Healing Information:

There are many opportunities throughout the case management process for case workers to provide information to survivors about the abuse they have

experienced. For example, during the assessment phase a case worker helps educate the survivor about heightened risks and safety concerns when conducting a risk assessment. Or when assessing a survivor's need for medical care, case workers provide important information about the health consequences of sexual assault and provide important medical information when explaining the options for treatment available to the survivor. When case workers explain to survivors, "what happened to you was not your fault" they are providing important information to the survivor that may help shift their thinking and feeling about the abuse-- from a position of self-blame to one that acknowledges the perpetrator's or abuser's control over and responsibility for his behavior and actions. By telling a survivor, "I understand why you are feeling that way," case workers validate the survivor's reactions and help reframe their feelings as normal reactions given what they have experienced.

These 'interventions' all help the survivor better understand, cope and heal. In addition to the ongoing statements, information, and reframing that takes place during the intake, assessment and case action planning process, case workers can also set aside time during follow-up visits to provide comprehensive psychoeducation once a survivor's crisis situation has stabilized.

Step 1: Make an appointment with the survivor (and caregiver if appropriate). The case worker should ask the survivor if they are willing and interested to participate in a special healing education session(s). The case worker should explain that they would like to share information with the survivor that can help them understand and manage what has happened to them. The case worker should have made this appointment with the survivor during their previous session during which the Psychosocial Action Plan was discussed with the survivor.

How much time a case worker will have to educate and work with a survivor will depend upon their relationship and the context of the situation. Case workers will need to work with their supervisor to find ways to structure and deliver the education sessions that cover key information.

Step 2: Conduct the session(s). As mentioned above, the case worker will need to determine how many special sessions they can schedule with their clients based upon their relationships and the opportunities for follow-up appointments. If there are opportunities for the case worker to meet regularly with the survivor, she should aim to schedule at least two consecutive sessions with the survivor to provide healing education and support. If the case worker can plan only one session, then she will want to cover as much information as possible with the survivor.

Key information that should be provided:

- The case worker should ONLY provide the information that is relevant to the type of GBV the survivor experienced.

- One of the most important Healing Education messages is that the abuse or the assault is not the survivor's fault and that she is not to blame. In addition, understanding the causes, dynamics and consequences of intimate partner violence and sexual violence can help survivors better understand and process what happened to them.
- The key facts and information to cover include the following:
 - Explanation of what these forms of violence and abuse are;
 - Why it happens and who perpetrates these acts;
 - How survivors may feel after the incident(s) (common reactions such as fear, anger, self-blame, guilt, shame, stigma, unsafe) and normalizing these reactions; and
 - Survivors' tendency to remain silent about abuse

Step 3: End the Session.

Before the session is finished, case workers should review the information they have discussed with the survivor. The case worker should ask the survivor what she believes has been most helpful in the session. It is also important for the case worker to ask the survivor if she has any questions about the information provided during the session. Before the survivor leaves, offer them the chance to join another education session the following week, if appropriate.

2. Relaxation Exercises:

Controlled breathing is a useful technique to help people manage anxiety and stress. It's usually taught to help survivors cope with stressful thoughts and situations that are likely to occur as a result of experiencing GBV. The goal of controlled belly breathing is to have survivors focus on their breathing so that they breathe deeply and slowly. Breathing in this manner tends to relax the physical body and feelings of relaxation can reduce tension and stress. Case workers should be trained in (and know how to practice) controlled belly breathing to make sure they can demonstrate it effectively.

Step 1: Explain the belly breathing technique. Case workers will need to explain to the survivor why they should learn a breathing technique.

Controlled belly breathing teaches several lessons.

- First, survivors learn that they can control their breathing—most of the time we do not think about breathing—it happens automatically, but we can also control it when we want to.
- They also learn that they can eliminate or reduce feelings of tension or anxiety.
- Finally, they learn that concentrating on their breathing patterns can also help be a distraction. They may be able to distract themselves from unpleasant thoughts or images.

Step 2: Demonstrate the belly breathing technique. Case workers should show the survivor how to breathe in and out slowly. The steps for controlled belly breathing are:

- Get into a comfortable position (either lying down with your back on the floor or sitting comfortably but upright in a chair – in other words your back should be up against the back of the chair—not slouching).
- Concentrate on breathing, inhaling and exhaling through the nose. Place one hand on the stomach and one hand on the chest. When inhaling, push your belly out, so that the hand on the stomach moves out, and when exhaling it should move in. The hand on the chest should stay still during the exercise.

