



Spotlight Initiative

To eliminate violence against women and girls

SPRING MANUAL

Sports and Psychosocial Activities.

Initiated by the European Union and the United Nations:



SPORT & PSYCHOLOGICAL

REHABILITATION MANUAL FOR COACHES WORKING
AMONG GBV SURVIVORS



DEVELOPED BY:

African Center for Youth Sports and Development (ACYSD)

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FOREWORD

Sexual Gender Based Violence (SGBV) is a silent pandemic that affects all countries in the globe. Women have long been affected by this violation of human right, which has become part of their lifetime. As a result, women are predisposed to numerous forms of poor psychological health outcomes that can be long-term or even exist through their lifetime. This led to declaration of SGBV as a public health problem by the World Health Organization (WHO) and rapid response and attention by the international community to address the potential effects of SGBV on the health of the global population.

With gender equality being mentioned as one of the Sustainable Development Goals adopted by the United Nations (UN), a wide range of decision makers have increasingly shown significant interest in addressing SGBV globally. The goals of equality, human dignity, and democratic participation are violated by widespread violence against women and girls (VAWG). VAWG breaches and jeopardizes the basic foundations of the United Nations. As a result, policies and programs have been implemented to eliminate this public health problem globally especially in regions of predominating VAWG burden.

Despite the growing interest in alleviating the burden of VAWG in Nigeria, the public health concern continues to be a growing situation and has become the reality of many Nigerian women and girls. According to the World Health Organization, 30% of women are at lifetime risk of physical and/ sexual intimate partner violence globally. The African Region also accounts for an estimated lifetime risk amongst 35% of women >15 years old while 24% of Nigerian women are at lifetime risk of experiencing this major public health problem. With early marriage contributing significantly to SGBV, 43.5% of Nigerian women are at a risk of early marriage and 18.4% likely to experience genital mutilation. These statistics have also been mirrored by certain factors that prevent survivors from reporting SGBV. The lack of adequate statistics for VAWG is because of the social and cultural norms that encourages stigma and discrimination and prevents survivors from coming out and accessing equitable legislative justices for this violation against human right.

As Nigeria continues to develop more interest in eliminating VAWG and promoting gender equality, strategies, programs, and policies continue to be developed and implemented to ensure gender equality in the country. While the focus has largely been on the prevention of VAWG, only a few programs and policies have addressed the major limitation of VAWG, which is the lack of optimum access to SGBV services for survivors of SGBV. While sporting and psychological intervention has been adopted as strategies towards alleviating the harmful effects of exposure to SGBV, no guideline/policies have been proposed or developed to guide interventions to provide psychosocial rehabilitation for survivors of SGBV.

The United Nation's interest in eliminating gender inequality and VAWG is one step at the right direction. Considering the effectiveness of sporting and psychological health intervention in promoting rehabilitation for survivors of SGBV, the need for institutionalization of policies and guidelines that promote sporting and psychological health is inevitable. This manual provides a guideline for psychological and physical fitness interventions to survivors of SGBV and therefore is important in guiding coaches and program implementers in step-by-step implementation of this psychological and physical fitness intervention for Nigerian adolescent girls and young women (AGYW) survivors of SGBV.

This manual, therefore, provides a guide to interventions that promotes physical and psycho-social health among survivors and promotes the aim of the UN in addressing gender inequality as well as the VAWG in Nigeria.

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PREFACE

Sexual Gender Based Violence (SGBV) is a growing public health concern that is considered a serious violation of human right. Globally, 1 in 3 women are at risk of experiencing SGBV during their lifetime with numerous factors such as poverty, displacement/ violence, adolescent age contributing to its incidence and burden.

The consequences of SGBV are enormous and sometimes prolonged throughout the lifetime of survivors. GBV often results in psychological trauma that affects the behaviours, cognition, and productivity of survivors. While there are existing prevention and rehabilitation programs for survivors of SGBV in the developed parts of the world, other developing and under-developed countries lack adequate, optimum and sustainable access to formal psychological and medical services necessary to provide the care they need.

In the past decades, the international community has woken up to the growing SGBV pandemic which has resulted in the inclusion of gender equality as the 5th goal of the Sustainable Development Goal. With SDG representing a blueprint for better and sustainable future for the globe, countries have developed and adopted programs, policies and activities to achieve all the goals proposed by the SDG and have been significantly supported locally and internationally.

