

Module 4

# **Crisis Intervention and Group Work with Survivors**

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# Crisis Intervention and Group Work with Survivors

## 4a Content and Comments

This is not a complete module in the sense that it offers a complete programme for an independent training. Some information on what to do in a crisis situation should be part of any training around women survivor's of violence. The first part of this module may be added to the training on Individual Counselling of Sexually Abused Women (module 2), Empowering and Healing Battered Women (module 3), and Shelters for Women Survivors of War and (Sexual) Violence (module 7).

The second part is about group work. It discusses the advantages of group work, compared to individual counselling. But since there are many different groups, on many different issues, meant for very different populations of women or men, this module is limited in its goals: it offers several ideas for group facilitators on handling group formats, group rules and common problems. For guidelines for specific groups, resort to the existing literature.

## 4b Objectives

- To know how to act in acute crisis situations.
- To become aware of the advantages of working with clients in groups.
- To think about different group formats, group rules.
- To develop skills to handle common problems in groups.

## 4c Suggested Training Schedule

<b>Part One: Crisis Intervention</b>	<b>In minutes</b>
4.1 Presentation: First Steps in Emergency Situations	45
4.2 Exercise: What to Do in Emergency Situations	45
<b>Part Two: Group Work</b>	
4.3 Exercise: "Confession Time"	30
4.4 Presentation: Goals for Group Work	45
4.5 Exercise: Ways to Establish Group work	45
4.6 Presentation: Useful Group Activities	15
4.7 Exercise: Brainstorm on Group Activities	30
4.8 Presentation: Screening and Group Rules	45
4.9 Exercise: Screening and Group Rules	45
4.10 Presentation: Group Issues	45
4.11 Exercise: How to Work with "Difficult" Group Members	90
4.12 Presentation: Rounding off a Group	30
4.13 Exercise: Closing Ceremonies	30

## 4d Ideas and Suggestions for Trainers

1. This module on crisis intervention and group work is not an independent module, but a follow-up training day for the modules on counselling for sexually abused women and on empowering and healing battered women. It is also possible to add just one of the two parts to these modules.
2. With regard to group work we recommend that one of the trainers is skilled in facilitating role-play.
3. Depending on the needs and questions of the participants material on specific groups can be added from the literature.

## 4e Training Materials

- Overhead Projector and Sheets
- Flipchart and Markers
- Handouts

## 4 Content of the Module on Crisis Intervention and Group Work with Survivors

### Part One: Crisis Intervention

#### 4.1 Presentation: First Steps in Emergency Situations (45 min)

Sometimes we receive phone calls from women in a crisis, or women arrive at a centre or care worker's address without warning. They may have been battered recently and on the run, they may have been sexually abused. There are many possible reasons that may have caused their panic. Here are a care worker's first rules (*sheet 1*):

1. Stay calm
2. Believe what you hear. If a woman has fled from an attacker, she may be in real danger. If she says she has been sexually abused, believe her. False accusations happen, but they are rare.
3. Validate the woman's feelings whatever they are, distress, anger, confusion, fear. Never imply that her feelings are wrong.
4. Ensure that she is safe.
5. Ensure she gets the appropriate practical help, shelter, medical attention; get police protection if possible and necessary, depending on the local situation.
6. Get support for yourself if you need it.

Obviously, in situations like this, it is best to have an emergency plan ready. Ideally, there is contact with a shelter, with police who are friendly and understand what an abused or battered woman needs and with a physician. Also, there should be enough volunteers around to help take her to a safe place, fetch her children, or get things from her home that she needs. On top of this, it is useful to have a car available at all times.

In some cases, e.g. after sexual abuse by a stranger, the client may be in acute distress, but not in any real danger. It may be very important for her not to be alone in the next 24 hours. If the client has fled from a violent partner, you better beware. Violent men are most dangerous when they feel abandoned. Some women know this. Take their fears seriously, and take care of yourself as well. If there is any reason to believe that a partner has followed the victim or knows where she has gone, take care of your own protection as well, and, if possible, do not go about this alone. Some women feel relieved after they have managed to get away, or, due to the trauma, feel 'numb' and underestimate the danger. Remember: in case of a crisis you have to take over responsibility, until they have recovered enough from the stress to start making their own decisions.

The intake (*sheet 2*):

1. Allow your client enough time and space to relieve her panic. Now is not the time to worry about boundaries too much - you really need to take time to sit down and listen.
2. Let the client talk and do not bring up practical issues right away.
3. This is not the time to give new information.