Step 3: Have the survivor practice belly breathing. Some survivors might like to lie on the floor with a small object on their belly. With each breath, the object should move up and down. Once the survivor has tried a few breaths, instruct them to breathe more slowly when they exhale than when they inhale. It can help to count during the inhales and exhales so that you can make sure you are taking more time on the exhale than the inhale. Explain to the survivor:

- “First take slow deep breaths in through your nose. Count in 1...2...3 and watch your stomach, not your shoulders, rise. Then breathe out 1...2...3...4...5 and watch your stomach fall.”
- Once the survivor is able to get into a breathing rhythm, explain to them that now that they have become good at the breathing part, we are going to add another piece to help keep our minds calm and relaxed. Ask them to choose a word to say silently while they exhale. Good examples are “calm” or “relax” but the survivor can pick their own word—make sure it is something that makes them feel calm.
- Instruct the survivor to try to think only about their breathing and this word. As other thoughts come into their head, the survivor should try to picture them floating away and refocus on their breathing. Continue like this for a few more minutes.
- Once the survivor has practiced the exercise stop for a few moments and ask them how they felt while doing the exercise. Is there anything they are having trouble understanding how to do? Is there anything you can demonstrate for them again? Did they feel differently? How?
- Once you have processed the exercise with the survivor, try to do it again. This time, you can do it with them, while also guiding them through the exercise.
- Once you have finished practicing again, explain to the survivor that it isn’t easy to keep thoughts out of our heads, so we have to practice this breathing exercise so that we get good at it. The important thing to remember is that thoughts will come to our mind while we are doing the exercise- they may even just be thoughts about what we have to do that day—the cooking, the washing, etc. The hard part is to recognize that the thoughts have come, and we say to ourselves, ‘ok, now I am going to refocus on my breathing.’

- Give homework! Ask the survivor to practice controlled breathing every day, for 10 minutes. They can practice while they are falling asleep at night or at another time that is right for them. The case worker should help the survivor decide when/where the homework will be done, trying to identify likely barriers to them being able to practice on their own. Initially, the practice sessions should be done when the survivor is calm and can concentrate, not at times of stress and anxiety.
- At your next session with the survivor, you should follow-up with them to discuss if they were able to practice and how it went. If they were not able to practice every day (or more than once) ask them, “Can you tell me what was getting in the way?” The purpose of doing this is to find out what the barriers are for the survivor—for example, is it that they do not have any time alone? Or any quiet place to practice? The case worker should brainstorm with the survivor how they can address these obstacles. If the survivor was able to practice, spend some time asking them how they felt when doing it? Is it becoming easier? Do they notice any difference in their body and mind while they are practicing?
- Once the survivor has practiced enough and feels comfortable, you can explain that they can use the skill when they feel upset or anxious. The case worker should monitor their use of the skill by asking them about it in subsequent sessions.

Please refer to the additional guidance on relaxation exercises.

3. Coping Plan:

Case workers may need to help survivors develop a coping plan that includes social support and activities that build on their interests and strengths. Through such a coping plan, case workers can encourage survivors to participate in positive activities that they enjoy. This will help improve their mood and make them more likely to return to normal functioning (going to the market, talking with others, etc.).

Step 1: Identify the people the survivor trusts or feels comfortable with in their life. Ask, when you are feeling _____ (e.g. scared, sad, lonely) who can you talk to? (Have survivors list people they feel comfortable talking with).

Step 2: Identify the activities survivors enjoy. Build on the information identified during the assessment about the survivor’s interests and strengths. If the survivor is struggling to identify activities they enjoy, ask them to remember the last time they felt happy inside —what were they doing? Who were they with?

If the survivor is able to identify activities discuss more with them what positive feelings they have when doing these activities, by asking “How do you feel when you do those things?” (happy, relaxed, etc.)

Step 3: Building off the survivor’s answers, develop a plan with the survivor to engage people, carry out activities, and pursue interests and other strengths

they have identified, to help them when they are feeling badly and need support.

For example, the case worker, can say, “It sounds like when you feel ___ (scared, sad, depressed), talking to _____ [person] and doing _____ [activity] may be helpful. What do think? Is this something you want to try?”

If the survivor agrees, then the case worker should write the plan down in the action planning section of the psychosocial form so that it is documented. The case worker should ask the survivor—what obstacles they may face in being able to implement the plan. For example, if the activity they like is drawing—do they always have materials to draw with? If not, then it’s not going to be a realistic activity for them and you should help identify something else.

What are beneficial or harmful strategies or approaches for healing education in GBV case management?

DO's	DON'TS
• Validate emotions • Be patient • Give clear, accurate and useful information specific to the individual and use simple language • Use simple grounding and mindfulness exercises which are age and culturally appropriate • Be aware of trauma symptoms and refer to specialized support when necessary • Ensure healing education is practiced by experienced, skilled and qualified case workers and staff • Ensure healing education is closely supervised and supported by a supervisor • Treat survivors as individual cases	• Provide healing education when the survivor is still in crisis • Push them to do something they are not comfortable with • Pass judgment • Deliver healing education without adequate guidance, support and supervision • Deliver specialized psychoeducation as case workers or replace the role of a psychiatrist/psychologist • Provide information which is neither relevant nor specific to the type of abuse the survivor has disclosed