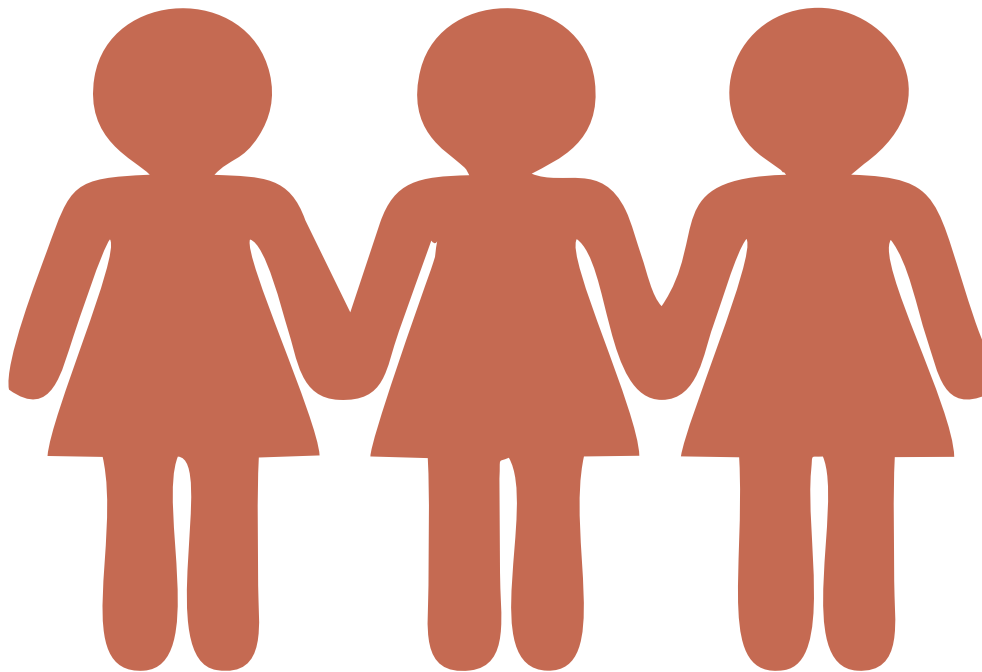
The African Centre for Youth Sport Development (ACYSD) is a Non-Governmental Agency (NGO) that is devoted in promoting physical and psychological health of adolescent children. Based on the institution's vision to create a new Africa where every young individual will have equal opportunities to sports and entrepreneurial development without discrimination, the organization has developed and implemented interventions programs to promote sports and development activities across schools and communities and have reached out to target populations such as students, out-of-school children, Adolescent Girls and Young Women (AGYW) survivors of Sexual Gender Based Violence (SGBV) in Nigeria.

Having implemented these activities for 4 years, we have recognized the growing burden of SGBV among AGYW and have deemed it necessary to develop a manual that adopts sports and psychological intervention to drive psychosocial rehabilitation, long-term recovery, and improvement of self-esteem.

In partnership with the United Nations Educational, Scientific and Cultural Organization, we have developed this manual with the aim of providing guiding principles for sporting and psychological health programs for AGYW survivors of SGBV in Nigeria. This manual emphasizes the need for survivors of SGBV to have equitable access to the sporting and psychological interventions that ensures psycho-social rehabilitation especially in Nigeria where there is little to no access to interventions for this high-risk population. It therefore provides practical guidance for the implementation of sporting and rehabilitation intervention for coaches through practical tips, fictitious stories and lesson learned and has been effectively piloted by UNESCO with significant results in promoting psycho-social health outcomes among survivors.

Yinka Suleiman
CEO, African Centre for Youth Sport Development
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INTRODUCTION



This is a training, not a therapy manual using sports and psychological exercises to support the long-term recovery of survivors of sexual gender-based violence.

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.

SPRING MANUAL

Sports and Psychosocial Activities.

PART I

CASE DEFINITION OF SGBV SURVIVORS FOR SPRING PROJECT

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 sports and Psychological rehabilitation of GBV survivors, cases recently identified in the last one year.

Characterised as emergencies. It focuses particularly on female survivors of GBV. For the purposes of this manual, 'survivors' are therefore women whose safety have 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 THE PARTICIPANTS WILL GAIN

The participants will go through sets of Sports and Psychological exercises, they will come to 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 stories, practising exercises, and being active in group work, the participants will have understandings of trauma, and practice ways of dealing with trauma-related reactions.