4. Distinguish what things need to be done right away and what can be postponed until later.
5. When your client has calmed down talk about how she will get through the next 24 hours. If necessary take over responsibility, and take care of things for her.
6. If you need to contact other organizations do this in her presence. First, this will give her a feeling that somebody is taking care of her, and second, she will know what is being done.
7. Inform your client about where she is going and what will happen. Carefully explain to her the different possibilities in her situation.
8. Make sure your client actually arrives at the place she is supposed to go, if necessary have somebody accompany her, and be sure to make a follow-up appointment.
9. If the client needs some things from her home, do not let her go back alone. Go with her, or arrange for somebody to get the things for her.
10. If the client would like to have a friend or a relative with her, ask her if she wants to contact this person herself, or prefers you to do this. If she decides to phone someone herself, try to be present, in case of new upsets.
11. If the client has children, inform if they are safe. If not, make a plan to secure their safety.
12. Make sure somebody is available for her on the phone at all times during the next 24 hours, or that somebody is physically close to her.
13. Keep in touch with a doctor to give your client something to sleep or calm down, but only if necessary.

**Explanation:** usually we are reluctant to ‘take over’ the responsibility of a client with regard to choices she should make by herself. The exception arises in severe and acute distress. If this is the situation it is necessary to take over responsibility, to make sure everyone is safe for at least the next 24 hours, until the client has calmed down and there is calm and space to make plans.

Normally, we find it very important to set our personal boundaries, to be strict about the time we spend for consultation and counselling. Clients with a history of abuse, whose boundaries have been crossed many times, can be very demanding and sometimes demand total availability of the care worker. Care workers need to take care of their boundaries, first, because the client needs to build up the trust that her care worker will be there next time, that it is okay if the process of problem solving and healing takes time and not everything can be solved immediately, and secondly, to protect the care worker who is surely on the quickest way to burnout if she feels she has to be available on demand at all times. In cases of acute distress, however, it is crucial that someone is available 24 hours a day, at least at first. Also, the first contact may take more than the usual hour. In a panic, clients should not be rushed into dealing with practical matters.

On a whole we are careful about the use of medication. In the past medication has been used in care too often. In fact, it was often used to tackle symptoms, like sleeping problems, agitation, depression, and nervousness, instead of getting to the real problem.

Sexual and other sorts of abuse are about pain. They cannot be dealt with

without pain. Using medication here can only slow down the process of healing. However, in acute distress, when someone is in a complete panic, sometimes has gone without sleep for several days, is too agitated to think straight, shows suicidal or destructive behaviour or becomes psychotic, it may be wise to give some medication to calm down and have a rest before going on. Ideally, you have already built up a working relationship with a doctor who is familiar with your work, so you will not lose a lot of time to explain the emergency. This way there is no need to wait until tomorrow and you will not need to take the client to the doctors but the doctor can come to you, or give you a prescription or the medication after consultation on the phone.

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## 4.2 Exercise: What to Do in Emergency Situations (45 min)

**Objective:** For participants to imagine what they would do in a crisis situation and to make plans to improve conditions for crisis intervention.

**Material:** Handout 1

**Steps:**

1. The group is divided into small groups of three or four. You may choose to divide according to profession or (type of) organization. One person in each group is the first to present an emergency situation. The others respond: what would they do in that situation. Each group draws up a list of possible problems, and possible solutions.
2. Remind the participants of possible necessary outside help like a safe place, doctors, maybe police, etc. Also mention self-care and personal protection. Have them use the handout as a checklist. Invite them to add important steps if they feel something is missing.
3. Have a plenary discussion about the results.

**Explanation:** Depending on the preparations the participants or their organizations have already made for emergency cases, it may be useful to have a discussion on how to set up a safety-network after this exercise. For instance: how to involve police, physicians etc.

## Part Two: Group Work

The next exercise can be a good way for participants to get to know each other. It works best in large groups, that is, over twelve people. The more people there are, the more surprises. If the group is relatively small, you may want to keep the participants seated and raising their hands, instead of standing up when speaking.

### 4.3 Exercise: “Confession Time” (30 min)

**Objective:** To learn to share experiences in a group in a light way, to build togetherness as well as respect in diversity, to built trust and have fun.

**Method:** Group exercise

#### Steps:

1. Explain the following rules of the game and the objective to the group: in every group there will be people who think they are the only one who...tends to eat too much, is a single mother, has a working class background, is a lesbian, has been mistreated as a child, comes from a big family etc. Some are curious about the other participants but are afraid to ask. This is a way to find out about other people by taking a stand yourself.
2. The method: a participants gets up and says: I eat too much, who else? Anyone who wants to and feels she is also one who eats too much stands up as well. Take care to allow some time to see and acknowledge each other. As the trainer you may or may not ask the participant that stood up first for a short explanation. Two rules are very important and need to be clear to the group: you can only ask ‘who else’, if it applies to you, and if you stand up first, e.g. a heterosexual may not ask: who is a lesbian? Second rule: nobody has to stand up if she does not wish too. Questions can be manifold: who is ashamed of parts of her body (ask what parts), who was an only child, who had sex before she was sixteen, who is divorced, who loves to watch soaps on TV, who was beaten by a father/ a husband, who has been in therapy, etc.? Usually one question leads to another. This is a perfect exercise for a trainer to join in. She may even be the first to start.  
Some things to keep in mind:
  - Make sure that the women standing up have enough time to see who are standing, to be proud, to acknowledge each other and to laugh, before they sit down again.
  - Occasionally, ask for a short explanation. So you come from a big family? How many children? Were you the eldest or the youngest? Avoid long stories.
  - Stop the game when it becomes silly, or repetitive or uninteresting, you can do this by introducing something yourself to change the tone, make it more serious or more light.
  - Stop the game or change the tone when you sense that participants are getting in too deeply and show signs of distress. Comment on this.
3. It is not a game to make people sad or unhappy, but to enjoy sharing. React if somebody stands up in the hope of not being alone, ‘I’m a lesbian’, ‘I’m a Roma woman’, and nobody else stands up. Be supportive and comment on the courage of standing up alone.



