



Mental health and gender-based violence

Helping survivors of sexual violence
in conflict – a training manual



Health and Human Rights Info (HHRI) is a database that gives free information in English and Spanish on the effects of human rights violations on mental health in contexts of disaster, conflict and war. The database contains a list of publications that discuss psychosocial interventions at individual and community level. It also provides information on organisations that work in this field.

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Gender-based violence

"Sexual violence in conflict is a serious, present-day crisis affecting millions of people around the world. It is used by political and military leaders to achieve political, military and economic ends, destroying the very fabric of society. Practically every day, the UN system receives reports from the field about sexual violence used as a tool or tactic of war. It is a silent, cheap and effective weapon with serious and long-lasting effects, affecting both the individual and the chances of building an enduring peace. Acts of sexual violence do not only maim its victims mentally and physically, but they sow the seeds of destruction of an entire community: female survivors in some instances become pregnant, often get infected with sexually-transmitted diseases including HIV/Aids, and are regularly rejected by their own families. There is a lingering myth that rape is inevitable in times of war. But if sexual violence can be planned, it can be punished; if it can be commanded, it can be condemned."

Margot Wallström



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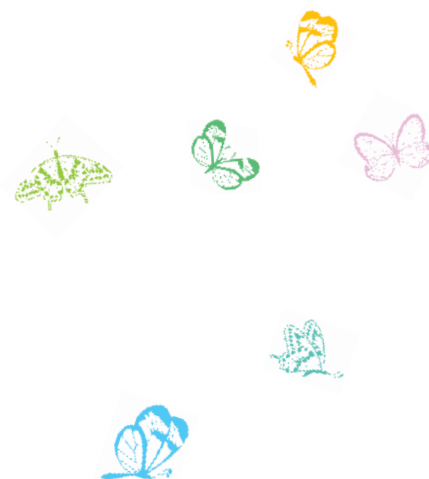


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Preface

This training material has been written for the many individuals who provide assistance and support to women who survive gender-based violence (GBV) and sexual trauma during disasters, wars and conflicts. We hope it may be helpful as well to those who work with gender-based violence in other settings.

A number of manuals and guidelines address different and important aspects of GBV, including its prevention, the education of men and boys, and GBV in emergency settings. An overview of the most important contributions to this field can be found on [page 2](#) (*GBV in a wider context*). The goal of this manual is to fill a gap by providing more information on the effects of GBV on mental health, and how to use this knowledge when engaging with survivors of GBV. Our hope is that the training will guide and assist helpers in the important work they do. In particular, we hope it will help trainers to identify and understand reactions to trauma, and deal with the different immediate and long term responses that women display after they experience traumatic events.

This training has been developed for use in situations where helpers have limited or no access to specialised health services, and where humanitarian workers must deal with severe human loss, sorrow and distress in the midst of insecurity, conflict and war.

This manual can be used in different ways. It may supplement and deepen the understanding of those who already have experience and expertise. Its first purpose, however, is to train helpers to work with and understand trauma. We hope it will provide a reliable tool for helpers who teach other helpers and for groups of helpers who need self-study materials. The manual can be read, studied and discussed, and the exercises it contains can be tested and applied in group work and study.

The manual explores the psychological meaning of trauma and how traumatic events affect mental health. What are the signs of severe stress? How can these be assessed and understood? How does a helper approach a very distressed woman shortly after she has been through dreadful and violent experiences? How can we create safe spaces that permit supportive dialogues and forms of contact that can help survivors to recover and heal?

Respect is a key value. Willingness to help and listen, allow survivors to control their own stories, and respect their self-determination, are important values that shape the way survivors should be approached. In addition, a helper needs to know how to manage closeness and distance, how to give positive support, and how to tolerate silence. The manual includes elements of theory (especially in [Part III](#)) but focuses on practical training techniques that directly assist survivors. We hope it gives helpers tools they can use to assist survivors of GBV to rebuild their lives and regain their sense of dignity.



Acknowledgements

Many individuals have contributed to this work. We particularly thank our collaborators at the Psychosocial Reference Centre of the International Federation of the Red Cross and Red Crescent (IFRC), who, in addition to supporting the project, reviewed several drafts; and LIMPAL-Liga Internacional de Mujeres por la Paz y la Libertad-Colombia for reviewing the draft and preparing the first pilot training in Colombia. We also thank Human Rights Foundation Turkey for preparing and facilitating the second pilot in Adana, Turkey; AFESIP-Cambodia for preparing and facilitating the third pilot training in Cambodia; Kristin Andrea Wilmann for conducting a mini-pilot in Oslo, Norway; and the Arab Resource Collective in Beirut, Lebanon, for planning and facilitating a training in Amman, Jordan. HHRI thanks everyone who participated in these pilots for their feedback, and all those who reviewed the draft. We particularly thank Robert Archer and Fairouz El Tom at Plain Sense for their valuable input and for editing and finalising the document.

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The metaphor of the Butterfly woman was developed by Judith van der Weele and Annika With. It is described in *Butterfly Woman: Handbook for women who live difficult lives* (Oslo: Sommerfuglkvinnens forlag), a handbook they use in their training. The metaphor is included in this manual with the authors' permission.

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Introduction

Background and aspirations

In recent years, several manuals and guidelines have been developed in the field of trauma. Some of these have addressed gender-based violence (GBV), its consequences, and ways to prevent it and protect against it. This manual focuses on the mental health of survivors of trauma, especially trauma associated with GBV. The aim is to provide a very practical supplement to the existing literature. The manual suggests approaches and techniques that address the psychological needs of GBV survivors, which helpers can use when they assist and provide care to individuals who are exposed to this form of violence. It focuses especially on ways of understanding how trauma affects the lives of survivors. The approaches presented will hopefully be of value in work with people exposed to other forms of trauma as well.

It deals with such questions as:

- What is the psychological meaning of trauma?
- How do traumatic events affect mental health?
- What are the signs of severe distress and how can they be assessed?
- How can we create safe spaces that permit supportive dialogue and contact?
- What approaches may assist a survivor to deal with trauma and move on in life?

The manual is a resource for helpers working in emergency situations who have little or no access to specialised health services or to health professionals with psychological or psychiatric expertise. We hope it will assist helpers to identify and understand signs of distress, and deal more effectively with acute and sub-acute phases of trauma. Our intention is to provide tools and approaches that can stabilise survivors after they have been exposed to traumatising events, help them to deal with events that trigger traumatic memories, and teach them how to regain control of their lives.

It also considers the stress that helpers themselves experience, the risk that they may suffer secondary trauma, and their need for support and communication.

Additional training is available from other sources. HHRI has created a page about GBV on its website (www.hhri.org), where you will find relevant publications and guidelines as well as organisations and sites that work on this issue. Additional readings will be added on specific subjects and made available via links to the training material.

The manual refers primarily to women and girls who are victims of sexual violence. Men and boys are also victims of rape, and sexual violence against males may often be especially difficult to talk about. We believe this manual is suitable for work with male survivors of gender-based violence, provided it is adapted appropriately. A separate training module would be required for working with children (boys and girls) who survive GBV. This training references documents on GBV against children and males, but it does not elaborate on their needs or address their situations explicitly.

GBV in a wider context

GBV does not occur in isolation. Interventions to protect the mental health of survivors must take account of broader humanitarian guidance.

“Guidelines for Gender-based Violence Interventions in Humanitarian Settings”, published by the **Inter-Agency Standing Committee** (IASC 2015), indicates the minimum support that should be in place to prevent and respond to GBV. Survivors of GBV need help to cope with immediate physical injuries, as well as psychological and social support, security, and legal redress. At the same time, prevention programmes should address the causes of GBV and factors that contribute to it. Those who manage protection programmes or provide protection services should be “GBV informed”: they should have the knowledge, skills, and compassion required to help GBV survivors. Workers who provide mental health and psychosocial support can cause harm if they do not manage its many sensitive issues professionally. The **IASC** “Guidelines on Mental Health and Psychosocial Support in Emergency Settings” (2008) provides a list of ‘dos and don’ts’ in this respect.

Survivors of GBV need different forms of support at different stages. When violence occurs, and when communities are in the midst of conflict or an emergency and protection mechanisms are not functioning, it can be difficult to train helpers to handle or supervise GBV cases or create conditions for healing afterwards. To plan training, consult the **matrix** in **Chapter 3** of the **IASC Guidelines** (2005). This lists recommended interventions for preventing and responding to sexual violence in emergencies.

In addition to the IASC guidelines, helpers should be familiar with the **four protection principles**. The **Sphere Handbook** (2011) states that protection should do no harm, should provide assistance, should provide protection from violence or coercion, and should help people who are affected by disaster or armed conflict to claim their rights. These four principles capture the fundamental obligations associated with humanitarian response and should be implemented.

A valuable quick-reference tool is the **GBV coordination handbook**. This provides practical guidance on leadership roles, including key responsibilities and specific actions that any GBV coordination plan in an emergency should include. Many societies, especially ones recurrently affected by disasters or conflict, establish emergency plans. Initiatives to prevent and respond to GBV should be integrated in such plans. When doing this, always make use of existing knowledge and capacity; do not re-invent the wheel.

Mental health and psychosocial support for conflict-related sexual violence: principles and interventions (WHO 2012) is an introduction to mental health and GBV. To make sure that clinical management of GBV survivors is properly handled, read **Clinical Management of Rape Survivors** (WHO 2004). It describes best practices and summarises the issues that must be addressed.

Who is this training for?

This is a training, not a therapy manual. The training is designed for individuals who directly provide care, help and assistance to people who have been exposed to human rights violations and abuse, notably gender-based and sexual violence, and for personnel who support other care providers involved with the same survivor group.

- Personnel working in primary health care settings.
- Humanitarian workers in emergency settings.
- Staff connected to refugee camps.
- Service providers from different agencies.
- Voluntary care providers affiliated to NGOs.

Primary care givers who attend this training are not expected to have any formal background or training as health workers (nurse, psychologist, medical doctor). The participants are expected to have had close contact with survivors through their work as helpers, humanitarian aid workers, etc.

By 'survivor group' we refer to people who have witnessed or been exposed to human rights violations, including violence or humiliating acts:

- Torture, including sexual violence and gender-based violence.
- Cruel, inhuman and degrading treatment.
- War-related violence.

The manual concentrates on survivors of such violence in situations of disaster and conflict, characterised as emergencies. It focuses particularly on **female survivors of GBV**. For the purposes of this manual, 'survivors' are therefore women whose safety has been seriously endangered, whose human rights have been severely abused, and whose humanity has been threatened, by humiliating or violent acts that deliberately violated their rights and dignity.



What will you learn?

As participants go through the manual, they will discuss and understand the impacts that traumatic events have on individuals, their reactions to trauma, and why those reactions are so frequent, strong and distressing. By following a story, practising exercises, and being active in group work, the participants will explore understandings of trauma, and practice ways of dealing with trauma-related reactions. The exercises will give the participants new skills that are useful in their work with trauma survivors, and at the same time strengthen the respectfulness of their approach and attitude. The aim is to enable helpers to apply practically the skills, approaches and attitudes they learn during the training, whether they work with survivors over long periods or meet them more briefly.

The grounding exercises and role plays may initially seem difficult to participants who are not used to this type of work. They are nevertheless a vital part of the training because, in doing them, participants experience the physical and mental effects that grounding exercises have on the body.

The Butterfly Woman story, which runs through the training, has several functions.

- A fictional story can be a shared point of reference.
- Linking the acquisition of skills to a story can strengthen memory and learning.
- Because a story can show that everyone responds similarly to gender-based violence without touching on individual cases or a survivor's own experience, story-telling is a valuable tool for working with survivors.
- A story can describe, generically and using informal language, the changes that occur in a person who is traumatised: sudden alterations in her behaviour, reactions and feelings after the trauma; her physical responses; changes in her relationships with others and the surrounding world. Clinically, of course, reactions vary from person to person; but a story can capture general or frequent forms of response.
- It can assist helpers to understand concretely how particular tools and exercises can help survivors. By vividly embedding interventions in a context, it can strengthen and enrich learning.

Further information about trauma and trauma reactions is provided in [Part III](#).



How to use the manual

This training manual enables you, the trainer, to conduct a three-day workshop. The manual can be used when you are working with, supervising or training a group of helpers. It is also meant for use in settings where you train trainers (Training of Trainers, ToT).

Whenever we refer to the trainer in our text, we refer to the person who is conducting the workshop/training, regardless of whether the participants are active helpers themselves or trainers who will train others afterwards.

The manual sets out preparation and background information for the trainer (the person conducting the training) on the left hand page, and information to be shared with the group on the right hand page. The manual can also be used as a resource by practitioners who are in direct contact with survivors, independently of any training setting. Each step is described, with instructions. We hope that helpers and participants (and practitioners) can learn skills that may assist them to establish a sound and confident basis for their work with survivors. Through practising the exercises, listening to the story, and exploring approaches to trauma and reactions to the traumas experienced, helpers and participants will develop skills that may be useful in their work with survivors.

Who can conduct the training?

Those who conduct the training need to know the manual well and study the sections in [Part I](#) as well as the information provided in [Part III](#). Part III provides additional reference material that may be useful during the training, or for more in-depth reading.

The Trainer should also know the group or at least the context in which the training takes place, and should understand or be in command of the local language, culture and traditions.

If possible, professional health personnel should be available for consultation during or after the training, to respond to difficult questions or situations that may arise.

It is important to bear in mind that the training may create distress or anxiety among participants who experience on a daily basis the grim nature of the problem it discusses. Some participants may themselves have been exposed to violent acts and may be triggered during the course. If this happens, the Trainer and the group may need to allow time for reflection and support and find ways to deal with special needs.

The structure of the manual

The manual has three parts.

- **Part I**, titled *Points of departure*, introduces some of the main ideas, themes and content of the training. It suggests what trainers and helpers (participants) need to know in order to begin the training and is organised in 15 sections.
- **Part II** is *The training*, timetabled over three days. It includes exercises and guidance for both the Trainer and participants, and focuses on learning points in relation to trauma, and in particular on how to stabilise survivors of trauma.
- **Part III** provides elements of theory, which are supported by a list of further reading in [Appendix 3](#).

How to read the manual

- In Parts I and III, the text is laid out normally and pages are to be read sequentially.
- In Part II, by contrast, both the left and right pages should be read together. The left hand page contains advice and background information, usually addressed to the Trainer. The right hand page describes what the Trainer says to the participants and what the participants do.
- During the training, participants see and can use the left hand page, which provides preparation and background information in relation to the right hand page. When participants act as trainers themselves, they can make use of both pages.

Keys to symbols in Part II

TO THE TRAINER	SAID ALOUD
Left hand page Instructions to the Trainer.	Right hand page Everything that is to be said aloud.
 EXERCISE Exercises in plenary or small groups.	 GROUNDING EXERCISE Grounding exercises: to help survivors who are panicked or lose their energy.
 ROLE PLAY EXERCISE Role Play exercises, for pairs.	 DISCUSSION Discussions in plenary or small groups.
 KEY POINT Key points to remember (for example, "The story shows that...".)	TEACHING INSTRUCTION. Teaching instruction: pedagogical advice to the Trainer.
<i>Once upon a time...</i> The story of the Butterfly Woman.	

- An experienced trainer may skip parts of the manual that are not relevant to the group or context, and may spend more time on topics that are particularly relevant.
- Throughout the manual, the Trainer and participants are addressed directly rather than in the third person.
- Part III contains additional information on issues that are discussed in the training (Part II). The materials in Part III appear in roughly the same order that they appear in Part II.
- Some sections in Part III discuss issues the training does not address. In particular, it provides information on the situation of children born as a result of sexual violence. Part I and Part II refer readers to Part III for additional information.
- We indicate suggested breaks in the training. Before the training starts, trainers should discuss with the group the length of each session. This is often a matter of social practice. Some societies take breaks every 45 minutes; others prefer long sessions of 90 minutes or two hours. Trainers should evaluate and be attentive to the group's need for breaks.



Part I

Points of departure

Part I is divided into 15 sections. Sections 1-7 provide some theoretical background and basic information on the subject the training addresses. Sections 8-14 introduce the content of the training. Section 15 summarises the basic principles of the training.

In summary, Part I suggests what trainers and helpers need to know to begin the training, and introduces its content. More information about the topics it discusses can be found in Part III.

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1. Cultural aspects

1. Cultural aspects

Aim. To review the interpretation of trauma-disorders and their symptoms in different parts of the world. Some cultural factors to consider when you work with survivors.

Physiologically, human beings respond to danger and shock in more or less the same way everywhere, regardless of their culture. Someone who has just been robbed in France, caught up by war in the Congo, or devastated by a tsunami in Thailand, will display similar physical responses, based on human physiology and the reflexes associated with it. Under the influence of culture, however, the way people express and interpret their behaviour may differ considerably.

Culture makes it possible for people to create communities with others. Through culture, we transfer ideas, values, and ways of living, and communicate knowledge and skills, all the 'wisdom' that communities need to survive and flourish over generations.

When we meet survivors of trauma, the bodily reactions that they display may be common to most persons exposed to traumatising events; and at the same time, survivors may understand and express these reactions in many different ways. We who are helpers should understand and deal with these cultural interpretations – and do so while taking into account our own beliefs, because of course we too have cultural values and assumptions.

The international diagnostic manual DSM-IV discusses so-called 'culture bound syndromes' (CBS). It lists many syndromes in specific societies or culture areas, and underlines that different societies and cultures have different ways of interpreting similar forms of trauma-events and responses to them. The diagnostic manual (APA 2002) discusses five elements of cultural formulation: the cultural identity of the individual; cultural explanations of the individual's illness; the influence of the patient's psychosocial environment and functioning within it; cultural elements in the patient-professional relationship; the use of cultural assessment to decide diagnosis and care.

For our purpose, it is important to bear in mind that people may judge mental illness morally. They may consider that it is the result of character weakness and may not recognise that it can be caused by trauma. It may be associated with shame and lead to exclusion.

It is therefore important to adopt a sensitive approach to survivors of severe trauma, because different cultural backgrounds may require different approaches. At the same time, one must never jump to conclusions based on knowledge about a given culture, but be open and sensitive to meaning and values.

This manual will be used in different parts of the world, so it is important to bear in mind that cultural aspects vary and that cultural differences may influence the reactions and behaviour of survivors as well their social environment. At the same time we want to highlight that many physical and psychological responses to danger and threat are shared by every human being.



2. Respect for human rights

2. Respect for human rights

Aim. To strengthen understanding of human rights principles, particularly women's human rights, and the consequences of violating them.

Human rights are rights to which all human beings are entitled. International human rights treaties affirm that every individual has dignity and certain inalienable rights. The UN Universal Declaration of Human Rights (1948) states that recognition of these rights is the foundation of freedom, justice and peace.

'Human rights' standards refer both to the substantive rights that are defined and codified in international treaties, declarations and covenants, and mechanisms or institutions that operationalise and enforce those rights, for example by investigating claims that rights have been violated, clarifying the application and content of human rights principles, and ensuring that states comply with the obligations they assume when they sign human rights agreements.

Human rights affirm the dignity and physical integrity of every person and their right not to have their dignity and physical integrity violated. In particular, they prohibit all forms of cruel, inhuman and degrading treatment. Threats to life and other violations of rights have very serious effects on the lives of people, harming or destroying their health and well-being. This is why respect for rights is at the heart of our health work with women (as well as with men and children) and guides our analysis and the approaches we adopt.

The present training builds on and is inspired by the human rights framework. Identifying rights and abuses of rights is also important in practical psychosocial work. Understanding the experiences of participants and survivors in terms of rights and their violation may be creative and bring insights, and can give survivors and their helpers valuable tools. Awareness of human rights, and their great importance for everyone, can be a valuable resource when working with people whose rights have been brutally disrespected. Human rights values may assist us both to understand the suffering we encounter and find ways to respond to it in a respectful and helpful way.



3. Violence against women

Aim. To clarify what is meant by gender-based violence (GBV) and emphasise that violence against women in its various forms, including sexual violence, is a serious human rights violation.

In 1993, the UN Declaration on the Elimination of Violence against Women offered the first official definition of GBV: “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life”.

From a power perspective, it is obvious that the weaker of two parties is always more vulnerable and at greater risk of harm. Gender inequality can therefore be linked to acts of GBV. However, this is sometimes considered to reflect a Western way of thinking. It is sometimes argued that advocacy to prevent GBV is not always about protection or upholding international human rights, but imposing Western values. We believe that culture cannot be used as an excuse to justify GBV. The trauma, fear and vulnerability which women experience when they suffer violence promote and reinforce traditional and cultural power relations that entrench conditions and relationships that allow GBV to persist. For instance, they can deepen the assumption that a woman is to be blamed if she is raped (Yuksel 2012).

Women’s human rights are frequently violated in many places. Kofi Annan (1999) said: “Violence against women is perhaps the most shameful human rights violation. And it is perhaps the most pervasive. It knows no boundaries of geography, culture or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development and peace.” ‘Violence against women’ refers to a wide range of acts that violate women’s human rights, including physical, psychological, and sexual harm or threats of harm. It occurs within families and in the community; it often takes place in the home, involving individuals with whom the woman has close relationships; but it is also committed in public, in the street. In both cases, those responsible are frequently allowed to get away with what they do to women, though their acts have serious consequences for the women themselves and for their families and communities.

In recent years, the United Nations and a growing number of governments have taken an important step forward by recognising that violence against women is a human rights issue – a social mechanism by means of which women are forced into a subordinate position relative to men, and often marginalised and isolated. Protecting women against this form of violence has become an international priority. It is no longer seen to be just a private matter: states have a duty to prevent it, punish those responsible, and provide redress to those who have been harmed.



4. Gender-based violence in conflict and war

4. Gender-based violence in conflict and war

Aim. To clarify the connection between gender-based violence (GBV) and sexual gender-based violence (SGBV) in war, why this has been described as a ‘weapon of war’, and how it affects both individuals and society.

The term ‘gender-based violence’ refers to violence that targets individuals or groups on the basis of their gender. Sexual violence is a form of gender-based violence that may include sexual exploitation, sexual abuse or rape. It refers to any act, attempt, or threat of a sexual nature that results, or is likely to result, in physical, psychological and emotional harm. Whenever we refer to GBV in this manual we focus on sexual gender-based violence.

Gender-based violence in war often seems unpredictable or random, but is used as a strategic weapon to defeat and humiliate opponents. It has been a feature of wars and conflict throughout history, and in that context today it is associated with ethnic cleansing, genocide, sexual slavery, forced prostitution, trafficking, kidnapping (mostly of young girls), dependency on male benefactors in refugee camps, etc. Rape is used frequently as a weapon of war to intimidate and humiliate families and communities, and dehumanise those who are considered enemies. Women are often forced to provide sexual services to combatants.

In June 2008, the UN Security Council unanimously adopted Resolution 1820 (SCR 1820) which addresses sexual violence in conflict and post-conflict situations. In 2009, the Security Council adopted Resolution 1888, which urged Member States to take effective steps to halt use of sexual violence as a tactic of war. Resolution 1888 considers the practical implementation of some of the recommendations in SCR 1820. Via these resolutions, the international community affirmed clearly that sexual violence is used to wage war and that such conduct is prohibited. Rape in war is now considered a war crime.

Rape is described as a ‘weapon of war’ because it is used to destroy communities from the inside. Women in many societies are responsible for caring for both the young and the old, and in times of war they may earn the family income. The humiliation of women also humiliates their men, who have been unable to protect them. Rape destroys trust and disrupts social networks. After rape, many women are marginalised, stigmatised, and isolated. Rape in war and forced pregnancies are also used for ethnic cleansing, to demonstrate power and destroy the enemy. GBV in war has very serious consequences. Psychologically it is a major trauma, and often causes severe physical pain and fear. Transmission of disease is also frequent, especially in situations where women have little safety or security and poor access to health care and other forms of support. It is therefore vitally important to provide help and assistance to survivors, to restore their dignity and self-respect, and create conditions in which they feel protected and belong in a community.



5. A brief introduction to 'trauma'

Aim. To clarify 'trauma' and 'traumatic events' and their effects on people.

'Trauma' means wound. In both medicine and psychology, it refers to major physical or mental injuries, including threats to life or physical integrity. As Judith Herman (1992, p. 33) phrased it, a trauma is "a personal encounter with death and violence".

A 'traumatic event' is one that has the capacity to cause mental or physical trauma. Faced by such an event, the immediate response of the body and the mind is to struggle for survival. Behaviourally this is expressed by 'fight, flight or freeze' responses, submission or 'playing dead'.

A severe traumatic event often changes the way in which survivors understand the world around them. They may lose their sense of safety, and feel vulnerable and helpless. If the event involves acts of violence and the intention to hurt, trust in other people may be lost and the survivor's inter-relational world seriously disturbed. Personal encounters with human or man-made violence are considered the most disturbing forms of trauma, likely to have the most lasting impact.

Loss of safety, control and trust commonly leads to depression (deep sadness, loss of the will to live, etc.) or anxiety. A personal encounter with violence and death may also haunt the survivor, who may painfully re-experience the event in dreams or daily life (also called intrusion). Intrusion is often set off by reminders, which may cause survivors to try to shun everything that might bring to mind the event (called avoidance). In this manual, we call the reminders that cause intrusion 'triggers'. Survivors may feel disconnected from their bodily sensations and feel numb, or may be unable to recall traumatic memories. A state of heightened arousal is also quite usual. Survivors may be on their guard all the time, startle easily, sleep poorly, be irritable, or find it difficult to remember and concentrate (called hyper-arousal).

If survivors lack support and help, these reactions may last for months or even years. Psychiatrists call this state of mind 'post-traumatic stress-disorder' (PTSD).

Three types of symptoms are therefore typical of severe trauma-related disorders:

- Intrusions: intrusive memories, flashbacks, nightmares.
- Avoidance: shunning situations that recall the catastrophe.
- Changes in arousal (high or low): a person is easily startled, tense and has angry outbursts, or is numb or depressed.

Individuals who have been exposed to trauma may therefore experience a great deal of anxiety and sadness, and feelings of hopelessness and worthlessness. Our work aims to restore their sense of control, and empower them by giving them coping skills and helping them to rebuild social relationships and trust.

6. Trauma due to gender-based and sexual violence

6. Trauma due to gender-based and sexual violence

Aim. To understand how gender-based and sexual violence affect survivors, the importance of respecting survivors' need for protection and confidentiality, and why it is difficult to talk about GBV.

Sexual violence is any sexual act that is perpetrated against someone's will, and involves a range of offences, including a completed non-consensual sex act (such as rape), an attempted non-consensual sex act, abusive sexual contact (for example, unwanted touching), and non-contact sexual abuse (Basile and Saltzman 2009, p. 9). GBV is the umbrella term applied to any harm perpetrated against a person's will that results from power inequalities that are based on gender roles. In many countries the stigma of being raped can lead to punishment by the community, such as expulsion or even honour killing. This is why, as helpers, we must be extremely sensitive to a survivor's need of protection and confidentiality.

GBV is a distinctive form of trauma because the violation involved is extremely invasive and gives rise to feelings of shame, self-blame and guilt. When combined with fear of being injured or killed, it is traumatising in almost all cases.

After rape, the symptoms are in general the same as those described for severe trauma disorders. The initial shock reaction may last for minutes, days, or sometimes weeks. Extreme shock reactions may include panicked agitation and confusion, or a paralysed mute withdrawn state. Subsequently, if the survivor is injured, she will start to feel pain from her injuries. Feeling dirty is another frequent reaction, which often leads to compulsive washing. Fear of injury, sexually transmitted disease and pregnancy also appear early on.

Post-traumatic symptoms appear more gradually. Intense intrusive re-experiencing of the original trauma is characteristic, and is associated with simultaneous efforts to avoid reminders of what happened. The survivor is also likely to experience increased arousal, usually from the start, and may suffer from inability to sleep, hyper vigilance, or an exaggerated startle response. For some individuals, intense reactions in the first month thereafter slowly reduce even if no help or treatment is provided.

No person is alike and responses to traumatic events such as GBV will vary. Many women and girls who have had very difficult experiences are resilient. This resilience, and their ability to join together to support one another, are important resources to build on. (For more information on resilience, see Part III, [page 128](#).)

It is important to remember that social or cultural stigma, together with psychological trauma, often prevent women and girls from seeking help after GBV.



7. The relationship between therapy, psychosocial work, and support in situations of crisis

Aim. To clarify the relationship between different working methods. To describe psychosocial support.

Psychosocial intervention

- A psychosocial intervention is a therapeutic intervention that uses cognitive, cognitive-behavioural, behavioural or supportive techniques to relieve pain. Methods include patient education, interventions to aid relaxation, psychotherapy, and structured or peer support.
- It is commonly used alongside psycho-educational or psycho-pharmacological interventions and seeks solutions for individuals who find it difficult to interact with the social environment.
- 'Psychosocial' refers to the close relationship between the individual and collective aspects of any social entity. They mutually influence each other.
- It seeks to deal with 'psychological' effects that are caused by experiences that affect an individual's emotions, behaviour, thoughts, memory, and learning capacity. To a large extent, psychological effects depend on the way in which these events are perceived and given meaning by the individual.
- 'Social effects' are the shared experiences of disruptive events that affect the relations between people – not only as a result of the events but also of death, separation and a sense of loss. They have an economic and political dimension, since many people suffer in numerous ways as a result of disasters or armed conflicts.
- It is an approach that aims to improve people's well-being.
- The psychological well-being of a person after severe and disruptive events is strongly linked to the knowledge and skills that she possesses, available social support, culture, and values that influence her experience.

Psychosocial support

- Psychosocial support is an approach to victims of violence or natural disasters that fosters the resilience of both communities and individuals. It seeks to facilitate the resumption of normalcy and to prevent pathological consequences of potentially traumatic situations.

Psychotherapeutic interventions

- Psychotherapy refers to psychological or psychiatric interventions based on a contract between a trained professional and a client, patient, family, couple, or group.
- Psychotherapy includes both assessments and explorations of needs, thoughts and feelings with the aim of understanding a problem, establishing a therapeutic relationship or alliance and defining ways to work on the problem presented. Therapists may use different approaches and methods, depending on their training, the problem presented, and the situation of the person seeking help. Therapy usually takes place over a period of time, is evaluated by those involved during the process, and concluded by agreement.

8. Use of symbols and metaphors

Aim. To understand how and why the training uses metaphors.

Therapeutic metaphors are stories or images that convey something that can amaze, inspire or open the mind. Metaphors can be simple and effective tools for teaching and learning. They are more than a way to talk about an experience. They can describe *our* experience; and they can be lenses through which we can understand and make sense of the world. They can help us to shift between insights and experience. A metaphor is a charged meaning, a mental map that can show us how things are or how they can be understood, and help us to see what we have not yet seen.

In therapy, it can be helpful at several levels to handle a problem metaphorically. Because a metaphor is distant from the experience that preoccupies the survivor, she can relax her conscious mind. By using a metaphor in therapy we externalise something; we draw an outline of what we are discussing and look at it together from a distance. We can examine it, grapple with it, and make the ideas it contains more visible and understandable, with less danger and at a distance.

It should be clear, at the same time, that metaphors are a powerful tool that can trigger strong emotional responses. A helper must therefore know how to assess whether a survivor is ready to use this tool, and must be able to handle a strong emotional response and possible re-traumatisation. It should be clear that this method is not to be used in single sessions and that the helper must be available for further individual contact with a survivor if and when she wishes.

Metaphors provide a useful tool that helpers can use with survivors. Using metaphor, both you and the survivor can assess where she is, what she wants from the training, and the distance she can travel in her therapeutic journey. As she picks up insights from metaphor, she can begin to understand its transformative power. If she can learn how to use metaphor herself, the training will continue to be useful to her long afterwards. The techniques of guided imagery work and storytelling have been shown to be effective, especially with trauma survivors, who find it difficult to work directly on their experience because it triggers memories of the trauma and induces anxiety. Stories and metaphors can enable a survivor to reflect on her experience without re-living it. She can take sufficient distance and perspective to consider her situation from a position of relative safety.

In this training, we use a single metaphorical narrative to describe the experience and consequences of GBV. We explain the course that trauma takes in generic terms through the story of the Butterfly Woman; it remains a story but at the same time it is clinically accurate.

Another metaphor might be: think of a tree with lovely green leaves, and roots that grow deep in the ground; then a storm and lightning break its branches. Or: think of a pigeon, which is stronger than a butterfly. Or: think of a house, which is solid and well built; then war comes and bombs destroy parts of it. You can use your imagination to find metaphors that resonate with your survivors.

It must be remembered, of course, that metaphors lend themselves to multiple interpretations. Make sure you and the people with whom you are working have the same understanding. There are no right or wrong interpretations, but be aware that metaphors are rich and ambiguous. Make sure they play a helpful and therapeutic role in the context you are in.

9. Use of the Butterfly Woman as a metaphor

9. Use of the Butterfly Woman as a metaphor

Aim. To understand how the Butterfly Woman metaphor can create insights and help the healing process.

In the last section, we explained how we can use metaphor to help deal with trauma. In this section we explain how the Butterfly Woman metaphor came into being and how we will use the story in our work.

The Butterfly that could not fly. Note from a therapist.

"A traumatised woman entered my office for therapy. She talked in a low voice. 'When I look back I see only the terrible things that happened to me, day and night it visits me. When I look into the future I only see worries and problems. I see no hope. My life has become a dark place. My body is numb, I am alone and I find no rest. Am I going insane?'

After she left, I wondered: 'How can I, as a helper, explain healing of trauma to this woman? How can I show her that her reactions are normal responses to an abnormal experience? That she is a survivor. How can I bring hope and dignity into her darkened life?'

I drew what she had told me on a sheet of paper in front of me. The trauma-memories were on one side and she was squeezed between The Past and the huge problems of The Future. I had drawn a butterfly! There she was, the butterfly woman that couldn't fly! I used this metaphor to explain the woman's healing process.

This metaphor gave the woman the distance she needed to talk about her symptoms without wakening the trauma. The Butterfly Woman made it possible to talk about the impossible. We could share her experiences, and I could show her a way forward.

We talked and practiced how to restore wings, strengthen and ground the body, her thoughts, feelings and heart. We found resources that made life worth living again. And that journey is what this manual is all about.

Butterflies are meant to fly, freely and in their own way. Just as women should be free to live their own meaning in peace and dignity."

Based on this incident, we developed the Butterfly Woman metaphor as a tool for working with individuals traumatised by severe violence. The metaphor allows us to talk about very difficult themes in a different way; it creates room for thoughts and new reflections and may sometimes symbolise hope. When we draw the butterfly, her wings symbolise the past and the future. Between the 'wings' is a narrow space that represents the 'here and now'. Through the help she is given, the Butterfly Woman gradually feels that she can be more 'here and now' and more able to control her life. She may also gradually be able to reconnect with her resources, symbolised by her 'antennae', which she stretches out to reach good memories from her past and her hopes for the future. Step by step she can restore her wings and create conditions in which eventually she can fly again.

10. Grounding exercises

Aim. To understand the importance of stabilising techniques, grounding exercises, and practice and repetition.

When you first start working with a person exposed to trauma, stabilisation is an approach that helps the person to handle trauma-related reactions. Grounding is a stabilisation method for handling strong emotions of fear or flashbacks, when a memory 'takes over' and is experienced in the present. Grounding is one way to reduce reactions or symptoms of anxiety or panic that threaten to overwhelm a survivor. Always remember to invite the survivor to participate in a grounding exercise. Let it be an open invitation. If she does not feel ready to participate in an exercise, respect her wish.

Examples of grounding exercises are scattered throughout the training. It is important to practise these exercises over and over again, until they become automatic and can be called on at will by a traumatised person at moments of distress. Grounding takes a person out of the traumatic moment that she is remembering into a space that is safer and more controllable.

Grounding exercises can help a survivor to reconnect:

- With the present moment in time.
- With the here and now.
- With her body, and reassert personal control.
- To the safe context of the room in which she is.

They:

- Ground the person by anchoring her body, enabling her to connect to reality.
- Focus on breathing, increasing her awareness of the here and now.
- Relax, creating calm.
- Strengthen the body and waken it from numbness and weakness.

A trainer guides a survivor back to the present situation by talking her through each grounding exercise. It is important to remember that exercises must be practised in a calm environment beforehand, enabling survivors to do them when they feel overwhelmed and out of control.

The exercises focus on the five senses that anchor us to our bodies and our surroundings. Using them, the survivor can reorient her awareness, and focus her attention on the present rather than the past. Allow the survivor to decide where you (as helper) can sit, and how close you should be. Establish an escape route for her by suggesting that, if she prefers, you can continue later.

Explain to the survivor that, when she practises grounding exercise, she must make sure to:

- Pick a moment that is peaceful and safe.
- Be calm and ready to learn something new.
- Practise over and over again every day for some time.

A survivor that follows the above principles will eventually be able to do exercises that help to calm her even when she is stressed and experiencing flashbacks. When learned, these are effective tools that can be used in situations where few other resources or forms of therapeutic support are available.

(The grounding exercises are collected in [Appendix 2](#).)

11. Who are the participants in this training?

11. Who are the participants in this training?

Aim. To get to know one another, share and validate experiences, discuss challenges and options, build on what we have learned, and explore new possibilities for action. To elaborate on the elements of a good introductory dialogue for training.

We explained earlier the aim of the training and for whom the training is designed. But to have a good and trusting dialogue it is vital that the participants know one another and what to expect from each other. The participants and trainers in this group have much in common. You all bring your own knowledge and experience. Some of this knowledge you may have shared with others, but some you may never have talked about before. When we discuss and reflect on the support we offer to people whose rights have been seriously violated, it is of very great value to share what we know – of suffering, of survival, and the ways people have found to cope. You can validate what you have done and learn from the work of others. We think this process of exchange provides a foundation for mutual respect and understanding and creates many options for action and discussion. If everyone is to enjoy a good training experience, it is important to create an environment in which you and every other member of the group feel safe, taking into consideration the situation and context in which we meet.

Introducing the trainers

- Who are the trainers?
- Where do we come from?
- What experiences do we want to share?
- How did we enter this field and what hopes and ambitions do we have?
- What thoughts do we have about human rights, abuses of rights, strengths and resources, and problems that must be faced in the wake of violations?

Introducing the participants

- What are your motives and ambitions?
- What are your expectations of the training?
- What lessons have you learned?
- What challenges or problems exist in your community?
- What human rights violations have you met and how are they understood?
- What challenges or problems face the individuals or groups with whom you work?
- What kinds of help or services do they request?
- What services and help are provided? What should be provided?
- What stories and experiences can you share as helpers?
- What good practices would you recommend?
- Where do the problems really start?

12. Communication skills

Aim. To establish elements of communication that can create a trusting environment for sharing and learning.

Survivors of GBV are usually hesitant to talk about their experience. Yet people often feel better when they have an opportunity to talk and be heard. Trying to suppress feelings or remain silent, or ignoring, avoiding or denying emotional sadness or pain, cause much stress and even physical discomfort. To begin with, a trusting environment that fosters a respectful relationship between the helper and the survivor is essential. The helper should take the lead by treating everyone, including the survivor, with respect and equality. Helpers are not welcome because they are called helpers: you must earn a survivor's trust by your conduct. She must feel comfortable enough to risk being honest. Initially people will speak about their problems only in a superficial way.