The set of exercises will give the participants new skills that are useful in dealing with trauma survivors, and at the same time strengthen their responses to 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 program because, in doing them, participants experience the physical and mental effects that grounding exercises have on the body.

THE BUTTERFLY WOMAN

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

Essence of story sharing - A fictional story can be a shared point of reference.

1. Linking the acquisition of skills to a story can strengthen memory and learning.
 2. Because a story can show that everyone responds similarly to gender-based violence without touching on individual cases or a survivor's own experience, storytelling is a valuable tool for working with survivors.
 3. 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 will/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.

Source: Mental health and gender-based violence Helping survivors of sexual violence in conflict – a training manual developed by Health and Human Rights Info (HHRI), 2016.

Further information about trauma and trauma reactions is provided in Part II.

SPORTING EXERCISES

FITNESS ASSESSMENT AND EVALUATION CLIENT INFORMATION

Age:
Body Composition/Weight:
Circumference Measurement:

TEST FUNCTIONAL MOVEMENTS

Flexibility
Shoulder Flexibility in inches

Strength and endurance test

Push-up: Upper body reps
Wall sit: Lower body reps
Plank text Core stability Seconds
Cardiovascular Endurance
3 minutes' step test reps of pulse counted

Age: 18-29 Rate

Flexibility Scoring

Excellent – Fingers overlaps
Good – Fingers touch
Average – Fingers are less than two inches apart

Age: 18-29 Score

Push-ups

Excellent 48 or more
Good 34 – 48
Average 17 – 33
Poor 6 – 16

Lower body score

Excellent 39
Good 34 – 39
Average 25 – 28
Poor 13 – 20

Core Strength Score Abs

Excellent 100+ seconds
Good 80 – 100 seconds
Average 40 – 60 seconds
Poor 25 – 30 seconds

CARDIOVASCULAR SCORE

3 minutes' step test
Excellent 52 – 81 counts
Good 80 – 93 counts
Average 96 – 102 counts
Poor 104 – 110 counts

BODY COMPOSITION (by the use of boundary)

Circumference: Area within a line.

It is used to describe the percentage of water bone and muscles in human life. It is relative to lean tissue, muscles, bones, body water organs.

Benefits:

It helps decrease the risk of type 2 diabetes.

It allows the use of free movement and help to exercise.

BODY WEIGHT

A person's mass or weight. It is measured in kg or pound. Know your body weight to help you to stay healthy by reducing the risk of chronic diseases. Over-weight is not healthy. Under-weight is also very bad. Normal weight is better.

BODY CIRCUMFERENCE:

It is the average of the sum of the eight circumference, Neck, waist, hip, arm, forearm, wrist, thigh and ankle. Upper body circumference (UBC) is the average of the sum of neck, waist, arm, forearm and wrist.

To be healthy, for men, it is 40 inches

To be healthy for women, it is 35 inches

STRETCHING:

It improves flexibility.

It improves your posture

It prevents injury

It reduces tension and give you calmness.

WARMUPS:

It prepares your body for activities

It increases blood flow

It reduces muscle soreness.

CARDIOVASCULAR TRAINING (with step-up endurance test):

Its benefits:

It lower blood pressure

It aids sleep

It regulates weight

It improves cardiovascular health

Strength training

Its benefits:

It makes you stronger and fitter

It protects your bone and helps reduce muscles mass.

It develops better body, posture and improves self-esteem etc.

We will use push-ups for upper body and wall sit for lower body

Core strength:

Its benefits:

It is used to improve balance and stability

It trains the muscle in the pelvic, lower body, hip abdomen to work together.

It eliminates back pain, upright posture.

It improves self-esteem.

We will use plank to achieve this.

HOW TO USE THE MANUAL

This rehabilitation manual is set for a sixteen-day training program, covering sport and psychological concepts. The manual will guide the coaches, as well as help to structure the activities, thereby systematically going through GBV related issues, as well as strategies and activities to facilitate rehabilitation.

The manual sets out preparation and background information for the coaches (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 coaches 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, coaches and participants will develop skills that will be useful in rehabilitation processes.

WHO CAN USE THE MANUAL?

The coaches should have a good knowledge of the manual, as well as 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 daily 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.