#### 4.4 Presentation: Goals for Group Work (45 min)

Group work can be a very valuable tool in the care for survivors of war violence, sexual abuse or battering. There are many different sorts of groups: self-help support groups, therapy groups led by professional care workers, psycho-education groups.

(There are also groups for perpetrators, for partners of survivors and for children, but they are not discussed in this module)

Most groups share several goals with regard to the participants (*sheet 3*):

1. Decreasing feelings of isolation, stigma and shame
2. Challenging the survivors' perceptions of themselves as being 'different'
3. Increasing feelings of self-esteem
4. Instilling hope of recovery by involving others who have managed
5. Developing trust in others
6. Practising interpersonal skills
7. Developing a social support network

There are some advantages in group work for the care workers as well (*sheet 4*):

1. It is more efficient to offer psycho-education to a group than to repeat the information to individual clients.
2. Different participants provide multiple examples
3. In the group there are a lot more role-models than one care worker can offer.
4. With a group there is less chance of the client becoming dependent
5. Group members are able to confront each other more easily since it is obvious they have gone through the same process
6. In case of loneliness or even risk of suicide, group members can offer more support than one care worker can

Groups can replace individual counselling, but they can also be used side by side with individual counselling, as a follow-up or as a preliminary activity, for instance if there is a waiting list.

Groups need safety and confidentiality. Please note that there may be circumstances under which group work is not advisable. In small communities, for instance, where everybody knows everybody, especially if the taboo on talking about sexual violence is still very alive, it is not wise to advertise for a group of women who are battered or sexually abused. Also, most women will know each other, so it may be difficult to keep to the rule of confidentiality. In some communities it is better to set up women's groups that start out as a group with an educational or recreational goal, or 'coffee groups' but where violence can be addressed as a topic once trust is established and the participants feel they can and want to discuss these issues. Another way to start a women's group in a safe way is to organize it around family and raising children issues.

Groups with specific goals like traumatized women support are more suitable for bigger communities, where participants can join anonymously more easily.

Basically, there are two types of groups for survivors:

##### **1. Self-help support groups**

Self-help support groups are organized by survivors themselves and operate without

a professionally trained leader. These groups seek to avoid the power differences that occur when leadership is based on professional training rather than on the shared experience of sexual abuse, battering, or other war related trauma. The advantage of self-help groups is that they offer comradeship, support, understanding, recognition, and confrontation in groups that are easily accessible and often free of charge.

Possible disadvantages: turbulence in the group if conflicts between members and power-issues are not managed successfully; difficulties if the group is not able to meet the safety needs of members with serious psychiatric symptoms, like psychosis or suicidality; no guarantee of continuity since regular attendance is not a set rule and group leadership changes frequently.

For many survivors self-help groups can be very beneficial at some point in their healing process, for instance when they have gone through the first stages of a counselling experience.

## **2. Professionally led groups**

Professionally led groups can be set up by mental health and social service organizations, or by women's groups who work with professionally trained care workers.

Different formats are possible, each one with specific advantages and disadvantages.

The groups can be closed or open to newcomers, they can be structured or semi-structured, there are different time limits, and different methods, like cognitive behavioural techniques, bodywork, creative therapy and/or psycho-education.

Groups can be short-term or long-term, and they can be structured in different ways:

**Short-term structured groups** typically have a limited number of sessions that run according to a predetermined plan. Group membership is limited to those who enter the group at the very start.

Advantages: in closed groups all members join in at the same time, and are able to explore issues simultaneously thereby enhancing group cohesiveness. Ground rules are developed and do not need to be explained again and again. Short running groups usually limit possible conflicts between different members. However, with a shorter time limit some members might find it hard to feel safe and to develop a sense of commitment to the group.

Survivors outside the group cannot join until a new group starts. Once a survivor has made the (difficult) decision to join a group it can be very hard to be forced to wait.

**Long term, open ended groups** allow new members to join at any point in time; there is no limit to the number of sessions.