It is important to make sure, even in this training, that everything said is strictly between members of the group and will not go outside the room.

When working with a survivor or with a group of survivors

- A good way to start is to explain why you chose to work in this area, and your cultural background. Describe what your culture(s) think(s) and say(s) about GBV.
- Be empathetic: communicate your wish to understand the survivor's situation.
- Make eye contact, if that seems right, and give the survivor your full attention. Do not let yourself be distracted.
- Ask open-ended questions: they encourage therapeutic communication because the survivor must articulate in words what she wants to say.
- Respect the survivor's values and personal space; if she does not wish to share, do not insist.
- Ensure that she is comfortable with the space between you. Ask her for guidance on where you place yourself in the room.
- If you find she is hard to understand, involve a facilitator or cultural broker who can identify misunderstandings caused by cultural differences or translation.
- At all times be very sensitive so that the survivor feels as comfortable and safe as possible.
- Be sure that agreements made with the group or individual are understood. If necessary, repeat them in different ways to ensure that both of you have understood; give the other person a chance to correct you in case you have misunderstood.

On listening

Listen to what the other person is saying; use nonverbal communication as well. Ask your local facilitator for tips about cultural differences, then listen carefully to how the other person uses words when she describes her situation or problems and use her words rather than medical terms or your own. 'Listen' at different levels: to her words; to the sound of her voice; to her posture and body language; to what she does not say; to her silences. Absorb what she says, 'hear' her feelings. Though you listen with empathy and compassion, never assume that you know how a person feels.

13. Taking care of yourself as a helper

Aim. To learn how the trauma of others can affect you. Warning signals and the consequences of being an empathetic helper. Learning how to cope.

Talking to survivors of trauma also affects the helper. For all helpers, empathy is an essential aspect of good help. But it is also a source of compassion fatigue, vicarious traumatisation, or secondary traumatic stress (STS). How are helpers to manage their own stress? Early recognition and awareness are crucial to efforts to prevent burn out.

In addition, professionals who work in conflict areas and emergencies are likely to perform less efficiently if they are under this kind of stress. Even large organisations sometimes fail to take sufficient care of their staff, because managers are not adequately trained to spot symptoms, are unprepared for early intervention and prevention, are not equipped to assist, or have poor follow-up procedures. These problems are much more acute for local helpers, who usually have few resources and very little support. All helpers who work closely with traumatised people should take the time to make themselves aware of their own emotional state, and what they need to do to protect themselves from exhaustion while continuing to work professionally and with compassion.

Being exposed vicariously to traumatic events, for example by listening to catastrophic testimonies, may generate some of the same trauma reactions that would occur if you were involved in a serious incident. You may struggle to manage your emotions, have problems in your relationships, find decision-making difficult, have physical problems (aches and pains, illnesses), feel hopeless, think your life has no meaning, or experience a collapse in self-esteem.

It is therefore important to develop strategies to cope with situations that might cause vicarious trauma-reactions. What helps you to take your mind off your work or your thoughts? How can you rest your body as well as your mind? Does an activity inspire you or put you in a better mood? If you find it useful, you can also use the grounding techniques that you teach survivors.

Helpers who have been personally exposed to GBV have additional reasons to be stressed. At the same time, their experience can give them a special understanding of the hardships and vulnerability of survivors, and this should be recognised and valued.

Like survivors, helpers need support groups. If possible, meet regularly with other helpers to discuss your experiences and feelings, or do things together. If there are too few helpers in your area to create a support group, find friends and other people you trust with whom you can share your feelings without breaking the confidentiality of the survivors you are helping.

(For more information see [page 139](#).)



14. Evaluation and learning

Aim. To underline the importance of evaluating the training. Has it met your expectations? Has it given you resources that you need and find useful in your work?

It is important to evaluate the training. Evaluation can help to identify weaknesses or omissions in the training materials. It can reveal whether participants are satisfied, whether the training is relevant to your region or culture, and what needs to change. For this reason, please take a few minutes before you start the training to think about your own experiences as a helper. When have you been successful? What good solutions have you found that work in your setting? Think too about the specific characteristics of your country, situation, and culture, and what helpers need to provide effective care.

Here are some questions to consider before the training begins

- How do you know whether the assistance you give is helpful?
- Can you measure the effect of your work? How?
- What indicators would help you to measure the effect of your work?
- What knowledge would be useful for your future work with survivors? Do you need to know more about any specific issues?
- What qualifications should a good helper have?
- What good solutions do you use already? What good practices have you developed?

Here are some questions to consider at the end of the training

- Name two things you have learned in this training that are specifically useful. Why are they useful?
- What metaphors or stories would you use in your context? What metaphors or stories would help you to do your work, or help survivors to understand and manage their experience and suffering?
- What qualifications should a good helper have?
- What is specifically challenging for you in your work?
- What would you like to know more about? What would be the best method for making this information accessible to you?

To help us evaluate your experience and improve future trainings, the Trainer will invite you to complete a questionnaire at the end of the workshop. See [Appendix 5](#).



15. Summary of basic principles and ideas

Aim. To summarise the take home messages.

Below are some of the main principles that have guided the training. It may be useful to keep them in mind when you are working with survivors of trauma.

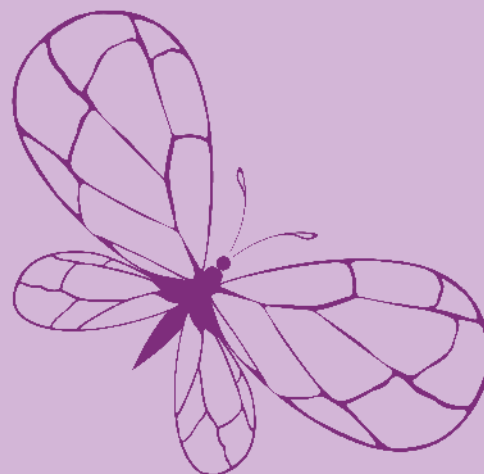
- Sexual violence is a human rights violation and must be understood in that context.
- Traumatic events cause great distress and pain, characterised by strong and overwhelming trauma memories and an inability to control them.
- Intrusive memories affect the present as well as the future.
- Reactions in response to trauma events should be understood as a survival mechanism.
- Trauma reactions can be recognised and identified when you have a basic understanding of trauma.
- Recognise that, when you work with survivors, your own knowledge and experience are valuable.

When approaching a person whose life has been changed by trauma, some steps are vital. Practise how to do the following:

- Create conditions in which a traumatised person will accept the presence of the helper.
- Never be intrusive and always allow a respectful distance.
- Talk to the survivor with great care: talk in general terms about the problem or tell a story about something similar.
- Always ensure the survivor continues to accept your presence.
- Communicate your understanding and when possible explain carefully the possible reasons for her reactions.
- Ask her if she will accept help and say that she can decide if she wants to speak or not.
- Assist her if possible by providing specific, practical help.
- Make sure that necessary health care is provided.
- Help the survivor to breathe as calmly as possible and, when this can be done, practise exercises from the manual.
- If possible, continue the contact and employ the skills learned.

Always bear in mind:

- Sometimes it will be important to report violent incidents to relevant bodies. Always do so with the consent of the survivor, and in collaboration with her. Refer to the Manual's advice on reporting ([pages 102-105](#) and [Section 8 of Part III](#)) and support the survivor during the process.
- Always assess the risks involved in reporting. Reporting may create dangers for the survivor or others and, where this is so, alternatives must be considered.
- The survivor must be in charge of her story and her life. Work with this principle, not against it.
- Remember that our main objective is to enable a survivor to recover her life and dignity.
- Give priority to ways of helping her to return to her community, family, social network and daily life, as much as possible.



Part II

The training

Part II covers the training, which normally lasts for three days. It has 16 sections and includes exercises and guidance for both the Trainer and participants.

Instructions to the Trainer are on the left hand page. Information for the group as a whole is on the right hand page.

The training employs a single central story to create a narrative. To take account of the local context, or the context in which the participants work, trainers may choose to embellish or change the main story. They may also prefer to use a different story or tell a range of stories. To help trainers align their stories with the workshop's training points and exercises, these are signalled clearly on each left hand page.

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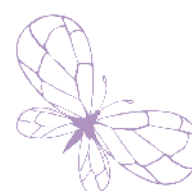
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Reminder

The training includes exercises and guidance for both the Trainer and participants.

Left and right hand pages should be read together. The left hand page contains advice and background information, usually addressed to the Trainer. The right hand page describes what the Trainer says to the participants and what the participants do.

As a participant, explore the left hand pages during the training. You will use them when you start to act as a trainer yourself.

Keys to symbols

TO THE TRAINER

Left hand page

Instructions to the Trainer.



Exercises in plenary or small groups.



Role Play exercises, for pairs.



Key points to remember (for example, "The story shows that...".)

Once upon a time...

The story of the Butterfly Woman.

SAID ALOUD

Right hand page

Everything that is to be said aloud.



Grounding exercises: to help survivors who are panicked or lose their energy.



Discussions in plenary or small groups.

TEACHING INSTRUCTION.

Teaching instruction: pedagogical advice to the Trainer.



TO THE TRAINER

Day 1. Welcome. The training and its purpose.

Aim. To establish a good working relationship between the Trainer and the group, and develop a shared understanding of the aims of the training. To emphasise that the participants bring their own knowledge and experience to the training.

Start the training in a warm manner. Thank the participants for their interest and engagement, their commitment to human rights, and their willingness to work together against violence, especially violence against women. Introduce yourself in a respectful and humble way.

Introduce the training and its purpose.

Comment on the nature of the group. Say where we come from, and note that every member of the group works in various ways with trauma. If members of the group work with GBV in different ways, underline that it is important to respect everyone's contribution and express the hope that participants will be inspired during the training to identify what they share with one another.

Introduce yourself and describe your background.

If you use translators, be sure to introduce them. It should be made very clear to the group why they are there, and that they do not represent, for example, the government or the police.

It may be wise to talk beforehand to someone who knows the local society, to find out how people are used to meeting in a group setting. It may be useful to ask the following questions:

- How do teachers introduce themselves in this culture? What do they emphasise?
- Are there any dress codes?
- What is polite and what is impolite to say and do?
- How do participants usually expect to share in settings like this?

Present the overall objectives of the training, making sure that participants understand its objectives and expected outcomes. Facilitate a brief discussion about these expectations and the expectations of participants. Tell the participants that some of their expectations will be met; if some stated expectations cannot be met, park them for the present.

Emphasise that the training builds on experience and knowledge that the participants already have. We will explore together, and learn from one another. This is a central activity for the group. Specifically, you might discuss:

The scale and gravity of violence against women. This problem is often overlooked and courageous women have fought hard, with some success, in international organisations, governments and their communities, to get it recognised. Their struggle defends the human rights of us all.

Human rights. Adopting a human rights perspective gives our work direction and hope. Each of us, in our daily lives and work, in our contacts with women who have been attacked or victimised, can make small but vital contributions to ending violence against women.

SAID ALOUD

Day 1. Welcome. The training and its purpose.

Aim. To establish a good working relationship between the Trainer and the group, and develop a shared understanding of the aims of the training. To emphasise that you bring your own knowledge and experience to the training.

The Trainer says:

I welcome you very warmly to [...]. Thank you for inviting us here and making it possible for us to be together for these three days to develop your ability to be a good helper to women who have been exposed to violence and injustice, and who suffer in their bodies and minds.

I have some knowledge of trauma and reactions to it that I will share with you. But I want to stress from the very beginning that I will rely greatly on your participation, and the insights that you can bring to our thinking, using experience and knowledge that you have already.

You will make crucial contributions to this workshop, because you know about your situation and context, you know your community and those who live in it, and you have thoughts and ideas about what could be different and better.

Before we start, I would like to introduce myself as the Trainer, and give you some practical information about the workshop. Then I will talk a bit about ideas we believe in. In particular I want to speak about human rights and how we can understand a lot of our work and engagement in terms of human rights.

During these three days we will focus on the violence committed against women, on women's suffering, and the strength of women. For too long, violence against women was not taken seriously by society or in the political sphere. It was accepted that this was something that happens privately – at home – or has always been part of war and conflict, an almost inevitable thing, a form of 'collateral damage'. I believe this perspective is changing – fortunately. Violence against women is now seen as a crime as well as a serious human rights violation, something that must be fought, prevented and eliminated in every way possible, in war and in peacetime, at home as well as in public places.



TO THE TRAINER

The relevance of human rights

Aim. To introduce human rights and their value for those working with trauma.

Explain the human rights perspective. Explain why it is important to recreate a sense of dignity and control. Key ideas might include: accountability, justice, redress, and the right to health. Explain why a human rights-based approach is relevant to work on trauma and GBV, and can make our work more effective.

Introduce the notion of human rights, taking account of the expertise of the group. You might adopt one of the approaches below:

1. If the group has a good knowledge of human rights, refer to the sections in Part I on *Respect for human rights* and *Violence against women* (pages 10-12), and to Section 8 of Part III on Reporting.
2. If the group has less knowledge, explain the sections in Part I on *Respect for human rights* and *Violence against women* (pages 10-12), and Section 8 of Part III on Reporting.
3. Alternatively, refer the participants to the same pages, say they will have an opportunity later in the training to discuss the values and principles of human rights, and underline that human rights affirm that:
 - Women who experience violence are entitled to claim redress and protection.
 - Men and women who commit violent acts against women are accountable for their acts.
 - Governments have a duty to protect women from violence, take action to punish those responsible, and create social and political conditions in which violence against women will no longer occur.

We will also discuss how helpers can support survivors constructively and appropriately when survivors decide to report their abuse or file a complaint, to obtain justice, reparation or protection from future abuse.

You might make use of **the speech below**. It celebrates three women awarded the Nobel Peace Prize in 2011 for fighting violence against women. Alternatively write something that addresses the specific situation of your group.

"You are all heroes. We know you sometimes risk your own lives in rescuing others and that you are all very brave women doing very important work to be proud of. It is through work like yours that the world moves forward. Little by little. It may seem hopeless at times, because the violence goes on and on, but it is through everyday effort that important goals are reached.

In 2011 the Nobel Peace Prize ... was given to three women.... One is the president of Liberia, Ellen Johnson-Sirleaf. The other two are non-violence activists and trauma-workers like you: Leymah Gbowee and Tawakkol Karman. They dedicated the prize to all the women of the world struggling for peace, health, justice, education for all and equal rights for women and men. Gbowee spoke about her own fight and said: "We were the conscience for those who had lost their conscience in their search for power and position. We used our destroyed bodies and our hurt feelings to confront all the injustice and terror in our land. And we knew that it was just through non-violence that we could make an end to the war. Because we saw that the use of violence pushed us and our beloved country deeper and deeper into pain, death and destruction." In her speech, she also said that women she had met had explained to her that rape and abuse are the result of a bigger issue, that women are not present where decisions are made. Let us thank God for sisterhood and pray that He will support our work for these days we have together. Let the workshop inspire us all and give strength to keep on."

The relevance of human rights

Aim. To introduce human rights and their value for those working with trauma.

In this training, we will examine what happens to women who are survivors of violence, including sexual violence, the effects of violence on women, and how we can assist women who survive to recover their strength and hope and self-esteem.

Human rights for women are an important starting point. Adopting a human rights-based approach requires us to be very attentive to the dignity and humanity of every person. It is about always showing respect to others and about the need to restore self-respect after violations or humiliation. It is about recovering control over your own life and activity after violations. It implies resisting all forms of abuse and violation, and all forms of disrespect and humiliation, in accordance with principles of justice and fairness. It means doing everything possible to prevent abuses and protect and assist survivors of human rights violations.

A human rights-based approach takes full account of international human rights, bears these in mind at all times, and respects human rights in all that is done. One of its objectives is to enable people to understand and claim their rights, and act in ways that ensure rights are enjoyed. In addition, those who adopt a human rights-based approach speak out against abuse and violations, highlight the prohibition of severe human rights abuses, and emphasise that individuals should be protected against violations of rights and are entitled to reparations if they occur. Accountability and justice are highly important. A human rights-based approach seeks to make those who are responsible for human rights violations accountable for their actions. Several principles are of fundamental importance when applying a human rights-based approach in practice.

- **Participation.** Everyone has the right to participate in decisions that affect their own lives and human rights.
- **Accountability** is the requirement that governments and public institutions should hold officials responsible for their actions, in accordance with their human rights obligations. Individuals who seek help or who report violations or the conduct of officials must have information made available to them that clearly states the response they are entitled to expect.
- **Non-discrimination and equality.** Discrimination is prohibited under all circumstances. All forms of discrimination with respect to the realization of rights must be prevented and sanctioned.
- **Empowerment.** Human rights law does not affirm empowerment is a right. It states that individuals and communities are entitled to know and understand their rights and how to access them. It further states that individuals and groups are entitled to engage and participate in developing policy and practices that affect their lives, and that governments have a duty to secure this entitlement.
- **Legal obligations to respect human rights.** All persons should understand and recognise that their rights are enforceable, through the national and international system of human rights agreed by the world's states.

Write down these principles and post them on the wall for everyone to remember.

TO THE TRAINER

About the workshop

Aims. To introduce the participants to each other. To ensure that each participant feels an important member of the group and recognises that her peers can contribute insights and knowledge. To hear from each participant what she hopes to receive from the training.

Make sure that each participant introduces herself and describes her experience and her work.

Ask each participant to:

- Say her name, where she comes from, and where she works.
- Outline her professional activities and experience.
- Describe her expectations of the training.

EXERCISE



Exercise 1. Introductions.

To make the introductions, you might choose to use a 'talking stick' (a stick that each participant holds while she presents herself, and then passes on to the next participant).

If you want to learn the participants' names quickly, try playing games. (Try "My Ship is Filled With..." or "My name is Christina and I like swimming..." and asking everyone to repeat the name and what she likes....) Or the first participant tells her name, the second repeats that name and her own, the third the first two in order and her own, etc. Write down the participants' expectations on a flip chart; this will help you to plan and will be useful when you evaluate the training.

EXERCISE



Exercise 2. Describe your situation.

This exercise gives both you and the participants crucial information about the context in which the participants work: their social environment, cultural factors, approaches and methodologies, political, military and economic threats, etc. The questions listed on the opposite page may help with this mapping.

Ask the participants to discuss first in small groups of 4-6. Then ask the groups to share their findings in plenary. Note the participants' main points and challenges on a flip chart.



SAID ALOUD

About the workshop

Aims. To introduce the participants to each other. To ensure that you are respected as an important member of the group and realise that your peers can contribute insights and knowledge. To share what you hope to receive from the training, and so assist the Trainer to satisfy your own and the group's expectations.

Trainer. This is a 3 day workshop. It aims to equip you with a basic understanding of trauma, its effects on women who suffer gender-based violence, and how to deal with these effects when you meet survivors. We will also show you a number of exercises, which you will practise. I will invite you to use a metaphor to communicate this understanding to other helpers and to survivors.

I know you are already doing fine and important work, and that you are knowledgeable about your culture and your community. It is always important to adapt new knowledge to fit your situation. You should therefore feel free to adapt what we do here to the needs of your environment. Your own knowledge will influence how we do this training. As we proceed, we will pause and discuss how you do things and how relevant our discussion is to your context.

The training will include practical work in the form of exercises such as role plays and brainstorming. These exercises will help you integrate what you learn.

Much professional experience has been gathered from working with trauma reactions after severe human rights violations. I have met many women who have been through severe and brutal experiences. Many women who have suffered after such brutal events have managed to get back on their feet, and some are even able to help others.

Now we would like to hear more about your situation and your community, and in particular how you manage and confront the challenges you describe.

Exercise 1. Introductions.

(In plenary. Each participant is invited to speak for 1 or 2 minutes.)

Please introduce yourselves. Please say your name and tell us about your working experience, where you work now and your expectations of the training.

EXERCISE



Exercise 2. Describe your situation.

(15 minutes in group and 15 minutes in plenary.)

Please describe the situations in which you are working. Outline or describe the problems you confront. Explore these questions in the group.

1. What challenges and problems does the community face in relation to the problems we are discussing?
2. What kind of help or services do the women ask for?
3. What help and services are provided? What help and services should be provided?
4. What is the state of human rights in your community? What challenges will a survivor meet?

EXERCISE



TO THE TRAINER

The good helper

Aims. To help both the trainer and the group to understand, in their own terms, what it means to be a ‘helper’, and what kinds of ‘help’ may be included. Also, to identify their own resources, and what additional skills and resources they might need.

EXERCISE



Exercise 3. Describe the qualities of a good helper.

Draw the helper on the flip chart ([Figure 1](#): The qualities of a good helper in your society and context). Leave space to write comments.

- What are the differences between male and female helpers?
- Use the list of questions on the facing page to explore the issues.
- Write participants’ comments and conclusions on the flipchart.

ROLE PLAY EXERCISE



Role Play 1. The first meeting between a Helper and a Survivor.

Show the participants how to role play by demonstrating how you might approach a survivor who is overwhelmed by her emotions. Ask another trainer or a participant to put on a scarf to play the role of Survivor. Then invite the participants to practise together in pairs with scarves, using the questions. Show them how to physically brush off their roles and return to being themselves when the role play ends. Make sure they all do this at the end of the exercise. An example of role play can be found in [Section 9 of Part III](#).

Summing up the experiences so far

To end the session, summarise the major issues that have been touched on. Validate good things participants are already doing. Pay special attention to helping strategies that take account of culture.

Make sure the participants take away some positive feedback about their experience and their strengths. It is vital to begin the training by affirming their own knowledge. The training exists to complement and enrich the gifts and experience that helpers already have.

This exercise and the role play together should

- Help the group to understand more fully what makes a good helper.
- Throw light on: her personal and professional skills; her character; her ethics; how she relates to others; how she manages problems that she confronts in her daily work.
- Show practically how helpers assist in real life, how they calibrate distance and closeness, how they listen ...
- Help the group to understand how a human rights-based approach can assist them in their work.

The introductory session should have given the group an opportunity to reflect on what goes on at the beginning of a helping relationship.

TEACHING INSTRUCTION.

After the exercise, take a short break. Let the participants stretch their bodies and walk around a little. Before you start the next session, spend some time doing a grounding and breathing exercise, to get the group back on track.

SAID ALOUD

The good helper

Aims. To help both the trainer and the group to understand, in their own terms, what it means to be a 'helper', and what kinds of 'help' may be included. Also, to identify their own resources, and what additional skills and resources they might need.

Trainer. Now we know a little bit more about your community and about the problems you have been facing and some of the challenges you have met.

Next I would like to know more about how you have tried to tackle these challenges. What have been your experiences, where have you been successful, and where do you need more skills or support? Please share your thoughts about being a helper. Tell us what you think are the qualities of a good helper. Then tell us what you do in your own work. Show us how you do it.

Exercise 3. Describe the qualities of a good helper. (15 minutes in plenary.)

The Trainer will draw a helper on the wall chart and ask you to name the qualities she needs to have. She will write your thoughts on the drawing.

Consider the following questions:

- What are the qualities of a good helper here in ...?
- Do men and women help in different ways?
- What can you say about yourself as a helper?
- What do you do when you meet a survivor who is overwhelmed by emotions – by sadness, shame, anger, anxiety or numbness?
- Is it sometimes difficult to help a survivor? What makes it difficult to help?
- Can you mention any specific ways in which you applied the human rights-based approach in your work as a helper?
- Give examples from your work with survivors where you did not apply a human rights-based approach? How might that work be done differently if you adopted a human rights-based approach?

EXERCISE



Role Play 1. The first meeting between a Helper and a Survivor. (10-15 minutes.)

The Trainer and a participant will demonstrate a role play. You can then break into pairs to practise. One of you is the Helper, the other the Survivor. Use the questions to show how you approach a survivor who is overwhelmed by her emotions and by what has happened to her. Remember to use the human rights-based approach when you meet with the survivor.

At the end, take off the scarf if you are the Survivor, brush off your role as Helper or Survivor. Brush yourself down physically and say aloud "Now I am [me]".

ROLE PLAY EXERCISE



Summing up (5-10 minutes.)

The Trainer will summarise the discussion so far and ask you to comment and react to the plenary discussion and role play.

BREAK 15 – 20 MINUTES.

What is trauma? What makes an experience traumatic?

TO THE TRAINER

What is trauma? What makes an experience traumatic?

Aims. To explain trauma and responses to it, and share understanding of them.

TEACHING INSTRUCTION.

Section 5 of Part I (*A brief introduction to 'trauma', page 13*) can be used to present the concept of trauma. Either read it aloud or draw on it as background material.

Tell the group that, in order to convey what trauma is, and the psychological significance of trauma and trauma reactions, we will tell stories using metaphors. In particular, the story and metaphor of the Butterfly Woman will play a crucial role in the training. It can also be used by helpers to explain trauma and trauma reactions to survivors.

When you tell the story, do so as vividly as possible. Encourage the participants to identify with the metaphors.

Make sure to underline the following aspects of trauma

- Survivors of trauma may behave very differently after the event.
- Events associated with trauma reactions are often intense, grave and disruptive.
- The reactions that survivors show initially are survival responses.
- Traumatic events affect people in different ways in the longer term.

Bear in mind that stories are metaphors.

EXERCISE



Exercise 4. What makes an event traumatic?

This exercise is designed to clarify

- What makes a traumatic event special.
- Whether trauma is associated with specific cultural reactions.
- The effects of trauma.

Explain that a traumatic event is so overwhelming that people lose control. They feel helpless and experience extreme fear. Some will flee; others will not be able to move. It is an extreme event that generates exceptional human responses. Encourage the participants to reflect on your description of trauma, using their personal experience to do so. Ask them whether the reactions described are familiar to them, and whether they can describe other reactions that are specific to the local culture.

SAID ALOUD

What is trauma? What makes an experience traumatic?

Aims. To explain trauma and human responses to it, and share our understanding of them.

Trainer. Now we will speak about trauma and why such events affect us very strongly and in different ways.

We say that an event is traumatic when it is overwhelming, inescapable and very frightening; it involves loss of control and goes beyond what we are normally prepared to deal with. We say an event is traumatic when it harms someone so much that he or she does not believe she can continue to function or go on living.

Dramatic events can traumatise us. Human beings will have strong reactions after overwhelming experiences. Rape is such an experience. We all share certain reactions after very threatening events. But some people are more vulnerable than others and many factors influence vulnerability. Young people may be more vulnerable than those who are older. But this is not always so. In addition to biological factors, a survivor's vulnerability is influenced by her security or insecurity, the support that is available to her, and her training and education before and after the trauma. When a person is exposed to severe trauma, such as rape, we could say that it creates a 'trauma-illness' – that is, a serious and painful stress reaction. But we must be prepared to deal with many different kinds of reactions and symptoms, even among individuals who are exposed to similar events.

Exercise 4. What makes an event traumatic? (15 minutes in plenary.)

Reflect together.

- In your society, what is considered a traumatic event?
- How are the survivors you meet affected by what has happened to them?
- What reactions are the same? What reactions are different?
- How do the women themselves talk about their reactions?
- What do think is specific about your setting?

EXERCISE



TO THE TRAINER

What are trauma reactions?

Aim. To explain and understand how people react in traumatic situations.

Biological mechanisms

This session focuses on how people respond to traumatic experiences. Start by explaining the notion of automatic 'survival reactions' because the ways we react to dangerous or overwhelming situations can be understood as 'strategies' designed to help us survive. The main reactions or survival 'strategies' that human beings display when faced with life-threatening events are:

- Fight.
- Flight.
- Freeze.
- 'Playing dead'/submission.

When a traumatic event occurs that threatens life, we cease to process events in the usual way. We no longer store our emotions, feelings, and perceptions of the situation in the cerebrum, as we usually do, but process them at a 'deeper' level. This can produce the 'primitive' defence responses mentioned above.

Explain to the group what these concepts mean. Try to demonstrate the reactions, showing that all these things happen in the "mid-brain" (the purple part of the brain).

Fight	You experience a strong physiological reaction without mental planning.
Flight	You feel less contact with the ground; your body mobilises to run as fast as it can, without thinking or planning.
Freeze	Flight and fight are impossible, energy levels are intense but the body is immobilised. Some parts of the defence-action system work by immobilising as a strategy: freezing (for example, rigid muscle tone and analgesia, tonic immobility).
'Playing dead'	When no other options are available, submission or 'playing dead' may be the final survival strategy.

We do not register these defence responses consciously, which speeds up our reaction time (and thereby improves our chances of survival). As we have noted, our reactions after a trauma are also very different.

The drawing shows different patterns of reactions in the brain. It illustrates the activities of the different parts of the brain, schematically.

TEACHING INSTRUCTION.

Note the following:

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



SAID ALOUD

What are trauma reactions?

Aim. To explain and understand how people react in traumatic situations.

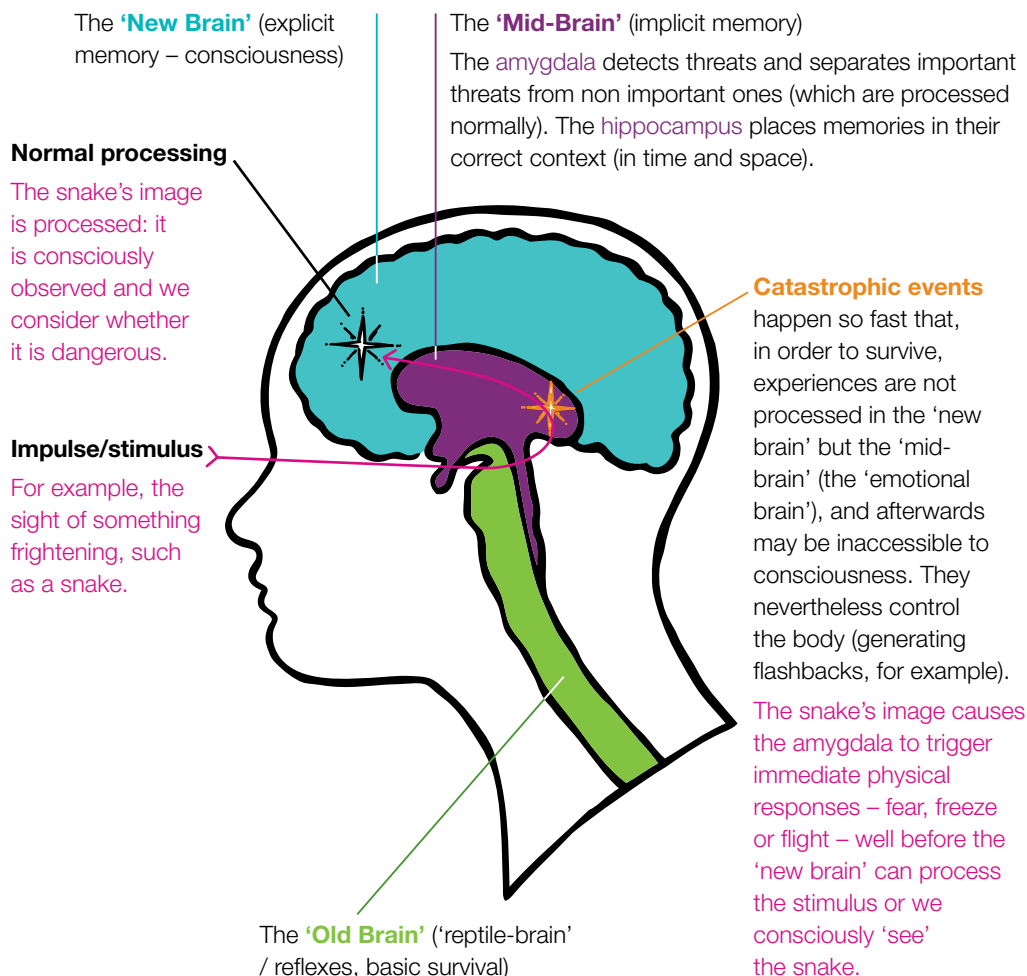
Trainer. Human beings (and animals) developed very early on an alarm system that assisted them to survive. These basic physical responses to danger occur below consciousness and are controlled by an ancient part of the brain called the amygdala. They enable the body to react to danger before you have even started to think about what is happening. They can respond in as little as 1/100 of a second.

These physical responses, that we can also call survival strategies, are:

- Fight.
- Flight.
- Freeze.
- 'Playing dead'/submission.

[The Trainer posts the drawing below on the board.]

Do you recognise these responses or have you seen them in others?



TO THE TRAINER

The Butterfly Woman. Her good life.

Aim. To introduce the Butterfly Woman story and the five focus areas.

This will be the first mention of the Butterfly Woman. Signal that this story plays an important narrative part in the training. Invite the participants to engage with the story.

In addition, draw their attention to the **five focus areas – her thoughts, her feelings, her breathing, her heart, and her body** – because these are highlighted not only in the story but in many exercises and discussions during the training. They are ‘points of entry’ into problems and reactions that often emerge in the life of people who are traumatised.

Post the five focus areas on the wall where they are easily seen, and leave them there throughout the workshop. This will help you to use the flipchart for drawing as the story develops.

Emphasise that the story is a metaphor. It can be understood as a description of the course that a trauma takes. It shows what usually happens to a person after extreme stress. After describing her life before the event, it shows her survival reactions when the trauma happens, and her physical and mental reactions in the middle and longer term. These responses are described more formally in [Part III](#).

Underline that people may react in different ways: the story provides a description of frequent patterns of reactions following trauma. Similarly, the interventions described are examples of possible approaches and tools for helping survivors to recover control and hopefully, after a while, some sense of dignity.

It is important throughout to emphasise that the story is used figuratively, to *illustrate* what happens after severe violations.

Begin with the good life the Butterfly Woman enjoys, because it is important to show she has good memories to reconnect to.

TEACHING INSTRUCTION.

The characteristics of the Butterfly Woman that are presented in the manual may not necessarily match expectations of appearance or behaviour in the region where the training occurs. If this is so, find locally appropriate descriptions. Your listeners will want to feel that the story is about real life, ‘about us’. To motivate and inspire, it should echo the culture and social norms and behaviour of those who are listening. Change and modify the story as you see fit, so that it makes sense to your audience.



SAID ALOUD

The Butterfly Woman. Her good life.

Aim. To introduce the Butterfly Woman story and the five focus areas.

Trainer. I will now tell you a story that will continue like a thread through the training. It is about the Butterfly Woman. Listen – and notice what happens to the Butterfly Woman's **thoughts, feelings, breathing, heart** and **body**.

The story is a metaphor

Remember that the Butterfly Woman story is *a metaphor*. Using it, we can talk about victims of trauma and their survival in a manner that distances us from the terrible experiences described. This distancing permits us to look more calmly at the Woman's suffering and her reactions, and understand that she reacts understandably to the violence to which she is exposed. It allows us to explain how trauma affects a person's life – her thoughts, feelings, breathing, body and heart.

In many cultures, storytelling is commonly used to pass on knowledge and wisdom. Such stories are constructed to enable the storyteller to share unspeakable or difficult content. The Butterfly Woman endures great hardship. We understand the psychology of her trauma without speaking about it directly. This is also important wherever rape is culturally taboo. Through the story, women can indirectly identify, reflect on and speak about their own experience. In this way, the story can be healing.

Throughout, therefore, remember that the story is used figuratively, to *illustrate* what happens.

We will start at the beginning, when life is good for the Butterfly Woman and she is healthy and safe, because we want to understand what is taken away from her, and what changes when she is assaulted. It is also important to know that she has good memories to which she can reconnect later.



TO THE TRAINER

Aim. To begin the story of the Butterfly Woman, starting when her life was good, through trauma to healing.

KEY POINT

**The story illustrates**

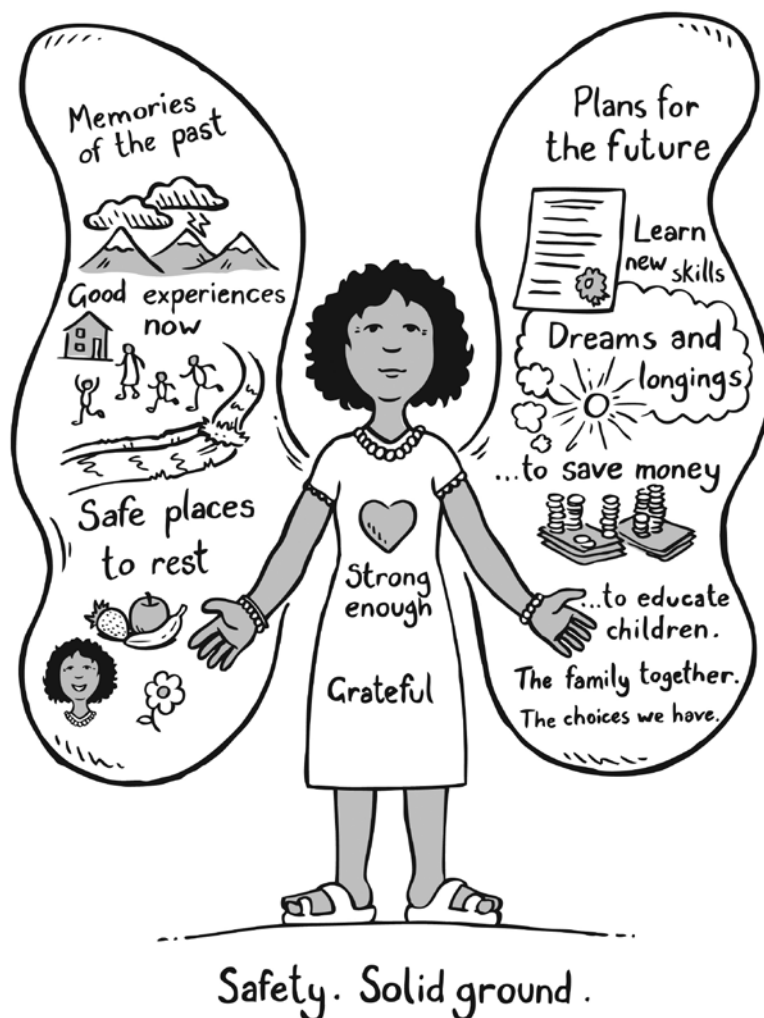
- The good life that the Butterfly Woman enjoyed.

Draw the Butterfly Woman on the flip chart and fill in the good points in her life.

- She is satisfied and content.
- She stores all her good memories.
- She dreams about the future.
- She has control of her life.

Figure 2. The Butterfly Woman

In the beginning, capable and in good health.



SAID ALOUD

Aim. To begin the story of the Butterfly Woman, when life was good.

The Trainer draws Figure 2, The Butterfly Woman in the beginning, capable and in good health, and starts the story.

Once upon a time, a Butterfly Woman lived in a small village surrounded by green hills. She loved to sit by the river that ran nearby. She lived in a solid house with her children and her man. They had good and not so good neighbours and slept in peace at night and woke the next morning with a thankful heart. The country was calm and people had enough to eat and drink.