Setting a Conducive communication environment:

Using communication as an effective tool to be understood and to also understand.

COMMUNICATION SKILLS.

Aim: the aim of this is 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 (*instructor*) and the survivor is essential.

The coach (*instructor*) 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 is to note that 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 coordinator, supervisor, 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.

LESSONS TO COACH (FACILITATORS) OR HELPERS:

Taking care of yourself as a helper.

Aim: the facilitator or Helper should learn how the trauma of others can affect them and to understand some warning signals and the consequences of being an empathetic helper.

- **Learning how to cope:** It is important to understand that when talking to survivors of trauma, it is also possible to affects the helper. For all helpers, empathy is an essential aspect of good help. But it is also a source of compassion fatigue, vicarious traumatization, 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. All helpers who work closely with traumatized 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 recognized 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. 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, characterized 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 recognized and identified when you have a basic understanding of trauma.
- Recognize 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. Practice how to do the following:
 - Create conditions in which a traumatized 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.
 - Help the survivor to breathe as calmly as possible and, when this can be done, practice exercises from the manual.

Always bear in mind: Sometimes it will be important to report violent incidents to relevant bodies.

SPRING MANUAL

Sports and Psychosocial Activities.

PART II

PSYCHOLOGICAL EXERCISES

BREAKING PARTICIPANTS INTO GROUPS

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 coaches 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 COACHES

Here the trainers are going to first introduce themselves by using the following points to make the introduction.

- 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:

All participants present are going to introduce themselves by also using the following key presented below:

- 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? (if any)
- 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?

WHO IS AFFECTED?

Gender-based violence against children refers to the violence inflicted on a child due to stereotypes and roles attributed to or expected of them according to their sex or gender identity.

Children's vulnerabilities to violence stem from the fact that they depend on their parents or caregivers for their development, health and well being. Sometimes children are viewed as the property of their parents or caregivers, rather than rights-holders, making them vulnerable to abuse, neglect, exploitation and violence. Gender dynamics add another layer of vulnerability.

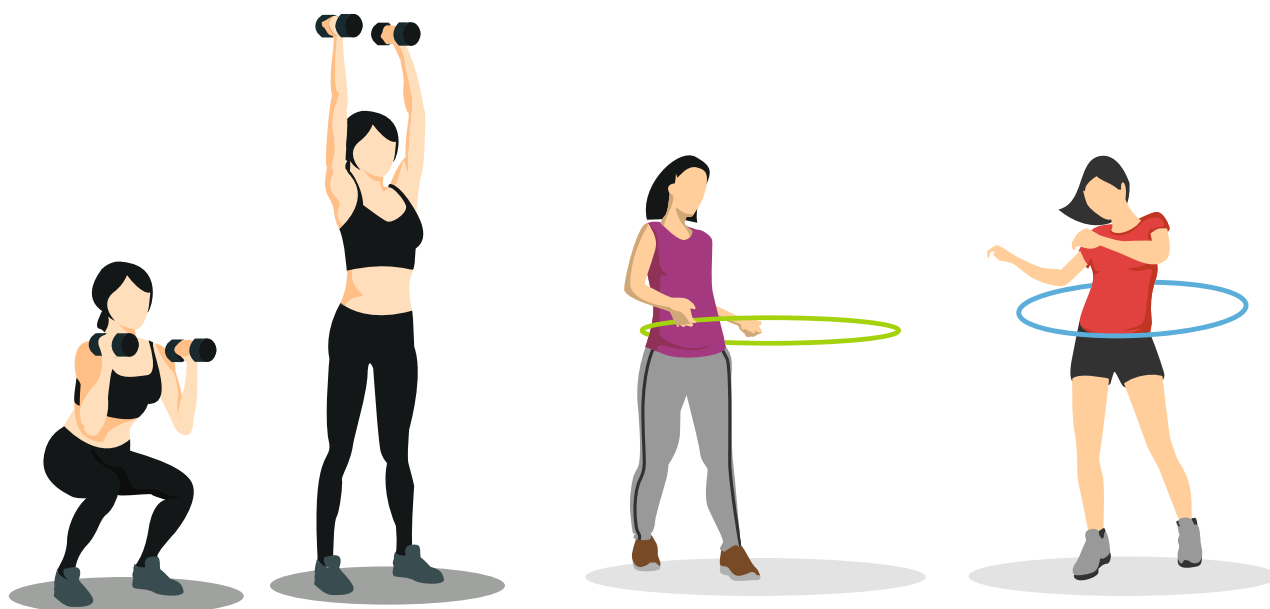
Gender-based violence disproportionately affects girls and women, particularly through certain forms of violence such as **child marriage**, intimate partner violence, **female genital mutilation**, 'honour' killings or trafficking. For this reason, We focussing on ending violence against girls and young women - to meet their increased needs and to advocate for their rights.