Convenient with these groups is that new group members do not have to wait to join and for members who feel they have had enough it is easier to leave. New members can keep the group 'fresh', and older members can provide support and be a role model to new members. For some survivors repeating their experience is a valuable exercise and becoming more experienced with it can further self-esteem. A disadvantage is that not all group members feel like repeating themselves again and again, and new members may feel excluded. Also group conflicts are more common in these types of groups.

Facilitators of survivor groups should have expertise in abuse and trauma issues, and group leadership skills. It is advisable to have at least two **counsellors** facilitating each group. If one facilitator for some reason cannot be present and group sessions have to be cancelled this may bring up many emotional issues for the members. Survivor groups bring out a lot of intense emotions and painful material; co-facilitators can support each other and discuss group dynamics. Also, as role models it sets a good example to have two facilitators sharing leadership tasks.

A decision must be made about the **composition of the group**. Will there be only survivors of battering, of sexual abuse, or of other traumas as well? 'Mixed' groups can work very well, provided there are no women who are made to feel they are exceptions, or a minority, because of their particular experiences.

A possible approach for groups is to prepare common topics or issues. This will 'focus' the group. In structured groups facilitators often identify these topics in advance. With fixed topics it is possible to work with some assignments in between sessions, or to have the members do some reading on the topic. (See the literature for examples)

On the other hand, it is always good to leave space for unexpected input by group members.

Another way to go about group work is to take care that each member has the opportunity to be 'in the centre of attention', and that work is done around her experiences and questions. It is possible to start every session with a 'check up' on how every group member is doing. Similarly every session may end with a 'check out' to see if any member is feeling distressed or unsafe.

Check up questions can be:

- How do you feel?
- What did you do right last week? (Or what are you proud of?)
- Is there something you are not completely satisfied about? (In case of homework assignments or steps that were to be made) Did you do what you set out to do? If not, what happened?
- Is there anything else you would like to share with the group?

There should be a time limit for the first round of checking-up, about 2 to 5 minutes each. Participants should be encouraged to (learn to) be concise and specific, also to be sure that the other participants have enough energy to listen. If somebody feels she needs more time she can ask for 'working time'.

Check out questions can be:

- How do you feel now?
- What did you learn?
- What do you plan to do this week?
- Is there anything you want to say to any of the other group members?

The last question is a tricky one. Appreciation is always okay. Checking something as well, like: 'maybe I was too critical when I said this or that'. Take care that checking out is for 'cleaning up', not for sending participants home with new and unresolved feelings.

#### 4.5 Exercise: Discussion on Ways to Establish Group Work (45 min)

**Objectives:** To digest the information on group work, and discuss possible ways to put it into practice.

**Method:** Discussion in small groups.

**Steps:**

1. The participants are invited to form small groups of three or four. They may choose to split up according to different institutions or professions, or different sorts of clients.
  2. In the groups they discuss which of their clients might benefit from group work, and what it would take to get this group work going.
  3. Ask the participants to think about conditions, selection of group members, presentation of the group to the outside world, counter-indications for participation, and the ideal and most practical group format.
  4. End with a plenary session.
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#### 4.6 Presentation: Useful Group Activities (15 min)

How to initiate a group:

Take time to get to know each other and to build safety. In the first sessions the participants should get a 'feel' of what is expected from them. Trainers can model by offering some information about their own lives and experiences.

Some ideas to get to know each other:

- State name, where you live, what you do.
- Share your reasons for coming to this group.
- Tell the group the one thing you would change in your life if you had magic powers.
- Tell the group about your favourite person in this world.
- Make a drawing of the house you lived in when you were young, sit in pairs, and tell each other the story of the house.

Talk about group rules: confidentiality, mutual respect for differences, and equal time for everybody. Discuss rules of attendance: don't stay away without notice.

The methods you use in the group depend very much on what sort of group it is. These are some possible activities to do in groups:

Useful group activities (*sheet 5*):

1. Invite group members to **draw pictures** of their families, themselves as children, the place they come from, the scene of the trauma, etc. to encourage non-verbal expression of feelings.
2. Plan **shared activities** like a common meal, or devise tasks that require co-operation.
3. **Brainstorm** about a certain theme (asking group members to spontaneously generate thoughts on a large piece of paper).
4. **List strengths** and weaknesses or negative self-perceptions that members hold about themselves. These lists are shared with the group members and

- feedback is given to address self-esteem issues and cognitive distortions.
5. **Discuss literature** that was read by all group members, or show a video on a specific theme.
  6. Participate in **non-verbal activities** like physical exercises, guided fantasies; work on anger, fear, grief, intimacy, and boundaries.
  7. Make **personal change plans** with small realistic steps, using the group to offer feedback, share successes and discuss failures.
  8. Offer **skill-enhancement activities**, like assertiveness, self-defence, empowerment training.
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#### 4.7 Exercise: Brainstorm on Group Activities (30 min)

**Objective:** Collect ideas for group activities.

**Method:** Plenary brainstorm session.

**Material:** Flipchart and markers.

**Steps:** The participants are invited to share ideas and experiences about different methods for group work in practical detail, and answer each other's questions. The ideas are written down to provide an additional list of ideas.