*The Woman had a **good heart** and a **strong body**. Her feet walked her long distances and she had clever hands. She often sang, and you could see her washing clothes in the river, walking with a swing to her hips, or jiggling her children. Her man was a good person. She felt satisfied and proud. She trusted her life and the people around her, most of the time. When she was sorry for something she would cry a little and tell herself that it would get better. She wanted to become a wise woman, to whom other people could turn for advice in difficult times.*

*The days went on. In her right wing were all the **good memories of her life** – like the green hillside, the sound of the river she loved, and the fragrance of her favourite flowers. Thinking of the trees and animals made her feel calm. Looking at the house made her feel safe. Memories of her children, growing up year by year, made her proud. She remembered the smile of her mother and the collared dress that a friend had given her. She had sad memories too, of saying goodbye to her friend when she moved to another part of the country, of her mother's sickness and death. All these memories were stored in her wing. They made her feel strong enough to think and feel and live her life.*

*In her left wing, she kept her **dreams about the future** and **some worries** too, though they weren't too big to handle. Sometimes she dreamed of a new dress, and some good shoes to keep the rain out. But her strongest dream was for her children's education. Every month she tried to save some money for their education. She kept all her dreams, worries, plans and longings in this wing. They made her feel alive and that she **had enough control** over her life. Every morning she took a deep breath when she woke up, ready to start a new day. Every night, before going to sleep, she rested her face for a moment in the palms of her hands, praying and giving thanks for her good life.*



TO THE TRAINER

Add wings to Figure 2 of the Butterfly Woman and link the indicators of a good life to them, including indicators suggested by the participants.

DISCUSSION

**Discussion. Indicators of a good life.**

Make sure the participants pick examples from their experience that are relevant to the context in which they work.

Summarise the resources and qualities that represent a good life in the society. How do human rights play a role? Does she have the right to make decisions regarding her own life? Draw attention to the ways in which a good life affects our thoughts, feelings, body, heart, and mind. Dwell on the Butterfly Woman's quality of life because it gives her a future to long for and work towards. Thank the participants for their contributions.

The next section will contain the trauma. Warn the group that the story will take an evil turn but this is work for tomorrow.

End Day 1 with a grounding exercise.

GROUNDING EXERCISE

**Grounding Exercise 1. Grounding the body.**

Examples of grounding exercises are scattered through the training. It is important to practice them again and again until the skill becomes automatic and can be called on even during moments of distress.

The techniques can be used to prevent hyper-arousal if individuals re-traumatise. They can also be used to stimulate a group that is low on energy.

This exercise is also useful if you see that the group is low on energy.

Do this grounding exercise together with the group, while giving them instructions.

END OF DAY 1.

The Butterfly Woman. Her good life. *(continued)*

SAID ALOUD

Trainer. What would represent a good life here? What makes a woman healthy? What makes her proud in her heart? What makes her content and peaceful in her body?

Discussion. Indicators of a good life. (10 minutes in plenary.)

Discuss how the Butterfly Woman values her life. How are human rights, dignity and respect present in her life? What kind of feelings does she express? What kinds of thoughts does she have? What happens in her heart? How does she experience her body?

What represents the good life in your culture? Think of examples.



Trainer. The next part of the story will describe what happened to the Butterfly Woman. It contains her story of violence and rape. This is work for tomorrow.

To end today, I invite you to do an exercise that may help during the session. It reminds us that we are here, now, and that we are together and safe.

Grounding Exercise 1. Grounding the body. (10-15 minutes.) (Optional.)

Sit comfortably, feel your feet touching the ground. Stamp your left foot into the ground, then your right foot. Do it slowly – left, right, left. Do this several times. And stop. Feel your thighs and buttocks in contact with the seat of your chair (5 seconds). Notice if your legs and buttocks now feel more present or less present than when we started focusing on our legs. Now move your focus to your spine. Feel your spine as your midline. Slowly lengthen your spine and notice if it affects your breathing (10 seconds). Move your focus toward your hands and arms. Put your hands together. Do it in a way that feels comfortable for you. Push your hands together and feel your strength and temperature. Release and pause, then push your hands together again. Release and rest your arms. Now move your focus to your eyes. Look around the room. Find something that tells you that you are [here in ...]. Remind yourself that you are HERE, NOW [DATE], and that you are safe. Notice how this exercise affects your breathing, your presence, your mood, and your strength.



END OF DAY 1.



TO THE TRAINER

Day 2. Life is turned upside down

Aims. To ensure the participants are grounded when the story continues. To familiarise the participants with grounding exercises.

After greetings, remind the participants again that the next section of the story contains descriptions of sexual violence and rape. Remember that the participants, as well as the women they assist, may have experienced sexual violence, and that the story may lead to painful reactions and possible re-traumatisation. Let the participants know that those who feel like it may at any time leave the room.

Before you restart the story, do a grounding exercise to ensure the participants remain grounded. A grounding exercise should always be included at this point.

Explain the value of grounding exercises, their role in the training, and how they work.



Grounding Exercise 1. Grounding the body.

This exercise is set out on [page 45](#). It is useful if you see that the group is low on energy. Do the exercise together with the group, while giving them instructions.

Grounding Exercise 7. Feeling the weight of your body is an alternative.

TEACHING INSTRUCTION. GROUNDING EXERCISES.

Examples of grounding exercises are scattered through the training. It is important to practice them again and again, until the skill becomes automatic, and can be called on even during moments of distress. Always remember to invite survivors to participate in a grounding exercise. They should feel able to accept or not; the invitation should be an open one.

They are essential to help people remain focused and in the present. If survivors re-traumatise, they can be used to lower their arousal.

Note. All the grounding exercises can be found in [Appendix 2](#).



SAID ALOUD

Day 2. Life is turned upside down

Aims. To make sure you are grounded when the story continues. To familiarise you with grounding exercises.

Trainer. The next part of the story describes what happened to the Butterfly Woman. It contains her experience of violence and rape. Before we start, we will do an exercise that may help during the session. It reminds us that we are here, now, and that we are together and safe.

Grounding Exercise 1. Grounding the body. (10-15 minutes.)

This exercise helps us to remain calm and balanced. It can help survivors to 'come down' from hyperarousal and also to focus when in 'freeze-mode'.

Grounding exercise 1 is described in the previous session (Day 1) and in [Appendix 2](#).

or

Grounding Exercise 7. Feeling the weight of your body. (5 minutes.)

This exercise helps survivors who are 'frozen' or numb to focus on the present. It activates muscles in the torso and legs, which gives a feeling of physical structure. When we are overwhelmed, our muscles often change from extreme tension to collapse; they shift from a state of active defence (fight and flight) to submission, and become more than ordinarily relaxed (hypotonic). When we are in touch with our structure, it is easier to bear feelings. We can contain our experience and manage feelings of fragmentation (of being overwhelmed) better.

- Feel your feet on the ground. Pause for five seconds.
- Feel the weight of your legs. Hold for five seconds.
- Try stamping your feet carefully and slowly from left to right, left, right, left, right. Feel your buttocks and thighs touching the seat of the chair. Hold for five seconds.
- Feel your back against the back of the chair.
- Stay like that and notice if you feel any difference.



Trainer. If we are connected with our senses, to what we see and smell and touch, it helps us to stay in the present moment. We are anchored in the present. Using your senses in this way can calm you when you might otherwise be overwhelmed by feelings; and re-energise you when you feel fatigue. The underlying principle is to redirect our attention to our senses and to our safety in the present moment. This calms our nervous system when it is over-stimulated and wakes it when it is under-active. Through our senses, our body and mind refocus, here, now; and, when we are truly in the present, our memories remain in the past.



TO THE TRAINER

Aim. To take the story forward, making sure that participants understand its metaphor in the same terms as the storyteller.

KEY POINT

**This section of the story**

- Recounts the turning point of the story.
- Illustrates trauma reactions.
- Identifies reactions in the five focus areas.

Continue the story.

Ask the participants if they recognise what happens in a community when conflict and unrest arrive, even before women are affected directly. Make this discussion brief. Its purpose is to make sure that the participants understand what is happening in the story. Then continue.

EXERCISE

**Exercise 5. Identifying trauma reactions.**

The story describes the main reactions or survival strategies that human beings display when they are faced by life-threatening events. All the main ones are mentioned in the story.

Encourage the participants to identify each of the reactions and write it down as it is named:

- Fight.
- Flight.
- Freeze.
- ‘Playing dead’/submission.

This exercise illustrates the reactions and emotions that people display when they are in threatening situations. Make sure that participants can identify them when they occur in the story.

Validate the participants’ answers when they show that they understand trauma reactions.

(For more information on symptoms, refer to [Section 1 of Part III.](#))

TEACHING INSTRUCTION.

At the end of the exercise, encourage everybody to take a deep breath.



Day 2. Life is turned upside down (*continued*)

SAID ALOUD

Aim. To take the story forward, making sure that everyone understands its metaphor in the same terms.

Trainer. I will now continue the story. Remember to note what happens to the Woman's thoughts, feelings, breathing, body and heart!

*Then something happened that turned life upside down. It was not an earthquake, wind or fire. War came to the country and threw the villagers and their communities into **fear** and chaos. People were killed, many fled. She heard that old and young women, even children, had been raped. Life became **unpredictable** and difficult to handle. She tried **not to think** so much. She **did not smile** so often or giggle as before. Her man became angry more often. She **did not sleep** so well and prayed for peace.*

Can you recognise your own reactions when you hear about these changes in the Woman's behaviour?

One morning she went down to the river. Some soldiers found her there. She was filling containers with water. After that day, everything changed.

*At first she **tried to flee**, but she could not escape. The soldiers laughed when they caught her and threw her down in the dust of the riverbank.*

*Then she **tried to fight** them. Her **heart pumped** in her chest, the **face became warm**, her arms were **stronger** than ever before. But they were four big men and they were even more brutal when she **tried to fight back** – hitting, biting, kicking, scratching and screaming for help. Their laughter rang in her ears. The **smell** of their bodies **scared her heart to silence**.*

*Her legs became as if **dead**, her **hands and arms too**. Her face became **pale** and it was as though she had lost all her spirit. She heard the sound of the river and the breath of the soldiers. She **lost her sight for a moment**. It was as if **she had left her body** or was **hiding in her heart**, looking at the soldiers from a distance, watching them do bad things to her. She saw it like a scene in a film, she **did not feel anything**. It was as if the men were hurting a stranger, though she knew she was the person being hurt.*

Exercise 5. Identifying trauma reactions. (10 minutes.)

When the soldiers attacked the Butterfly Woman, what happened in her thoughts? In her heart? To her feelings? To her breathing and to her body? How did she react in order to survive?

Name the different responses of the Butterfly Woman.

Have you come across such reactions or feelings in other survivors? What other reactions have you seen or heard about from the women and children you have talked to and who have been victims of rape or other traumatic events?

EXERCISE



Trainer. Thank you. Now take a deep breath!

TO THE TRAINER

Aim. To clarify the nature and expression of trauma.

KEY POINT

**The story illustrates**

- How the body reacts to a traumatic event.
- Reactions in the five focus areas.

Responses to threat

When we meet danger, we have a hierarchy of defences that we use to protect ourselves. They are biological and automatic. Animals respond to danger in the same way. Our first reaction is actively to defend ourselves: to flee or fight. Our nervous system becomes highly active. The muscles are filled with blood and mobilised for action; breathing is short and stays in the upper part of the body.

If we cannot flee or fight our way out of a situation, we adopt passive forms of defence. We freeze and submit.

When a traumatic event is overwhelming, and one is trapped, helpless and feeling intense fear, it is common to be haunted by the intensity of the experience. That is because the experience is so overwhelming that it overrides our capacity to integrate the event.

TEACHING INSTRUCTION.

It is important to understand the trauma reactions that most people are likely to experience after severe or life-threatening events. These reactions are not signs of insanity, but are nevertheless experienced as very shameful. They are natural, common and predictable responses to extreme violence.

When women experience the feeling that they can no longer control what happens to them, no longer control their lives or defend themselves, this too is a survival response, a normal or expected reaction of self-protection.

Figure 3. The Butterfly Woman

Immediately after the trauma.



Day 2. Life is turned upside down (*continued*)

SAID ALOUD

Aim. To clarify the nature and expression of trauma.

Trainer. The story continues.

Some hours must have passed before two men from the village found the Butterfly Woman, wounded on the river bank. The sand was red with her blood and the Woman stared at them with glassy eyes, unable to utter a word. Instead of helping her home, the men were so frightened by the sight that they ran off into the bush.

*The Woman **felt extremely weak**. She asked herself: "Am I already dead?" She noticed that blood covered her yellow dress, and that the dress was torn into pieces. She noticed the sound of the river and wondered whether she was in an unknown place. The river **sounded hostile**. Her **heart beat rapidly** in her chest. Would the soldiers come back? Her **body felt numb**. She had **no strength to** move. Her arms and legs were like dead meat. Her body ached and yet there were **no feelings left**.*

The Trainer displays Figure 3: The Butterfly Woman immediately after the trauma.

That night the Woman was left alone. Her husband asked her to leave! The elders said she should not come back! The children were crying. She had to depart.

*She wandered off into the forest, away from the river. Around her, the trees became dark and hostile. **She felt fragile, weak**, like the living dead. Her feet could barely carry her. They felt numb. Her hands were like the hands of a stranger. No smile in her heart, only darkness. Her body felt cold and silent, as if she was not living there anymore, or as if her soul was hiding far away in a corner of her shivering heart.*

*She could not rest. She **saw** the soldiers eyes, **heard** their laughter, their breathing and their words. Their **smell** filled her lungs. She was **sweating**, crying in rage and despair. She could not find shelter and scanned the green hillsides all the time for soldiers. All her dreams and wishes evaporated. Her mind became invaded by **worry** and she had difficult, strange thoughts about herself. Was she going **mad**? She felt **shame** and **rage** and **deep sorrow** at the same time.*

Trainer. The story of the Butterfly Woman can help a survivor to understand her own behaviour, because her experiences are reflected in the story. This can empower her and lessen her shame. In many cultures it is a great taboo for a woman to say she has been raped. When a survivor talks about the Butterfly Woman, she is not obliged to speak about herself but can communicate her experience indirectly. The Butterfly Woman's story becomes the metaphor through which she can communicate, something that carries the heavy burden of the survivor's rape in a safe and dignified way. For both helper and survivor, it gives them distance and some kind of freedom, enabling them to speak to one another about what is otherwise unspeakable or overwhelming.



TO THE TRAINER

KEY POINT

**The story illustrates**

- How the Butterfly Woman tries to distance herself.
- Her avoidance and fear reactions after the traumatic event.

TEACHING INSTRUCTION.

Explain to the participants that when they tell this story to survivors, they should never include horrible details of the traumatic event. This is because the details of the rape may waken trauma-memories. If this occurs, a victimised woman will not be able to listen any more. She will re-live her own experience and lose the feeling of safety that she had when she sat with you. In this manual we have included the horrible details from the traumatic event to illustrate how these events affect survivors. Helpers need to know these details as helpers, but survivors are so easily triggered that they need to be protected from such details.

Helpers should therefore speak of the rape in indirect terms, or use a term that the survivor agrees will be tolerable for her.

If they do so, the survivor will feel safer, will trust the helper, and will also feel strengthened, because she will understand that her own reactions and symptoms are to be expected. Women feel this way when terrible things happen to them. She may arrive at the knowledge that her responses were normal and natural. It is what was done to her that was insane and abnormal!

EXERCISE

**Exercise 6. Exploring different trauma reactions.**

Explain that the different ways of reacting to traumas are natural and are automatic physiological reactions. Explain that these reactions may be understood as your body telling you how to survive. In the exercise, encourage the participants to experience the different kinds of reaction, to get a sensation of what these different 'states' feel like. Demonstrate them yourself, as well as you can.

Share these ideas and discuss them with the participants before starting the next exercise, in which the helpers familiarise themselves with the story of the Butterfly Woman by rehearsing it with each other.

TEACHING INSTRUCTION.

After the exercise, take a short break. Let the participants stretch and walk around a little. Before the session starts again, allow time for a grounding and breathing exercise, to get the group back on track.

BREAK 15-20 MINUTES.

Day 2. Life is turned upside down (*continued*)

SAID ALOUD

Trainer. The story continues...

*Before, she carried her most important memories and longings in her wings. Now, they frightened her deeply. She **tried to distance** herself from them. She used all her energy **not to think** and **not to feel**. Her husband's words poured into her right ear. "You cannot stay. You are a sick, crazy person – dirty, and dangerous for me. I do not want you here. Go away!" She wandered far from the river, stumbling and falling. She walked **as if she was asleep**, leaving her children behind. She had no tears left. The ache in her womb was intense, but she scarcely felt it.*

Trainer. This is the story so far. It includes the horrible rape that the Butterfly Woman experienced. Before we go on, we will take a short break, to relax and stretch. Then we will come back, to do some exercises and see what happens next, because this story will become a healing story.

But first, I must underline that, when you tell this story to survivors, never include horrible details of the traumatic event. The details of the rape may waken a survivor's trauma-memories. If this occurs, a victimised woman will not be able to listen any more. She will re-live her own experience and lose the feeling of safety that she had when she sat with you.

Instead, you can say things like: "Terrible things happened to the Butterfly Woman, which changed her life". Or "Things happened by the river that darkened her life", etc. The woman will understand what her helper is saying and will feel safe. She will trust you when she notices that you do not scare her. She will be able to think clearly and to understand what the story is describing, and will understand that you are telling the story (which is her own story) in a safe way. One can also ask a survivor to say how the rape should be named so that it will be tolerable for her.

Exercise 6. Exploring different trauma reactions. (15 minutes.)

Try to feel the different forms of reaction.

- Go into "freeze mode". Tighten all your muscles. Stand still and feel the tension in your body.
- Go into "fight mode". Make your body ready to fight. Tighten your muscles and activate your aggression.

Feel the differences in these two states.

Try also to experience different and opposite feelings. Be happy and grieving, depressed and elated, angry and calm, etc.

Copy the Trainer and use your own ideas. Try to show your state of mind with your body.

This exercise will help you to observe such reactions in a survivor.



BREAK 15-20 MINUTES.

TO THE TRAINER

The acute trauma

Aim. To learn about initial reactions to a traumatic event and how to respond to such reactions with respect and patience.

In this session, we follow the early reactions of the Butterfly Woman after her rape, and the first steps taken by the helper to make contact and offer assistance. Chaotic feelings and fear of others are powerful forces at this stage, and helpers need to make sure they are respectful, give the survivor time, and move slowly when they approach her.

KEY POINT

**The story shows that**

- When a person is traumatised, her feelings are intense and chaotic.
- Fear and shame may cause a survivor to withdraw and refuse social contact.
- Trauma causes a survivor's confidence in others to collapse.
- It is important to act but, at the same time, helpers must allow the survivor to decide at what point she is ready to make contact and open a conversation.
- For helpers, it is vital to be patient and respect the survivor's fear and withdrawal.
- Openly accepting these reactions is very important.

Make sure that participants grasp the Butterfly Woman's powerful emotional reactions, her chaotic feelings, and her sense of being overwhelmed.



SAID ALOUD

The acute trauma

Aim. To learn about initial reactions to a traumatic event and how to respond to such reactions with respect and patience.

Trainer. I will continue the story. I want you to observe the Butterfly Woman's immediate reactions carefully and think about what scares her. What troubles her thoughts, feelings, breathing, heart, and body? How can she be approached? Is there any way to get near her? Do the things that scare her have common features? Do some things help her?

*The Butterfly Woman was hiding behind some bushes. Having walked for days she realised she had nowhere to go and was completely alone. She **felt her loneliness spreading** like ice to all her limbs. She lay completely still, looking dead. Her yellow dress was torn to pieces.*

*When staff at the health centre were informed that a woman had been raped, they decided to search for her. After looking for some time, a helper saw something move behind a bush and a woman screamed "Go away!" She moved slowly and paused so that the woman could see her from a distance. Not wishing to scare her, she sat down in silence, waited for a while, and then told the Butterfly Woman that she helped women in her situation. At first the Butterfly Woman just shouted "Go away" again. Her voice was filled with **despair, anger and fear**. The helper continued to sit, and repeated that she was there to help.*

*After a while the Butterfly Woman started to listen to the helper. She could **feel some of her inner ice starting to melt** and was able to move her arms and legs. She was **not able to speak**, but felt gradually that the lady wanted to help her. This first feeling of confidence weakened her **feelings of fear and shame**.*

She managed to sit up. Then she dared to raise her gaze and meet the helper's eyes. She could see that the helper's expression was free of contempt and that her eyes were warm. At last the Butterfly Woman said: "Come". The helper went slowly across and sat down beside her. They sat in silence for a while. The day turned towards night. At that moment the Butterfly Woman felt how tired she was, and she leaned towards the helper who put her head on her shoulder.

Trainer. We will pause for moment here. I do not expect you to remember the story by heart, but I would like to ask you to do an exercise.



TO THE TRAINER

Practising the story

Aim. To show that a story becomes healing when it helps us understand our reactions.

Explain why we say this story is a healing story.

ROLE PLAY EXERCISE



Role Play 2. Retelling the story.

Ask the participants to retell the story in pairs. If time is available, allow the pairs to swap roles so that each participant can experience being a teller and a listener. Give the person who plays the Survivor a scarf, to identify the role she is playing.

After each role play, make sure the participants come out of their roles. Ask them to brush off their role (by physically taking off the scarf and brushing off their clothes and bodies). Ask them to say: "Now I'm no longer the Survivor (or the Helper). I am myself". They should say their names out loud.

After the role play, ask the Helpers to say what they learned when they told the story to the Survivor; and what the Survivors felt when they listened.

Pay attention to the responses of the participants. If any have survived GBV, they may need to ground themselves during this exercise.

DISCUSSION



Discussion. Use of metaphor.

Reflect together with the participants. Ask them to tell you whether they find the metaphor of the story useful and valuable. If they do not, explore its weaknesses. Should the details of the environment be different? Were the reactions of the Butterfly Woman convincing?

Discuss how the participants would change, embellish and improve the story, if they used it as helpers.

Invite them to find effective ways to discuss the characteristics of the traumas that they come across in their own work, and identify problems that might occur if they used this story in their work context.

It is important to make sure that everyone understands that people react naturally in different ways when they cope with traumatic experiences.

TEACHING SUGGESTION.

After the discussion, take a lunch break. Let the participants stretch their bodies and walk around a little. Before the session restarts, allow time for a grounding and breathing exercise, to get the group back on track.



SAID ALOUD

Practising the story

Aim. To show that a story becomes healing when it helps us understand our reactions.

Trainer. I said before the break that the story we are telling you can be a healing story. A story becomes healing when it leads us to understand our reactions and emotions and why people react as they do. In this way, it restores hope and meaning. At that moment it begins to heal.

I want you to retell the story to each other. Remember to use general terms, and include no traumatising details.

Role Play 2. Retelling the story. (20 minutes.)

Break into pairs for this role play exercise. One of you will be the Helper and the other the Survivor. Do not choose to describe a very complicated or challenging situation. The aim is to learn a new skill. A complex example may be disturbing or may make learning difficult.

Sit facing each other on chairs or on the floor. Say to the Survivor that you want her to listen carefully while you tell her a story about the Butterfly Woman. Then tell her the story in your own words.

Before you start, look at Figure 2 on the wall (the Butterfly Woman, capable and in good health) to help you remember. Make sure you include the Butterfly Woman's good life at the start. Encourage the Survivor to listen to you. Enthral her. Persuade her that you want to share something very important with her. The story should calm her heart and should not make her feel bad. (See Section 9 of Part III for examples of role play.)

At the end, the Trainer will tell you to come out of your role. Stand up, stop being the Survivor or the Helper, remove the scarf (if you wear one), brush your role off, and say aloud: "I am (me)".



Discussion. Use of metaphor. (15 minutes.)

Discuss what you felt when you told the story. What did you feel when you listened? What happened?

Discuss what happened mentally and physically to the Butterfly Woman. What disappeared after her trauma and what new things appeared? What happened to her body, her heart, her breathing and her thoughts? What happened to her hopes about the future? Can she recall good memories from her past?

Does the metaphor of the Butterfly Woman work? Do you think a survivor will recognise her own reactions in those of the Butterfly Woman? Will she understand that she is not alone?

Do you agree that other women react and feel in the same way the Butterfly Woman does, and that her reactions are natural and often occur after such an experience?



Trainer. We have looked at different reactions to trauma. We saw how the Butterfly Woman tried to flee, wanted to fight, and experienced freezing or numbing. We saw how she tried to play dead and submit, and how all these responses are ways to survive. People and animals respond to fear in similar ways. These are automatic responses to threat. Our bodies make smart use of different responses to survive.

TO THE TRAINER

Triggers (trauma reminders) and flashbacks

Aim. To clarify the nature of triggers (trauma reminders) and how survivors understand their own state of mind.

Trauma-reminders

Triggers, or trauma-reminders, are events or situations that remind victimised persons of their painful experiences and memories. Such reminders may elicit trauma reactions over and over again. We will call them 'triggers'. They can be extremely distressing and create such anxiety that people are afraid to go out, see people, hear certain sounds or do many ordinary usual things.

Flashbacks are sudden, often strong and uncontrollable re-experiences of a traumatic event or elements of that event.

The story highlights the fear that many traumatised women experience. They do not trust anyone who approaches them. Everything they see and hear can feel threatening. In particular, formerly neutral events may become trauma-reminders – inspiring fear, repeated trauma-reactions and a feeling of losing oneself, not being in control. Some women feel that the traumatic event is happening again.

The following section of the story highlights how trauma reactions continue to recur long after the original trauma event.

For a survivor, it is empowering to learn that her reactions to this very serious and painful event are normal.

It is important to encourage the participants to observe the Butterfly Woman's immediate reactions carefully and think about what scares her. What troubles her thoughts, feelings, breathing, heart, and body? Do the things that scare her have common features? Do some things help her?

KEY POINT



The story shows that

- Suffering can be recognised in **thoughts, feelings, breathing, heart** and **body**.
- The responses are natural ones to an extremely serious and painful experience.



SAID ALOUD

Triggers (trauma reminders) and flashbacks

Aim. To clarify the nature of triggers (trauma reminders) and how survivors understand their own state of mind.

Trainer. In this session, we will talk about

- Triggers, which are events, objects or situations that revive memories of trauma.
- Flashbacks, which are sudden, strong re-experiences of a past traumatic event.

We will explore how to avoid triggers, and how to regulate or control them when they appear. We will talk about how the Butterfly Woman can be calmed or awakened when trauma feelings revisit her body and mind. You too will tell this story to survivors, to show them that help is available and to give them some hope for the future. I'll go on.

The helper started to tell the Butterfly Woman about the health centre. She described what kind of place it was, and told her that many raped women had come there.

Inviting the Woman to stay at the health centre, the helper took some clean clothes and gave them to her.

The Woman cleaned herself and put on the clean clothes.

The Butterfly Woman was greeted by the other women and the helpers. She felt welcome. She was given a clean bed in a dormitory she shared with other women. For the first time since the horrible events, she managed to rest.

At the health centre the Butterfly Woman isolated herself, and it was obvious that she was suffering. The helper offered her a consultation and asked her about her suffering.

*The Butterfly Woman said that she was doomed and destroyed. The helper asked how long she had felt that way, and she replied that it all happened after the terrible incident. She also said she had lost her family because of this. The helper asked her to say **how her suffering affected her thoughts, feelings, breathing, heart and body**. The Butterfly Woman replied that bad thoughts came to her mind. She thought she was a bad woman who had lost her dignity and that soon she would go mad. She even admitted that she already felt quite crazy and described chaotic feelings of shame, anger and fear. She said that her body was tense and weak at the same time. She said that she had lost all her power and she felt doomed to have this illness forever. She also believed that she was visited by evil spirits.*

*The helper explained that this was a very **natural reaction to the very abnormal experience she had suffered**. She told the Woman that all the other women at the centre could confirm this. She also invited the Woman to a group where other women discussed their reactions and tried to find ways to cope with the pain they felt.*

After this talk the Butterfly Woman immediately felt a little better, less crazy and less alone. It comforted her to know that other women felt the same way that she did.

TO THE TRAINER

Aim. To understand how trauma memories, trauma reminders or triggers dysregulate survivors.

A survivor may become 'dysregulated'. This means that she may enter a state of hyper (over)-arousal or hypo (under)-arousal. In other words, she may either have very strong reactions and overwhelming emotions, or experience withdrawal and numbness. Both states cause her to feel confusion and distress. She may also be disoriented by reminders of her trauma. In this situation, helpers can act as external regulators, helping survivors to orient themselves. For instance, a helper can ground the survivor by calling her name, reminding her of where she is, telling her the time, and reassuring her that she is safe. Such actions can help a survivor reorient to the present by using her senses actively.

KEY POINT

**The story shows that**

- Unexpected situations can suddenly trigger trauma reactions.
- It is possible to prepare against these, by using the senses to feel more present.

As noted, a trigger is an event or situation that resembles a traumatic event and abruptly awakes memories of it. It is like a spark that lights a flame. A small spark can cause overwhelming feelings.

Flashbacks are strong returning memories of past events. They invade and take over the present and force the survivor back in time. She may feel that the past event is happening again. After traumatic events, many people experience flashbacks. (They are often called intrusions or intrusive memories, reflecting the fact that they are sudden and involuntary.)

Flashbacks are triggered by sensations – smells, images, sounds, touch. Senses are gateways that trigger memories. The senses can also be used to enable survivors to manage their triggered memories better. Survivors can be trained to use grounding exercises to cope with flashbacks, using their senses. These exercises work by reconnecting the survivor to the present, to the here and now. Physical cues, such as stones or marbles, can remind her that she is safe.

ROLE PLAY EXERCISE

**Role Play 3. Calming a survivor who has been triggered. (5-10 minutes.)**

Ask the participants to form pairs. One plays a helper, the other a survivor. Ask the Helper to practise calming the Survivor. After a few minutes ask them to change roles.

Don't forget to make sure that participants brush off their roles when they change over and when they finish.

TEACHING INSTRUCTION. GROUNDING EXERCISES.

Examples of grounding exercises are scattered throughout the training. It is important to practise them again and again, until the skill becomes automatic and can be called on even during moments of distress.



SAID ALOUD

Aim. To understand how trauma memories, trauma reminders or triggers dysregulate survivors.

Trainer. I will continue.

Soon after she arrived at the health centre, the Butterfly Woman had to go to the hospital because she had suffered injuries during the rape. She knew that the nurses and doctors wanted to heal her but, as soon as she had to lie on the bed and spread her legs to be examined, **horrible memories from the rape returned**. Suddenly she thought the doctor was the soldier who had raped her. She tried to flee. **The memories flooded her thoughts and body and she could not separate them from what was happening to her now at the hospital.** A wise nurse repeated the Butterfly Woman's name over and over again in a calm and strong voice. She said: "You are in the hospital now", "You are safe now", "It is [day, day of the month, year]", "We are here to help you". The tone of her voice and what she said helped the Butterfly Woman to return to the present. She realised that she was at the hospital receiving help, and she managed to calm down.

The wise nurse understood that the Butterfly Woman's memories of the rape were very close to the surface, and could be triggered during the care she would receive and the examinations she would have to undertake. She decided to prepare her for what would happen and explained to her how easily old rape memories can be triggered by reminders. They talked about the Woman's reaction during her medical examination the day before. The nurse suggested exercises the Woman could do **to prevent old memories from flooding** her mind. She taught the Butterfly Woman to use her **eyes** to look at things around her, and to say aloud to herself what she was seeing. When she did this, the Woman noticed that she **felt more present**, more in the here and now. The wise nurse said: "**When you focus on the present the past stays in the past**". The Butterfly Woman also learned to ground herself by using her sense of touch. She held a stone that just fitted in her hand and felt its weight, its coolness, its shape. The two women practised these exercises together and the nurse told the Butterfly Woman to do them whenever she felt her memories coming back. The nurse also said that she would remain during her operation, to reassure the Butterfly Woman and remind her that the hospital was safe.

Role Play 3. Calming a survivor who has been triggered. (5-10 minutes.)

Form pairs. One of you is the Helper, the other the Survivor. Practise how you might calm a survivor who experiences flashbacks. Like the wise nurse, you might say things like:

- You are in the office (or where you are at the present moment) now.
- You are safe here in this room.
- You are here now and not where the traumatic event happened.
- You are strong and courageous.
- Remember to breathe.
- Look around, try to be present here and now.

You might give the survivor a stone, or something else, to hold in her hand to keep her grounded.

After a few minutes, change roles. At the end, remember to brush off your roles and be yourself.



TO THE TRAINER

Aim. To understand the panicked and exaggerated behaviour of trauma survivors who experience flashbacks.

Take enough time to explain the trauma mechanism.

If the participants desire, discuss with them how the story illustrates triggers and flashbacks. Perhaps explore examples from their own work that the participants may want to share.

KEY POINT

**The story shows**

- What happens when trauma memories are triggered
- Good ways to bring a person back to the present moment.
- Being prepared helps survivors to manage situations that might trigger their trauma memories.

BREAK 15 – 20 MINUTES.



SAID ALOUD

Aim. To understand the panicked and exaggerated behaviour of trauma survivors who experience flashbacks.

Trainer. Some words of introduction before I go on with the story. Our survival mechanisms ensure that we need only one experience to learn that something is dangerous. We have evolved responses that cause us to become aware swiftly when objects or situations resemble a dangerous experience we have had. An ancient part of our brain (the amygdala) alerts us to anything that resembles a past danger or trauma. This means that our bodies react or feel alarm when we approach something dangerous or that resembles a person, an object or an experience that has been dangerous to us in the past. We are built to generalise what we have experienced. So, if a woman is harmed by a man with blue eyes, all blue-eyed men, or even all men, may subsequently arouse fear and anxiety in that woman.

When our survival mechanisms are activated, the areas of the brain that deal with thinking, planning and reflection are 'turned off'. Because only a limited part of the brain is processing what is happening, we can react almost automatically to a threat. And when trauma memories are triggered the brain goes into emergency mode, even if we are not in fact in danger. This explains the panicked and exaggerated behaviour of trauma survivors who experience flashbacks. Note how the Butterfly Woman reacts when her trauma memories are triggered.

At her medical examinations and treatment the Butterfly Woman felt more prepared. When memories about the rape came into her mind, she looked about her and named what she saw. She held tightly the stone that fitted her hand. And the nurse spoke gently to her, saying: "You are safe in the hospital. You are getting help. You are a strong woman. You are doing very well. You are really doing what we practised together. I am proud of you. You can be proud of yourself too." The Woman felt that she could be a little proud.

After this she returned to the rehabilitation centre. She felt calm after spending some time there. Her arms, legs and back felt stronger, and her heart felt lighter. She smiled and could think more clearly. This filled her with relief.

*One day, when she felt light at heart, she went to the market. But there she saw some soldiers and, as if lightning had struck her, she panicked and **fled** to the centre. She felt **it was all happening again**, as if a film were playing in her head. Every time she saw a soldier, she felt the same, the memories flooded back, and she lost control. **After a while she became afraid of almost all men**. Her reaction was to flee. (Hyper-arousal symptoms and anxiety). Some days later she hit a man who had walked up behind her. She felt trapped because the path was narrow and, before she knew it, she had hit him hard. The sound of his steps reminded her of the rapists. **She could not think, only react**.*

*When she returned to the centre she was afraid and panicky and suddenly **lost all her energy**. She felt like a zombie and went to bed. The strength in her arms and legs left her and she could not think clearly. She could not smile. She **felt sadness and confusion**. **She was afraid of going mad**. It took some days before she became well enough to participate again in any activity.*

BREAK 15 – 20 MINUTES.

TO THE TRAINER

Triggered memories

Aim. To deepen further the group's understanding of how trauma responses are triggered.

Before asking participants to role play, the Trainer should demonstrate how to explain to survivors the nature of triggers and trauma reminders. Show the participants before they try it out themselves.

The role play is a good opportunity to demonstrate that it is possible to talk about triggers without going into detail about the traumatic event. You can also show that it is possible to explain the response in a short time.

After your demonstration, write the triggers on the wings of [Figure 4](#) (The Butterfly Woman experiences triggers and flashbacks). Complete the drawing before you start Role Play 4.

ROLE PLAY EXERCISE



Role Play 4. Retelling the story and understanding triggers.

Telling the Butterfly Woman's story can help a survivor to understand her own reactions and how her own memories are triggered.

The story puts her reactions in a meaningful context. It gives her clues to her own trauma reminders. This can empower her and lessen her shame. In many cultures it can be a great taboo to talk about having strong emotional reactions. When she uses the metaphor of the Butterfly Woman, a survivor is not forced to describe her own feelings and reactions. She can communicate them indirectly. Through the story, both the helper and the survivor find distance and freedom, enabling them to speak to one another about things that are unspeakable.

TEACHING INSTRUCTION.

Recap. Say again what a trigger is and what a flashback is. Remind the participants that, after trauma, we become sensitised to reminders of past threats. Explain how traumatic events are stored differently from ordinary memory. Use these explanations to deepen understanding of how the responses of the Butterfly Woman are triggered.



SAID ALOUD

Triggered memories

Aim. To deepen further your understanding of how trauma responses are triggered.

Trainer. We will now continue with the story. This section helps us to understand triggered memories of trauma. A trigger wakens the memory of trauma. As a spark lights a flame, a trigger wakens the trauma. In trauma work we make a lot of effort to understand and disempower triggers. As you heard, the Butterfly Woman was overwhelmed with memories from the past. Anything that reminded her of the trauma brought her memories back and revived the survival defences that were activated during the original traumatic event. Depending on the situation, she reacted by fight, flight, submission, or freeze. Her nervous system became highly active or turned off completely. Our senses become gateways through which we are reminded of traumas. When something looks like the trauma, sounds, tastes, smells, or feels like the trauma, it triggers the original physical responses and experience.

After a trauma we become especially sensitive to danger, to protect us from a recurring threat. That is appropriate when danger exists, but becomes a problem when we are safe. If a person anticipates danger at all times, her body will be over-alert. This was exactly the stressful situation of the Butterfly Woman. She felt worried and angry, caught between fight and flight. She had problems with sleeping and concentrating. Because her body was using all its energy to anticipate and escape danger, she was exhausted. Without help, she would end up in a state of collapse, her energy depleted, feeling shameful and worthless.

Trauma-memory is unlike ordinary memory. It is linked to our senses, emotions and movement, so experience of trauma memories is very alive. Mostly, trauma-memory is body-memory. This means that we experience it as reactions in the body, while the content and order of the original event may be fragmented and partly forgotten.

We will now demonstrate for you through role play how triggers affect people. It may be useful to keep this exercise in mind when you speak to a survivor who wants or needs to understand herself and her reactions.

Role Play 4. Retelling the story and understanding triggers. (20 minutes.)

Form pairs and train with each other. One of you is the Helper and the other the Survivor. Sit facing each other on chairs or on the floor. The Survivor can wear a scarf indicating her role. If you are the Helper, start by saying to the Survivor that you want her to listen carefully when you tell her how trauma-reminders trigger trauma-memory in the Butterfly Woman. Before you start, look at [Figure 4](#) on the wall to help you remember. Then tell her about the Butterfly Woman's life, how something terrible happened and how trauma-reminders woke up her trauma memories. Use your own words. Remember, don't give details of the trauma. Help the Survivor to understand that being triggered is a natural reaction after trauma and that she can get help to reduce the force and frequency of flashbacks.