EXERCISE 1:

Participants will be allowed to say what they did when faced with the kind of violence they may have experienced with the following:

- Who did you tell?
- How long did it take you to speak?
- Were you completely honest with your experience?
- Have you found your inner peace of mind?

AIM: This exercise is meant to explore how participants handled their individual experiences because at the end of the workshop, participants are going to be asked to present what they would do differently based on how they handled their experience during this first exercise.



SPORTING EXERCISES

1.	Warm-up – walk 3 to 5 laps	10minutes	
2.	Stretching	20 minutes	
3.	The fitness assessment, flexibility, strength, core, cardiovascular following the above prescribed exercise		

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.

RECAP AND WRAP UP FOR THE DAY.

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

SERENITY PRAYER:

The facilitator will teach the participants how to say the serenity prayer and give each participant a copy of the serenity prayer to be said at the beginning and at the end of every session.

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.

Participants

A. WHAT IS TRAUMA?

What makes an experience traumatic? (1 hour)

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

INSTRUCTION. 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.



What is trauma? What makes an experience traumatic?

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

Coach. 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 different kinds of reactions and symptoms, even among individuals who are exposed to similar events.

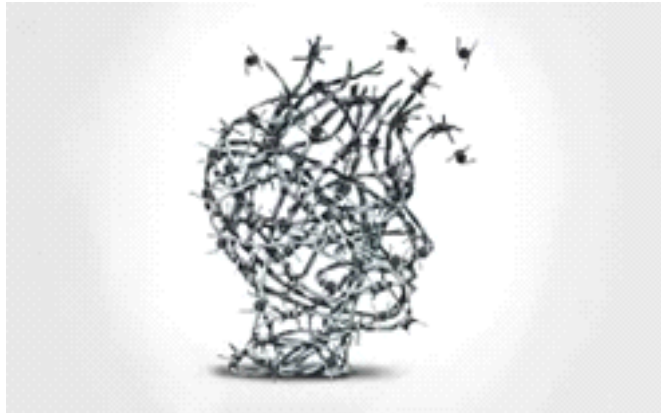
The Coach

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.



POST TRAUMATIC STRESS DISORDER:

At this point, we shall focus on Post Traumatic Stress Disorder.

Participants

Aim: Why is it important to understand PTSD?

If you're concerned about a loved one who has experienced trauma, it's **important** to learn about **PTSD**. Knowing how **PTSD** can affect people will help you **understand** what your loved one is going through — and how you can support them.

What is PTSD

- A disorder characterized by failure to recover after experiencing or witnessing a terrifying event.
- The condition may last months or years, with triggers that can bring back memories of the trauma accompanied by intense emotional and physical reactions.
- Symptoms may include nightmares or flashbacks, avoidance of situations that bring back the trauma, heightened reactivity to stimuli, anxiety or depressed mood.
- Treatment includes different types of psychotherapy as well as medications to manage symptoms

PTSD symptoms are generally grouped into **four types**:

- intrusive memories
- avoidance,
- negative changes in thinking and mood and
- changes in physical and emotional reactions. Symptoms can vary over time or vary from person to person.



A. ASSESSMENT FOR PTSD (30 Mins)

Coach:

The trainer/facilitator will explain to the groups what PCL is all about.

Aim: this is to screen participants with severe traumatic experience that may be clinical in nature to determine the psychotherapeutic approach to individuals.

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. PCL-C is applied generally to any traumatic event. The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about “the past month,” questions may ask about “the past week” or be modified to focus on events specific to a deployment.

Exercise 2. (General group activity)

Participants are going to be given 20 mins to write out their traumatic symptoms according to how they understand it from the workshop and each group will present their experiences according to the symptoms they have been through.

Coach/facilitator

You shall compare similarities of symptoms presented by each group and identify them with all the groups together.