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#### 4.8 Presentation: Screening and Group Rules (45 min)

**Screening:** Potential group members should meet with the facilitators prior to group involvement. It is important that the participants have realistic expectations, and that they know what is expected of them, for instance some self-disclosure and the willingness to listen to others. Also, they will need to know what goals they may expect to achieve, f.e. learning to share some painful experiences is a realistic goal for a short time group, but learning to trust others requires more than 6 to 12 sessions.

If the group goal is to really work through trauma, the participants need to realize that this probably means a big emotional investment, and that they will probably feel worse before they start to feel better. Other groups may focus more on psycho-education and issues of enhancing self-esteem and empowerment. Group facilitators also have to decide who they can or cannot handle in a group. Criteria not to invite a person can be current abuse of drugs and alcohol; excessive hostility or aggression; severe depression that interferes with interest in other members; an inability to discuss experiences with anybody but the counsellor; active suicidality and psychiatric symptoms like severe disorientation or psychosis. All of these criteria are a matter of degree; most traumatized clients have suicidal thoughts from time to time, can feel depressed, drink alcohol, get angry outbursts or feel reluctant to talk. What matters is the degree to which these problems can actually disturb the group or ask too much of the leaders. They may also simply surpass the professional skills of the facilitators.

##### **Ground rules and boundaries**

Ground rules should be clear. They should be discussed in all groups. In most

groups they relate to confidentiality, safety, group time, attendance and out-of-group contact.

### **Confidentiality**

Basic trust is a key issue in survivor groups. Facilitators should state that no material that is discussed in the group should be shared outside the group. There is however no absolute guarantee that everybody will keep to this rule.

Facilitators should be open and clear about possible intentions to discuss material from the group with colleagues or supervisors.

Members should be aware of exceptions to the rule of confidentiality, for instance in case of a real danger of harm to self or others, or if child abuse facilitators need outside help.

### **Safety**

Physical violence is by no means tolerated in the group. However, emotional safety is just as important as physical safety. It may be useful for the group to discuss the difference between a personal verbal attack and a helpful confrontation.

### **Group time**

Many survivors of violence struggle with boundary issues like starting and quitting in time. Groups can become emotionally charged, especially when it comes to closing time. If this occurs facilitators should acknowledge and accept the fact that the group ends with unfinished business, rather than prolong the session. For the following sessions it is a useful exercise to really try to stop in time, and find a way to deal with unfinished business. An agreement can be made that the next session will start with what remained unresolved the last time. Also, in general, it is wise to discuss what individual members can do to take care of themselves if they feel distressed. Respecting time limits is not only a practical measure, but can also be an important learning issue.

### **Attendance**

From the very start there should be rules about group attendance. In most groups it is a rule that members show up regularly, and that they contact one of the facilitators if they cannot attend a session. In some groups it is a rule that new members come to the group at least several times before they decide to give it a 'fair try' or not. Some members feel ashamed or anxious (will they still like me) after disclosure in the group, and feel tempted to stay away or find an excuse for not showing up. Ideally, these issues are discussed before something like this happens. It is a normal human reaction and the participants concerned should be invited to come anyway and share the feelings of embarrassment with the group. If in doubt, members could be advised to get in touch with one of the facilitators. Generally speaking, the facilitators should get in touch with any members who stay away without notice. In some groups it is another group member who stays in touch. If somebody wants to leave the group this should be respected, but it is often very useful for a member to attend for one last time to explain and say goodbye.

Group members should be aware that it is very well possible that there comes a moment that they feel confronted, bad about themselves, unsure about being accepted by the other group members, and that these are all good reasons to



come back and try to resolve the issue instead of staying away. Group members have mutual responsibility: one member staying away might trigger another one's feelings of abandonment or rejection. To make the group safe, clear rules about attendance are important.

### **Out-of-Group contact**

Another important issue to discuss with the group is contact between group members outside of group sessions. In some groups contact between members is encouraged to diminish isolation and enforce mutual support. However, there are some disadvantages to this. If survivors have not yet dealt with keeping boundaries, assertiveness and setting limits, they can feel overwhelmed if another group member calls them in distress and comes to depend on them for support. The advantages and disadvantages of out-of-group contact should be addressed in the group, and group members should be encouraged to make their own choices about sharing telephone numbers and addresses.