Remember to come out of your roles. If you are the Survivor, take off your scarf. Physically brush off your role and say: "Now I'm not the Helper or the Survivor, I am [me]".

TO THE TRAINER

Aim. To confirm that the group understands triggering of trauma reactions and what activates it.

Write down the trauma-reminders and identify triggers or triggering events on a flip chart. (For more information, see Section 1 of Part III (especially pages 128-130) on trauma-related stimuli.)

Use Figure 4 (The Butterfly Woman experiences triggers and flashbacks some time after the trauma) to show how objects and situations that resembled her trauma activated her responses during the original event. For example, draw something (a soldier) that triggered a flashback in the Butterfly Woman. Then draw a line from the reminder (the soldier) to her left ear, through a trauma memory, and then into her body, head, heart, legs and arms. Explain how the memory affects her thoughts, her feelings, and her physical sensations.

DISCUSSION



Discussion. Describe your experience of working with survivors.

Ask the participants to reflect on what triggered trauma reactions in the Butterfly Woman. Ask them to clarify their thinking by drawing on their own experiences.

- What activates bad memories?
- Why are bad memories activated?
- What helps a survivor to cope?

Ask the participants to talk about their own experiences of working with survivors of GBV, using the questions above.

Add to the flip chart new trauma-reminders or triggering events the participants mention.

(For more information, refer to *Helping the helpers*, in Section 5 of Part III.)

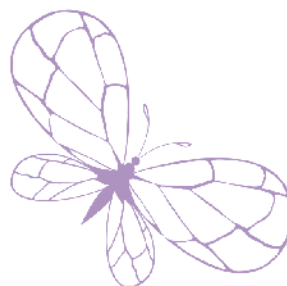
Discuss the list with the participants.

KEY POINT



The story and the discussion show that

- Many incidents in your life may be triggers or trauma reminders that recall bad memories.
- Flashbacks may occur suddenly and unexpectedly.



SAID ALOUD

Aim. To confirm that you understand triggering of trauma reactions and what activates it.

Discussion. Describe your experience of working with survivors.

(20 minutes in plenary.)

Talk about your own experiences of working with survivors, and try to relate your experiences to the story of the Butterfly Woman.

- What activates bad memories?
- Why are bad memories activated?
- What helps a survivor to cope?

In your experience, what reactions did survivors display? What reactions made them feel ashamed or crazy? Have you seen women reliving their trauma? Do you know what triggered their flashbacks?



Trainer. I will continue.

Many objects and situations could **evoke memories** of the rape. Some states in her body would bring the memories back. When she menstruated, for example, the pain in her stomach and the sight of her blood reminded her of the rape. A yellow cloth (she wore a yellow dress when she was raped) instantly recalled the memory of herself bloody in her yellow dress.

A certain light in the evening before the sun went down, or the **sound of the river** reminded her of the rape too, because it took place by the river just before sunset. Other strong trauma reminders were **angry voices** and **heavy breathing**.

At the health centre, the Butterfly Woman felt calm most of the time. After staying at the centre for two months, she felt much better. She joined the choir where the women sang and danced. The choir revived some joy and vitality in her. Being together with women who had been through what she had been through made her feel less estranged. They could support each other. The Butterfly Woman was good with her hands and was able to join a sewing class where she learned to make clothes. Some of the women said they could make a living from what they sold, though they had been rejected by their families and community because they had been raped.



TO THE TRAINER

Wrapping up triggered memories

Aim. To link triggers and flashbacks to the next sessions, that deal with tools for coping.

DISCUSSION



Discussion. Wrapping up triggered memories.

This session examined the nature of trauma-reminders. The wrap up discussion bridges into the following day, which will focus on coping tools and skills that can help survivors of GBV.

Ask the participants to identify what helped the Butterfly Woman to become calmer and live in the present when she was distressed by trauma memories. Write the answers down on a flipchart. Ask the participants to say what kinds of strategies they use to calm survivors of GBV. Ask them what they do if the survivors lack energy. Get them to think forward about the next day's session. Then end the day on an upbeat note with the Hug exercise.

GROUNDING EXERCISE



Grounding Exercise 2. The Hug.

This exercise deepens and anchors positive feelings and messages. It is taken from a trauma treatment method called Eye Movement Desensitisation Reprocessing (EMDR: Shapiro 1989). This trauma processing method combines bilateral physical stimulation, in this case tapping, with positive spoken messages, which deepen and anchor positive feelings. The sentence can also be spoken silently.

After being traumatised, a person often says horrible things to herself. This exercise allows us to change such thoughts into positive ones, and feel their positive impact on our body, mind, breathing, feelings and heart.

Ask the participants to propose sentences that they would find comforting, and try them out.

Here are some sentences you can suggest: "I have value", "I have survived", "God loves me". "I do the best I can".

TEACHING INSTRUCTION.

Different sentences may be preferred by collectivist and individualist cultures. Sentences may also make different kinds of appeal. For example:

Individual: *She sees me. I am alive. God knows me. I am safe now. God listens to me.*

Collective: *They know me. I belong to them.*

Support: *They will support me. We need each other. We belong together. God is watching over us.*

SAID ALOUD

Wrapping up triggered memories

Aim. To link triggers and flashbacks to the next sessions, that deal with tools for coping.

Discussion. Wrapping up triggered memories. (10 minutes in plenary.)

Discuss the questions below, drawing on your own experience of working with survivors.

- What helps the Butterfly Woman to be calmer and live in the present when she is distressed by trauma memories?
- What strategies do you employ to calm survivors of GBV?
- What do you do if the women with whom you work lack energy?



Trainer. In this session, we considered the nature of trauma-reminders. Thank you all for your contributions. Next we will work at coping skills – on what helps the Butterfly Woman.

Let's end the session with a Hug.

Grounding Exercise 2. The Hug. (5-8 minutes.)

This exercise helps to calm a person who feels agitated.

Put your right hand palm down on your left shoulder. Put your left hand palm down on your right shoulder. Choose a sentence that will strengthen you. For example, say: "I'm a good enough helper" or "I feel calm". Say the sentence out loud first and pat your right hand on your left shoulder, then your left hand on your right shoulder. Alternate the patting.

Do ten alternating pats altogether, each time repeating your sentences aloud.



Trainer. We have heard and discussed the Butterfly Woman's story. It is a useful tool for working with survivors. We will now look at other tools, and in particular at ways of working with trauma reminders and strong emotional reactions.



TO THE TRAINER

Stabilising. Introducing the toolbox.

Aim. To teach the participants some recovery skills and stabilising tools that will strengthen and stabilise survivors of trauma.

‘Stabilising’ refers to techniques for handling trauma-related reactions. It refers both to ways of animating and ways of calming a survivor.

Summarise the helpers’ qualities, using [Figure 1](#) and referring back to Exercise 3 on [pages 34-35](#). Remind the participants that they all have a tool box, and that – with their skills and good qualities – they are the best tools. Draw a tool box on the board and indicate that the Butterfly Woman story is one tool in this box. Emphasise that the participants have many other skills that they have acquired during their life, through work and experience. This section will concentrate on practising additional tools and skills that they can add to their toolbox.

Explain again how important the senses are. Fear is triggered by the senses and the senses can also be used to control it.

If you desire, and feel comfortable, go back to the drawing of the brain on [pages 38-39](#) (*What are trauma reactions?*) to show that our brains can be divided into three parts. Try to explain the main differences.

- The ‘new brain’ – ‘the thinking brain’.
- The mid-brain (implicit memory) – ‘the emotional brain’.
- The old (‘reptile’) brain – reflexes.

TEACHING INSTRUCTION. POINTS TO REMEMBER WHEN YOU PRACTISE EXERCISES AND TECHNIQUES THAT ARE DESIGNED TO STABILISE A SURVIVOR.

- Pick a time and place that are peaceful and safe.
- Make sure you are calm and able to learn something new.
- Practise over and over again every day, for some time.
- A survivor who follows these principles will eventually be able to use exercises to calm herself even when she is stressed and experiencing flashbacks.



SAID ALOUD

Stabilising. Introducing the toolbox.

Aim. To learn recovery skills and stabilising tools that you can use to strengthen and stabilise survivors of trauma.

Trainer. Yesterday we brainstormed about some of the important things helpers say and do when they meet trauma survivors. We talked about the qualities we need to be a good helper. Before we return to this I want to share with you the idea of a tool-box. [The trainer draws a tool box.]

We all use a tool-box when we work. The Butterfly Woman story is now one of these tools, but you already have many others through your work. With your knowledge and experience, in fact, you are the most important tool. In these sessions, we will practise additional tools and skills so that they can be available to you when you need them.

Recalling the Butterfly Woman story and drawing on your experience, you will help me to fill the toolbox with tools.

To empower survivors is a skill. The Butterfly Woman story can be used to empower, and many other skills that we will explore can help to stabilise survivors like the Butterfly Woman and assist them to feel more in control and less frightened.

To do this, we need to help survivors to connect with their senses. Being aware of her senses helps a survivor to manage danger and fear.

We reviewed earlier a picture of the human brain (*What are trauma reactions?* on [page 39](#)). Knowing how the brain works and why we react the way we do in traumatic events may be useful, even a tool. What other tools have we used so far?



TO THE TRAINER

The window of tolerance

Aim. To introduce a model for understanding our reactions to stress and trauma.

The window of tolerance is a therapeutic metaphor that we can use to explain trauma reactions.

It is based on the idea that every person has a 'window of tolerance', an amount of arousal or feeling that she can tolerate or manage.

The manual and the training provide information through which survivors can understand their trauma reactions. It also provides tools and grounding techniques that can help them to stay within their window, or return to their window when they lose control.

The metaphor is very simple. The part between the two lines shows the level of activation. All people have a zone or a kind of window in which they are perfectly balanced – where the person is in a state of mind where he or she is able to be present in the situation, able to concentrate and to learn.

If you are above the window of tolerance, over the upper line, we say that you are hyper-activated. This means that your activation is too high. If you are below your window of tolerance, under the lower line, we say that you are hypo-activated. This means you are under-activated; your energy is too low.

Traumatic memories can trigger a flight/fight response. This is a hyper-activation reaction, where the activation is extremely high and the body is ready to flee or fight the threats.

If we are frightened of something, the body reacts automatically by shutting off certain activities and reinforcing others. We may, for example know that the heart is beating louder and faster and that we breathe faster. The body feeds blood to the brain, arms and legs. Muscles prepare for fight or flight, while activity in the brain shifts from the parts that help us think through complex problems to the parts that help us to respond to life-threatening situations.

If it is not possible to fight or flee, for example if you are a small unprotected child, you will rely on the most basic survival strategy that we have – to freeze. This is the same mechanism that we see in many small animals that become totally inactive when they are attacked. This is a hypo-activation reaction in which activation falls to a minimum: you shut yourself down, become what we call immobilized.

Most of us are occasionally high and low on the window of tolerance. When this happens we often have some strategies that allow us to regulate ourselves back into the window of tolerance before the discomfort becomes too unbearable.

Based on Dag Nordanger's video on the window of tolerance:
<https://www.youtube.com/watch?v=ugC4EdmsKWc> (In Norwegian.)

DISCUSSION



Discussion. Applying the window of tolerance.

In plenary or in pairs, ask the participants to discuss how they can use the window of tolerance to understand over-activation and under-activation, and apply it as a tool to help a survivor remain within her optimal arousal zone.

END OF DAY 2.

SAID ALOUD

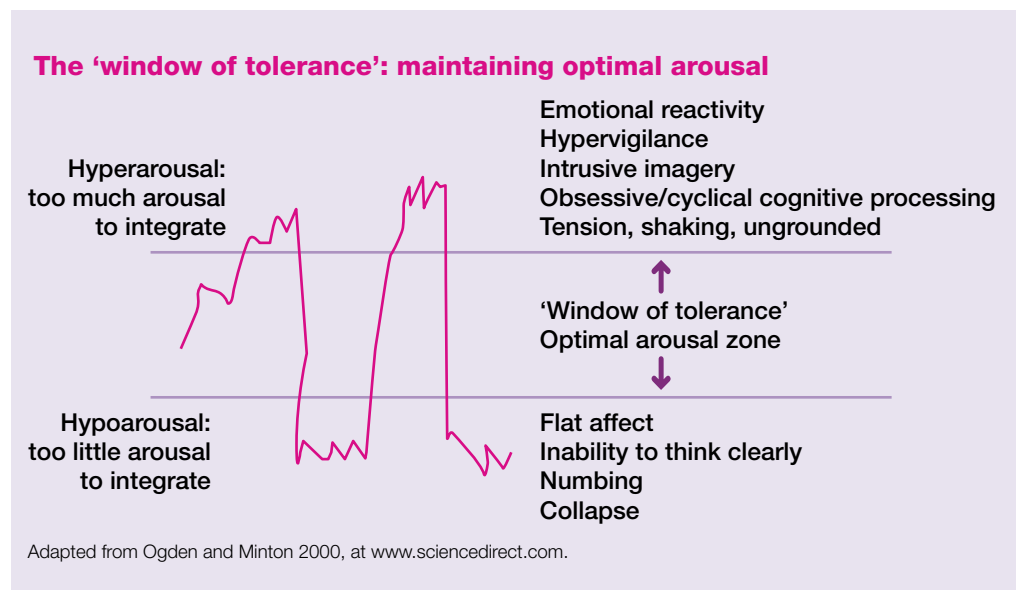
The window of tolerance

Aim. To introduce a model for understanding our reactions to stress and trauma.

Trainer [draws the window of tolerance]. This is a model for understanding reactions to stress and trauma.

Being within the window indicates that we are in the ideal state of emotional response. In this state we can absorb and respond to information effectively. Above the window we experience hyper arousal (often associated with the body's 'fight and flight' response). Below the window, we experience hypo arousal (associated with freeze, 'playing dead', submission and dissociation responses).

Traumatised survivors have narrow windows of tolerance, are quick to leave their window, and may swing between hyper- and hypo arousal.



Discussion. Applying the window of tolerance.

(In plenary or in pairs. 10 minutes.)

Discuss how you can use the window of tolerance to understand over-activation and under-activation, and apply it as a tool to help a survivor remain within her optimal arousal zone.



Trainer. Thank you. We have discussed how important it is to anchor ourselves in our senses, to cope with fear. Our senses help us to remember where we are, now, and remain in the present. When we are coping, we return within our window of tolerance. When we help a survivor, we help her to return within her window of tolerance and stay in it, instead of being either hyper- or hypo-aroused.

END OF DAY 2.

TO THE TRAINER

Day 3. The good helper revisited

Aim: To explore further the qualities of a good helper.

Start the day by doing a grounding exercise.



Grounding Exercise 3. Progressive release of muscular tension.

When you become anxious, your body tenses. This can lead to symptoms of pain in the shoulders, neck or back, in your jaw or your arms and legs. To train yourself to progressively release tension, intentionally increase the tension in specific muscular groups, then relax those muscles.

This grounding exercise is very useful to helpers who need to release the tension that has accumulated in their own bodies during a long working day!

TEACHING INSTRUCTION. CHARACTERISTICS OF THE GOOD HELPER IN HER CONTEXT.

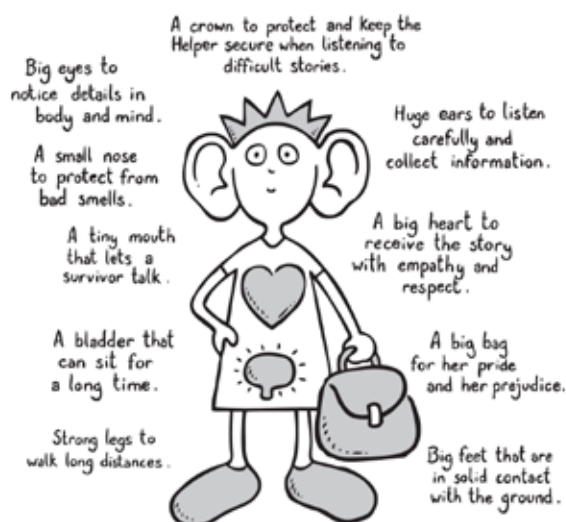
This discussion complements the one on [pages 34-35](#). It can be shortened if you judge that the participants already have a good understanding of the helper's role.

Remind the participants of the good qualities of a helper. Then show Figure 6: The qualities of a good helper (II). This image was shared by counsellors working in the Democratic Republic of the Congo.

Point out her different qualities. Starting with the heart, draw each element, one by one, and describe them to the group. Invite the participants to contribute. When you do, make sure that they include qualities and skills that they have been made aware of during the training. Expand on the original drawing.

It is important to show the helper's importance. She is a person who is safe and wise. *What* she does and *how* she behaves matter equally.

Figure 6. The qualities of a good helper (II).



SAID ALOUD

Day 3. The good helper revisited

Aim. To explore further the qualities of a good helper.

Grounding Exercise 3. Progressive release of muscular tension.

(15 minutes.)

This exercise is very useful to helpers who need to release the tension that has accumulated in their bodies during a long working day!

Focus on the difference of feeling between when your muscles are tense and when they are relaxed. Tense and relax your head, face, neck, shoulders, back, stomach, buttocks, arms, hands, legs, and feet. Increase the tension, hold it for 5 seconds, then release it for 10. Do each part of the body one by one. Find the tempo that suits you.

- Start with your hands. Make a fist, hold for 5 seconds, release for 10 seconds. Notice the difference between the tense and released state. Do it once more.
- Now focus on your arms; pull you lower part of your arm towards your shoulder. Feel the tension in your upper arms. Five seconds, release. Notice the difference. Do it once more.
- Stretch your arm out, lock the elbow and feel the tension in the triceps. Hold for 5 seconds, release for 10. Notice the difference. Repeat. When the arms are relaxed, let them rest in your lap. Continue with the rest of the body.

You can find the full grounding exercise in [Appendix 2](#).



Trainer. On Day 1 we discussed the qualities of the good helper. Now we'll add some of the skills and qualities that you have become aware of during the training. Here is a new drawing, which adds new elements to the characteristics of the good helper.

The Helper from the Democratic Republic of the Congo

- The Helper has a big **heart** to contain a survivor's feelings and suffering.
- She has a small **mouth**, so she can keep secrets.
- She has a big **handbag** that be can be locked and in it she puts all the prejudice or bad words she might hear about survivors.
- Big **feet** keep her safely and steadily on the ground, and enable her to walk the long distances to where she is needed.
- Her **ears** must be large, to hear what a survivor tells her, and what a survivor does not say in words but through small sighs and other sounds. The survivor should not have to repeat herself.
- The **eyes** of the helper must be wide open, to read a survivor's signals, her facial expressions, the movements of her body, the language of her hands.
- Her **bladder** must be large, as conversation can take a long time and should not be interrupted.
- Her **nose** must be small to protect her from smells, as the survivor can be injured and leak urine.
- The Helper also needs a strong **head** and a strong **heart** not to be traumatised by what she hears. She may even have a helmet to protect herself.

TO THE TRAINER

Introducing recovery skills

Aims. To deepen the group's understanding of the helper's role. To bridge today's discussion with earlier discussions.

This session connects earlier discussions of helpers' qualities to learning new skills and exercises. If the group worked very actively on the first day, shorten the exercise, for instance by skipping Figure 6 and simply adding new elements to the original Helper (Figure 1) drawn on Day 1.

DISCUSSION



Discussion. The qualities of a helper in your society.

Ask the participants to break up into small groups. Give them time to discuss the role of a helper. Then invite them to share what they have said with everyone in plenary.

EXERCISE



Exercise 7. The qualities of a helper in your society.

Draw a new Helper on the flip chart. The new Helper is culture-specific. List her important qualities – both the qualities mentioned in earlier discussions and those identified during the Exercise. Tell the group that the drawing is a useful reminder of the skills that helpers need.

How can knowledge of the human rights-based approach become a useful asset?

Ask the participants to make a copy of the drawing and hang it in their workplace (or another place they choose) to remind them of the Helper's qualities.

Draw Figure 4. The Butterfly Woman experiences triggers and flashbacks some time after the trauma. At first, draw the Butterfly Woman without antennae or ground below her feet.

Write down a list of her symptoms. (She feels alone, is in inner darkness, her heart is asleep, she has bad thoughts and nightmares, she is afraid, angry, hopeless, says "I am bad", "I am dirty", etc.).

DISCUSSION



Discussion. Responding to a survivor's needs.

Develop a scenario. The survivor is seeking help and begins to talk about how she feels. Ask the participants to say how they have responded in such situations. Get them to talk about their personal meetings with survivors. What is their experience? Can they share it?

Add their answers to the list.



SAID ALOUD

Introducing recovery skills

Aims. To deepen understanding of the helper's role. To bridge today's discussion with previous discussions.

Trainer. This morning we will look at how helpers can help survivors. It is important to know what the helping qualities are in your culture. What you value in a helper is a good starting point for teaching recovery skills. 'Recovery skills' are physical and mental actions that help us cope with difficult reactions, thoughts and emotions. Recovery techniques are among the tools we will work with. They are tools that can be learned and practised, but never forget that the most important tool is you – helpers with the good qualities you have described.

Discussion. The qualities of a helper in your society. (10 minutes.)

Form into small groups of 4 to 6, and discuss the characteristics of a good helper, remembering the earlier discussions but thinking about your situation and drawing on your own experience. Discuss what qualities helpers need in your culture and in the circumstances of your country today.



Exercise 7. The qualities of a helper in your society. (10 minutes.)

In plenary, report your group's ideas. Add new characteristics to the Good Helper (Figure 1). Make her qualities as relevant as possible to your experience.

Remember to include the principles of the human rights-based approach.

Make a copy of the drawing. It is suggested that you post it in a place where you can regularly remind yourself of the qualities that a helper needs.



Trainer. We have described the qualities of the good helper. We turn now to the survivor's needs, and to do so will continue to use the metaphor of the Butterfly Woman. Figures 3 and 4 help us to externalise reactions to trauma. They indicate how trauma-reminders trigger painful and overwhelming feelings. When we talk of 'externalizing', we refer to ways of talking about painful reactions and memories at a distance, outside the person, as we do when we tell the story of the Butterfly Women or use metaphors.

How can we explain to a survivor the healing paths out of trauma, and show her that her reactions and symptoms are natural reactions and symptoms that are to be expected. Through the Butterfly Woman we can explain ways of regulating responses in her body and her thoughts, feelings, breathing and heart. Because the metaphor enables a survivor to distance herself, and she does not talk directly about herself, she will not have flashbacks or feel ashamed as she might otherwise. Together with the helper, she will be able to reflect upon what is happening. She will feel she is not alone, she will understand how people behave when they experience trauma, and hopefully feel less shameful. This is good stabilisation work. You can strengthen her heart and give her hope! It is a good idea to repeat that she is not alone, that you know her, and that help can be found.

Let's develop Figure 4 of the Butterfly Woman.

Discussion. Responding to a survivor's needs. (20 minutes.)

Study Figure 4. How have you responded in such situations? Share your experiences.



TO THE TRAINER

Managing traumatic memories

Aim. To show symbolically, using visual tools, how a person can be helped to identify, manage and eventually weaken traumatic memories.

The following sections describe how helpers can stabilise a survivor – by bringing her into the here and now, within her window of tolerance. They energise her when she is under-active and lower her agitation when she is over-energised by bad feelings, thoughts and memories.

TEACHING INSTRUCTION.

We suggest that you add antennae to the Butterfly Woman to symbolise visually how people receive and store information. This symbol is likely to be acceptable in many contexts. It is up to you to decide whether the antennae and wings are appropriate for the group you are working with. Choose whatever visual references are most appropriate for the context.

Figure 3. The Butterfly Woman

Immediately after the trauma.



Figure 4. The Butterfly Woman

Experiences triggers and flashbacks some time after the trauma.

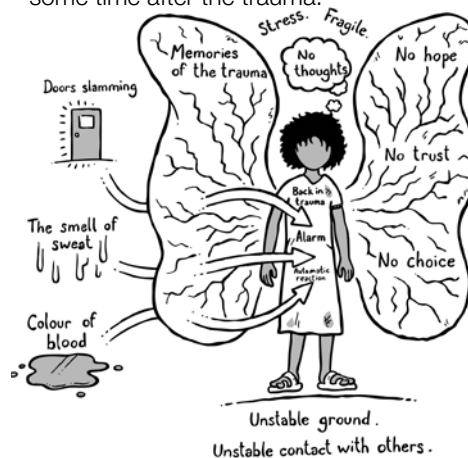
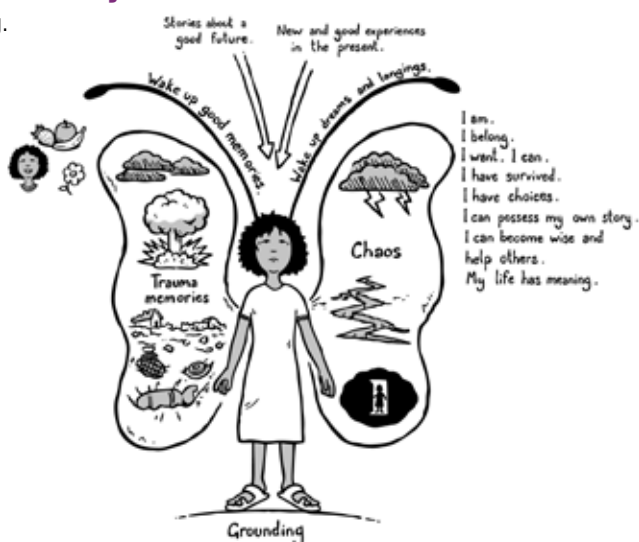


Figure 5. The Butterfly Woman

Gradually healing.



SAID ALOUD

Managing traumatic memories

Aim. To show symbolically, using visual tools, how a person can be helped to identify, manage and eventually weaken traumatic memories.

Trainer. What replies did the Butterfly Woman receive from the helper? “I see that you suffer. I know this is so difficult. I know that all your reactions are natural and that what happened to you is abnormal and insane. You are a survivor, standing here in front of me! I see you and I listen to you and I know there is a way out. I can show you a way out!”

[The Trainer points to [Figure 3](#), the Butterfly Woman immediately after the trauma, and [Figure 4](#), the Butterfly Woman experiences triggers and flashbacks some time after the trauma.]

When you are the helper, you can ask a survivor whether she recognises herself in the Butterfly Woman. You can help her to see and understand that the Butterfly Woman is behaving in a manner that is normal and can be expected in this situation.

[The Trainer draws [Figure 5](#), the Butterfly Woman gradually healing, and adds an antenna to the left side of the Butterfly Woman's head.]

When the Butterfly Woman makes contact with even the smallest good memory, she will gain strength. If we search actively and find old resources and new resources, we build our strength, here and now. It is important to focus on such resources to build mental and physical strength. The strength that we build is like an inner wall inside us that protects us from trauma-memories and helps us to control them when they are wakened or aroused (triggered).

[The Trainer focuses on the Butterfly Woman's body, and draws a line between her body and the wing that carries her trauma memories.]

Trauma memories are wakened through the senses and it is through the senses – of smell, touch, hearing, taste, and sight – that we can recover our strength and restore our ability to live now, in the present, and experience being safe again.

[The Trainer draws a second antenna, on the right.]

The Butterfly Woman must grow new memories that stretch into the future. To build new hope, she must recall her old plans and longings, and find new dreams.

[The Trainer notes these points on the body as she speaks. She marks safe ground under the Butterfly Woman's feet.]



TO THE TRAINER

Creating a safe place

Aim. To create a feeling of safety when thinking about the past.



Grounding Exercise 4. Creating a safe place.

This exercise enables a survivor to connect with her past, and restore contact with the good places in her past. It also helps her to stay in her body. Survivors can use it to stay calm and present in the moment. In areas of war and conflict it may be difficult to imagine a 'safe place'. If this is so, you can suggest that the participants think of a 'comfortable' or 'quiet' place instead, or let them choose the term. The objective is to enable them to feel they have a safe place within themselves.



Creating a safe place

Aim. To create a feeling of safety when thinking about the past

Grounding Exercise 4. Creating a safe place. (10-12 minutes.)



- Make yourself comfortable, with your feet on the ground. Feel and relax your body, your head, your face, your arms, spine, stomach, buttocks, thighs, legs.

Choose whether you want to close your eyes or keep them open during this exercise.

Listen carefully to the Trainer's voice.

- Think of a place in which in the past you were calm and confident and safe. It may be outdoors, at home, or somewhere else. It can be a place to which you have been once or many times, which you saw in a film or heard about, or imagine. You can be there by yourself or with someone you know.

It can be private, unknown to others, somewhere that no one can find without your permission. Or you can decide to share it with others.

This place must suit you and meet your needs. You can constantly recreate or adapt it. It is comfortable and richly equipped for all your wants. Everything you need to be comfortable is present. It is somewhere that fits you.

It shuts out every stimulus that might be overwhelming.

- Imagine this place. Imagine you are there. Take time to absorb it in detail: its colours, shapes, smells and sounds. Imagine sunshine, feel the wind and the temperature. Notice how it feels to stand, sit or lie there, how your skin and your body feel in contact with it.
- How does your body feel when everyone is safe, and everything is fine? In your safe place you can see, hear, smell and feel exactly what you need to feel safe. Perhaps you take off your shoes and feel what it is like to walk barefoot in the grass or in the sand.
- You can go to this place whenever you want and as often as you want. Just thinking about it will cause you to feel calmer and more confident.
- Remain there for five more seconds. Then prepare to return to the room. Open your eyes, stretch yourself, do what you need to return to the present.

TO THE TRAINER

Practising tools and exercises

Aim. To learn and practise tools and exercises that will make survivors feel stronger and help them to control their thoughts, body, breathing, feelings and heart.

This section focuses on how to explain and practise specific tools that make survivors feel stronger and help them control their thoughts, body, feelings and heart. The participants will learn their effects by doing the exercises themselves.

For further information, consult [Section 4 of Part III](#) (Communication skills).

Having pinpointed routes to healing after trauma, and provided motives for learning the tools and techniques, we enter a new and practical phase of the training. The participants will learn a variety of techniques that address different symptoms and experience for themselves how we can use our senses to regulate responses in the body, thoughts, breathing, feelings and heart.

Illustrate the Butterfly Woman's numbness and her responses to the trauma and to her flight by acting out her lethargy and lack of energy. Demonstrate to the group what lack of energy looks like.

Guiding questions

Write the guiding questions down on a flip chart so that the participants can recall them when they practise the next exercise.

- What happens in your body?
- What happens to your feelings?
- What happens to your breathing?
- What happens to your thoughts?
- What happens in your heart?

TEACHING INSTRUCTION. DEMONSTRATE ALL THE EXERCISES.

Do all the exercises with the participants. Show them how to do each one, and then let them practise in pairs. Because the Butterfly Woman's story is familiar by now, use it to demonstrate which technique is appropriate for different symptoms.

TEACHING INSTRUCTION.

After this session, take a short break. Let the participants stretch and walk around a little. Before the session starts again, allow time for a grounding and breathing exercise, to get the group back on track.

BREAK 15 – 20 MINUTES.

SAID ALOUD

Practising tools and exercises

Aim. To learn and practise tools and exercises that will make survivors feel stronger and help them to control their thoughts, body, breathing, feelings and heart.

Trainer. In effect, the Butterfly Woman must tell her body, and her thoughts, feelings, breathing and heart, that she is safe, that her trauma is over. She is a survivor. When she and a helper look at [Figure 5](#) together (The Butterfly Woman gradually healing) and talk about the resources they can draw on, they are finding their way towards the healing process. The Butterfly Woman will begin to develop small plans of her own. She will remember skills and resources and strengths that she had. She will look for new tools to help her manage her life and feel supported in what she does. She will feel that she belongs, that she is no longer alone. She may feel that she is important to the other women who have survived, perhaps to all the women of the world who are overcoming injustice and violence.

For the rest of this session, and tomorrow, we will learn and practice tools that help survivors to stabilise themselves, using the five senses.

Do you remember when the Butterfly Woman had a flashback at the hospital? She was overwhelmed by fear and wanted to flee.

We are going to see what we can say and do, both to help survivors calm themselves when their memories overwhelm them, and to wake themselves up when they lack energy. As helpers, we should practise these skills with the survivor. We also need to check whether the survivor feels different and better afterwards. As in all cultures, we must adapt what we do to our culture. And, since every person is unique, we need to make the tools and exercises as helpful as possible by adapting them to the needs of each survivor.

[The Trainer writes down five guiding questions.]

To discover the effects of these techniques, we can ask these guiding questions:

- What happens in your body?
- What happens to your feelings?
- What happens to your breathing?
- What happens to your thoughts?
- What happens in your heart?

BREAK 15 – 20 MINUTES.



TO THE TRAINER

Recovery skills 1

Aim. To learn how to reconnect to the present moment through our senses.

Recovery exercises redirect our attention and our senses

When we are traumatised, our attention focuses entirely on anticipating and avoiding danger. When memories of trauma are triggered, our attention is flooded. The Butterfly Woman needs to learn skills that bring her back to the present moment. When we focus on what we see, hear, touch, smell and taste, these sensations connect us to the here and now. They act as anchors to the present moment. By the same means, we can awaken our senses to good experiences. We can learn to calm ourselves when we are overwhelmed by feelings and energise ourselves when we lack energy. By attending closely to our immediate sensations, we can recover the feeling that we are here and now, in a safe place.

When body and mind are resynchronised in this way, it stabilises the nervous system and nervous responses. The effect is to calm a person who is over-aroused and waken one whose nervous system has 'closed down' and lacks energy. When we connect to the present, memories of the past stay in the past.

KEY POINT



The story shows

- How to reconnect to the present moment, through our senses.

TEACHING INSTRUCTION.

Remind the group that all the exercises on the training need to be practised if they are to work. Wherever possible, they should be practised in an environment that is peaceful and safe, because this will help survivors to gradually internalise them. Eventually, they can make use of them whenever they need, even in stressful conditions.

Reassure the participants that you will demonstrate each exercise, using role play, and that you will show them how each exercise can be used to calm a triggered survivor.

Remind the participants that exercises are most beneficial if you follow three rules. Practise them

- When you are in a peaceful and safe environment.
- When you are calm (this assists learning).
- Over and over again, every day for some time.

If the participants do this, in time they will be able to use them even when stressed.

SAID ALOUD

Recovery skills 1

Aim. To learn how to reconnect to the present moment through our senses.

Trainer. We will continue the story of the Butterfly Woman, and use it to develop some practical exercises that can assist recovery.

The Butterfly Woman was relieved that she had met good helpers among the nurses and workers and among the women who had also experienced trauma. She realised that her reactions were natural, and understood how her trauma memories were triggered, so that she lost touch with where she was and forgot she was safe.

*The helper explained to the Butterfly Woman that she needed to find ways to reconnect herself, and relocate herself in the here and now. The helper said: “**If you focus on the present moment, memories of the past will remain in the past**”. The Butterfly Woman found it hard to understand what this meant. The helper said: “Memory of the rape can invade the present, taking away your sense of time and place”. She explained that trauma memories belong to time past. “**The secret is to experience the present through our senses: this anchors us to the here and now**”.*

*The helper put hot tea and two cups on the table in front of them. She said: “**Listen**, what do you hear?” Then she poured tea into the cups. The Butterfly Woman listened, paused, and said that she heard the sound of the water pouring, a bird singing, and the voices of some of the women outside. The helper replied: “You have now focused your hearing. These sounds tell you what is happening right now. This is how you connect yourself to the present moment by using your ears. Now hold the cup and use your sense of touch. **Feel** the cup.”*

*The Butterfly Woman could feel its warmth. Then they used their sense of **taste** to savour the tea. The Butterfly Woman could taste and **smell** the tea. The helper asked: “What happened to your memories when we concentrated on hearing sounds, touching the cup, and tasting the tea?” The Butterfly Woman replied that they were absent.*

The helper praised the Butterfly Woman's good work. She said that our senses are gateways that connect us to the present. “When we focus our senses on what we are seeing, hearing, tasting and touching, what we feel becomes our reality. So it is important to open our senses and focus our attention on things that remind us that we are safe – that now and here we are safe. We call this a grounding exercise because it gives us ways to ground ourselves in the present moment.”



TO THE TRAINER

Recovery skills 2

Aim. To practise grounding exercises and give tools that enable a person to stay in her window of tolerance.



Grounding Exercise 5. Re-orienting to the present.

This exercise is of help to survivors in 'freeze-mode', who feel numbed and frozen.

It would be good to demonstrate this exercise before the participants do it.

Invite the participants to form pairs and change roles after five minutes. When they do so, be sure to ask the participants to brush off their old role before taking on a new one. If possible make scarves available to indicate who the Survivors are. After 10 minutes give the pairs some time to reflect on how the exercise made them feel.

It is important to make sure that helpers practise skills they will teach survivors. The techniques will be more powerful if helpers are familiar with them.

At the end, make sure that participants come out of their roles. Ask them to brush off their character and say aloud: "Now I'm [me]".



SAID ALOUD

Recovery skills 2

Aim. To practise grounding exercises and give tools that enable a person to stay in her window of tolerance.

Trainer. Now we are going to practise an exercise together. We call it a grounding exercise because it grounds and anchors us in the present. We can use it to calm a survivor whose traumatic anxieties and fears have been triggered, or awaken her energy if she lacks energy.

“Are you willing to try a grounding exercise?”

Grounding Exercise 5. Re-orienting to the present. (10 minutes.)

Form pairs and sit together. One of you plays the Helper and the other the Survivor. Helpers should assist Survivors to use their senses to put themselves fully in the present and feel safe. Take turns.



- Look around and name 3 things you see.
 - Look at something (an object, a colour, etc.).
 - Tell yourself what you are seeing.
- Name 3 things you hear. If it feels comfortable, you can close your eyes.
 - Listen to a sound (music, voices, other sounds).
 - Tell yourself what you are hearing.
- Name 3 things you touch.
 - Touch something (different textures, different objects).
 - Tell yourself what you are touching.
- Now, notice your state of mind.
 - Do you feel that you are more present in the room after doing the exercise, or less present?
 - Do you feel calmer or more energised?

When you finish the exercise, take time to note how you feel. At the end, remember to come out of your role. Brush away the role you have played and say aloud “I am [me]”.



TO THE TRAINER

KEY POINT

**The story and exercises show that**

- Different people may need different exercises.
- Practising exercises will help you in your everyday life.

TEACHING INSTRUCTION. USING TOOLS AND EXERCISES TO TEACH RECOVERY SKILLS.

- Always explain the technique and demonstrate it at the same time. This will make it easier for a survivor to understand and do the exercise herself.
- After you have demonstrated the method or technique, ask the survivor: “Would you be willing to try the exercise?” Asking the survivor if she is willing to participate is a practical use of the human rights principles of participation. It allows her to evaluate her limits and set boundaries.
- Practise the exercise together. The survivor will feel much safer if she does the exercise together with a helper.
- Remind the survivor to notice what happens to:
 - Her breathing.
 - Her feelings.
 - Her thoughts.
 - Her heart.
 - Her body.