B. Summary and recap for the day. (questions, comments etc.)

SPORTING EXERCISES

1.	Warm-ups	10minutes	
2.	Stretching	20 minutes	
3.	Divide into two groups Group A: Hand Ball Group B: Basketball	45 minutes 45 minutes	

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.

RECAP AND WRAP UP FOR THE DAY.

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

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.

The Trainer/facilitator

AIM: This is to have the attention of all participants and to serve as a competition and as an ice breaker.

NAMING GAME: You shall have participants into their various groups and select one representative each from every group to come forward and represent their individual groups.

INSTRUCTION: Participants are going to be asked to form words that begin with letters of the alphabets and to name People, Animals, Places and Things.

Example: Letter A... each representative will form names like; Alex, Ant, Anambra, Axe respectively. The first participant to name all and says STOP to the activity and points are counted accordingly. Any participant who forms a word already mentioned by the first person to say stop will be subtracted and added to the person.

At the end of the game, points are counted and the participant with the highest score wins the game.



The Butterfly Woman. Her good life.

Source: Health and Human Rights Info (HHRI) 2016.

The Coach/facilitator

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.

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.

The Butterfly Woman. Her good life.

Source: Health and Human Rights Info (HHRI) 2016.

To the Participants

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

Coach/facilitator.

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.

The Butterfly Woman. Her good life. (continued)

Source: Health and Human Rights Info (HHRI) 2016.

The coach/facilitator

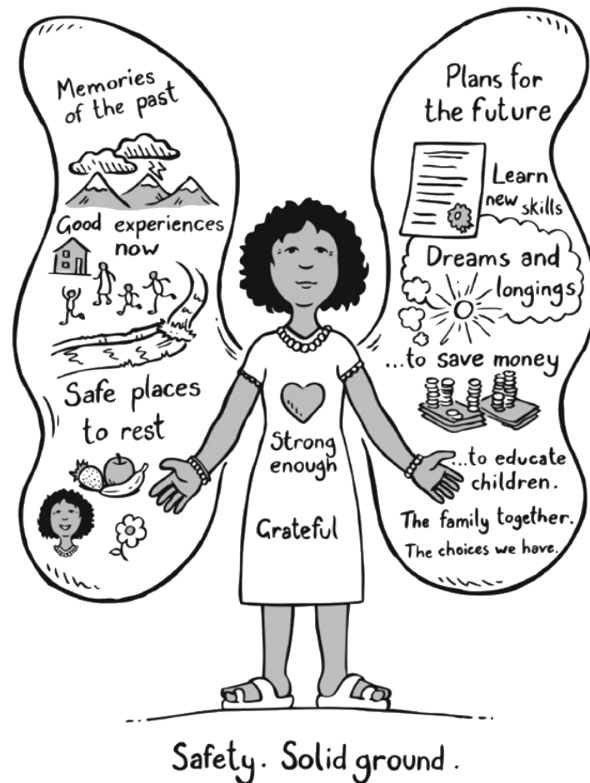
AIM. To begin the story of the Butterfly Woman, starting when her life was good, through trauma to healing.

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 1. The Butterfly Woman In the beginning, capable and in good health.



THE BUTTERFLY WOMAN. HER GOOD LIFE. (CONTINUED) PART 2

Source: Health and Human Rights Info (HHRI) 2016.

To Participants

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

The Coach/facilitator

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.*

The Butterfly Woman. Her good life. (continued)

Source: Health and Human Rights Info (HHRI) 2016.

To the Coach/facilitator

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 3 with a game (continue the Naming game again and before ending for the day).

This game can 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.

SPORTING EXERCISES

1.	Warm-up	10 minutes	
2.	Stretching	20 minutes	
3.	Divide in 5 groups Group A: Archery Group B: Ludo Group C: Ayo Group D: Chess Group E: Scrabble	1hr 45 minutes	

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.

RECAP AND WRAP UP FOR THE DAY.

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

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.

THE BUTTERFLY WOMAN. HER GOOD LIFE. (CONTINUED)

BREAKING PARTICIPANTS INTO GROUPS

LIFE IS TURNED UPSIDE DOWN

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. (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.

This exercise is useful if you see that the group is low on energy. Do the exercise together with the group, while giving them instructions.

THE BUTTERFLY WOMAN. HER GOOD LIFE. (CONTINUED)

Source: Health and Human Rights Info (HHRI) 2016.