Out-of-group contact with facilitators is another important issue. Some facilitators believe that their availability between sessions enables survivors to feel safe and supported. But if outside contact turns into real full-blown sessions it goes too far: it may be an indication that someone needs individual counselling on a regular basis. Another disadvantage of contacts outside of the group is that some important issues are not discussed with other members in the group. In addition, there has to be ample consideration for the facilitator's boundaries. Some facilitators discourage individual contact outside the group to make sure that all issues are discussed within the group. The facilitator's policy on this point should be clearly defined from the start.

Regardless of all this it is important to have a plan ready for emergency counselling that may suddenly be called for during group involvement. This requires that every member has contact or knows how to make contact with an individual therapist or counsellor, or has access to a crisis service like a hotline.

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## **4.9 Exercise: Group Discussion on Screening and Group Rules (45 min)**

**Objective:** To digest the presented information.

**Method:** Discussion in small groups.

**Steps:**

1. The participants return to the small groups that were formed before and discuss how they would deal with the issues of screening and group rules for the group work they wish to do. What are possibilities, what are problems?
2. The conclusions can be discussed in a plenary session.

#### **4.10 Presentation: Group Issues (45 min)**

In any group there will be group members who are more or less 'difficult' to the facilitators and to the other group members. In most groups there will be one or more 'resisting' group members, as well as 'silent', 'hostile' or 'dominant' group members.

##### **Resistance**

Some group members will find it difficult to share their experiences when it comes to issues of sexual abuse, battering, or other trauma. Anxiety can cause members to skip sessions, show up late or 'forget' to do homework assignments. Here are some ways to react to this as a counsellor (*handout 2*):

1. Explain that these feelings and the corresponding behaviour are natural and that it is actually part of the group's mission not to give in to these feelings but to deal with them.
2. Confront the behaviour (like absence, late-coming) in a non-judgmental manner.
3. Encourage resistant group members to describe how they feel in the group, what it was like for them to start disclosing, and use this to identify their anxiety.
4. Respond emphatically to the emotional distress of the group member.
5. Help the survivor to see the connection between resistant behaviour and anxiety.
6. Ask other group members to give feedback on how they are affected by particular behaviour of others and invite them to share experiences of how they handle anxiety.

For some group members it is a first time experience to find out that other group members care if they miss a session, and miss them as a person. It may be valuable to them to express their fears of being disliked or ridiculed, and compare this fear with experiences of neglect and abuse they have had in the past. For these survivors it is encouraging to hear that other group members have been dealing with the same sort of feelings, and were also tempted not to come to group sessions. It is good to learn what happened to them when they stuck it out, and started to share their feelings.

##### **Silence**

Some members attend the group regularly but consistently remain silent. Here are some suggestions for facilitators:

1. Confront the silence in a non-judgemental manner.
2. Ask silent group members to describe how they feel in the group, and what group attendance means to them.
3. Help silent members to make a connection between keeping quiet and anxiety, problems with trust or low self-esteem. They may feel like what they have to say is not interesting or valuable. They may even feel it is stupid.
4. Ask other members if they recognize the reluctance to speak up in a group.
5. Encourage silent members to slowly begin to take the risk and share their reactions and experiences with the group.



### **Hostility**

Most survivors of violence have problems expressing their anger, and expressing it in a productive way. As the group is a safe place to start, some members may begin to express anger in a way that is destructive to other members, for instance name-calling and verbal abuse. Facilitators should help to restore an atmosphere of support. Suggestions:

1. Make anger and how to deal with it an issue in the group. Discuss the difference between hostility, which will cause distance in relationships, and a constructive expression of anger, which can enhance relationships.
2. Clearly define unacceptable hostile behaviour and restrict this behaviour in the group.
3. Facilitate an appropriate expression of anger.
4. Ask other group members to describe their feelings about the hostile behaviour, and invite them to explain their ways to handle anger and irritations in the group.

### **Monopolizing the group**

Some group members tend to monopolize the group, and show up with new problems every session. Suggestions:

1. Confront the behaviour in a non-judgemental manner.
2. Set limits on the behaviour.
3. Support other members in providing constructive feedback.
4. Assist the survivor in connecting her behaviour to anxiety, boundary and control problems or a need for attention.
5. Have a group discussion on how to meet the need for attention in a way that does not distance others.

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## **4.11 Exercise: How to Work With ‘Difficult’ Group Members (go min)**

**Objective:** To gain experience in dealing with problems of group work.

**Method:** Role-play.

### **Steps:**

1. Five participants form an inner circle; they are the ‘group’. The other participants sit around the group in a second circle. In the inner circle one participant acts as the ‘difficult group member’, the others take turns being the facilitator. The trainer can allow or invite participants from the outer circle to replace the facilitator if they wish. After one or two rounds participants from the second circle replace the inner circle.
2. The role-play should be short each round: a participant represents a ‘resisting’ group member. She has come in too late again. The participant who acts as facilitator tries to do an intervention, then change roles. When all four in the inner circle have tried to confront the ‘resisting’ group member as well as involve the others, ask the ‘difficult group member’ which interventions were most convincing and why. Was it confrontational enough and at the same time really non-judgemental?