It is often in these areas that a survivor can detect changes.

- Check what the survivor is experiencing. Her feedback will assist the helper to know whether she should adapt the technique or not.
- If necessary, adjust the exercise, to make it more useful for the survivor.

GROUNDING EXERCISE

**Grounding Exercise 6. ‘Squeeze-Hug’.**

Observation. If a tool does not work, you may need to try other grounding exercises or may need to practise more.

Remember. Always ask the participants if they want to try out the exercise.

DISCUSSION

**Discussion: How do you feel after Grounding Exercise 6?**

SAID ALOUD

Trainer. I will continue the story.

The helper continued to teach the Butterfly Woman new tools. She said: "People are not all the same, so we need different exercises to make sure they are helpful. And we need to give our senses good new experiences that will remind us that we are here, now, and safe."

The helper also explained that it is vital to practise these exercises every day when you are feeling calm. Because then you learn to use them even when you feel distressed. In this way, when traumatic memories are triggered, exercises can help reduce their impact and power.

However, when they met the next time, the Butterfly Woman said that she was overwhelmed by painful feelings. She tried to do the Naming exercise and it helped, but she needed something more to contain her feelings. The helper replied: "When our emotions are very strong, we are afraid of collapsing or being completely fragmented. Some exercises help to ground us and contain such emotions. It's almost like making the body into a strong container by activating our muscles. Are you willing to try an exercise that might help you contain and bear your feelings?" The Woman said was ready to do that.

The helper demonstrated the exercise to the Butterfly Woman.

Now I will show you and invite you to do the exercise that the Butterfly Woman learned. Are you willing to try?

Grounding Exercise 6. 'Squeeze-Hug'. (5 minutes.)

This exercise helps an agitated survivor to calm herself. Survivors who feel frozen can also use it to focus on the here-and-now.

Cross your arms in front of you and draw them towards your chest.

With your right hand, hold your left upper arm. With your left hand, hold your right upper arm. Squeeze gently, and pull your arms inwards. Hold the squeeze for a little while. Find the right amount of squeeze for you right now. Hold the tension and release. Then squeeze for a little while again and release.

Stay like that for a moment.



Discussion. How do you feel after Grounding Exercise 6? (5 minutes.)

How do you feel after doing this grounding exercise?

- Your breathing?
- Your feelings?
- Your thoughts?
- Your heart?
- Your body?



TO THE TRAINER

Aim. To practise exercises that strengthen a survivor's awareness of her body, feelings, heart, thoughts, and breathing.

TEACHING INSTRUCTION. PAUSE FOR DEEPENING.

By teaching them different skills and deepening their experience of them, we help survivors to notice and become familiar with what is helpful to them. When they try new movements and these are helpful, it will assist them to manage future situations better.

When you deepen experience, ask one question at a time, and then pause. When the survivor reports a positive experience, ask her to stay with that feeling, and pause again to give some time for deepening. Then ask: "What do you experience now?" or "What do you feel now?"


Grounding Exercise 7. Feeling the weight of your body.

When we are overwhelmed, our muscles often go from being extremely tense into collapse. From being in a state of active defence (fight and flight), they move into a state of submission. They become hypotonic, or completely relaxed; this is more than ordinary relaxation.

In the exercise, we activate the muscles in the torso and legs. Activating the core muscles gives us awareness of our physical structure. When we get in touch with this strength and structure it is easier to bear our feelings. We can contain our experience better, whatever it is, and manage better feelings of fragmentation or being overwhelmed.


Discussion. How do you feel after Grounding Exercise 7?

Ask the participants whether they notice any differences in their body, feelings, breathing, heart and thoughts. Ask which changes they notice most.

TEACHING POINT. PRACTISING EXERCISES.

Point to the list below. Emphasise to the participants that it is vital to follow each step, with a human rights-based approach in mind, when they are teaching exercises to women they help.

What do we do?

1. I describe the exercise.
2. I ask you whether you are willing to try it with me.
3. I do the exercise together with you.
4. I ask you to be aware of certain things and to focus on them.
5. We take time to absorb what was happening.
6. Afterwards we discuss how you experienced the exercise, what you felt and whether it made a difference.

SAID ALOUD

Aim. To practise exercises that strengthen a survivor's awareness of her body, feelings, heart, thoughts, and breathing.

Trainer. Through the story, we can continue to explore useful recovery skills.

The Helper asked the Butterfly Woman: "Do you feel any difference?" "Yes, I do," the Woman replied. "Do you feel more or less overwhelmed?" "Less," the Woman answered, "but still not completely here." "Then we continue," said the helper.

I will show you another exercise the helper believed would help the Butterfly Woman. It is a version of Grounding Exercise 1, which we did yesterday. It helps us to stay grounded when listening to painful parts of the story. Are you willing to try?

Grounding Exercise 7. Feeling the weight of your body. (5 minutes.)

This exercise helps survivors who are numb and frozen to feel grounded in the present.

- Feel your feet on the ground. Pause there for five seconds.
- Feel the weight of your legs. Hold that for five seconds.
- Try stamping your feet carefully and slowly from left to right, left, right, left, right. Feel your buttocks and thighs touching the seat of the chair. Hold that for five seconds.
- Feel your back against the back of the chair.
- Stay like that and notice if you feel any difference.



Stop. Notice what you felt and how you feel.

Discussion. How do you feel after Grounding Exercise 7? (5 minutes.)



Trainer. I will go on.

The helper paused and asked: "Do you feel more present or less present?" "Now I feel present," the Butterfly Woman replied. The helper said: "Now you have practised and experienced some recovery skills that you can use when feeling overwhelmed and not present. Your homework now is to practise these skills every day when you feel calm and safe. Then they will become automatic and you can use them when you feel overwhelmed."

Notice what we did together in each of these exercises. [The Trainer points to the six points on the facing page.]

These steps are vital when you teach and learn new skills. The final step is to practise them, as the helper did with the Butterfly Woman.

TO THE TRAINER

Aim. To practise exercises and skills (including alternatives) that strengthen awareness of the here and now.

After teaching several exercises, it may be useful to rehearse them or do some alternative exercises, to establish what the participants find most helpful. Make sure they feel they are acquiring skills and techniques they can use in their work with survivors and that they can do the exercises themselves. They need to feel confident that they can deal with triggers and overwhelming feelings, and assist survivors to reconnect with the here and now.

Remind the participants that repetition and practice are essential.

KEY POINT

**The story shows that**

- If one grounding exercise does not work, you can try another.

GROUNDING EXERCISE

**Grounding Exercise 8. Straightening the back.**

Lead the exercise yourself.

Ask the participants to collapse their chest and upper back. Ask them to notice how this affects their breathing, their feelings, their bodies and their thoughts. Ask them to say: "I'm so happy!" several times while being in a collapsed position. Ask them if the statement matches their inner state at that moment. Then ask them slowly to lengthen their spine until it feels comfortable. Ask them to notice how this affects their breathing, their feelings, their bodies and their thoughts. Ask them to say the sentence: "I'm so sad". Ask them if this sentence matches their inner state at that moment.

This exercise shows how directly our bodies can affect our state of mind. It will help the participants to become more aware of survivors' body posture and how it can affect the healing process. We carry ourselves with our spines. Collapsing our spine can be the body's reaction to danger, and it can affect our posture. By changing our posture we give ourselves new strength and can more easily contain and manage our experiences. It is as though we offer ourselves a stronger back and reconnect with our bodily resources.

Give the participants a chance to comment on the exercise.



SAID ALOUD

Aim. To practise exercises and skills (including alternatives) that strengthen awareness of the here and now.

Trainer. Note that it is very important to go slowly. Do one new thing at a time. Allow time for questions to sink in. Ask one question at a time. Let the survivor respond to each question before posing a new one. Remember that some survivors may be able to answer questions directly, but others may not.

- How do you feel in your body?
- How does your heart feel?
- How is your breathing?
- What feelings do you have?
- What thoughts come into your mind?

If a survivor finds it difficult to put her experience into words, make suggestions. If she is overwhelmed and you try to calm her by means of an exercise, you can ask: "Do you feel more overwhelmed or less overwhelmed?" If she is less overwhelmed, you can ask: "How can you tell?", or "Where do you feel your emotion?"

The story continues...

*The Butterfly Woman said that she **felt less overwhelmed** but still weak, and the helper could see that her chest and upper body had collapsed inwards. The Helper invited the Butterfly Woman to lengthen her spine. First she demonstrated, then she asked if the Butterfly Woman was willing to try the exercise with her. She was, and started very carefully to straighten her spine. Immediately **she felt a little lighter and stronger**.*

Are you willing to try the spine exercise the Butterfly Woman learned?

Grounding Exercise 8. Straightening the back. (15 minutes.)

This exercise helps a survivor to be more aware that the 'state of her body' depends on her 'state of mind'.

Collapse your back and then straighten it. Observe the effect on your state of mind. The trainer will demonstrate the exercise first.

- Collapse your chest and back. Notice how it feels. Pause. How does it affect your breathing? Pause again. Your feelings and mood? Pause. Your body? Pause. Your thoughts?
 - Say "I am happy!" Say it again. "I am happy!" Do you agree? Do you feel happy? Does it feel right to say you are happy?
- Now slowly lengthen your spine until you are comfortable. You can adjust and experiment until your spine feels aligned and naturally lengthened. Notice how you feel now. Notice your breathing. Pause for five seconds. Notice your feelings and mood. Pause. Notice how it affects your body. Pause. And your thoughts. Pause.
 - Say "I am sad!" Say it several times. Do you agree? Do you feel sad? Does it feel right to say these words?



TO THE TRAINER

Aim. To use role play to integrate exercise skills.

The group has practised different exercises that help to calm or re-energise a survivor who is dysregulated.

A survivor is **dysregulated** when her emotional responses are poorly regulated; her emotional state is labile and she has mood swings. This often occurs when a person is overwhelmed (hyper-activated) or very low (hypo-activated), or swings between both states. For more information, see *The window of tolerance* on pages 72-73.

To fully integrate these skills, helpers need to practise them, as they would with survivors. Role play is one way to do this.

ROLE PLAY EXERCISE



Role play 5. Calming triggered survivors, energising under-active survivors.

Divide the participants into pairs and ask one to play the Helper and the other a survivor. Ask them to practise some of the exercises. Invite the participant who plays the Survivor to pretend to be in a triggered or a passive state.

At the end, make sure to tell the participants to come out of their roles. Ask them to brush off the person they were acting, and to say aloud: "I am no longer the Helper or the Survivor, I am [me]".

DISCUSSION



Discussion. Sharing experience after Role Play Exercise 5.

Questions might include:

- What kind of grounding exercise did you use and why?
- Did you observe any reactions? What kind?
- With a human rights-based approach in mind, what would you do if a survivor is not willing to participate?



SAID ALOUD

Aim. To use role play to integrate exercise skills.

Role Play 5. Calming triggered survivors, energising under-active survivors. (15 minutes.)



Form pairs to practice a role play that can calm or restore energy to a survivor.

Sit in front of each other. Decide who will be the Helper and who the Survivor. The Survivor can choose whether she wants to be overwhelmed by her feelings or is dull and depressed.

Use the exercises and skills you have learned to regulate the Survivor's state of mind and body. After ten minutes change roles.

At the end, share your experience with your partner. Then discuss your experiences in plenary.

At the end of the exercise, remember to come out of your role. Brush it off and say aloud "I am no longer a survivor or a helper, I am [me]".

Discussion. Sharing experience after Role Play Exercise 5. (5 minutes.)



Share your experience with the group. How did the exercise affect you? When you were the Helper, did you calm or energise the Survivor? When you were the Survivor, did the exercises help?



TO THE TRAINER

Summarising the toolbox

Aim. To review the different tools that are available for training and when working directly with survivors.

Draw the toolbox again on the flipchart.

Go through the different tools in the toolbox. Remind the participants that they are themselves the most important tool.



Summarising the toolbox

Aim. To review the different tools that are available for training and when working directly with survivors.

Trainer. We will now summarise the tools we have mentioned, both those that you can use directly with survivors, and those you may find useful as a helper. You will recall from sections [2](#), [3](#) and [4](#) of Part I, and from [pages 30-31](#) in Part II that we suggested human rights can produce a useful framework. Here we consider some other specific tools.

Tools for helping survivors

- The helpers' qualifications:
 - "I see you".
 - "Your reactions are natural".
 - "You are a survivor".
- BASIC-Ph.
- Safe place exercises.
- Grounding exercises.
- Relaxation exercises.
- Energising exercises.
- Exercises that connect with the senses.
- Grounding exercises that connect to the past and future:
 - Present moment.
 - 'Squeeze-Hug'.
 - Weight of the body.
 - Straightening the back.
- The 'window of tolerance'.
- Psycho-educational approaches.
- The Butterfly Woman metaphor and other metaphors.
- Human rights-based approach.

Tools for Trainers

- Role play exercises.
- Group discussions.
- Plenary discussions.
- Examples for trainers to practice.
- The Butterfly Woman story (or other ways to convey acute and long term reactions to traumatic events).
- How the brain works when in danger.
- Familiarity with triggers.
- The 'window of tolerance'.
- Human rights-based approach.



TO THE TRAINER

When a survivor tells the helper her story

Aim. How to assist and prepare a survivor who wishes to tell her story.

When a survivor wants to tell her complete story, the helper needs to listen well and prepare the survivor for what to expect. Taking into account a human rights-based approach, discuss with the participants why this is so important.

- Prepare a survivor for whom talking may be very hard, but is sometimes necessary.
- Support her while she talks, by allowing her to take breaks, digest and express her feelings.
- Help her stay in the here and now.
- Remind her that she can stop whenever she wants.
- Listen with a non-judgemental and supportive attitude.
- Guarantee the confidentiality of the conversation.
- Ask or try to ask how long the violent act was, how it ended and how she knew it was over.
- Underline that
 - The assault was a crime committed against her, that she is innocent, and in pain.
 - Most people who are exposed to such violence have strong reactions.
 - Nothing the survivor did during the violence was wrong.
 - Everything she did during the violence was to protect herself and stay alive.
- Allow her to talk about what should happen next, including whether she wants to report the assault.
- Bring closure to the story.
- Consider whether she will need more help after telling her story, including perhaps therapy.

Helpers should remember:

- Allow the survivor to tell her story, including how it ended.
- Help her to stay in the present and remember the rape is a memory and is not being relived.
- Let her tell her story in parts, using grounding exercises when necessary.
- Correct misconceptions linked to the memory (feelings of personal guilt, shame, dirtiness, unworthiness, and feelings that people, or men, cannot be trusted, etc.).
- Help her reconnect to the future, by making plans, acquiring skills, and rebuilding.
- Reach closure and talk about next steps (further support and help, reporting, etc.).
- The helper's role is to support a survivor, make her feel safe, and help her to restore her dignity; telling the story is not therapy.

DISCUSSION



Discussion. How to respond when a survivor indicates she wants to discuss her story in detail.

Ask the group to discuss how a helper can respond to the questions the Butterfly Woman asks, and how a human rights-based approach can make a difference.

When a survivor tells the helper her story

SAID ALOUD

When a survivor tells the helper her story

Aim. How to assist and prepare a survivor who wishes to tell her story.

Trainer. I will continue the story.

The Butterfly Woman asked the helper for advice. She said: "What will become of me? Am I going insane? Is my life destroyed forever?" She described her state of mind. "I feel so alone. It is dark inside. My heart and spirit are asleep. I have bad thoughts, nightmares, and I am afraid of everything. I get angry and yell at people. I do not recognise myself.

Others turn away from me. I am bad, dirty. Some days I do not want to live. I see no hope! Can I escape from this?"

The helper realised that the Butterfly Woman might be ready to tell her full story. The helper had asked before whether she would like to talk, but the Butterfly Woman had never been willing. The helper readied herself to listen, but needed to take certain precautions beforehand.

Do you recognise this situation? What do you do when a survivor opens up to you? In your society, how are the human rights conditions regarding the issues of GBV and how does a woman speak about her problems? How do you respond?

Then the Butterfly Woman began to think about what she should do with the terrible story she was living with. She had heard it was possible to report such things, but wanted first to talk with a helper, who could listen to her without criticism and would not say she had done anything wrong. She wanted to go in more detail into what had happened to her, hoping this might get it a bit off her mind. She did not know exactly how to do it, but decided that, when a helper next asked her if she wanted to talk, she would say that she did. In the past, she had always refused, and the helper had always mildly and gently accepted her response.

Now she felt more determined to say what happened. How they threw her around, insulted her, touched her, were violent, even that she was penetrated, by one and then many, and that they had laughed at her. She knows it will not be easy to talk about this, but she understands that it may have to be done, especially if she wants to report what happened.

Discussion. How to respond when a survivor decides to tell her story in detail. (20 minutes.)

Do you recognise this situation? What do you do when a survivor opens up to you? In your society, how does a woman speak about her problems? How do you respond?



The helpers did ask and she started to talk – hesitantly, not coherently, sometimes in tears, sometimes shivering. The helper underlined that she was with her, would not tell anybody, would sit as close to her as she wanted, and that the Butterfly Woman could stop at any point. The helper let her talk, but confirmed she was listening, reminded her that she was safe, that she had been attacked and was not to blame, and that no one could take her dignity and pride from her.

TO THE TRAINER

Stabilising and protecting a survivor who wants to report what happened to her

Aim. To introduce the issue of reporting.

These sessions discuss additional techniques of stabilisation, focusing on how to help a survivor to tell her story without awaking her trauma.

At the end, we will deal with the important question of returning to society. How do we hope to end the story? Can we recreate hope and provide survivors with the resources they need to go back to their families and communities or, if this is not possible, find other ways to continue their lives?

The important point here is to concentrate on resources and on the potential of the survivor. How can we draw on the human rights-based approach and how can community resources be mobilised to support her? How can the woman herself be supported so that she remains grounded, holding on to a little hope and having some faith in the future? If this can be achieved, her story can become healing.

KEY POINT



The story shows that a survivor who reports her story should

- Identify issues that can trigger and prepare for them.
- Avoid strong details that can trigger her.
- Use grounding techniques when triggering occurs.

DISCUSSION



Discussion. Survivors who want to report their experience or file a complaint.

Give examples of what can happen if the survivor is not prepared. For instance, when a survivor is triggered during reporting, she may be incoherent, unable to remember events in the correct order, or even unable to remember anything at all.



SAID ALOUD

Stabilising and protecting a survivor who wants to report what happened to her

Aim. To introduce the issue of reporting.

Trainer. I will continue the story.

One day the Butterfly Woman needed to talk about the rape. She wanted to report it and get help from a lawyer. She wanted the men who had raped her to be convicted for what they had done.

*The helper told her that it could be **very triggering** to talk about the rape. She wished **to prepare** the Butterfly Woman, so that she could do what she wanted without dissociating or becoming overwhelmed. She said: "It is most important to tell the story **in headlines**. Avoid details, because **details are a strong trigger and will awaken the trauma** memories again."*

We will see how a woman can tell her story without awaking her memories.

First of all, may I ask how many of you have met survivors who wanted to report a violation to any official body, to prosecute their attackers or tell their story in another way?

Discussion. Survivors who want to report their experience or file a complaint.
(15 minutes.)

What happens when a woman wants to report what happened to her, or to file a complaint? Do you have experience of such situations?



TO THE TRAINER

Protecting a survivor when she reports what happened to her

Aim. To outline best practice rules when a survivor decides to describe her experience formally (report to the authorities, file a complaint, prosecute the perpetrator, or report in any other context). To consider the possible risks involved in reporting.

For more information, refer to [Section 8](#) of Part III.

Introduce the issue. Note that it is important to document and file complaints about severe violations, in particular sexual and gender based violence. At the same time, underline that, for a survivor, reporting can be a very challenging and possibly re-traumatising undertaking. Encourage a discussion, based on the participants' experience of complaints and reporting. Consider how a human rights-based approach can make a difference.

KEY POINT



The story shows that a survivor who reports needs to

- Agree a stop signal to make sure she can remain in charge of her own story.
- Use grounding techniques when she feels triggered.
- Understand and think through the dilemmas associated with reporting.

TEACHING INSTRUCTION. KEY POINTS WITH REGARD TO REPORTING.

Put the points below on the wall and discuss them. They will help survivors to understand and discuss the dilemmas associated with reporting, and talk about their trauma without being overwhelmed before, during or after they report.

Before reporting

1. Make sure the survivor understands what reporting means and implies, including risks.
2. Explore the outcome she expects. Consider both her hopes and her fears.
3. Remember the human rights principles of participation. Never pressure her to report to any official body or speak of her rape or the violence she has experienced, if she is not ready or willing.
4. Accountability is not always respected. If she wants to speak, ensure she understands the implications, including that she may not be treated in a professional, kind or respectful manner.
5. Make sure she realises that, however thoroughly she reports, the outcome may not bring a result that tangibly benefits her.
6. Prepare her for the possibility that retelling her story may evoke bad memories and that she may feel overwhelmed.

During reporting

7. Ensure that someone is with the survivor, in whom she has confidence and can confide.
8. Encourage her to use techniques for staying in the present moment. For example, she can ground herself ([Grounding Exercise 1](#)), hold something in her hand ([Grounding Exercise 3](#)), or name things she sees, hears or touches ([Grounding Exercise 3](#)).
9. Make sure the environment is as safe as possible, and that she has oversight and support.

SAID ALOUD

Protecting a survivor when she reports what happened to her

Aim. To outline best practice rules when a survivor decides to describe her experience formally (report to the authorities, file a complaint, prosecute the perpetrator, or report in any other context). To consider the possible risks involved in reporting.

Trainer. I want now to talk through some key points that are vital in order to protect a survivor who decides to report what happened to her, for example by filing a complaint to the police, or giving testimony. Afterwards, I would like to hear your own views and to discuss what I have said.

*The helper taught the Butterfly Woman a stop signal. She said: **"You are the one in charge."** You can say 'stop' or 'no' or 'I need a break' if you find it too difficult to continue or to answer questions. Do what feels natural for you. You can also say 'No' by lifting your hand." The helper lifted her arm with her palm forward to demonstrate. "Do you think you can do that? Let's try it together."*

*The Butterfly Woman found her way to signal 'stop'. She said "Stop" and lifted her arm and put her palm forward. She discussed with the helper what kind of **tools and resources she wanted to use** when she talked to the lawyer. Now that she had learned to ground herself, she decided to hold a little stone in her hand that reminded her of the present. She **practised lengthening her spine and grounding her feet**. She also asked the helper to be there when she talked to the lawyer, **to help her to regulate herself** during the meeting.*

The helper and the Butterfly Woman also talked for a long while about what she expected to happen after she had filed the report. She knew that often perpetrators were not punished but she was willing to try anyhow. Perhaps this could prevent others from experiencing what she had....

[The Trainer posts up a list of best practice rules.]



TO THE TRAINER

During reporting (continued)

If a helper can be present to support the survivor when she makes her report, she should:

10. Agree a stop signal with the survivor, because this will help the survivor to hold her boundaries and reduce the danger that she might be overwhelmed. The helper can:
 - Teach her to say “Stop”.
 - Teach her how to signal ‘stop’ with her hand.
11. Instruct the survivor to tell her story in general terms (headlines). This will help the survivor to avoid triggering her trauma memories. The helper should teach her to avoid details where possible. (Legal complaints will require detail. In this circumstance, make sure she understands why this is necessary.)
12. If the survivor shows signs of being overwhelmed, assist her to stay in the present moment. If she manages to do so, the past will remain in the past. The helper can keep in close contact with her:
 - Ask: “Are you with me now?”
 - Maintain eye-contact.
 - Say her name.
 - Use touch if she disappears, or say “You can take my hand if you need”.
 - Tell her “You are safe now”.
 - Talk about good memories or things she has mastered until she calms down.
 - Let her decide if she wants to continue.
 - Make sure that she feels she is in control.

After reporting

The Helper should:

13. Find a good process of closure for the survivor after she has reported.
14. If possible ensure that people are available to whom the survivor can speak after she gives her report. Help her to ask for information about what will happen to her story, her complaint or report.
15. Plan and make arrangements for the following days. If a survivor is exposed to threats after reporting, provide alternative shelter for her (if possible).

DISCUSSION

**Discussion. Pros and cons of reporting.**

Using the best practice rules and with a human rights-based approach in mind, ask the participants to discuss the advantages and risks of reporting, which almost always requires survivors to describe their trauma, sometimes in detail. Ask them to consider what helpers can do:

- To assist a survivor to decide wisely on whether to report.
- To reduce the risk that a survivor will be re-traumatized.
- To make it more likely that the outcome will be satisfactory or bring the survivor some benefit.
- To prevent the survivor from being put in danger or at risk because she reports.



Protecting a survivor when she reports what happened to her (*continued*)

SAID ALOUD

Trainer. I will continue the story.

The Helper promised that she would be there when the Butterfly Woman talked to the lawyer and made her report.

She also made plans with the Butterfly Woman to arrange closure afterwards

We have discussed different aspects of reporting and filing complaints. We have looked at how poor respect for human rights in the context of GBV can affect reporting. We have also looked at what helpers need to do beforehand to prepare, and provide information, what support they need to provide while a survivor reports, and at the support survivors are likely to need afterwards. Safety and security must be a priority at all times.

[The Trainer goes through the Good Practice points.]

Discussion. Pros and cons of reporting. (10 minutes.)

Discuss and explore the best practice rules and keep the human rights-based approach in mind. Discuss the pros and cons of reporting, which inevitably implies talking about the trauma.

- How can helpers make it easier for a survivor to make her decision wisely?
- What arrangements can helpers make to reduce the risk that the survivor will be re-traumatised?
- What can helpers do to make it more likely that the outcome will be satisfactory or bring the survivor some benefit?
- What can helpers do to help prevent the survivor from being put at risk or endangered because she reports?



TO THE TRAINER

Aim. To practise how to accompany a survivor who decides to tell her story.

ROLE PLAY EXERCISE

**Role Play 6. How to support a survivor when she tells her story.**

This exercise teaches the participants how to speak to a survivor who decides to report what happened to her. It also teaches the helper how to include the human rights-based approach. They practise how to deal with a survivor's trauma story in a careful and respectful way, give her control over her story, and avoid waking her trauma.

KEY POINT

**The story shows that**

- Retelling her story may cause a survivor to have trauma symptoms, such as nightmares.

TEACHING INSTRUCTION.

On bad dreams, see Section 1 of Part III, [pages 125-126](#) on intrusion and bad dreams.



Protecting a survivor when she reports what happened to her (*continued*)

SAID ALOUD

Aim. To practise how to accompany a survivor who decides to tell her story.

Trainer. Let me introduce a new role play.

Role Play 6. How to support a survivor when she tells her story.

(15 minutes.)



Form pairs. One of you plays the role of Helper and the other the role of a Survivor who has decided to report her experience. When you are the Helper:

- Check whether the Survivor is ready to tell her story and understands the risks.
- Make sure that you have talked about her human rights. Refer to the human rights values listed on page 31.
- Practise the stop signal and saying no. Advise the Survivor to talk in headlines.
- Help the Survivor to tell the story of her trauma. Remind her to avoid details. Keep her in the present.

After a few minutes, change roles.

At the end of the exercise, remember to brush off your role, and take off your scarf if you are the Survivor.

After the exercise, the Trainer will give you time to ask questions and discuss.

Trainer. Let us continue.

*The Butterfly Woman was getting better as the days passed. Nevertheless, she had problems with nightmares and she asked for help. The helper said: **"The function of dreaming is to process what happens in our lives when we are awake."** Nightmares are our most difficult dreams. When you have nightmares about your rape, you are reliving the trauma. Often one wakes up when the nightmare is at its worst. When this happens your body and mind cannot finish making sense of what happened, so the nightmare tends to repeat itself. When we dream we cannot move. This paralysis can continue even after waking up from a nightmare, and can be very scary and triggering. The darkness of night can itself be triggering. Sometimes the trauma happened at night. In the dark it's also difficult to orient oneself and ascertain whether the situation is dangerous or not."*

Because of her dreams, the Butterfly Woman was afraid to go to bed. The helper told her that she could do things to improve her sleep. She said it was important to develop good routines. They talked about what could be done and the helper made a list of important things that the Butterfly Woman could do at home to help herself sleep and to cope with nightmares.



TO THE TRAINER

Dealing with troubled sleep and nightmares

Aim. To learn what can be done to help survivors deal with bad dreams and nightmares.

Many theories seek to explain the function of dreaming. A number consider that dreams are a way of processing events of the day; they carry some information about what a person did or dealt with. Though it is hard to investigate dreams, some research on the effects of sleep deprivation has showed that people deprived of sleep are likely to develop psychoses. This strengthens the theory that dream sleep helps to process information.

During dream sleep, a person is not physically able to move his or her body. This is called dream paralysis. In deep sleep, by contrast, we are able to move. When trauma survivors wake up from a nightmare, dream paralysis can trigger trauma reactions, because the nightmare replays the trauma and their paralysis reminds them of being trapped in a helpless state during the traumatic event. When this happens, a survivor can enter a frozen state, connected to our passive defence system, which is both extremely frightening and makes it harder still for her to end the paralysis.

It is important to be aware that, in many cultures, a person who has nightmares is believed to be cursed by evil spirits. Suggesting that dreams are ways to process events in our lives can give survivors the courage to work on improving their sleep and may lessen the impact of nightmares.

Survivors need to discover what helps them. By asking a survivor what her room looks like and whom she sleeps with, a helper can identify and list effective reminders of safety and anchors to the present. If a survivor cannot read, helpers can make a list of symbols, or practise until the survivor knows what to do by heart.

Alert the participants that they need to be aware of cultural differences. In some cultures women are comfortable having objects close to their bed that remind them they are safe and anchor them in the present. In other societies, such behaviour may be strange and might be associated with curses, voodoo or evil spirits. Find out what is acceptable and appropriate in the local culture.

DISCUSSION



Discussion. Dealing with nightmares: good reminders.

Rehearse the different forms of support that are available to survivors who have nightmares. Add suggestions to the list on the flip chart.

Find out if the participants' communities have access to light.

Remind the participants that they can prepare lists for the survivors they work with, as the helper did for the Butterfly Woman.



SAID ALOUD

Dealing with troubled sleep and nightmares

Aim. To learn what can be done to help survivors deal with bad dreams and nightmares.

Trainer. Let's look at techniques for dealing with troubled sleep and nightmares. [She posts the Butterfly Woman's list on the wall.] Here is the Butterfly Woman's list:

Practice during the day good things you can do when you have nightmares at night

Get to know your bedroom well during the day, so you can orient yourself easily and know that you are in your bedroom.

- Be aware of local differences. In some places no electrical light will be available. Where that is the case, orient yourself by touching objects and listening for familiar sounds.

Choose things that make you feel safe and in the present

Remember that we can obtain good new experiences, and anchor ourselves in the present, by using our senses. The Butterfly Woman chose to:

- Touch her pillow and feel her mosquito net.
- Turn on the light (if possible) and look round the room.
- Sit up and feel her feet on the ground.

She found all three things helpful. When she did not have a light to turn on, it was very dark in the room and she used touch and hearing to orient herself.

Make your plans carefully during the day

Make yourself familiar with what you choose during the day. This can greatly help when waking from nightmares.

Establish routines when you awake from nightmares

- Try to move your body. Start with the head, fingers and arms.
- Touch something that reminds you of safety (pillow, mosquito net, etc.).

Every survivor needs to find something that helps her. The helper and survivor can investigate options together and try them out during the day.

Discussion. Dealing with nightmares: good reminders. (10 minutes.)

Discuss the impact of nightmares and attitudes to dreams and nightmares in your community.

- How severe or dangerous are they thought to be?
- In your experience, how do nightmares affect survivors?
- What do you think about after you have a nightmare?
- How do they make a survivor feel?



TO THE TRAINER

Preparing to return to the community

Aim. To clarify the many challenges that may arise for a survivor when she returns to her community, and what kinds of assistance can make her return easier or more successful.

Use the story to explain what the Butterfly Woman faces when she considers going back. What happens in her heart, body, thoughts, feelings and senses when she thinks about this?

Emphasise that the objective should be to assist a survivor to reconnect to her former life, her family, her social network, and community.

Under many circumstances, especially when it comes to GBV, a human rights-based approach is not adopted. In such situations, be aware that, after violations, some women may be marginalised and rejected by their families or community. Some women may also not wish to return to the life they had before the traumatic events.

How can a woman who has been traumatised restore her relationships with others, along with her skills and the activities she normally engaged in?

DISCUSSION



Discussion. Explore the challenges involved.

Ask the participants to form small groups and discuss the challenges that confront a survivor when she decides she would like to return to her community. Discuss also how it could have been different if a human rights-based approach had been adopted in the community.

KEY POINT



The story shows that

- A survivor who has learned skills and learned how to cope will find it easier to face the challenges of returning home and rebuilding her life.



SAID ALOUD

Preparing to return to the community

Aim. To clarify the many challenges that may arise for a survivor when she returns to her community, and what kinds of assistance can make her return easier or more successful.

Trainer. I will continue.

Slowly the Butterfly Woman regained her strength. She acquired confidence in the skills she had learned, and was not so worried about being triggered. She managed to ground herself quite quickly when it happened.

*Still, **one area in her life overwhelmed her with sadness and despair**. She tried not to think about it because it gave her so much pain. One day the helper brought it up without her asking. The helper said that it was time to try to talk to her husband and family, to see if it might be possible to reconnect with them.*

When the Butterfly Woman heard the helper, she immediately saw an image of her husband with angry and frightened eyes, his mouth open, yelling that she should leave. She saw her crying children, and it tore her heart. She started to tremble and cry but managed to ground herself and come back to the present.

She and the helper continued to talk about a possible reunion. The helper calmed her by saying that they would proceed step by step. Some of the helpers visited the village to talk to her family and other villagers. The Butterfly Woman derived great support from another woman from her village, who had also been raped and rejected by her family. They supported each other and reminded each other to use the coping skills they had learned. They were encouraged to talk about good memories of the village, so the bad memories would lose some of their strong grip on their bodies and minds.

Discussion. Explore the challenges involved.

Ask the participants to form small groups and discuss the challenges that confront a survivor when she decides she would like to return to her community. Discuss also how it could have been different if a human rights-based approach had been adopted in the community.



TO THE TRAINER

Preparing a survivor to reunite with her family and social network

Aim. To consider the assistance that may be required to prepare for the return of a survivor to her family and social network, including engaging helpers and resource persons in the community.

It is important to mobilise resource persons in the community when preparing a survivor's return to the community. It may be valuable to refer to human rights principles and treaties that the state has undertaken to implement. This can show clearly that the violations against the survivor were serious breaches which the state failed both to prevent and protect her from. It is also vital to explain to the community the severity of sexual crimes, their consequences and impact on survivors, and the need to provide conditions of safety and respect if survivors are to reconnect with their lives.

Some of the material here is based on [Figure 1](#) and your version of [Figure 6](#) (The qualities of a good helper in her society and context). Community resources that have already been discussed may also be brought into play.

KEY POINT



The story illustrates the importance of

- Finding resource people that can be relied on.
- Explaining trauma and responses to it to relatives and members of the community in a way they can understand.

TEACHING INSTRUCTION.

The story may not always fit the circumstances in which the helpers are working. Some survivors may have had to move far away, may be alone, may be denied the possibility of return, or may not desire to return. In such cases, try to adapt the return story to real circumstances.



SAID ALOUD

Preparing a survivor to reunite with her family and social network

Aim. To consider the assistance that may be required to prepare for the return of a survivor to her family and social network, including engaging helpers and resource persons in the community.

Trainer. I will continue.

*When they visited the village, the helpers found out first whether resource people in the community could support a survivor. They were referred to the village chief and the priest. The helpers **explained trauma and trauma-reactions and said that a raped woman is not to blame** for what happened to her. The chief and the priest understood the women were suffering and that they were not to blame. They agreed to protect the raped women in their community and wanted to assist the helpers to talk to the women's families.*

When they talked to the Butterfly Woman's family, the helpers explained that she had been traumatised and had suffered and had recovered. They told the family that she had learned new skills, like sewing, that could help the family survive. The chief said that raped women were wounded in a way that could be compared with the wounds of soldiers in the war. He said that the community would support the Butterfly Woman and help her not to feel ashamed.

While the Butterfly Woman was staying at the Center, the helpers had made several visits to her family and community. It had been difficult. The children had frequently asked for their mother, but her husband had not allowed the children to mention her name, let alone see her. After some time, however, he changed his mind and said that he wanted to see his wife again. In this, he was supported by the rest of the family.

The Butterfly Woman too had reached a point where she was ready to meet her husband. And she had longed to see her children for many weeks.



TO THE TRAINER

Ending the story

Aim. To end the story in a good way.

It is important to talk together about how the story is brought to an end. Create the ending together with the group and write it down. Invite the participants to make different suggestions but also try to reach a consensus in the group about the direction the story should take. In particular keep focusing on how the Butterfly Woman will move back to her home community or, alternatively, how she will live her life if going back is not possible. Do this through discussion. Encourage the participants to consider different options, and explore obstacles and possibilities.

Focus on how one can ensure that a returning survivor enjoys continued support, to help her and those around her to deal with situations in which she may be triggered and feel overwhelmed again. A survivor needs to feel safe and connected to the here and now.

KEY POINT



The story reminds survivors that

- When they find themselves in situations that might trigger their trauma reactions, they should be prepared to use the tools they have learned.
- They will find it easier to do so if there is someone they trust to help them.
- They should try to reorient themselves to make new good memories.

Make sure the participants engage actively in planning the return scenario and identify different challenges and possibilities that may be involved in the process.

EXERCISE



Exercise 8. Ending the story.

For the story to be healing, it needs to end with some kind of hope. Try to identify all the possible resources that are available in the community. Then sum up the rest of the story.



SAID ALOUD

Ending the story

Aim. To end the story in a good way.

Trainer. We now have one last exercise to do together. How do you think the story ends?

*At last, the time came for the Butterfly Woman to visit her family. She was **very nervous and had a hard time concentrating**. Together with the other woman from her village, she had worked hard to recall good memories from the village, so the bad ones were not so strong.*

*The helper warned her that the village and its surroundings would be very triggering. She said: "Use everything you have learned about grounding. Once you are grounded, there is one more strategy that can be of great benefit. That is: **actively see how the present moment differs from when the trauma occurred**. You know that trauma-reminders trigger trauma-reactions. If the river starts to trigger a trauma-reaction, actively try to see how the river now is different from the river then, by examining it closely, and by telling yourself that it is now peaceful, the soldiers have gone, and so on. When you **actively orient yourself** and see that it is safe, this will help you to see what has changed in the village, and you will be able to separate past from present. You will give yourself a new experience that will soon become a **good new memory, strengthening** you and your connection with the present and **sending past memory back to the past**. This will also tell you that the danger is over. When you detect differences, you can say them out loud to yourself."*

The Butterfly Woman felt prepared to go back to the village to meet her husband and children. With a helper, she decided to go.