Coach/facilitator.

The next part of the story describes what happened to the Butterfly Woman. It contains her experience of violence and rape.

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

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.

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!

Story Part 2:

*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.

EXERCISE.

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.

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 . 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 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

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?

RESPONSES TO THREAT

Coach/facilitator.

Thank you. Now take a deep breath!

- **Aim.** To clarify the nature and expression of trauma.

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 2. The Butterfly Woman.



Immediately after the trauma.
Source: Health and Human Rights Info (HHRI) 2016.

THE BUTTERFLY WOMAN. HER GOOD LIFE. (CONTINUED) PART 3

Source: Health and Human Rights Info (HHRI) 2016.

Aim. To clarify the nature and expression of trauma

Coach/facilitator.

The story continues.

*Some hours must have passed before two men from the village found the Butterfly Woman, wounded on the riverbank. 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 **heartbeat 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 2: 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.*

RESPONSES TO THREAT

Aim. To clarify the nature and expression of trauma

Coach/facilitator.

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 freedom, enabling them to speak to one another about what is otherwise unspeakable or overwhelming.

SPORTING EXERCISES

1.	Warm-up	10 minutes	
2.	Stretching	20 minutes	
3.	Dance	1hr 30 minutes	

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.

RECAP AND WRAP UP FOR THE DAY.

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SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.

To the Coach/facilitator

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 anymore. 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.**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.

Coach/facilitator. 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.

Coach/facilitator.

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 anymore. 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.

Participants

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.

Continued

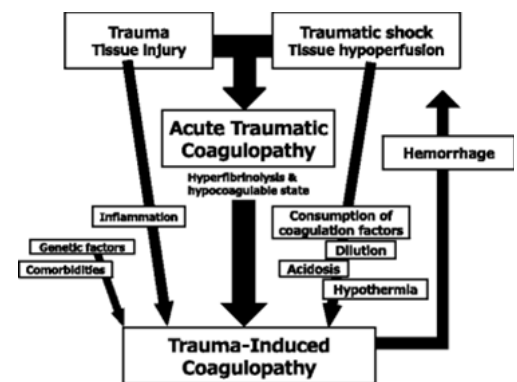
THE ACUTE TRAUMA

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 help. 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.

The story shows that

- When a person is traumatized, 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.

THE ACUTE TRAUMA

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

Coach/facilitator.

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.

PRACTISING THE STORY

To the Coach/facilitator

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.

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.

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.

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

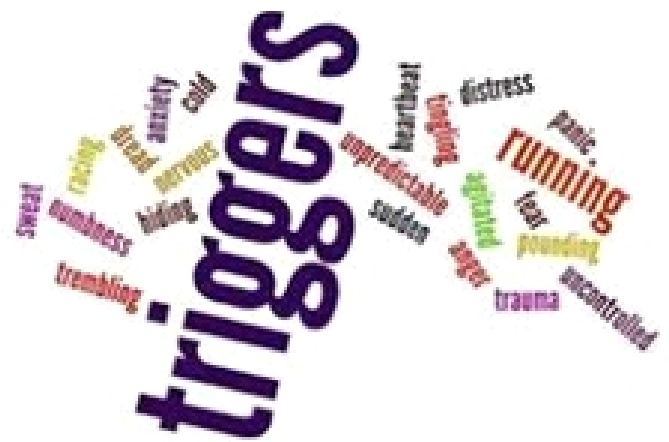


a survivor will recognise her own reactions in those of the Butterfly Woman? Will she understand that she is not alone? Do you agree that other women react and feel in the same way the Butterfly Woman does, and that her reactions are natural and often occur after such an experience? Trainer. We have 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.

TRIGGERS (TRAUMA REMINDERS) AND FLASHBACKS

Coach/facilitator

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 repeatedly. 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. 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?

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.

TRIGGERS (TRAUMA REMINDERS) AND FLASHBACKS

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

Coach/facilitator.

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.*

Coach/facilitator

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.

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 gatewaying 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 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.

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

Coach/facilitator.

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 4.

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.

SPORTING EXERCISES

1.	Warm-Up	10 minutes	
2.	Stretches	20 minutes	
3.	Aerobics	1 hr 30 minutes	

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.

RECAP AND WRAP UP FOR THE DAY.