3. Next round: repeat with a 'silent member'.
  4. Third round: repeat with a 'hostile member' (someone who verbally attacks another member like: "Don't tell me you understand what I feel. You understand nothing. I'm sick to death of you telling me what I should feel, look at yourself, your life is in a mess, leave me alone.>").
  5. How is the 'counsellor' going to react to this, and how will she involve the other group members?
  6. Several participants can take turns to try. Discuss which reactions worked.
  7. Last round: try a 'monopolizing' group member.
  8. Have some plenary discussion, after everyone has returned to their normal seats, about what it was like for the participants.
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#### **4.12 Presentation: Rounding off a Group (30 min)**

Regardless if the group is a long-term or short-term group, termination is always a significant issue that can bring up many old and new feelings of insecurity, anxiety and abandonment.

Feelings of loss can be re-experienced. Instead of just letting this happen, these issues can be used as valuable material in the group.

Some suggestions for closing a group (handout 3):

1. Some group members will experience painful feelings of loss, and for that reason they may try to avoid saying goodbye. Having group members express their expectations towards each other may make a theme for discussion before the last session. Feelings of loss should be acknowledged. The termination date should be fixed and made known well in advance.
2. Group members should be reminded that group participation is not forever. This will allow group members to be prepared for the closing of the group.
3. Issues like saying goodbye and what it means, losing new 'friends', planning for the future can be addressed and worked on in the group.
4. The final group sessions should have some ceremony, so the members have the opportunity to experience closure and say goodbye.

For some group members the feelings of loss that come up when they know they have to say goodbye will be painful, and for that reason they may try to avoid it. It might be a theme for discussion before the last sessions. Ask what the group members expect from each other before they will split up. Feelings of loss can be acknowledged and discharged (See module 14 The Body Remembers: Dealing with Feelings) as well as feelings of anxiety, and the fear of 'falling back' into isolation. Making plans for the future might be part of the programme.

Some more ideas:

- Have a party with food, music, dancing. Make a group photo.
- Hang sheets of paper on the wall, one for each group member. All group members write good wishes on them, or anything they appreciate about this person.
- Every group member writes wishes or positive memories of every group member on little cards or coloured slips of paper. They are collected in envelopes, and everyone takes their envelope home. Another way is to collect them and mail the envelopes one week later, including some encouraging remarks from the facilitators.

- Everyone draws up their own certificate. They write down what they have learned in the group and how they have improved, and all the group members sign all certificates.
  - The facilitators prepare little symbolic presents, like stones with a special meaning, or cards, and let everyone take one from a basket.
  - The group members present every other member with one flower, accompanied by a wish.
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#### **4.13 Exercise: Discussion on Closing Ceremonies (30 min)**

**Objective:** To exchange ideas about possible ways to do a closing ceremony.

**Methods:** Brainstorm in a plenary session.

**Material:** Flipchart and markers.

**Steps:**

1. All participants think of ideas on how to do closing ceremonies, in detail. All ideas are written on the flipchart.
2. If the seminar has come to the closing session, the trainer might consider using one of the ideas for a closing ceremony in this group.

## 4f Acknowledgements

This module is put together by Anja Meulenbelt, based on work by Mia Groenenberg and Angeline Donk, and the book by Claire Burke Draucker, *Counselling Survivors of Childhood Sexual Abuse*, especially the part on group work.

## 4g To Continue...

For some examples of what is possible with groups with a specific content, see the literature.

## 4h Suggestions for Further Reading

### **Women's Self Help Groups:**

Ernst, Sheila and Goodison, Lucy. *In Our Own Hands, A Book of Self-Help Therapy*. The Women's Press. 1981.

### **Rape Survivor's Groups:**

Resick, Patricia A. and Schnicke, Monica K. *Cognitive Processing Therapy for Rape Victims*. Sage. 1996.

### **Childhood Sexual Abuse Groups:**

Draucker, Claire Burke. *Counselling Survivors of Childhood Sexual Abuse*. Sage. 2000.

### **Women's Trauma Work Groups:**

Harris, Maxine. *Trauma Recovery and Empowerment, A Clinician's Guide for Working with Women in Groups*. The Free Press. 1998.

### **Men's Groups:**

Rabinowitz, Frederic E. and Cochran, Sam V. *Counselling Men in Groups*. In: Scher, Murray, e.o. (eds), *Handbook of Counselling and Psychotherapy with Men*. Sage. 1987.