Exercise 8. Ending the Story. (15 minutes in small groups.)

Form small groups to discuss how the story ends. Consider the questions on the flip chart.

- What did the Butterfly Woman bring to "ground herself" when she returned to her village?
- How did she help herself to stay connected to the present moment?
- What did the helper do to support her?
- How did she feel when she saw the river that she loved, where she had been raped?
- How did she feel when she saw her children and her husband?
- How did she react?
 - How did her children react?
 - How did her husband react?
 - How did her husband's relatives react?
- What did other people in the community do to help her when she returned?
- Could the Woman connect with other members of the community? With whom?

How does the story end?



The Trainer will ask you to come back into plenary and write up your thoughts.

TO THE TRAINER

Exploring different endings to the story

Aim. To explore the notion of 'success' and allow the group to construct a suitably realistic ending.

Inviting the group to decide how the story ends gives the participants an opportunity to demonstrate some of their skills and creativity. We can then explore with them the notion of 'successful treatment' in their culture and context.

This is an important issue. Invite the group to reflect on their criteria of success. What has to happen for them to say that their work has been successful? What do they feel and do when they 'fail'?

Ask the participants to share their personal experiences. Try to broaden their view of what 'success' is. One way is to pick out each new skill the Butterfly Woman acquires, and describe it as a success. Highlight too that the helper had many successes when she assisted the Woman. Be aware that some cultures apply strict and narrow criteria of success, which can make helpers feel unsuccessful and burdened.

Ask the participants to think about what the Butterfly Woman achieved when she learned new skills, applied recovery and grounding techniques, and built relationships with other survivors.

Ask the participants to reflect on what they would do in the following situations:

- The Butterfly Woman decides to re-join her family.
- The family refuses to allow her to return.
- The Butterfly Woman decides she does not want to be with her family.
- She decides to create a new life without her family.

Reflect further on whether it is possible to draw on other resources than the survivor's close family. Ask what other resources exist in the community, and what resources might be available outside it.

End by reflecting together on how we can create hope and bring some help, even when the situation defeats our traditional understanding of what success is.

Let this lead to a discussion of how we feel as helpers when we do not manage to help and do not feel we have been successful. What support do helpers need when they work with women in situations where it is hard to achieve success?

DISCUSSION



Discussion. Measuring success.

After considering what 'success' and 'failure' are for the group and for helpers, start a wrap-up discussion of the training. Try to create a positive moment to end on.

Finally, you might narrate a last extract from the Butterfly Woman's story: the Trainer's cut. Does it end well?

SAID ALOUD

Exploring different endings to the story

Aim. To explore the notion of ‘success’ and allow the group to construct a suitably realistic ending.

Trainer. We have come to the end of the story of the Butterfly Woman. Has she found her family again? Will she be able one day to sit beside her beloved river and feel at peace?

Of course, we don’t know. There are many possible outcomes, and we have only explored a few of them.

In every case, including the real cases on which you work, we also have to consider whether the work that we have done as helpers, and the efforts made by survivors, have been a ‘success’.

Let us think about ‘success’ for a moment. It is a very complicated idea – but important, because we often rely on it to value our work and the efforts we make, and to give us hope. Yet, in the very painful and chaotic conditions in which we operate, ‘success’ in its most straightforward sense (“And the Butterfly Woman lived happily ever after”) is unlikely to occur. So what do we mean by ‘success’? What *should* we mean when we talk of success?

Let’s spend a few minutes now thinking about this together. What have you used in the past to measure your ‘success’? Have you changed the way you think about success in any way after the three days we have spent together here? What are the key issues for you?

And of course, the other side of success is ‘failure’. We have probably all felt at some point that our work has not succeeded. We might not have helped a survivor as we had hoped. Perhaps a woman with whom we worked was not able to find in herself or in others the resources to recover her dignity and strength. How have you dealt with failure? How have you felt on such occasions, and have you managed and overcome those feelings? Has the work we have done together in these three days helped you to think about this issue?

Discussion. Measuring success. (10 minutes.)

What do we mean when we talk of success?



Thank you all. Now we have reached the last moments of the Workshop and I am going to tell you how I believe the story ends. Are you sitting comfortably? Then I will begin.

The Trainer ends the Butterfly Woman’s story in her own words.



TO THE TRAINER

Taking what has been learned into the participants' future work

Aim. To encourage the participants to think about the work that awaits them at home, and how they can retain the skills they have learned and shared during the workshop.

The training workshop is now at an end. Summarise what the participants have learned from the story of the Butterfly Woman and the terrible events that occurred to her.

Emphasise that a major challenge for the participants will be to make sure that they remember and apply the stories and discussions they have shared, and also remember to implement the human rights-based approach in their work. Underline that the exercises and techniques they have learned must be practised, after they return to the communities in which they work.

Emphasise these guiding precepts:

I. Basic principles

- Say that you want to give support.
- Show respect.
- Ask for permission to sit down together.
- Balance distance and closeness.
- Give the survivor time to take you in.
- Do not ask a lot of questions.
- Let the survivor understand that she can talk or she can be silent.
- Remind her that she is in command of her own story.

II. Every case and every survivor is unique

Emphasise that a helper must think for herself and always use her own imagination and judgement when she decides what stories to tell, what advice to give, and what grounding exercises to use. Helpers cannot apply what they learn by numbers. There are no short cuts.

At the same time, it is always relevant to ask certain questions. What resources can the survivor draw on, in herself and in others? Do I understand her situation sufficiently? Am I in a sound position to advise her? If I ask her to trust me, am I in a position to sustain that trust?

As a helper, am I promising too much? Can I sustain the help that I am offering?

TEACHING INSTRUCTION.

In your concluding comments, thank all the participants for the contributions they have made, wish them well in their work, and urge them to stay in touch with one another. Remind them that they can get further support and information from HHRI and HHRI's website.

If possible, end the training with a small ceremony, some good words, photographs, and the award of certificates.

SAID ALOUD

Taking what you have learned into your future work

Aim. To encourage you to think about the work that awaits you at home, and how you can retain the skills you have learned and shared in the workshop.

Trainer. The workshop is now at an end. In these three days we have learned from the story of the Butterfly Woman and the terrible events that occurred to her.

- Why women exposed to such violations struggle with their own feelings and thoughts.
- Why new experiences and events may trigger trauma reactions.
- Why survivors may feel completely alone, lost and unworthy.
- Different approaches can be helpful to survivors as they struggle to restore their strength, their sense of hope and their dignity.

Your big challenge, now, is to make sure that you remember the stories and discussions we have shared, and the exercises and skills you have learned, and can apply them in your work when you return to your communities. Also, remember to implement the human rights-based approach in your work.

I cannot summarise everything we have done together. Here, nevertheless, is a list of basics that you may find useful.

[She pins up the basic principles that are listed on the facing page.]

Now I want to take a step back and to put what we have done in perspective.

We have followed the tale of one woman, her suffering, and return to life. In the real world, every survivor and every case is unique. You cannot apply what we have learned here mechanically. In every instance, you must use your own imagination and judgement to decide what kind of support *this woman* needs, what kind of approach *this case* requires. No short cuts are available to you.

This means that you need to internalise, and understand for yourself, the ideas we have shared here and the exercises we have learned. Only then can you adapt and develop them to meet the particular needs and situations of the women you want to help.

At the same time, I suggest there are some golden questions, which are always relevant.

- What resources can this survivor draw upon, in herself and from outside?
- Will I (or other helpers) see her regularly or just a few times, or only very occasionally?
- As a helper, how much do I know about her situation? Do I know enough?
- As a helper, am I promising too much? Can I sustain the help that I am offering?

Always think clearly about the survivor's best interest, and never knowingly promise a survivor support that you cannot sustain.

Stay in touch!

CLOSING CEREMONY. PRESENTATION OF CERTIFICATES. FAREWELLS.

Part III

Theory



Part III provides elements of theory to support the training in Part II. It cross references to the training and the issues discussed appear in Part III in approximately the same order that they appear in Part II.

A few sections in Part III cover issues that Part II does not address. In particular, it provides information on the situation of children born as a result of sexual violence.

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1. Trauma

In this section, we define ‘trauma’ and describe psychological and physiological responses to extreme life-threatening events. People react in many ways to such experiences, but some patterns of behaviour are common. We describe below typical and frequently encountered immediate and long term reactions to threats, danger and humiliating forms of violence.

Reactions to severe stress and life-threatening events

Human beings have always been exposed to traumatising events. Our physiological reactions have probably been remarkably persistent over time. It is difficult to predict which events cause traumatic reactions, because our perceptions of a threat greatly influence its psychological and physiological effect on us. Some people survive very dangerous experiences without developing symptoms, while others in the same situation will be markedly affected or become ill. Individuals employ a range of coping strategies and tolerate stress to different degrees, reflecting how they interpret their situation and how sensitive they are, as well as the response of the surrounding community.

The stressor

For a persistent reaction to occur, there must be a stressor. To become mentally traumatised in the course of surviving a traumatic event, individuals must experience something that is perceived to be catastrophic and that threatens their life and integrity (World Health Organisation definition). For some people, it can be enough to witness such an event. A stressor may be an earthquake, a tsunami, a war, a bank-robbery; it may also be a continuing experience of domestic violence or poverty.

Though people react differently to stress and threats, events such as rape, torture, and the violence associated with war are experienced as traumatising by nearly everyone, regardless of culture or other factors such as age or gender. It is therefore normal to have some or many symptoms of trauma after such experiences.

Reactions to trauma

Below, we list the most frequent forms of reaction after traumatic events. Our descriptions are based on those of the international diagnostic systems, primarily DSM-IV (American Psychiatric Association 1994) and the World Health organisation’s International Classification of Diseases (ICD-10).

Acute stress reaction

This is defined by WHO as “a transient disorder that develops in an individual without any other apparent mental disorder in response to exceptional physical and mental stress and that usually subsides within hours or days” (ICD-10).

People typically display erratic and changeable behaviour. Immediately after the event, they are often ‘dazed’ and find it difficult to concentrate or focus. They may feel that what happened is unreal, and behave normally as if nothing has occurred. If the stimuli are too powerful, they may become disoriented.

Subsequently, some people may withdraw, dissociate or become ‘stupefied’, while others respond by panicking and wanting to flee. They show signs of anxiety and fear, have a rapid heartbeat, sweat, experience nausea, vomiting, tremors, palpitations, breathing difficulties, or a range of

aches and pains. Headaches and pains in the stomach and muscles are very common. Some people may not be able to recall what has happened.

Acute stress reactions may include all the crisis reactions mentioned above, including 'psychic shock' (strong reactions that follow immediately after a traumatising event), and 'combat fatigue' (reactions after participating in or witnessing armed conflict).

The severe symptoms of acute stress reaction tend to diminish after some weeks, and many individuals recover without persistent or long term (mental) damage.

Anxiety

A survivor may experience anxiety alongside other symptoms of trauma. Traumatising events usually generate anxiety, panic, and sensations of fear. When anxiety is very much more apparent than other symptoms, however, the survivor can be said to suffer from an anxiety disorder. This has two major characteristics: the reaction to threat is both very intense and disproportionate. When a survivor becomes anxious apparently without reason and even without being in danger, her anxiety can be disturbing to herself and others.

In such circumstances, it is important to find out why the person has become so anxious. If her anxiety is trauma-induced, a different approach to helping the person may be required.

Depression

Depression often occurs alongside other symptoms after rape (and other traumatising events), especially in the first months. It is frequently due to blame or rejection by family and social networks. It can be so pronounced that it requires distinct and separate treatment. If a depression is deep and severe, it may induce suicidal thoughts.

Dissociation

Dissociation is frequent after trauma and occurs when the mind 'withdraws' from the body. It is an instinctive survival and defence strategy that humans and animals adopt when faced by a severe threat. It explains why survivors may not remember what happened to them (partial amnesia). In conditions of acute stress, some mental functions may not work properly, including feelings and emotions. This may explain the emotional numbness that some survivors of traumatic events experience afterwards. Helpers may find a survivor distant, not really present, unfocused and silent. She may lack feelings of thirst, hunger or pain, even if she is injured, and may lose control over her movements (motor control), at least for a period. The re-experiencing of a catastrophe (for example in flashbacks) may also be understood as a dissociative state of mind, because flashbacks represent a partial or complete disruption of the normal integration of a person's emotions and memories.

Post-Traumatic Stress Disorder (PTSD)

As defined by the WHO, this condition "arises as a delayed or protracted response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone" (ICD-10).

PTSD may start as an 'acute stress reaction', which is followed by a full PTSD syndrome; however, survivors may sometimes show few or no symptoms for several weeks or months. They may exhibit acute stress, then be stable with almost no distress, then develop PTSD.

If an individual already has a background of emotional illness or insecurity, her reaction to new traumatic events may be exacerbated. But pre-existing factors do not predict the development of PTSD.

In most cases, those who suffer from PTSD will recover, but the condition may also become chronic. In the worst cases it may cause enduring changes of personality.

Enduring personality changes after a catastrophic experience

The effects of a catastrophic experience may endure for years. Acute stress symptoms may no longer be evident, but the survivor is permanently in a state of desperation and depression. According to the WHO, a person having this disorder is characterised by: “a hostile or distrustful attitude toward the world, social withdrawal, feelings of emptiness or hopelessness, a chronic feeling of being on edge as if constantly threatened, and estrangement. Post-traumatic stress disorder may precede this type of personality change.” This state of mind might be described as a ‘burnt-out’ form of PTSD.

Stressors are likely to be catastrophic events, which characteristically last for a long time:

- Experience of concentration camps.
- Natural disasters.
- Prolonged captivity or exposure to life-threatening situations, with imminent risk of being killed (for example, victims of abduction or terrorism).
- Torture.

Symptoms related to severe stress or stress disorders

It is possible to identify several categories of trauma symptoms. These are symptoms that must be present if a severe reaction is to be characterised as a trauma-related disorder (notably PTSD). Most symptoms fall within three clusters.

Intrusions: symptoms associated with re-experiencing a trauma

In a life-threatening situation the human brain does not behave in a normal way. Everything happens too fast to store events properly in the memory, so survivors often suffer partial memory loss because the traumatising event remains present in the unconsciousness.

- **Flashbacks.** One relives the trauma over and over. Invasive memories of the event trigger physical symptoms (rapid heartbeat, sweating). Because the body is still in a state of alert, it prepares over and over again to fight or flee the traumatising event (see hyper arousal).
- **Bad dreams, nightmares.** These cause severe sleeping problems. A survivor may also be disoriented when waking up.
- **Frightening thoughts.** These may surge up automatically, and cannot be stopped.
- **Trauma-related stimuli.** Words, objects, sounds, smells, and also inner stimuli trigger recollections of the traumatic event (in the form of flashbacks, nightmares, frightening thoughts), to which the body responds as if the event is recurring in reality.

All of the above cause severe problems in the survivor’s everyday life.

Avoidance symptoms

A traumatised person naturally tries to avoid anything that might recall memories of the traumatic event. She employs cognitive, emotional and behavioural strategies to avoid exposure to such stimuli, and also tries to avoid all forms of traumatic memory and emotion. This can lead to numbness, and problems of recall (see ‘dissociation’).

This too creates serious problems in daily life because, for example, survivors will:

- Avoid places, events, or objects that remind them of their experience, and as a result may become isolated and solitary.

- Have problems with their social relationships, because they feel emotionally numb, or overwhelmed by emotions.
- Feel guilt, depression, or worry.
- Lose interest in activities that they used to enjoy.
- Have trouble remembering the dangerous event.

Hyper arousal symptoms

These symptoms are an expression of a 'fight-flight' response to threat. When survivors are hyper vigilant, they are physiologically in a state of alert and crisis, as if the traumatising event is still occurring. The survivor is physically prepared to escape or defend herself. Some of the relevant symptoms are similar to panic or anxiety disorders. In many cases, they do not need to be triggered but are present constantly. The symptoms include:

- **Being easily startled.** Survivors may be deeply frightened by a door slamming shut, the sound of a police car, or any loud noise.
- **Hyper-vigilance.** Persons in this state are acutely aware of everything around them, always alert. They see signs of danger everywhere. When this state of mind is very pronounced, it resembles paranoia.
- **Tension.** Being tense or on edge may cause muscular problems, and continuous pain.
- **Sleeping difficulties.** Survivors may wake up frequently, or be unable to sleep, etc. They are often afraid that a traumatising memory will recur if they sleep.
- **Outbursts of anger.** Survivors may become extremely irritable. This can cause problems with family or friends, because the anger often has no justification and the survivor's behaviour can be irritating for others, or be misunderstood.

As a consequence of all her symptoms, the survivor may face, in addition to her mental distress, significant relational or professional difficulties.

A special stressor: rape as a cause of severe trauma-reaction

"Rape is a type of sexual assault usually involving sexual penetration which is initiated by one or more persons against another person without that person's consent" (Holzman 1996). Rape is an extreme form of violence and causes the same symptoms and trauma-effects as other catastrophic events discussed above. Violent crimes, by other human beings with the intent to harm, have the most serious consequences of all traumas. They also destroy a person's social relationships.

Most individuals who are raped become traumatised. The trauma of rape consists of several factors, including fear of being injured or killed, being dehumanised (treated as an object), losing control over your own body and what happens, and becoming helpless and powerless. Despite this, in many societies the rape of women is still not considered a severe crime because it is believed that women have a subordinate position in society and do not enjoy the same rights as men. Often the crime is considered a violation of male property.

What the helper may see in the reactions of raped women

Where rape is perceived to be the woman's fault, it results in isolation, distress and suffering. The symptoms following rape are in general the same as the symptoms of severe trauma-disorders described above. For example, one initial response may be a shock reaction lasting for a few minutes or for days or weeks. Exaggerated shock-reactions, including panicked agitation and confusion or a paralyzed, mute, withdrawn state, can also occur. If the victim is injured, she will start to feel the pain of her injuries.

Physical reactions (such as headaches, dizziness, palpitations, breathing difficulties, feeling cold, fainting, trembling, nausea, and sometimes vomiting) are quite frequent in the acute phase. Women frequently feel dirty, a response that may lead to compulsive washing. Fear of pregnancy, sexually transmitted diseases, and injuries to genital parts, also appear early on.

The survivor may show behavioural reactions. She may become emotionally unstable, have difficulties in concentrating, experience restlessness and agitation, be unable to relax, lose motivation, become withdrawn, avoid reminders, be easily startled or frightened, or very alert and watchful, be easily upset by small things, fear sex or lose sexual pleasure, change her lifestyle, increase substance abuse, wash or bathe frequently, or try to act as if nothing has happened (denial).

Recurring exposure to trauma

Women and children may live in a constant state of alarm. After exposure to recurring trauma over time, as a result of living in war or in constant danger, for example, a woman may struggle to control her reactions and use all her energy to do that. When the danger is over, her reactions usually intensify. She may also react by entering a chronic state of stress.

Sometimes post-traumatic reactions may appear gradually. Women may experience intense intrusive re-experiences while making efforts to avoid reminders of what happened. However, they will sleep badly, be on guard and startle easily. Because reliving a traumatic incident provokes strong emotional pain and fear, people tend to take conscious and unconscious steps to avoid situations that remind them of it. Survivors adopt different strategies to do this. In some cases, they isolate themselves; women will stop going out and sever all contact with their friends and networks. Survivors may also try to protect themselves by understating the violence they have been subjected to. Women will say: "it wasn't so bad, and I want to forget it, put it behind me...". These avoidance responses bring different consequences. An isolated life will strengthen a woman's fear of reliving her traumatic experiences. Women who trivialise the violence they have suffered, or deny it happened, may find that they can manage for a while but in the long run may develop serious symptoms, because they spend so much energy on not reacting (Berntsen 2005).

An improvement is often registered after three months (Dahl 1993). However, almost all rape victims suffer severe and long-lasting emotional trauma. The sexual aspects of the crime are not the most significant factors causing psychological trauma. These appear to be caused by a combination of five distinct features of the assault experience (Fanflik 2007).

- It is sudden and arbitrary.
- It is perceived as life threatening.
- It is perceived as de-humanising.
- The victim is forced into a position of subordination.
- The victim cannot prevent the assault or control the assailant; her normal coping strategies fail. As a result, she becomes a victim of someone else's rage and aggression.
- Her sexual integrity is violated.

Developing a complex PTSD

A description (or diagnostic category) of the reactions of those who have been exposed to enduring trauma during childhood has long been needed. It would cover 'chronic situations of trauma', such as on-going violence, prolonged neglect, and abuse including multiple rape. Such situations may result in what is termed 'complex PTSD'.

Symptoms occur in three main areas:

- **Deficient regulation of affective and somatic states.** Individuals oscillate between states of intense emotion, are depressed, hypersensitive, experience delayed motor development, suffer sleeping and eating disorders, are not conscious of their own feelings.
- **Deficient awareness, concentration or regulation of behaviour.** Individuals often focus in a narrow or restricted manner on threats, are impulsive, are prone to self harm.
- **Lowered social and emotional functioning.** Individuals often do not trust themselves or others, and constantly expect or prepare for rejection.

Trauma, risk and resilience

Resilience is not rare and indicates healthy adjustment. It is therefore important to understand the factors that help healing and enable people to cope.

It is also helpful to distinguish recovery (during which survivors heal over time after being destabilised and showing symptoms of distress) from resilience (the ability to remain stable and keep going during and after catastrophes).

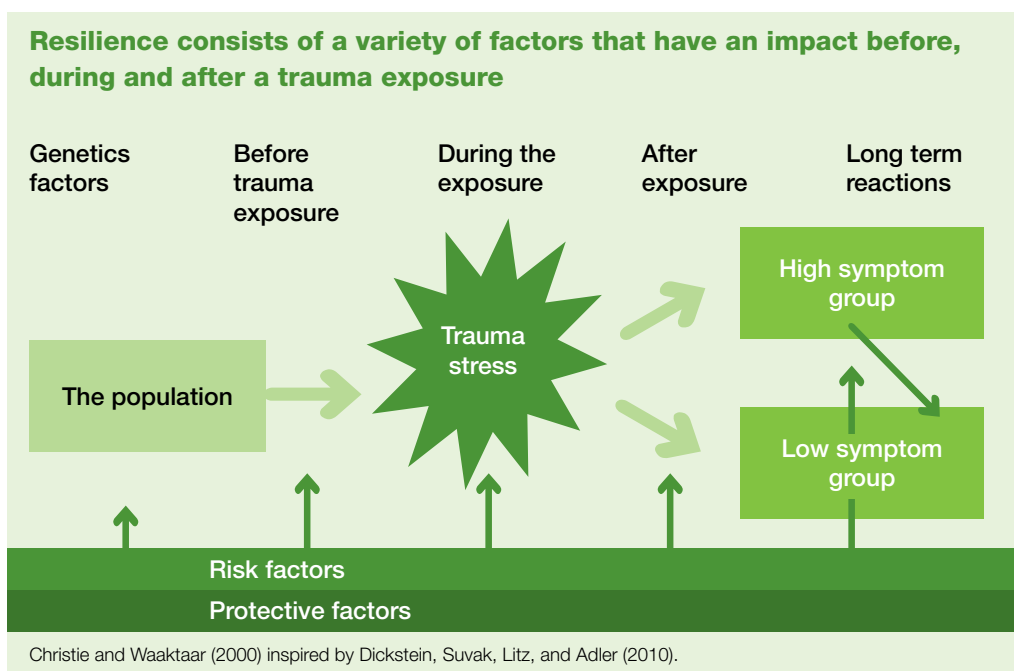
Research has shown that resilience is not just a personal characteristic. An individual's ability to cope is complemented by external factors that protect her against risk. To take an obvious example, survivors will be more resilient if they have support from their communities.

Some elements of resilience seem to be universal, while culture influences others. (See the chapter on culture and understandings of trauma in Part III, [pages 134-136](#)).

Whether an individual has light or extreme symptoms is likely to be influenced by protective or risk factors.

1. Her genetic inheritance. We are born with various degrees of robustness or vulnerability.
2. Her experiences before exposure to trauma.
3. The character of the trauma event.
4. Her situation immediately after the trauma event (for example, how quickly she received help).
5. Her situation in the long term (for example, the quality of rehabilitation support she received).





Resilience and risk factors

The following factors may help to protect a survivor from acquiring PTSD:

- She has access to social support; being part of a group or community is essential.
- She is understood and accepted; her responses are considered 'normal'.
- She is able and willing to seek help.
- She receives useful help that assists her to solve problems.
- She has access to tips on coping.
- She has access to essential resources (housing, jobs, money...).
- She is resourceful and has good problem-solving skills.
- She has higher education qualifications and, more generally, is intelligent.
- She elects to be a survivor rather than a victim. Unlike victims, survivors claim some control over their lives and to be able to assist others. Both reinforce self-esteem.
- She is able to cope with stress effectively and in a healthy manner.
- She has self-confidence and self-esteem; she receives positive feedback from others.
- She believes "I am in control of my destiny" (both "my future" and "my emotions").
- She believes that outside agencies (government, religious bodies, etc.) will help responsibly.
- She has a spiritual dimension to her life.
- She is able to find positive meaning in the trauma and the catastrophe.
- She is able to talk about the trauma to individuals who are close.
- Relationships – within and outside the family – are a particularly important factor, because they offer support but also trust. Personal factors that promote resilience include high self-esteem and self-confidence, and the ability to cope with (strong) emotions and to plan.

The following factors may make it more likely that a survivor will develop severe PTSD:

- The experience is severe, such as a disaster or a war. The amount of exposure is relevant. Multiple incidents are more likely to trigger PTSD than a single episode of violence.
- A trauma stretches over time and the survivor lives permanently in danger or fear.
- The victim is a woman or a girl. Women and girls may face extra pressure because they must care for children or because they are more sensitive to relationships.
- The victim is a child. Children generally show more distress after catastrophes than adults. Children also recover with more difficulty if their parents are stressed.
- The survivor is injured, or sees other people killed or hurt; or experienced loss of control and helplessness, or felt extreme panic and fear.
- She receives little or no social support. After a traumatic experience, it is important to ensure that survivors are not left isolated without care, or receive no assistance to help them deal with the aftermath of a catastrophe.
- She has no support group.
- She has to deal with other things in addition to the catastrophe: the loss of loved ones, injury or physical pain, the loss of home or income.
- She suffered from mental problems before the traumatic event occurred. If she had previously experienced domestic violence, for example, this might have depressed her self-esteem or capacity to manage stress.
- Her community is in recovery. This can take some time and tends to deprive survivors of critical personal support.

The same factors are relevant to people who have a close association with survivors of trauma, such as witnesses, relatives and helpers.

Coping skills can be understood as resources that are available and that the person is capable of utilising in challenging situations.

The most important coping skills can be summarised by the acronym BASIC-Ph (Lahad 1993).

B	B elief and value system.
A	A ffect regulation.
S	S ocial support available and capacity to utilise it.
I	I magery: symbols, play and art.
C	C ognition, understanding of the inner and outer world.
Ph	P hysical: breathing, relaxation and building strength.

Concluding comments

Most people show strong reactions to serious and dangerous events when these happen, and their response continues for some time after the event (1-3 months). We have called these 'acute stress reactions'. Such reactions diminish over time, within months for many, within years for some, depending on the severity of the event and the resilience of the person. Some people experience delayed trauma reactions. Some may develop persistent disorders, such as chronic stress disorder (chronic PTSD), long term depression, or anxiety disorders. See <http://www.hhri.org/thematic/ptsd.html>; and Dickstein, Suvak, Litz, and Adler (2010).

2. The legacy of rape. Children born of rape.

(This issue is not discussed specifically in the training.)

The stigma attached to 'war born children'

We know that sexual and gender-based violence gravely harms its victims. More recently, it has been acknowledged that sexual violence also has a devastating impact on families and communities, and affects society at large. Raped women often do not report this kind of violence because it may cause them to be stigmatised. However, when a rape results in pregnancy, it can no longer be hidden. The term 'war children' is used to refer to children "who are stigmatised because their mother had a relationship with enemy or allied soldiers, or peacekeeping personnel" or they were "born as a result of politicised violence used as a sexualised war strategy" (Mochmann 2008). The second category is the main focus of discussion here.

Starting point

Most academic and general interest in gender-based violence concentrates on the women victims, their trauma, and the consequences of rape (Roosendaal 2011). Less attention is paid to the children born as a result of such rapes. It is important to acknowledge these children. Though systematic data is generally lacking, Carpenter (2007) considers that the evidence available indicates that 'war children' generally face severe discrimination. This is sometimes because mothers who become pregnant or give birth after rape face stigma and social exclusion. In addition, maternal attachment to children born of rape differs significantly from society to society, as does the social stigmatisation of such children. Some children are loved or accepted, but others are rejected by both their mothers and the community; some are victims of infanticide. Such differences of attitude are likely to be due to specific variations in geographic, cultural and structural circumstances, and can be further understood in terms of the taboos and myths that surround such pregnancies and children. Helpers should make an effort to understand these factors and take them into account in their work.

Stigmatisation and discrimination: examples from the field

It seems that children are more at risk of being rejected, stigmatised or killed when their origins are identifiable in their features. Examples include the 'Vietnamese children' born during the Vietnam War as a result of rape or other forms of relationship, and the 'war children' born as a consequence of gang-rapes in Darfur. Where ethnicity is less politicised or racialised, or where rapes have no ethnic dimension, 'war children' can hide more easily in the population and are more likely to be socially accepted and nurtured by their mothers (Carpenter 2007).

In some societies it is widely believed that children born of rape inherit their father's 'bad' characteristics, based on the assumption that identity is inherited from the male (Mochmann 2008). Children conceived by rape during the conflict in Bosnia-Herzegovina are called 'Chetnic children' or 'Bosnian Serbs', for example (Roosendaal 2011). Elsewhere, children born of rape are described as 'devil's children' (Rwanda), 'children of shame' (East Timor), 'monster babies' (Nicaragua), 'children of hate' (Democratic Republic of the Congo), and 'Dust of life' (*bui doi*, Vietnam). These demeaning names reveal how society perceives these children, and that they are often associated with an enemy (Mochmann 2008).

In Sudan, rape victims are often blamed for their own rape, not least because it is widely believed that women cannot become pregnant as a result of undesired sex. Women and men in Darfur are raised to believe that rape is avoidable and can be prevented. In most cases, the mother of a child born of rape is no longer marriageable, because brides are expected to be virgins. Rape victims, and their children, are considered to have brought shame on their families, which is likely to exclude both. Even in communities that accept such babies, the child may be judged if it shows behavioural problems and may be abandoned.

What needs to be done to address discrimination against war children and their mothers?

There can be no single approach to this issue, not least because 'war children' are a very diverse group, in both their circumstances and their upbringing. Roosendaal (2011) argues that it is vital to address the issue sensitively for this reason. Both the mothers and their children need and are entitled to receive psychological help to cope with their situation. In practical terms, assistance programmes should make sure that both receive adequate support, and should recognise that it cannot be assumed that mothers will be willing to look after their children, or are capable of doing so (Mochmann 2008).

Children of raped mothers: consequences for the mother-child interaction

War and traumatic stress severely hamper parental efforts to keep their children safe. Some evidence shows that maternal trauma negatively affects the biological and physiological development of children (Yehuda, Blair, Labinsky, and Bierer 2007) and the early mother-child relationship (Almqvist and Broberg 1997, 2003). Parental mental health problems also impede a child's social development and increase the risk that a child will have mental health problems, especially if it is living in a context of violence and trauma (Yule 2000).

Attachment theory is also relevant to families living in such environments. It models how children learn to seek shelter, regulate fear and arousal, express emotions, and trust themselves and others in their early dyadic relationships (Bretherton 1992). A child that has secure relationships with sensitive and available adults is able to achieve a balance between emotional exploration and restraint. By contrast, children who seek protection in themselves tend to avoid risk, and ambivalent children tend to cling to adults to obtain a sense of safety.

Traumatized parents, for their part, withdraw from interaction with their children, or overprotect them, because of their own fears.

The concept of 'intergenerational transmission of trauma' was developed to describe children who react to their parents' traumatising by developing symptoms of trauma themselves (Danieli 1998). Such children have not necessarily had traumatic experiences; the trauma is communicated to them through their dyadic relationships. Fear in a mother's eyes is especially traumatising for infants, and traumatised mothers often lack energy, express flat emotions and disengage from relationships. Parents may be numb, in denial, or overwhelmed by their memories, and may oscillate between absent-mindedness and intrusive dyadic interaction with their children (Punamaki, Qouta, El Sarraj, and Montgomery 2006). When a trauma is processed well, the fragmented emotions it generates are integrated gradually. Helping mothers to process their traumatic memories is therefore of very great importance for the development of their children.

Mothers who have been severely traumatised are more likely to show low parental sensitivity and competence, to have problems in bonding, and to structure their relationships with their children inappropriately, for example by being over-involved or emotionally unavailable. Infants in severely traumatised families are also likely to be relatively unresponsive and disengaged from their dyadic relationships. Mothers who have been severely traumatised may additionally find it difficult to sooth and regulate their children's emotions, which may slow their motor-sensory development and cause them to be fussy or have sleep irregularities.

Specific advice to a helper in therapeutic meetings with mother

To avoid harmful consequences for the child's development, it is important to pay close attention to the mother's description of her child. Is she over-involved and overprotective? Or is she disengaged, distant and withdrawn? Or does she oscillate between absentmindedness and intrusive interaction?

Sometimes children can act as triggers, even when they have not been born as a result of rape. Bodily intimacy, body smells, crying or screaming, anger and other strong emotions can remind the mother of her violent experiences. Mothers must be helped to identify such triggers and learn to separate them from trauma memories. They also need to be helped to read their children's expressions without self-blame or guilt and without communicating to their child scared or scaring emotional reactions that were generated by another relationship.

Special interventions can support a child or group of children, or mothers, if a child is seen to be severely affected by his or her mother's trauma, has severe problems in regulating his or her stress and emotions, or has clinging or disorganised forms of dyadic attachment.



3. Culture and understandings of trauma

Theoretical approach

In [Part I](#) and in [Part II](#) we discussed the psychological and physical symptoms that traumatised people may present, and some of the ways in which survivors can be helped to manage their suffering.

Here we look at different attitudes to psychological trauma that we might meet in different countries and settings around the world. Physiological reactions to traumatic events are everywhere the same but cultural responses differ widely. It is therefore essential to understand the influence of culture on the survivors we seek to help, and recognise that our own attitudes also influence how we feel and think.

Why do people react differently because of their ‘culture’?

The American Heritage Dictionary of the English Language defines culture as: “The totality of socially transmitted behaviour patterns, arts, beliefs, institutions and all other products of human work and thought characteristic of a community or population”.

According to another definition, culture is “an integrated system of learned behaviour patterns which are characteristic of the members of a society and which are not a result of biological inheritance” (Hoebel 1966).

Culture enables people who can empathise to relate to each other, to form communities, and transfer ideas, values, and ways of living down the generations. It “communicates the knowledge and skills a community needs to survive over time”. By means of our culture and cultural language, we ‘learn’ how to interpret different social situations, including our reactions to traumatic events and how to cope with them.

One therefore has to keep in mind that what is considered healthy in one society may be thought harmful in another. The American Psychiatric Association has defined what it calls ‘Culture-Bound-Syndromes’ or CBS (American Psychiatric Association 1994, DSM-IV Text Revision, appendix I). These are generally folk diagnostic categories in specific societies or culture areas that aim to explain the meaning of certain repetitive, patterned, or troubling experiences and observations (American Psychiatric Association 1994). It is characteristic of such syndromes that they cannot be defined in terms of objective changes in body organs or functions, and that they are not found in other cultures. These illnesses tend to carry psychological or religious overtones.

The term CBS is controversial, because it might imply that ‘culture bound syndromes’ are confined to societies that are the object of ethnographic study (normally indigenous communities), as if those (‘us’) who study those societies are ‘culture-free’ (Guarnaccia and Pinkay 2008). Western societies are not, of course, culture-free. In recent years, researchers have become more aware that PTSD and other stress-disorders vary widely across different cultures.

Many of the examples of CBS that have been studied involve dissociative or somatic syndromes (in western terms), frequently linked to trauma histories. The *Nervios* in Latin America, *Spell* in the Southern United States, *Zar* in North Africa, and *qi-gong psychotic reactions* in China all share cross-cultural similarities. In so-called *Possession Trance Disorders* one person’s identity is replaced by another’s.

To understand trauma, we must consider not only different 'interpretations' of trauma-reactions but how the mind and the body are understood and interpreted in given cultural contexts. It is acknowledged that the West dichotomises the mind and the body, whereas many other cultures (in Asia for example) consider mind-and-body as a whole, which causes mental symptoms to appear as somatic sensations. Survivors who are unable to articulate their trauma or mental distress will often describe their symptoms in terms of pain. Somatisation is common among survivors from non-Western countries. Dissociation is also a frequent symptom of post-traumatic distress in non-Western societies, alongside depression, mood disorders and anxiety, with which the West is more familiar.

In many places a mental illness is considered stigmatising or a character weakness. Sometimes a mental affliction is thought to be passed on genetically, leading to the belief that a survivor who displays symptoms of trauma puts the whole family at risk. Elsewhere, the disorganised, disruptive, impolite behaviour of a mentally ill person shames the family. In some Asian cultures, mental distress or illness are considered to be caused by loss of one's soul or possession by evil or vengeful spirits. By Buddhists, suffering is often understood to be caused by fate (*karma*), itself the result of actions taken in a past life.

When we meet survivors we therefore have to deal with numerous interpretations or understandings of essentially identical bodily reactions to trauma. When addressing survivors who have a different cultural background, we have to be aware of our own cultural assumptions and values, and also of the possible presence of culture-bound syndromes. This means that helpers must be unusually sensitive to culture when they observe the behaviour of survivors, and must distinguish between culture and pathology as far as possible. Accurate and neutral observation is an essential skill. An ability to make sensitive inquiries about survivors' cultural routines and traditions, and family relationships, is another.

Often it is not possible to learn enough about the social culture and environment. Where this is so, helpers can enlist local people to explain and 'translate' local cultural practices and 'codes'. It is important to be sensitive about these relationships too, because mediators may themselves be survivors of traumas, which assisting the helper may reawaken.

Some practical issues

Most humanitarian helpers lack wide international experience because they work in their own country and within their own culture. In terms of general advice, one should make sure that helpers:

- Are fully aware at all times of the cultural implications of interpreting trauma.
- Monitor for traumatic symptoms in the local people who help them.
- Monitor their own reactions.
- Are prepared for the possibility that they may be re-traumatised, or indirectly traumatised, when they listen to the stories of survivors they help. Training here might be especially important for local helpers.

The following advice may assist helpers to explore and manage the cultural dimensions of trauma

- Explore understandings of suffering and pain, and death and life, in the dominant local cultural group.
- If you do not speak the language fluently, acknowledge your limitations and ask survivors to tell you if you speak inappropriately or do something offensive.
- Be aware of culturally specific communication techniques (eye contact, the integration of food and drink in discussions, the pace of conversation, body language, etc.).