# Sheets and Handouts

Module 4

## **Crisis Intervention and Group Work with Survivors**

## **First Rules in Emergencies:**

1. Stay Calm
2. Believe Her
3. Validate Her Feelings
4. Ensure Her Safety
5. Arrange for Practical Help
6. Get Support for Yourself

## **Steps for Emergency Intake:**

1. Relieve Panic
2. Let Her Talk
3. No New Information
4. Prioritize
5. Think of Next 24 Hours
6. Contact Organizations
7. Explain Possibilities
8. Make Sure She Gets There
9. Help Her with Her Belongings
10. Contact Friends
11. Take Care of Children?
12. Arrange 24-hour Help
13. Doctor?

## **Group Work Goals:**

1. Decreasing Isolation
2. Challenging Self Perceptions
3. Increasing Self-Esteem
4. Instilling Hope
5. Developing Trust
6. Practising Interpersonal Skills
7. Developing a Social Network



# **Advantages of Group Work for Care Workers:**

1. Efficient Psycho-Education
2. Multiple Examples
3. More Role-Models
4. Less Dependency on Facilitator
5. Members Can Confront Each Other
6. More Support for Group Members

## **Useful Group Activities:**

- Drawing Pictures
- Sharing Activities
- Brainstorming
- Listing Strengths
- Discussing Literature
- Non-Verbal Activities
- Personal Change Plans
- Skill-enhancement Activities

**First Rules in Case of Emergency:**

1. Stay calm
2. Believe what you hear. If a woman has fled from an attacker, she may be in real danger. If she says she has been sexually abused, believe her. False accusations happen, but they are rare.
3. Validate the woman's feelings whatever they are, distress, anger, confusion, fear. Never imply that her feelings are wrong.
4. Ensure that she is safe.
5. Ensure she gets the appropriate practical help, shelter, medical attention; get police protection if possible and necessary, depending on the local situation.
6. Get support for yourself if you need it.

**Steps for the Intake in Case of Emergency:**

1. Allow your client enough time and space to relieve her panic. Now is not the time to worry about boundaries too much - you really need to take time to sit down and listen.
2. Let the client talk and do not bring up practical issues right away.
3. This is not the time to give new information.
4. Distinguish what things need to be done right away and what can be postponed until later.
5. When your client has calmed down talk about how she will get through the next 24 hours. If necessary take over responsibility, and take care of things for her.
6. If you need to contact other organizations do this in her presence. First, this will give her a feeling that somebody is taking care of her, and second, she will know what is being done.
7. Inform your client about where she is going and what will happen. Carefully explain to her the different possibilities in her situation.
8. Make sure your client actually arrives at the place she is supposed to go, if necessary have somebody accompany her, and be sure to make a follow-up appointment.
9. If the client needs some things from her home, do not let her go back alone. Go with her, or arrange for somebody to get the things for her.
10. If the client would like to have a friend or a relative with her, ask her if she wants to contact this person herself, or prefers you to do this. If she decides to phone someone herself, try to be present, in case of new upsets.
11. If the client has children, inform if they are safe. If not, make a plan to secure their safety.
12. Make sure somebody is available for her on the phone at all times during the next 24 hours, or that somebody is physically close to her.
13. Keep in touch with a doctor to give your client something to sleep or calm down, but only if necessary.

## **Working with 'Difficult' Group Members**

### **Resistance**

1. Explain that these feelings and the corresponding behaviour are natural and that it is actually part of the group's mission not to give in to these feelings but to deal with them.
2. Confront the behaviour (like absence, late-coming) in a non-judgmental manner.
3. Encourage resistant group members to describe how they feel in the group, what it was like for them to start disclosing, and use this to identify their anxiety.
4. Respond emphatically to the emotional distress of the group member.
5. Help the survivor to see the connection between resistant behaviour and anxiety.
6. Ask other group members to give feedback on how they are affected by particular behaviour of others and invite them to share experiences of how they handle anxiety.

### **Silence**

1. Confront the silence in a non-judgemental manner.
2. Ask silent group members to describe how they feel in the group, and what group attendance means to them.
3. Help silent members to make a connection between keeping quiet and anxiety, problems with trust or low self-esteem. They may feel like what they have to say is not interesting or valuable. They may even feel it is stupid.
4. Ask other members if they recognize the reluctance to speak up in a group.
5. Encourage silent members to slowly begin to take the risk and share their reactions and experiences with the group.

### **Hostility**

1. Make anger and how to deal with it an issue in the group. Discuss the difference between hostility, which will cause distance in relationships, and a constructive expression of anger, which can enhance relationships.
2. Clearly define unacceptable hostile behaviour and restrict this behaviour in the group.
3. Facilitate an appropriate expression of anger.
4. Ask other group members to describe their feelings about the hostile behaviour, and invite them to explain their ways to handle anger and irritations in the group.

### **Monopolizing the group**

1. Confront the behaviour in a non-judgemental manner.
2. Set limits on the behaviour.
3. Support other members in providing constructive feedback.
4. Assist the survivor in connecting her behaviour to anxiety, boundary and control problems or a need for attention.
5. Have a group discussion on how to meet the need for attention in a way that does not distance others.

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