- When survivors tell their stories, ask them to describe and explain their reactions to you.
- Ask survivors if their families should be present during discussions or if they would like to have their religious leaders present.
- Ask survivors if they would like to go to a place of worship or should complete ceremonies or rituals following the crisis.
- Ask survivors to describe what they would like you to do to be of assistance to them, and then tell them truthfully what you can and cannot do.

Useful cross-cultural interventions include: social contact (which reduces isolation); relaxation techniques; meditation; teaching about crisis in culturally relevant terms; and learning techniques that help survivors to understand their emotions and increase their self-esteem (Sieckert).

Bearing these reflections in mind, the following specific questions will be relevant

- What do you call your illness? What name does it have?
- What do you think has caused it?
- Why and when did it start?
- What do you think the illness does? How does it work?
- How severe is it? Will it last for a long or a short time?
- What kind of treatment should you receive? What are the most important results you can expect or hope from treatment?
- What are the main problems the illness has caused?
- What do you fear most about the illness?

(Kleinman 1989)



4. Communication skills

(See [Part II](#) and [Introduction](#).)

Communication cannot be discussed without also talking about culture because, as discussed in [Section 3 of Part III](#), culture affects the way we see each other and how we interpret the messages we send. As a result, conversations between people from different cultural backgrounds may take unexpected directions and may easily generate misunderstanding.

People who are familiar with two cultures can play a vital role. They can act as go-betweens, translating and explaining not only what is said but the ways in which people communicate. For example, some cultures move quickly to the point, while others wait until a relationship has been created. Cultural brokers can facilitate the pace of a conversation, and moderate statements that are considered appropriate in one culture but offensive in another. Gifted cultural mediators can also help to identify and define problems in a manner that both sides understand, and identify solutions and ways of going forward.

If you need to use a translator for your meetings with a survivor, she should respect certain rules of professional conduct. She should introduce herself and give information about her role before you start. She should understand that everything said is confidential. She should translate only what is said and all that is said, and should not try to explain and interpret. If you (or the survivor) do not understand, ask for clarification and the interpreter should translate the clarification. She should speak in the 'first person' and should not take on a supporting role.

Culturally significant phrases and expressions were introduced into DSM-IV in an attempt to make diagnostic practice more culturally appropriate, relevant and representative. While this marked a first step towards exploring values in diagnostic criteria, it does not replace a thorough exploration of the values of patient and professional during the clinical process. The American Psychiatric Association (2002) recommends that five cultural elements should be considered (See *Cultural aspects*, Part 1, [page 9](#)). The second of these relates to the patient's explanatory model of the illness, and explores cultural factors beyond race and ethnicity. However, in isolation from the other elements, awareness of explanatory models is unlikely to influence the quality of the consultation, the assessment, or management of the patient's distress.

Empathy and confirmation

Communicating with survivors of GBV cannot be done without empathy. A common understanding of empathy is that it means 'to put yourself in someone else's shoes', to imagine the experience of another and understand and feel what he or she understands and feels. Empathy facilitates communication. At the same time, it is difficult to pretend empathy, and communication is likely to fail if false assumptions are made about a survivor's state of mind or feelings. Communication between a helper and a survivor therefore requires empathy of a sophisticated kind. To communicate, helpers need to be skilled in understanding a survivor's mental and physical state of mind.

Sometimes it may be too painful or embarrassing for a survivor to talk about her feelings or thoughts, for example, of her anger or hatred. She may feel too ashamed to do so, or fear rejection, if these feelings are not culturally acceptable. To overcome this fear, the helper can assist by saying, "I understand that you feel and think this way, it is natural, anyone would feel that way", etc. By going beyond mere understanding, confirmation of this kind provides a more robust form of support than empathy. This said, words of confirmation legitimise only the expression of feelings and thoughts, not possible (re-)actions that might be undertaken as a result of them.

Communication is not just about talking but about listening and watching

Active listening can be used to check whether you have understood what a survivor has said. In such cases, repeat what you think you have heard to verify that you have understood correctly. If words are used differently in different languages or different cultural groups, however, even active listening can fail to pick up misunderstandings. So listen also to nonverbal forms of communication. Ask your local facilitator for tips to help you understand cultural differences in non-verbal communication. Listen carefully to what words a survivor uses to describe her situation or problem and use her words, instead of medical or culturally biased terms. Listening can take several forms. You can listen to the survivor's actual words and interpret their meaning; to the sound of her voice; to her posture or body language; to her silences and to what she does not say. Even when you listen with empathy and compassion, never assume that you know how a person feels. Repeat what she has said in your own words to show that you have understood, and give the other person a chance to correct you if you have misunderstood. Make sure that your own body language does not nullify what you say. It will not help to tell a survivor that you are very interested in what she says if your body language expresses boredom. At best, such mixed signals confuse the person to whom you are speaking. At worst they create mistrust, or doubts about your honesty and conviction.

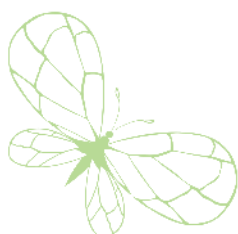
Tolerate silences

When a survivor struggles to express herself, patience is important. Emotions can flood a survivor's mind, upsetting her and interfering with the interview. Helpers should give a survivor time to manage her emotions, organise her thoughts, or decide to express a particular thought or not.

The relevance of human rights

Adopting a human rights approach may give you an extra tool. It helps you and the survivor to consider her right to speak, to be consulted, to participate, to remain silent, to confidentiality, to seek and obtain reparation, and to be treated at all times with respect and dignity.

To create an environment that is safe for the meeting of helper and survivor, confidentiality is of great importance. It is difficult or impossible to share and confide in someone if you are not sure whether your conversation is being treated confidentially. The right to remain silent is also significant, especially because the relationship between a helper and a survivor will often be misinterpreted as hierarchical. A survivor may believe that she must tell the helper everything. She should be reassured that this is not the case.



5. Helping the helpers

(See *The good helper* and *The good helper revisited* in Part II, [pages 34-35](#) and [74-75](#).)

When working with severely traumatised people, close attention should be paid to helpers' reactions. Helpers too are at risk.

- **Secondary traumatisation.** Helpers sometimes develop the same symptoms as those they help. They may experience hyper arousal, avoidance or distancing, and commonly experience intrusive images and nightmares after hearing or witnessing the traumatic suffering of survivors. Even a single story can create intrusive images.
- **Vicarious traumatisation.** As they accumulate experience of human suffering, helpers' attitudes may evolve. They may become cynical or pessimistic about the world. This can cause them to undervalue themselves and others, or lose their belief in the possibility of change; they become indifferent. Over time, some helpers may feel that their personality has changed.
- **Compassion fatigue.** This state resembles vicarious traumatisation but may also affect professionals in caring positions who are highly exposed to, but do not work only with trauma. It describes a form of 'burn-out' that, in addition to changing cognitive attitudes, causes people to feel exhausted and demotivated, demoralised, bored and hopeless, leading to sleeping problems and sometimes to somatic difficulties and substance abuse.

In all the above states, the helper feels that her problems, needs and well-being, and her private networks, do not merit attention; and that her own risks and hazards are insignificant. Such an attitude has severe consequences. The person is no longer available as an emotional resource to others; the quality of her work may decline; her family and other relationships may suffer; and she herself is likely to be unhappy and may become psychologically destabilised.

Advice

When symptoms of secondary traumatisation occur, the techniques used to help victims (such as stabilisation exercises, sleeping advice, etc.) can often be helpful to the helpers themselves. Helpers need to understand that it is important to recognise their own needs and reactions, and understand what triggers and modifies them.

In cases of vicarious traumatisation and compassion fatigue, additional factors may be relevant.

- Those most at risk tend to be individuals who set extremely high standards, find it difficult to set limits, and impose unrealistic demands on themselves. They need to be helped to recognise that they cannot do everything, are not indispensable, and cannot be responsible for all that happens. They need to learn how to: share or vary their workload; take holidays and schedule time for rest and relaxation; confide in friends and give themselves permission to plan time with them and with family; eat well; exercise regularly; and organise proper support and supervision for themselves at work.
- Vicarious traumatisation and compassion fatigue are likely to be more frequent in organisations that impose heavy demands on their staff and do not adequately regulate and manage their workflow, and where staff work in isolation without feedback from colleagues. The working environment should provide feedback and support, sound supervision, and opportunities to train and learn.

If you employ an interpreter, take care of her welfare too. Even an experienced interpreter may be emotionally overwhelmed by the stories she hears. Though it does not happen often, interpreters may be unable to hide their emotions. Helpers can try to look after the survivor and interpreter by acknowledging that it is painful for both to hear the horrible, unjust experiences that survivors report.

(For more information see [page 21](#).)

When working with survivors of trauma and GBV, it is important to recognize the possible effects of vicarious traumatisation (sometimes called secondary trauma or compassion fatigue). The effects of vicarious trauma may be easier to detect in others than in yourself. If you are working in a team and detect these signals in your co-worker, sit down and talk about what can be done to relieve the situation. Here are the warning signs of secondary traumatisation:

- Wounded ideals.
- Cynicism.
- Feeling unappreciated or betrayed by the organization.
- Loss of spirit.
- Grandiose beliefs about his or her importance and role.
- Heroic but reckless behaviour.
- Neglecting one's own safety and physical needs (not taking breaks, not sleeping, etc.).
- Mistrusting colleagues and supervisors.
- Antisocial behaviour.
- Excessive tiredness.
- Inability to concentrate.
- Symptoms of illness or disease.
- Sleep difficulties.
- Inefficiency.
- Excessive use of substances, such as alcohol, tobacco or drugs.

Some simple advice on how to prepare and handle these warning signs:

- Acknowledge that your reactions are normal and unavoidable.
- Consciously try to relax.
- Talk to someone with whom you feel at ease.
- Express your feelings in ways other than talking: draw, paint, play music, pray.
- Listen to what people close to you say and think about what they tell you.
- Take care of yourself.
- Do exercise or yoga.
- Take a walk in the countryside.
- Do grounding exercises.
- See BASIC-Ph coping skills ([page 130](#)).



6. Approaching the community

(See *Preparing to return to the community* and *Preparing a survivor to reunite with her family and social network* in Part II, pages [110-111](#) and [112-113](#).)

Interventions are needed at the level of the individual but also in the community. In the workshop notes we examined different forms of support that helpers can provide to individuals who have suffered violence and loss. We also underlined the importance of understanding the situation into which women are returning. A major challenge is to create a culture of support and respect within the community.

How to approach the community. The engagement of religious leaders, men, etc.

According to Judith Herman (1992), a helper must remember that recovery can only take place in the context of relationships. It cannot be achieved in isolation. It is necessary to engage the wider community in a survivor's healing process.

The immediate response to rape in most communities is to stigmatise, reject and abandon the raped woman. This complicates and exacerbates her suffering and makes her recovery more difficult. Helpers should try to speak with community leaders (religious leaders, political leaders, military officials, other professional people) to explain that rape is an unacceptable crime in all circumstances and that victims are entitled to help and support (Herman 1992).

It is also important to discuss the unequal power relations between women and men, because these are often a root cause of violence. In many societies, male violence or the threat of violence is a means by which men dominate women. It is likely to be helpful in such discussions to draw attention to established principles of human rights, which state that in international law all people are created equal with the same essential rights. Discuss these questions with community leaders, underlining that, while women are usually the immediate victims of gender violence, its consequences extend beyond the victim to society as a whole.

- "Gender violence threatens family structures. Children suffer emotional damage when their mothers and sisters are beaten. Two-parent homes may break up, condemning women heads of households to struggle against deeper poverty and social discrimination.
- The psychological scars of violence often prevent people from establishing healthy and rewarding relationships in the future. Victims of gender violence may vent their frustration and pain on their own children or others, thereby transmitting and intensifying the effects of violence. Children may come to think that violence is an alternative or legitimate means of conflict resolution and communication. (Advocates for Human Rights 2010.)

In these and many other ways, violence is reproduced and perpetuated.

Find out what members of the community think about what happened. Give them relevant information about trauma and possible reactions to it. Tell them that their support is vital to the recovery of survivors. If family and community members cannot be mobilised, new supportive networks can be created among the survivors. It may help to draw on human rights values and principles when you explain GBV. (Advocates for Human Rights 2010.)

When health personnel inform communities about rape, they need to identify an appropriate approach to the discussion. It is important to remember that silence permits the perpetrators of crimes like rape to act without criticism or risk to themselves. It permits them to continue to harm and terrorise individuals and communities.

When addressing GBV, it is sensible to start by making a context analysis. What is the general situation in the community? The analysis may consider poverty, vulnerability, gender relations, and the broader political and economic situation of the country. It is vital to ensure that your analysis provides the community with information that it considers relevant and valuable. In the course of preparing the analysis, map the nature and extent of GBV and local responses to it at community level, taking account of who the perpetrators are, and customary law. Your analysis should highlight the vulnerability of men and boys as well as women and girls. Consider the roles and contributions of:

- The national legal framework governing GBV (including international commitments and national laws) and responses to it by the judiciary and police.
- International development partners working on GBV, including multilateral and bilateral agencies, and international NGOs. UNFPA is mandated to lead on GBV within the UN family.
- Local organisations working on GBV, including human rights organisations, women's associations, and NGOs. Where they exist, associations of women's lawyers are a good source of information.

Experience indicates that the potential of local organisations, and local women's organisations in particular, is not utilised fully. Local organisations and networks understand the local context, have access to contacts and resources not available to international agencies, and are acceptable to the local population. If they are involved from an early stage, they can help outsiders to adapt their programmes in appropriate ways to local circumstances (Herstad 2009).

It may be helpful to bear in mind a few additional rules of thumb.

- Evaluate whether the community's existing systems and procedures provide an adequate framework and entry points to scale up GBV prevention and response programmes.
- Be sure to find a suitable, culturally acceptable way to present information.
- To make progress, GBV prevention and response should be visible and credible. As far as possible they should be promoted in cooperation with local leaders and with community support.
- Impunity for perpetrators of GBV is an important factor in GBV's continuation. It should be affirmed that the community does not tolerate impunity. Leaders and high officials should set the standard for acceptable behaviour and should be persuaded to champion the argument that their community will benefit if it ceases to be violent.

Family and close network

The support of families and close friends is of the utmost importance for victims of sexual violence. If possible, talk first to family members, friends, and other members of a survivor's social network – any person whom the survivor trusts and agrees to contact. The survivor's family in particular will need information and advice. Find out what the family and close contacts think about what happened. Give them relevant information about trauma and possible reactions to it. Tell them that their support is vital for the survivor's recovery. If no family members or close contacts can be found or mobilised, seek to create new support networks among the survivors themselves.

Several studies have shown that involving entire communities in recognising, addressing and working to prevent GBV is one of the surest ways of eliminating it. To be effective, community networks must bring together all the responses in the society, integrating members from all sectors of the community: families; businesses; advocacy groups and civil society; public officials from the police, fire service and medical institutions; social services such as welfare, unemployment, public housing and health; education; the media; and officials from national, state/provincial and local/municipal governments. Community interventions should send clear messages about what gender-based violence is, the different forms it takes, why it is wrong, and how to prevent it. (Advocates for Human Rights 2010.)

It may be a good idea to develop women's support groups or support groups specifically designed for survivors of sexual violence and their families.



7. Returning to the community

(See *Preparing to return to the community* and *Preparing a survivor to reunite with her family and social network* in Part II, pages [110-111](#) and [112-113](#).)

Several issues arise when survivors wish to return to their community or family. First of all, many are unable to do so because they have been thrown out by their husbands or family or remain at risk from a violent relationship, or because their relatives have disappeared or been displaced by conflict. Women survivors may have too few resources to survive on their own. Other issues include how to empower women when they return, how to take care of their children, and how to evaluate the risks they face.

A helper can feel frustrated when, after recovering in the health centre, a woman decides to return to a violent relationship or to an environment in which she is likely to be raped again. Helpers can feel that all their work with the survivor was for nothing, while they must worry anew about her safety and that of her children. In fact, it is inappropriate to criticise or in any way challenge the survivor's choices. Breaking out of a violent situation is often a long process, and it is important that women who are at risk take decisions in their own best interest and feel responsible for them. The helper's role is to assist and help them in that process.

When a woman cannot go home to her family or community, it is always especially difficult to assist her to earn an income for herself. Women survivors are in great need of opportunities to work, as well as skills. Wherever possible, organisations should cooperate to provide survivors with starter packs and support that help them to make a living outside the health centres.

How can you prepare a survivor for life in her old community or in a new one?

Discuss with her how she can mobilise a support network. Encourage survivors to put in words their goals and hopes for the future. Help them to identify their personal strengths, and talk about how they can use these to reach their goals.

Do not establish goals for the survivor based on your definition of 'what's best'. Discuss whether there are good alternatives, and talk about the importance of even small steps. Help the survivor to believe that she can regain control over her life.

Help the survivor to recognise that caring for her own safety is important. Do a risk analysis. Will she be safe when she returns home? If possible involve local organisations which provide medical advice, shelter or other services that assist survivors to move, settle into new homes and make friends. Be attentive to the survivor's fears. Help her foresee dangers and plan for her safety.



8. Reporting

(See *Stabilising and protecting a survivor who wants to report what happened to her* and *Protecting a survivor when she reports what happened to her* in Part II, [pages 100-101](#) and [102-105](#).)

This section considers the issues that arise when a survivor decides to report abuses and crimes committed against her, including by filing complaints with the police. It focuses on the survivor's risks and options.

In such cases, it first needs to be considered whether the survivor will advance her own interest, or put herself at risk, if she reports her story to an official, makes a complaint or denunciation, or gives testimony. Second, the issue of securing evidence must be addressed. It may be necessary to undertake assessments and diagnostic procedures to document and describe signs of torture or other forms of ill-treatment; and to document mental as well as physical signs that could be evidence in judicial processes or other forms of investigation. The important messages are that many issues arise in the context of reporting and that it is essential to separate reporting from the provision of assistance and care.

In a human rights context, filing complaints or reporting violations is a priority. From this point of view, such actions should be encouraged. However, it is also vital to ensure that help and care are provided, regardless of reporting. Care and reporting are two separate activities and must not be mixed. This said, helpers may play important roles in a discussion about whether a survivor should report or not and in helping her prepare if she decides to do so. We listed some of the key points with respect to preparation, information, and support before, during and after a survivor reports in Part II (see *Protecting a survivor when she reports what happened to her* on [pages 102-105](#)). The advice below takes that discussion a little further.

Listening and assisting versus reporting and documenting

We have described and discussed how contact can be made with women who have been exposed to severe trauma, such as rape and other grave violations of rights.

In this contact, it is vital to create an atmosphere of trust, even if trust may be limited at the start. To achieve this, the helper is called to:

- Show respect for the woman in question.
- Listen to her willingly and carefully.
- Allow silence and time to pass.
- Keep the distance that the survivor needs to decide how to tell and what to tell.
- Ensure the situation is as safe for the woman as possible.
- Respect confidentiality.
- Make clear that the purpose of the conversation is to support the woman.
- Underline that the helper has no agenda other than to provide help, support, and counsel.

During the course of the first conversation(s), several alternative needs may emerge:

- The woman may want and need psychosocial assistance.
- She may want to be referred to specialists in medicine or psychology/psychiatry for further assessment.
- She may need to be referred to specialists for treatment.
- She may want to report her abuse to the authorities (or another relevant institution).

- She may want to document her injuries in order to report what happened to her.
- She may want psychosocial assistance and medical care but not want to report what happened.

All these represent different alternatives. The first and foremost duty of a psychosocial helper is to take care of the woman's immediate needs and wishes, and see that further assessment and treatment are provided.

Reporting and documenting

Documenting, reporting and denouncing allegations of torture or ill-treatment and other gross violations of human rights are key elements in the struggle to prevent and punish human rights abuses. They are important entitlements. In their absence, government and judicial institutions cannot hold perpetrators accountable for crimes.

Reporting or presenting complaints to the authorities or other bodies, or documenting signs of ill-treatment, are nevertheless separate from providing assistance and care and should be addressed separately.

A helper must be very careful when she introduces the issue of reporting. If a traumatised woman avails herself of this option, the helper should be able to refer her to a separate person who has a relevant mandate and competence to provide support in that area. The helper should clearly separate herself from this particular work. In the training we have noted that the Butterfly Woman's helpers separated themselves from these efforts.

At the same time, it can be appropriate for a helper to provide specific forms of assistance to a survivor who chooses to report her case to a relevant judicial or investigative body (see below).

Two tracks

After serious human rights abuses, two forms of policy may be adopted. One approach rigorously separates investigative procedures from care procedures. The other separates investigative procedures from provision of care but recognises that certain kinds of medical information may be made available to investigative and judicial processes provided the survivor consents to their release and they are properly documented. The two approaches are similar but should not be conflated and should be considered separate.

Approach One: a policy of strict separation.

- Survivors are entitled to receive help and support.
- The help and support they receive is formally and completely distinct from reporting.
- The right to receive medical and psychological support and treatment is similarly distinct from reporting, to which it is not linked in any way.
- Help and assistance must never depend on, or be connected in any way to reporting or prosecuting crimes.
- Survivors have the right to remain silent. They are fully entitled to decide whether or not to report or discuss their stories, bring charges against those who abused them, or take any other steps with respect to their abuse or their abusers.

Approach Two: a policy of separation that permits release of certain information on specific conditions.

- A woman who expresses a wish to report abuses against her or her loved ones is entitled to receive guidance on where to go and who to speak to.
- In particular, she is entitled to receive information on which authorities and institutions are competent to receive reports of abuse.

- Psychosocial assistants or health care workers are not competent to record reports of abuse for the purpose of judicial processes or other investigations, nor is it appropriate for them to receive such reports.
- If a woman decides to report abuses against her, medical and psychological records may be made available as corroborating evidence, if the woman concerned wishes.
- Helpers and health care staff may inform officials who are investigating allegations of abuse on what terms relevant medical and forensic evidence will be made available to them.
- A woman who wishes to report her abuse should be made aware of the legal requirements associated with reporting abuses and laying legal charges.
- Psychosocial and health care workers should respect guidelines on documenting torture and ill-treatment.

Under both approaches, professionals who provide psychosocial and health care to survivors should clearly separate their work from the work of reporting abuses and gathering evidence for prosecution or investigations. Health care work and legal and human rights work belong in separate domains.

In this spirit, a care provider should not be involved in initiatives to report or lay charges, nor should she encourage survivors to report their abuse. She may provide information about the options a survivor has, and where she can go to explore them. Under existing guidelines, health care professionals who document torture are not necessarily the persons who provide immediate care and support to survivors; they are required to act ethically, of course, but their objective is to document rather than care. Professionals in different fields should work in a complementary and coordinated manner, but respect their separate functions.

For the care provider

When issues of reporting or denouncing violations arise, a helper should:

- Know what is required and where reports of abuse can be registered.
- Seek out this information if it is not already available.
- Make the woman aware of the legal and other requirements associated with reporting.
- Abstain from any form of reporting in her capacity as a health or psychosocial helper.
- Provide documentation on a complainant's health situation to officials responsible for the case, if requested, after obtaining the complainant's permission.
- Provide any information that is requested in a strictly objective manner.
- Brief a woman who wishes to complain, so that she can make a responsible judgement. Where relevant, make sure that she also understands the risks she may face (that the police may conduct themselves unprofessionally or be offensive, that judicial officials may be bribed, that the media may misrepresent her, that she may be threatened or intimidated by associates of those who attacked her, etc.).
- Inform the woman that she will speak to officials, in whom she should be able to confide, but underline that officials are not in the position of a helper.
- Assist or help a survivor to report her abuse, but do so only when she asks specifically.
- Take cognisance of the fact that a survivor who complains will find the experience highly stressful, and may be unable to manage the stress or answer questions.
- Provide a woman who wishes to complain with information, where possible, about the meaning and purpose and effect of reporting.

- Encourage a person who complains to ask for information and an explanation of the process from the official to whom she reports her abuse.
- Encourage a survivor who complains to be realistic about the outcome that she can expect. Judicial processes are extremely cumbersome and there is no guarantee that her case will be heard or that she will win it.
- It may be wise to inform her that reporting could create serious problems, that public officials not only are not helpers but may be dishonest, and the system may lack competence and even be corrupt. Where this is so, help the survivor to make the best possible choice.
- Encourage the woman to explore possibilities of reparation and compensation in the course of preparing her complaint; this is important.
- All those involved in this work should be aware of the different international laws, mechanisms and standards that are relevant to reporting, protection and investigation when human rights are violated. An important principle of international law is to hold perpetrators to account. To make this possible, it is important to be aware of relevant rules and standards. In *Further reading* you can find more information on reporting guidelines and what you need to be aware of.



9. Examples of role play

This section provides an example of role play. You should act out your part as either a helper or a survivor. Make use of your skills and your knowledge. The situation may evolve in directions you did not foresee; if it does, continue to play your part. It is a good exercise for learning how to communicate and how to react to a survivor's responses and body language.

If you wear a scarf to indicate that you are the Survivor, be sure to take it off when you change roles or finish. Always brush off your role before you take on a new one and when you end the session.

Example of role play 1: The first meeting between a Helper and a Survivor

Helper. Welcome, my name is Katy. Please come in. I am glad to meet you. What is your name?

Survivor. I am Jenny.

H. Welcome to our first meeting. I am glad you decided to come.

H. Where would you like to sit?

S. Hmm, I don't know.

H. Is it OK to sit like this? Are you comfortable?

S. No, you are too close, can you move further away?

H. Is this OK?

S. Yes.

H. I can see that you do not feel comfortable.

S. I feel terrible and very sad.

H. Let me say that you decide what you want and don't want to say. I respect that there are things you do not want to say.

S. Thank you...

H. I respect you and that you have your boundaries.

S. You do not know what happened to me.

H. I know and that is OK. You don't have to tell me anything about it. You completely choose what you want to say. Oh, I can see that you moved your legs a little bit, can you feel the ground under your feet?

S. No...

H. Because that is very important when we are overwhelmed by horrible feelings. Feeling our feet on the ground is a way of anchoring us in the room.

And you're here with me now, you are safe, you are sitting in a calm room.

S. I am afraid. (Looks at the door.)

H. They can't come in here. There is a sign on the door saying that the room is occupied. So they will stay outside. Whatever you tell me is confidential. I will support you, and we will not go into details of the bad things that happened, and that may only make you feel worse. Just notice that you do not have to talk about the painful events if you do not want to.

I have one question that I would like to ask you, is that OK?

S. (Nods, agrees...)

H. Could you say whether you have any pain right now in your body, because you seem to be upset. Maybe there are some reactions that you do not understand, that you want to calm down?

S. I am cold, and I feel terrible.

H. Yes, that is painful. I would like to tell you a little story. It might explain some of reactions you are feeling. Is that OK? You are free to listen and also, if you feel that you are getting overwhelmed, you can stop me at any time. It is also good to feel your feet on the ground, you can do that too.

S. Yes, they feel a little dead.

H. When you push them into the ground, do you feel any difference? Stamp a little bit, like this, when you feel your legs are getting dead. Does that make your legs feel more alive?

S. Yes, a little bit.

Example of role play 3: Calming a survivor who has been triggered

H. Welcome back. I'm glad you decided to come back again.

S. Yes, hi.... (She looks sad and distant.)

H. Please take a seat. I'll close the door if that is ok?

S. Yes.

H. So, this is our third meeting. I'd like to know how you are. How do you feel today?

S. I don't know. I don't feel well.

H. Would you like some water?

S. No thank you. (She remains silent and looks absent.)

H. As I told you before, in my office I meet many people who have experienced things that are difficult to deal with. In many cases the memories of those experiences are painful and make them feel very sad. Sometimes it is difficult for them to either stop thinking about them or to make time to think about them.

S. Yes, I understand.

H. Do you remember when we talked about the window of tolerance?

S. I don't remember very well.

H. It was a graphic that helps us to see whether we are inside the window of tolerance or outside it. When a person is sad, lacking energy, with many negative thoughts, it is probably because she is below the window. But if the person is very agitated, cannot be calm, is moving around and doesn't feel good inside her body, we can say that she is above the windows of tolerance.

When looking at this graphic, maybe you can show me at which level of the window you think you are today. Would you like to try?

S. Yes, I can try

H. This is the window. Could you please show me in this picture where you think you are today?

S. I don't know, it's hard to say... but I think I am here.

H. OK, good, its OK that you feel you are there today. Remember? We said that every day of this process is different and some days like today you can feel that you are here, but on other days you feel you are in other places on the graph. It's OK, this is a dynamic process and it is normal to be down here for a while or up here for a while. Our goal is to enable you to feel that you are inside the window most of the time, or that you manage to get back into the window when you feel up or down. And to do this, I would like to show you some grounding exercises. These exercises may help you to be in the 'here and now', which we call the 'present moment'. Would you like to practise one of these exercises?

S. Yes, I would like that

H. I'll give you some instructions, and you try to follow. OK?

S. OK.

H. Make yourself comfortable in your chair, with your feet on the ground, and now follow my instructions.

Look around you and name 3 things you see.

- Look at something (an object, a color, etc.).
- Tell yourself what you are seeing.

Name 3 things you hear.

- Listen to a sound (music, voices, other sounds).
- Tell yourself what you are hearing.

Name 3 things you can touch.

- Touch something (different textures, different objects).
- Tell yourself what you are touching.

Now, notice you state of mind.

H. Do you feel that you are more present in the room or less present, after doing the exercise?

S. I feel more present.

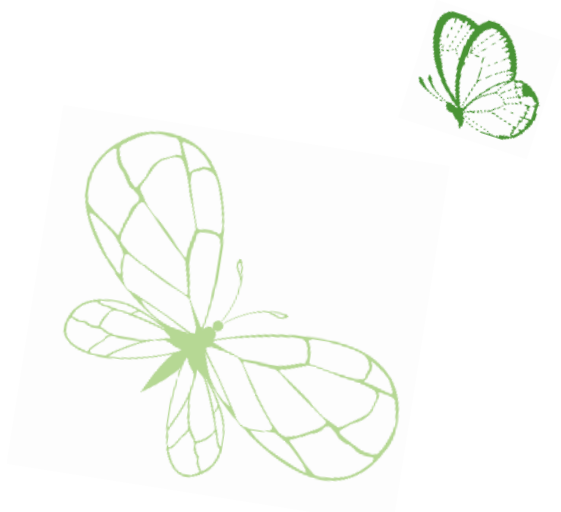
H. Do you feel calmer or more energized?

S. I feel more energized but more present.

H. This exercise will help us to be more present in the here and now, to come back into the window when you are below the window of tolerance. Thank you for trying this exercise with me.

Example of role play 6: How to support a survivor when she tells her story

- H. Welcome back. I am glad that you decided to come back again.
- S. Yes, I wanted to come because I have been thinking...
- H. Good, I can see that you are a bit excited and worried.
- S. Yes, I have decided that I want to file a report. I do not want these men to go unpunished.
- H. It is good to hear that you feel you are ready to take such a step, and I want you to know I will support you in whatever decision you make. Still I think there are a few things we need to discuss.
- S. Yes, and I have questions to ask. What do I do if I go all crazy when I am talking with the lawyer?
- H. That is one of the things that we should talk about. Often when one has experienced terrible things, talking about it can be very triggering. I suggest we practice a few grounding techniques so you can use them if you start feeling out of control. And a stop signal that you can use when you need a timeout.
- S. That sounds very good.
- H. We should also talk about what you expect to happen after you have reported. Court cases often take a long time, and sometimes the perpetrator will not even be punished.
- S. I have also heard that, but I still feel that this is the right thing to do. If I can at least prevent others from experiencing what I did. But can you please come with me?
- H. I will be with you when you file the report, but we should try to find a good lawyer that can help you if we go to court...



10. Follow up

You can follow up this training and obtain more information about how to implement it in your daily work.

- Study the manual for examples that are relevant in your work.
- Use your group for support, caring and sharing.
- Before we separate, please agree among yourselves that one or two of you will take particular responsibility for providing and coordinating support to members of the group. If you would like to do so, please let HHRI know their names.
- Try to find and make use of resource persons in your region who can provide advice or input.
- Contact HHRI for advice when you need it.

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Email us too if you have feedback or suggestions to improve this publication.





Appendices

1. About the contributors

Biographical notes on the team who created the Manual.

2. Grounding exercises

Instructions for practising ten grounding exercises, including those described in the training.

3. References and further reading

4. Illustrations

1. The qualities of a good helper in your society and context.
2. The Butterfly Woman in the beginning, capable and in good health.
3. The Butterfly Woman immediately after the trauma.
4. The Butterfly Woman experiences triggers and flashbacks some time after the trauma.
5. The Butterfly Woman gradually healing.
6. The qualities of a good helper (II).

5. Post-training questionnaire for the participants

A model questionnaire.

Appendix 1.

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Appendix 2. Grounding exercises

In this section, we have gathered together the grounding exercises mentioned in the training, making it easier for you to find and use them.

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Grounding is an important therapeutic approach for handling dissociation or flashbacks, and reducing the symptoms of anxiety and panic. It is important to practice the exercises again and again until the skill becomes automatic and can be called on even during moments of distress. The aim of grounding is to take the survivor out of whatever traumatic moment she is remembering.

1. Grounding the body. (10-15 minutes.)

Source: Jacobson, Edmund. 1974. *Progressive Relaxation*. Chicago: The University of Chicago Press, Midway Reprint.

This exercise can help a survivor to come down from hyperarousal and find a more balanced emotional state. It can also be used to focus survivors who are in 'freeze-mode'.

Sit on your chair. Feel your feet touching the ground. Stamp your left foot into the ground, then your right. Do it slowly: left, right, left. Do this several times. Feel your thighs and buttocks in contact with the seat of your chair (5 seconds). Notice if your legs and buttocks now feel more present or less present than when you started focusing on your legs. Now move your focus to your spine. Feel your spine as your midline. Slowly lengthen your spine and notice if it affects your breath (10 seconds). Move your focus toward your hands and arms. Put your hands together. Do it in a way that feels comfortable for you. Push your hands together and feel your strength and temperature. Release and pause, then push your hands together again. Release and rest your arms. Now move your focus to your eyes. Look around the room. Find something that tells you that you are here. Remind yourself that you are here, now, and that you are safe. Notice how this exercise affects your breathing, your presence, your mood, and your strength.

2. The Hug. (5-8 minutes.)

This exercise deepens and anchors positive feelings and messages. It is taken from EMDR (Eye movement desensitisation reprocessing), a trauma processing method. The method employs bilateral physical stimulation (in this case tapping), which, combined with positive spoken messages, is said to deepen and anchor positive feelings. The sentence can also be spoken silently.

Put your right hand palm down on your left shoulder. Put your left hand palm down on your right shoulder. Choose a sentence that will strengthen you. For example: "I'm a good enough helper". Say the sentence out loud first and pat your right hand on your left shoulder, then your left hand on your right shoulder. Alternate the patting.

Do ten pats altogether, five on each side, each time repeating your sentences aloud.

3. Progressive release of muscular tension. (15 minutes.)

This exercise calms a survivor who is agitated.

Whenever you become anxious, your body tenses. This can generate symptoms of pain in the shoulders, neck or back, or tension in the jaw, arms or legs. To train yourself to progressively release this tension, start by intentionally tensing specific groups of muscles, and relaxing them. Focus on the difference of feeling between the tense and relaxed state of the muscles.

Practise on different parts of the body: the head, face, neck, shoulder, back, stomach, buttocks, arms, hands, legs or feet. Increase tension and hold it for 5 seconds; then release and hold for 10 seconds. Find the tempo that suits you. Increase the tension and release the tension ten times in each muscle group, with a short pause in between.

- Start by focusing on your hands. Make a fist, hold it for 5 seconds, release for 10. Notice the difference between the tense and released states. Do it once more.
- Move the focus to your arms. Pull your forearms towards your shoulder. Feel the tension in your upper arms. Hold for 5 seconds, release for 10. Notice the difference. Do it once more.
- Stretch your arm out, and lock the elbow. Feel the tension in the triceps. Hold for 5 seconds, release for 10. Notice the difference. Repeat. When your arms are relaxed, let them rest in your lap.
- Focus on your face. Increase the tension in your forehead, lift your eyebrows. Notice the tension. Hold for 5 seconds, release for 10. Notice the difference. Repeat.
- Increase the tension in your jaw. Hold. Release. Repeat.
- Focus on the muscles in your neck. Bend your neck so that your chin touches your chest, turn your head slowly to the left, bring it back to the centre, bend it back, bring it back to the centre, turn it to the right, bring it back to the centre. Repeat slowly since there is often a lot of tension in this area.
- Focus on your shoulders. Lift them. Hold and notice the tension. Release. Notice the difference. Repeat.
- Focus on the shoulder blades. Pull them back. Increase the tension. Relax. Notice the difference and repeat.
- Stretch your back by sitting in a very upright position. Hold the tension and relax, notice the difference and repeat.
- Increase the tension in your buttocks. Hold for 5 seconds and release, notice the difference, repeat.
- Hold your breath. Pull your stomach in, tighten it, and relax. Notice the difference, repeat.
- Focus on your legs. Stretch them out, feel the tension in your thighs, hold and relax.
- Straighten your legs again; this time make your toes point towards you. Notice the tension in the back of your legs, and the feeling of relaxation when you release. Repeat.
- Focus on your toes, make them point downwards as far as you can. Feel the tension and release.
- Scan your whole body. Does any part still feel tense? Repeat the exercise for this part.
- Imagine that a relaxed feeling is spreading through your whole body. Your body feels warm, perhaps a little heavier, relaxed.

4. Creating a safe place. (10-12 minutes.)

This exercise helps survivors who are in “freeze-mode”, feeling numbed and frozen.

Make yourself comfortable, with your feet on the ground. Feel and relax your body, your head, your face, your arms, spine, stomach, buttocks, thighs, legs. Choose whether you want to close your eyes or keep them open during this exercise. Listen carefully to the Trainer's voice.

- Think of a place in which in the past you were calm and confident and safe. It may be outdoors, at home, or somewhere else. It can be a place to which you have been once or many times, which you saw in a film or heard about, or imagine. You can be there by yourself or with someone you know. It can be private, unknown to others, somewhere that no one can find without your permission. Or you can decide to share it with others.

This place must suit you and meet your needs. You can constantly recreate or adapt it. It is comfortable and richly equipped for all your wants. Everything you need to be comfortable is present. It is somewhere that fits you.

It shuts out every stimulus that might be overwhelming.

- Imagine this place. Imagine you are there. Take time to absorb it in detail: its colours, shapes, smells and sound. Imagine sunshine, feel the wind and the temperature. Notice how it feels to stand, sit or lie there, how your skin and your body feel in contact with it.
- How does your body feel when everyone is safe, and everything is fine? In your safe place you can see, hear, smell and feel exactly what you need to feel safe. Perhaps you take off your shoes and feel what it is like to walk barefoot in the grass or in the sand.
- You can go to this place whenever you want and as often as you want. Just thinking about it will cause you to feel calmer and more confident.
- Remain there for five more seconds. Then prepare to return to this room, open your eyes, stretch yourself, do what you need to return to the present.

5. Re-orienting to the present. (10 minutes.)

This exercise is of help to survivors in ‘freeze-mode’, who feel numbed and frozen.

Form pairs and sit together. One of the pair should play a helper and the other a survivor. The Helper should assist the Survivor to use her senses to put herself fully in the present and feel safe. Take turns.

Look round you and name 3 things you see.

- Look at something (an object, a colour, etc.)
- Tell yourself what you are seeing.

Name 3 things you hear.

- Listen to a sound (music, voices, other sounds).
- Tell yourself what you are hearing.

Name 3 things you touch.

- Touch something (different textures, different objects).
- Tell yourself what you are touching.

Now, notice your state of mind.

- Do you feel that you are more present in the room or less present after doing the exercise?
- Do you feel calmer or more energised?

6. 'Squeeze-hug'. (5 minutes.)

This exercise calms survivors who are agitated. It can also help 'frozen' survivors to concentrate on the here-and-now.

Cross your arms in front of you and draw them towards your chest. With your right hand, hold your left upper arm. With your left hand, hold your right upper arm. Squeeze gently, and pull your arms inwards. Hold the squeeze for a little while. Find the right amount of squeeze for you right now. Hold the tension and release. Then squeeze for a little while again and release.

Stay like that for a moment.

7. Feeling the weight of your body. (5 minutes.)

This exercise helps survivors who are 'frozen' or numb to focus on the present.

The exercise activates muscles in the torso and legs, which gives a feeling of physical structure. When we are overwhelmed, our muscles often change from extreme tension to collapse; they shift from a state of active defence (fight and flight) to submission and become more than ordinarily relaxed (hypotonic). When we are in touch with our strength and structure, it is easier to bear feelings. We can contain our experience and manage feelings of fragmentation (of being overwhelmed) better.

Feel your feet on the ground. Pause for five seconds.

- Feel the weight of your legs. Hold for five seconds.
- Try stamping your feet carefully and slowly from left to right, left, right, left, right. Feel your buttocks and thighs touching the seat of the chair. Hold that for five seconds.
- Feel your back against the back of the chair.
- Stay like that and notice if you feel any difference.

8. Straightening the back. (15 minutes.)

This exercise increases a survivor's awareness that the 'state of her body' depends on her 'state of mind'.

We carry ourselves with our spines. We can react to danger by collapsing the spine, and this affects our posture. By changing our posture, we give ourselves new strength and can more easily contain and manage our experiences. We give ourselves a stronger back and reconnect with our bodily resources.

- Collapse your chest and back. Notice how it feels. Pause. How does it affect your breathing? Pause again. Be aware of your feelings and mood. Pause. Be aware of your body. Pause. Be aware of your thoughts. Now say: "I am happy!" Say again: "I am happy!" Do you feel happy? Does it feel right to say you are happy?
- Now slowly lengthen your spine until you are comfortable. Adjust and experiment until your spine feels aligned and naturally lengthened. Be aware how you feel now. Be aware of your breathing. Pause for five seconds. Be aware of your feelings and mood. Pause. Be aware of your body. Pause. Be aware of your thoughts. Pause. Now say: "I am sad!" Say several times. "I am sad!" Do you feel sad? Does it feel right to say that you are sad?



9. Square-breathing. (4 minutes.)

Sit comfortably. Lower your shoulders.

- Look at a square form, or visualise one with your eyes closed.
- Breathe in while counting to 4. Let your eyes wander up the left side of the square.
- Hold your breath while counting to 4. Let your eyes run across the top of the square.
- Breathe out while counting to 4. Let your eyes run down the right side of the square.
- Hold your breath while counting to 4. Let your eyes run along the bottom of the square.

Repeat 4 times.

10. Breath counting. (4 minutes.)

Sit in a comfortable position with the spine straight and the head inclined slightly forward. Gently close your eyes and take a few deep breaths.

- To begin the exercise, count “one” to yourself as you exhale.
- The next time you exhale, count “two,” and so on up to “five”.
- Then begin a new cycle, counting “one” on the next exhalation.

Repeat 5 times.

Never count higher than five, and count only when you exhale. You will know your attention has wandered when you find yourself counting up to eight, twelve, etc.



Appendix 3. References and further reading

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Further reading

(Be aware that these pages are on the internet and are subject to change.)

Gender based violence and health

Gender-based violence and HIV – a program guide for integrating GBV prevention and response in pepfar programs.

At: http://www.aidstar-one.com/sites/default/files/AIDSTAR-One_GBV_Guidance.pdf.

GBV is both a cause and effect of HIV infection. This guide explains why it can be productive to link GBV with HIV-programmes and offers a starting point for integrating these subjects.

International Planned Parenthood Federation. *Meeting the Sexual and Reproductive Health Needs and Rights of Survivors of Gender-Based Violence. A Good Practice Training Module for Health Care Professionals.*

At: <http://www.wfpak.org/pdfs/GBV-RH/TrainingManual/GBVModulefinal.pdf>.

IPPF works in 172 countries to empower the most vulnerable women, men and young people to access life-saving services and programmes, and live with dignity.

Violence against women: Effects on reproductive health. Outlook, volume 20, number 1, 2001. At: http://www.path.org/publications/files/EOL20_1.pdf.

This article focuses on the reproductive health consequences of violence against women. It provides examples from research and successful programmes and explores how the health sector can take an active role in preventing and treating violence against women.

WHO, UNHCR, UNFPA (2004). *Clinical Management of Survivors of Rape: Developing Protocols for Use with Refugees and Internally Displaced Persons.* Geneva.

At: http://www.rhrc.org/resources/Clinical_Management_2005_rev.pdf.

Engaging men

Christian Relief Network. *Fatherhood and the fighting of sexual violence.*

At: <http://www.crn.no/index.php?/eng/Media2/News/Fatherhood-and-the-fighting-of-sexual-violence>.

Engaging men and boys in GBV and reproductive health prevention in conflict and emergency-response settings – a workshop module.

At: http://www.rhrc.org/resources/Conflict%20Manual_CARE_for%20web.pdf.

This module discusses how to engage men and boys in GBV prevention and increase awareness of the positive effects of doing so. It aims to build the skills of personnel who work on these issues in conflicts and emergencies.

Mobilising men in practice. Challenging sexual and gender-based violence in institutional settings.

At: <https://www.unfpa.org/public/home/publications/pid/10046>.

This programme aims to inspire and guide those who want to involve more men in efforts to address sexual and gender-based violence. It examines individual attitudes and behaviour, and also attitudes and behaviour that are sustained by social, political and economic structures.

Roulet, M. (2003). *Fatherhood Programs and Domestic Violence.* Center on Fathers, Families, and Public Policy.

At: http://www.cffpp.org/publications/TA_Fthd_DomViol.pdf.

Gender in humanitarian crises

Inter-Agency Standing Committee (2006). *Women, girls, boys and men: Different needs – equal opportunities*.

At: <http://www.unhcr.org/50f91c999.html>.

This handbook offers practical guidance on being sensitive to gender issues in humanitarian crises. It presents basic principles, definitions and a framework for gender and gender equality. It explains why the concept of gender is crucial in crisis situations.

Norwegian Refugee Council (NRC) (2008). *Prevention of and response to gender based violence*. In *Camp Management Toolkit*, Chapter 10.

At: http://www.nrc.no/arch/_img/9293565.pdf.

Communication

Communication Skills Manual.

At: http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html.

The GBV Communication Skills Manual is a collaboration between Family Health International (FHI), the RHRC Consortium, and the IRC. The manual includes a training outline, a list of materials, a detailed training curriculum, and hand outs.

Children

International Rescue Committee and UNICEF (2011). *Advancing the field: Caring for child survivors of sexual abuse in humanitarian settings. A Review of Promising Practices to Improve Case Management, Psychosocial & Mental Health Interventions, and Clinical Care for Child Survivors of Sexual Abuse*.

At: http://www.unicef.org/pacificislands/IRC_CCSGuide_FullGuide_lowres.pdf.

International Rescue Committee and UNICEF (2012). *Caring for Child Survivors of Sexual Abuse – Guidelines for health and psychosocial service providers in humanitarian settings*.

At: http://www.unicef.org/protection/files/IRC_CCSGuide_FullGuide_lowres.pdf.

UNICEF, Save the Children, Government of Zimbabwe (2012). *Protecting Children Affected by Abuse: the Victim Friendly System*.

At: <http://mhpss.net/?get=49/1320134934-VictimFriendlySystemBrochure-15June2011.pdf>.

The Victim Friendly System is the culmination of a number of initiatives aimed at providing essential support services to boys and girls affected by abuse.

Reporting and documentation (gathering forensic evidence)

Gender-based Violence Area of Responsibility Working Group (GBV AoR) (2010). *Dos and Don'ts for collecting, analyzing and reporting on sexual violence*. In *GBV coordination handbook*.

At: <http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf>.

Giffard, C. (2000). *Torture Reporting Handbook*. Human Rights Centre, University of Essex/UK Foreign and Commonwealth Office.

At: <http://www.essex.ac.uk/torturehandbook/english.htm#copyright>.

OHCHR (2004). *Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*. Office of the United Nations High Commissioner for Human Rights, 2001. UN publication HR/P/PT/8. At: <http://www.ohchr.org/Documents/Publications/training8Rev1en.pdf>.

Peel, M., Lubell, N. and Beynon, J. (2005). *Medical Investigation and Documentation of Torture, A Handbook for Health Professionals*. At: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1366717.

Training modules and reports

Act Alliance. *Community-based psychosocial support in emergencies*. At: <http://psychosocial.actalliance.org/default.aspx?di=66160>.

This online guide aims to assist humanitarian practitioners who work in emergency zones. It focuses on psychosocial support.

IASC (2005). *Provide community-based psychological and social support*. Action Sheet 8.3. In *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*. Geneva, pp. 69-71. At: <http://www.unhcr.org/453492294.pdf>.

Managing Gender-based Violence Programmes in Emergencies. An e-learning course. At: <https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>.

This 146-page guide features the entire e-learning course transcript as well as new material. It includes *Programmes in Focus* (illustrative examples of GBV programming in action), *Voices from the Field* (first-person accounts from practitioners who have experienced and implemented the concepts covered in the Course), and *Thinking Locally* (short segments that encourage you to consider how you would apply course concepts to your own context).

Terlou, B. (2005). *ARC Training Guide – Gender-based Violence for Health Workers and Business Extension Agents in refugee camps, Guinea*. At: http://www.arcrelief.org/gbvbooks/cdrom/content/Book_2_CSI/Appendices/CSI_Overview_Appendix_V/Training_Guide_ARC_CVT.pdf.

Trauma Treatment Manual. At: <http://www.trauma-pages.com/s/schmookler-manual.php>.

This manual was originally written for people working in the field with women survivors of rape in Bosnia, but it can be used more broadly as a guide for helping anyone of either gender who has survived any kind of trauma.

UN Women. Virtual knowledge centre to end violence against women and girls. At: <http://www.endvawnow.org/en/>.

This is an online resource in English, French and Spanish, designed to serve the needs of policymakers, programme implementers and other practitioners who work to stop violence against women and girls.

UN Secretary General (2006). *Ending violence against women – From words to action*. Report of the UN Secretary General, United Nations. At: http://www.un.org/womenwatch/daw/public/VAW_Study/VAWstudyE.pdf.

This report contextualises violence against women and summarises information on its prevalence. It identifies gaps in knowledge and research challenges, including methods for monitoring GBV.

UNFPA (2006). *Ending violence against women. Programming for prevention, protection and care.*

At: <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2007/endingvaw.pdf>.

Provides examples of good practice from UNFPA's experience of ten projects in five regions.

WHO (2012). *Mental health and psychosocial support for conflict-related sexual violence: 10 myths.*

At: http://apps.who.int/iris/bitstream/10665/75177/1/WHO_RHR_HRP_12.17_eng.pdf.

WHO, SVIR, Stop Rape now (2011). *Setting a research agenda for conflict-related sexual violence.*

At: <http://www.svri.org/forum2011/ResearchAgenda.pdf>.

This is a power point presentation.

Women's Refugee Commission (2011). *Preventing Gender-based Violence, Building Livelihoods: Guidance and Tools for Improved Programming.*

At: http://mhpps.net/wp-content/uploads/group-documents/46/1325739617-full_report_146.pdf.

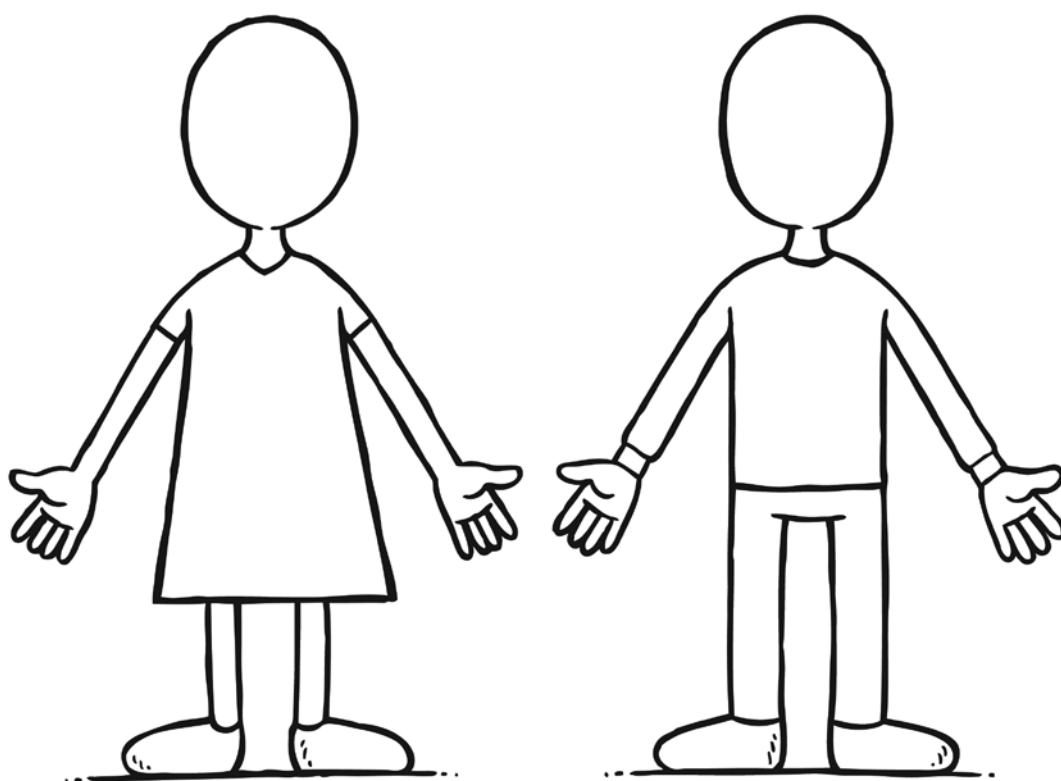
Conflict and displacement destroy livelihoods and force people to adopt new strategies to support themselves. New livelihood strategies can increase the risk of GBV. Women need to make informed livelihood choices and shape their own options. Programmes should involve women throughout – in assessment and design, implementation, and monitoring and evaluation.



Appendix 4. Illustrations

Figure 1. The qualities of a good helper in your society and context.

Fill in the resources and the qualities you have as a helper.



List

Things you need

Things you lack

Things you want to learn...

Figure 2. The Butterfly Woman in the beginning, capable and in good health.

What does she feel in her body, heart, feelings, breathing and thoughts?

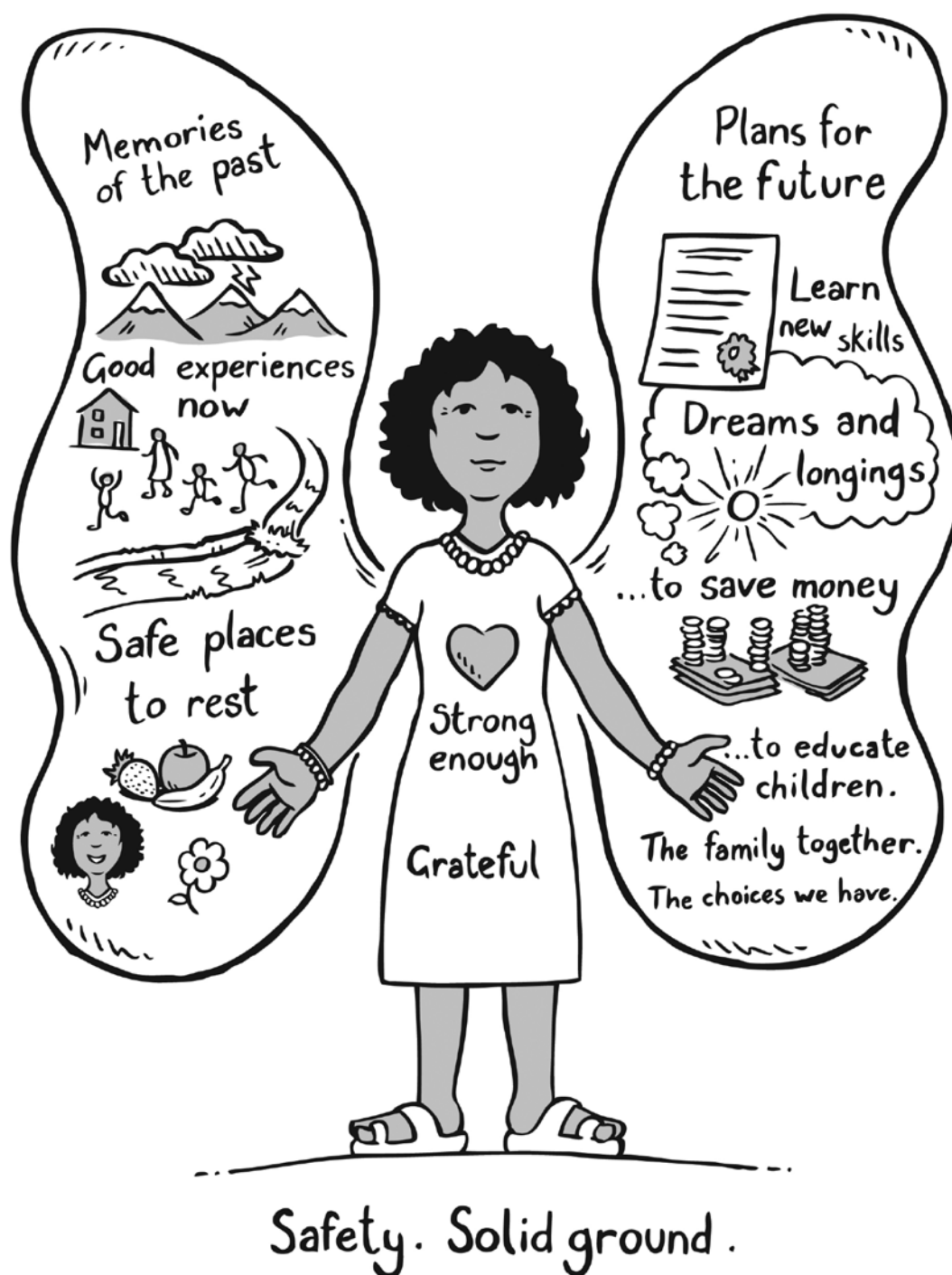


Figure 3. The Butterfly Woman immediately after the trauma.

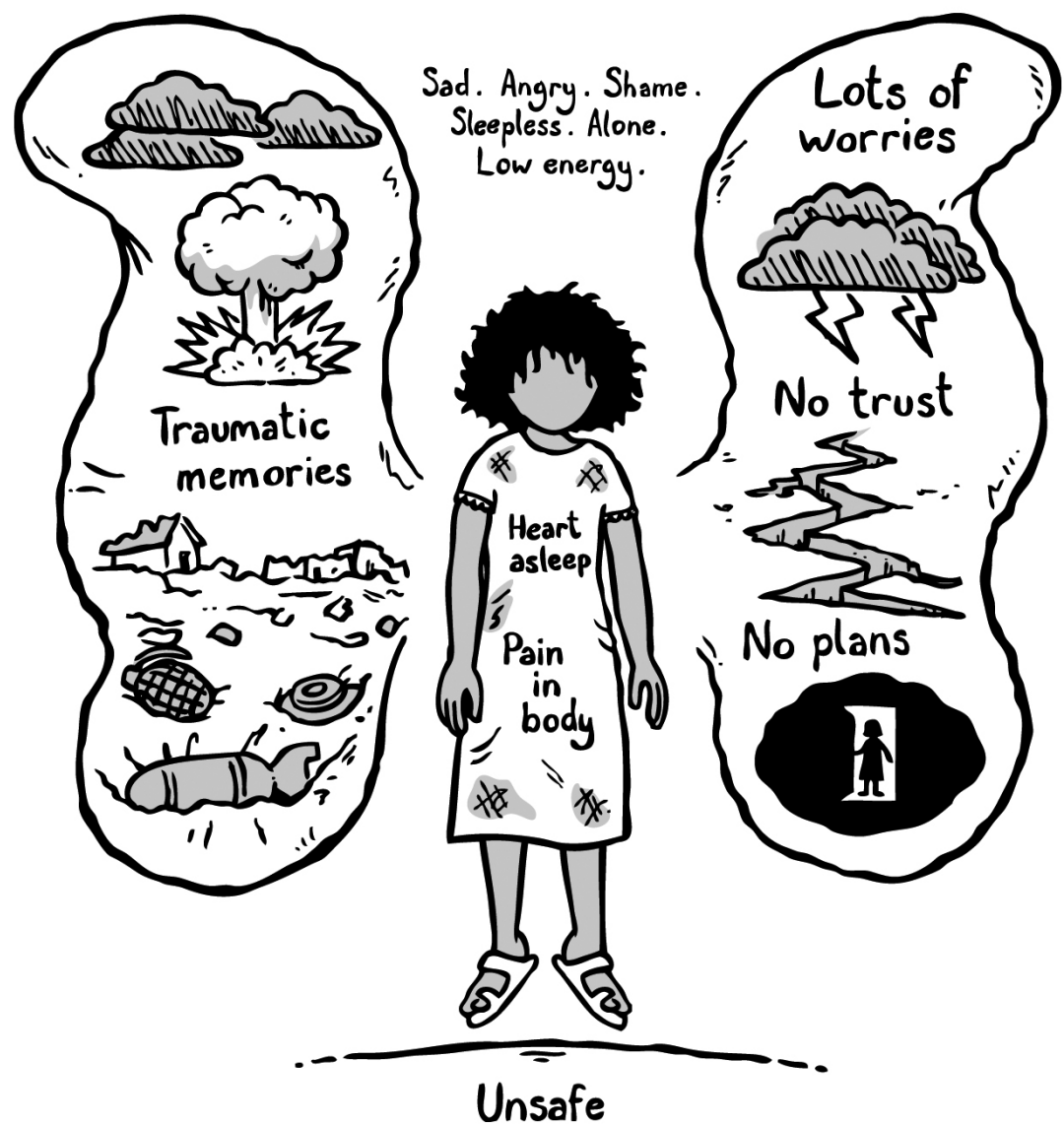


Figure 4. The Butterfly Woman experiences triggers and flashbacks some time after the trauma.

What happens to her body, heart, feelings, breathing and thoughts when she experiences triggers and flashbacks?

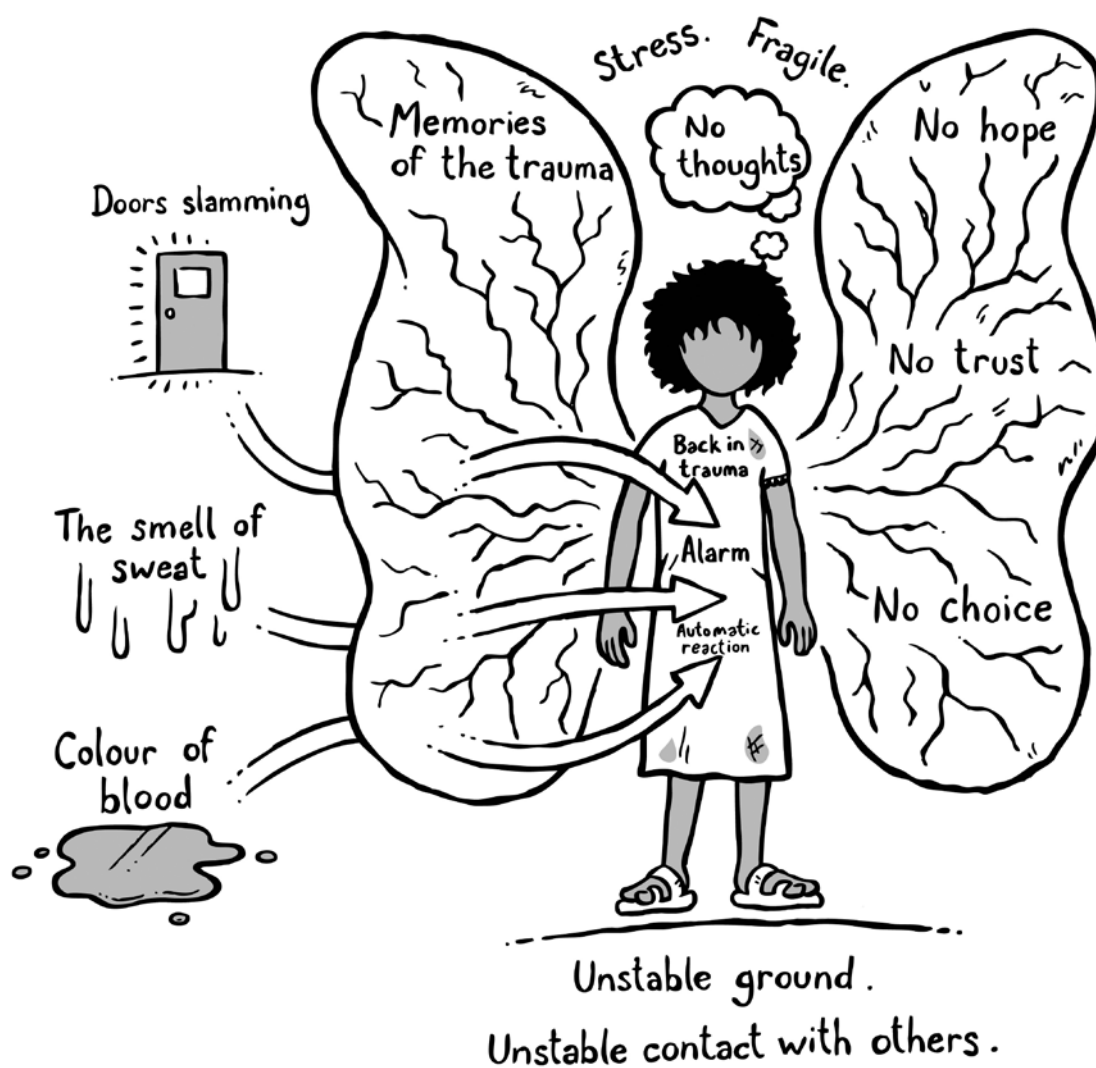


Figure 5. The Butterfly Woman gradually healing.

The Butterfly Woman wakes up good memories and old resources. Good new experiences waken her dreams and longings.

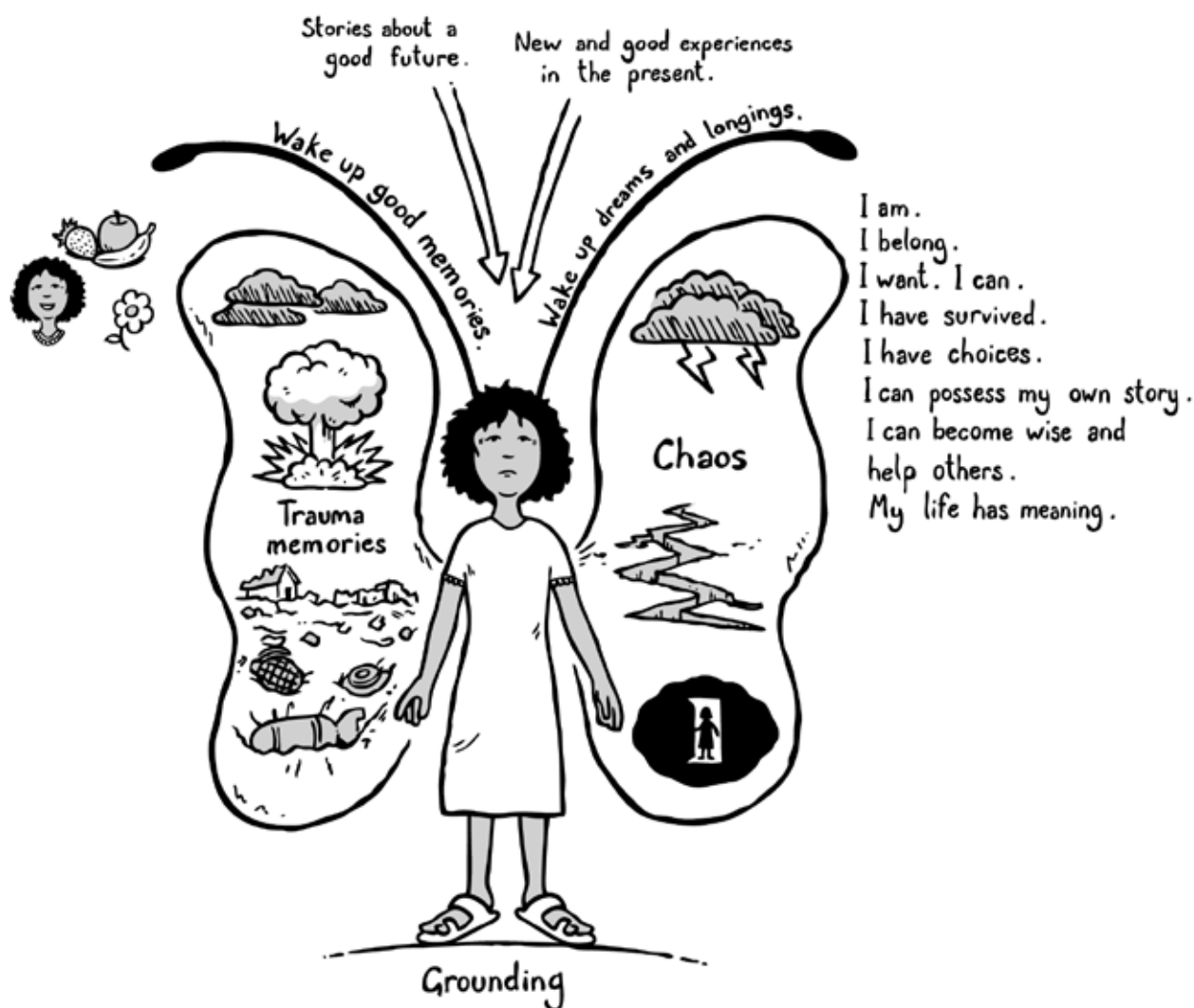
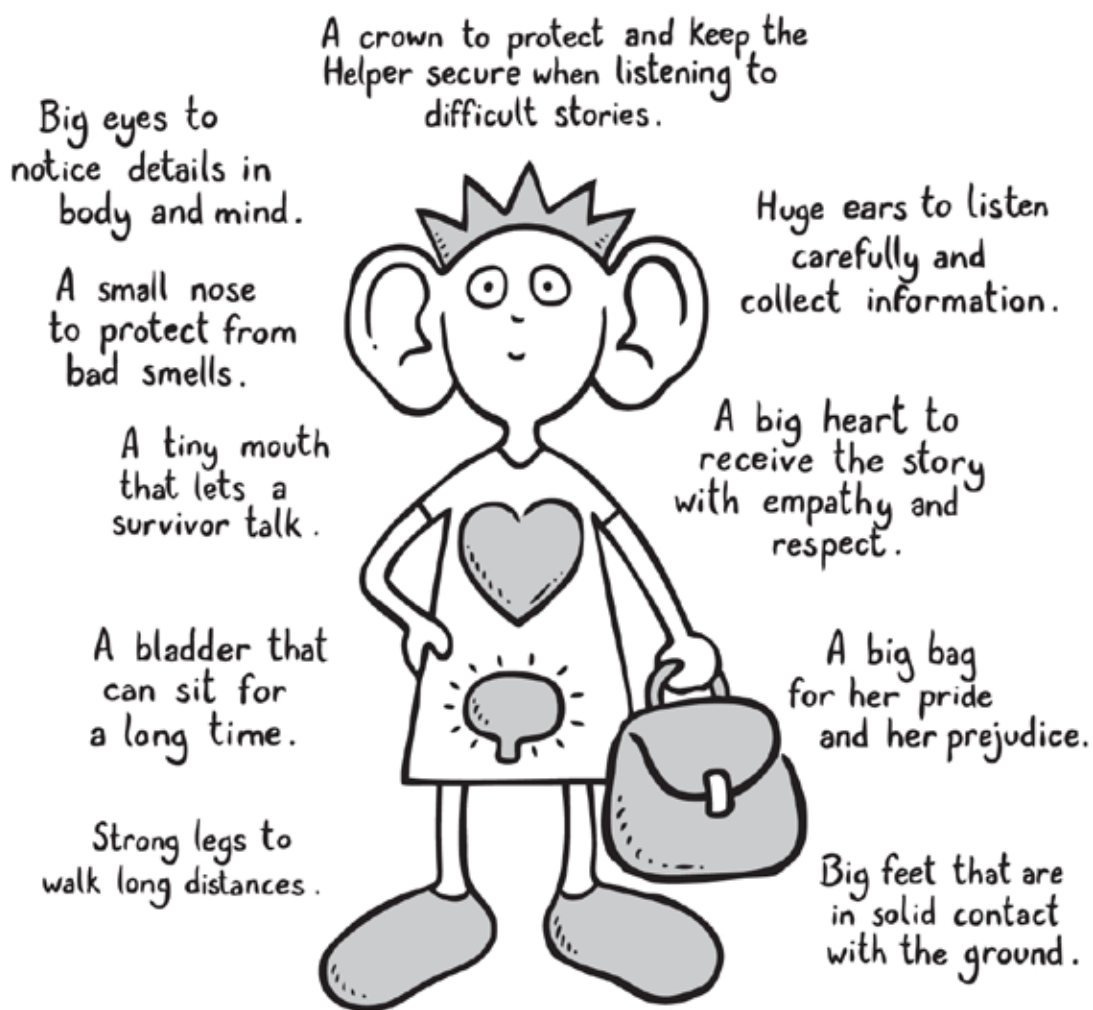


Figure 6. The qualities of a good helper (II).

This image was shared by counsellors working in the Democratic Republic of the Congo.



What else is needed in your culture and in your circumstances?

Add to the drawing...

Appendix 5.

Post-training questionnaire for the participants

General

Are you:

- ☐ Male?
- ☐ Female?

Do you work directly with survivors?

- ☐ Yes
- ☐ No

Did the training meet your expectations? Was it:

- ☐ Very helpful?
- ☐ Helpful?
- ☐ Quite helpful?
- ☐ Not helpful?

Was the information communicated by the training relevant to your work? Was it:

- ☐ Very relevant?
- ☐ Relevant?
- ☐ Quite relevant?
- ☐ Not relevant?

What elements from the training will you use in your future work?

What elements from the training will you not use in your future work?

Did you find the stories appropriate and relevant?

☐ Yes

☐ No

How would you adapt the stories to make them more useful?

Was the composition of the participants appropriate?

☐ Yes

☐ No

Did you feel comfortable?

☐ Yes

☐ No

Did you feel secure?

☐ Yes

☐ No

Did you learn from the experience of other participants?

☐ Yes

☐ No

Did you feel the Trainers communicated the training information well?

☐ Yes

☐ No

Did you feel comfortable with them?

☐ Yes

☐ No

Did you feel secure with them?

☐ Yes

☐ No

How could the Trainers improve the way they teach the training?

Exercises

Did you find the exercises useful?

☐ Yes

☐ No

Which ones were most useful?

Which ones were less useful?

Were the exercises taught in a helpful way?

☐ Yes

☐ No

Should they be taught differently?

☐ Yes

☐ No

Would you like to have practised them more often?

- ☐ Yes
☐ No

Did the training fail to explore certain areas of your work that you consider vital?

- ☐ Yes
☐ No

If yes, which areas did the training fail to explore?

Should exercises be introduced to help your work in these areas?

- ☐ Yes
☐ No

Discussions

Did you find the group discussions useful?

- ☐ Yes
☐ No

Which discussions did you find most useful?

- ☐ Plenary
☐ Small group

Which group discussions were most useful to you?

Which were less useful?

Were the discussions led in a helpful manner?

☐ Yes

☐ No

Should they be led differently?

☐ Yes

☐ No

If yes, how?

Would you have liked discussions to be:

☐ Longer?

☐ Shorter?

Did the training fail to explore certain areas of your work that you consider vital?

☐ Yes

☐ No

If yes, which areas?

Should the training introduce discussions in these areas?

☐ Yes

☐ No



Learning

What did you learn?

Do you think you can apply what you have learned in your own work?

☐ Yes

☐ No

If yes, what elements of the learning will you need to adapt?

If no, what changes would you introduce to make the training more applicable to your situation?

What areas did the training address well?

What areas did the training address less well?

What areas did the training address poorly?

Did the training fail to address certain important issues?

- ☐ Yes
- ☐ No

If yes, which ones?

Documentation

Did you find the documentation easy to read?

- ☐ Yes
- ☐ No

Did you receive the documentation beforehand?

- ☐ Yes
- ☐ No

If you answered the last question 'no', would you have liked to receive the documentation beforehand?

- ☐ Yes
- ☐ No

Did you read the whole Manual during the training?

- ☐ Yes
- ☐ No

How will you use the Manual (especially Part II) in your own work?

- ☐ As a step-by-step guide?
- ☐ As a source of information?
- ☐ Selectively (pick and choose from elements you find relevant)?

Did the Introduction and Part I introduce the manual clearly and adequately?

- ☐ Yes
☐ No

Was the layout of Part II difficult or easy to understand and use?

- ☐ Yes
☐ No

Is the information in Part III accessible and sufficient?

- ☐ Yes
☐ No

What themes were not clearly explained?

How would you adapt the stories to make them more useful?

Timetable

Was the training:

- ☐ Too short?
☐ Too long?
☐ About right?

Was the timetable balanced (was the right amount of time allocated to each session)?

☐ Yes

☐ No

Where would you like to see more time allocated?

Where would you like to see less time allocated?

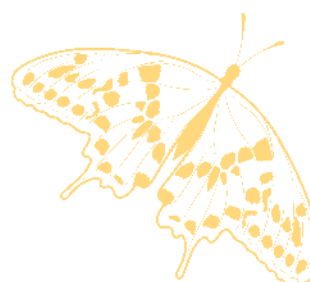
Logistics

Were the logistical arrangements satisfactory? (Consider travel, accommodation, food, administrative assistance, payments, etc.)

☐ Yes

☐ No

What improvements could be made?



Final comments

What final comments would you like to make?

Thank you.

We will ask participants for additional feedback after they have put the training's tools and exercises into practice. We hope you will be willing to cooperate if in the future we ask you to help us make this training more useful to people who help and support survivors of GBV.



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