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

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.



The Coach/facilitator

Aims: to improve an individual's well-being and mental health, to resolve or mitigate troublesome behaviors, beliefs, compulsions, thoughts, or emotions, and to improve relationships and social skills.

6.1 PSYCHOTHERAPY

Psychotherapy can help treat a lot of challenges and symptoms relating to mental health and emotions. Also known as talk therapy, psychotherapy aim at helping people to understand their feelings and equip them to face their challenges both in the present and future.

To see positive results, a person will usually need to understand the need for change and be willing to follow the treatment as the therapy advises.

Psychotherapy can help when depression, low self-esteem, addiction, bereavement, or other factors leave a person's feeling and overwhelmed, it can also help treat Bipolar disorder, schizophrenia and certain mental help conditions.

There are many approaches to psychotherapy some last for only a few sessions while others can last for month or years depending on the persons need. Individual session usually last for 40 – 45 minutes

Sessions may be one on one

Group therapy telling other forms of communication like story telling etc.

Psychotherapy sessions are conducted by clinical psychologist or psychiatrist.

BENEFITS OF PSYCHOTHERAPY

Psychotherapy can help people with a range of situations

- Those with difficulty facing challenges or challenges focusing on work or studies
- Has experienced abusive situation
- Those are risk of harming themselves
- Feels anxious all the time
- Has mental challenges

- Is using drugs and alcohol in a way that is not healthful
- Those with overwhelming feelings of sadness

The trainer shall explain to the participants the benefits of psychotherapy and how the modalities of treatment.

A. **EXERCISE: 20 minutes (Participants)**

- All participants will be given a card to write down difficulties and challenges they face since after their traumatic experience or abuse.
- Participants should remember to write their names on the cards provided.
- Identify your triggers to experiences in the past, having understood what triggers are.

Reality and truth can at times, be painful, but will ultimately lead to more personal happiness and healthier relationships. The goal of psychotherapy is not to change you, change is your choice, but it is to build **awareness**, compassion, understanding, respect, empathy and acceptance toward yourself and others.

You should also explain to the participants the goal of going into psychotherapy, which includes

- Include strengthening the mind
- enlarging the capacity of the conscious mind
- enabling a person to use their full mental potential
- bringing contentment and inner happiness to individuals
- bringing concentration and an increased willpower to individuals.

Break 10 Minutes.

GROUP ACTIVITY: FEELINGS HOT POTATO GAME

This is another quick and easy group activity that is effective and brings a lot of giggles! I use a musical hot potato, but again, you could use anything that you have handy in your office as the item to pass. In a pinch, I've used stress balls & music from my laptop. Played like traditional hot potato games, students pass the potato around the group until the music stops. Whoever is holding the potato at that point must share. Depending on your group topic, perhaps they share a *feeling word*, *best topic so far*, *family memory*, etc.



SPORTING EXERCISES

1.	Warm-up	10 minutes	
2.	Stretches	20 minutes	
3.	Badminton (Group A)	10am – 11am	
4.	Hand Ball (Group B)	10am – 11am	

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.

RECAP AND WRAP UP FOR THE DAY.

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

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.

ANXIETY DISORDERS

COPING WITH ANXIETY DISORDERS (The Coach)

AIM: Develop strategies to reduce symptoms, or Reduce anxiety and improve coping skills

To the Participants

- Be free of panic episodes (100%)
- Recognize and plan for top five anxiety-provoking situations
- Learn two new ways of coping with routine stressors
- Report feeling more positive about self and abilities during therapy sessions
- Develop strategies for thought distraction when fixating on the future

If anxiety is a regular part of your life, it's important to find treatment strategies to help you keep it in check. It might be a combination of things, like talk therapy and meditation, or it might just be a matter of cutting out or resolving your anxiety trigger.

If you're not sure where to start, it's always helpful to discuss options with a mental health professional who might suggest something you hadn't thought of before.

IDENTIFY AND LEARN TO MANAGE YOUR TRIGGERS

You can identify triggers on your own or with a therapist. Sometimes they can be obvious, like caffeine, drinking alcohol, or smoking. Other times they can be less obvious.

Long-term problems, such as financial or work-related situations, may take some time to figure out — is it a due date, a person, or the situation? This may take some extra support, through therapy or with friends.

When you do figure out your trigger, you should try to limit your exposure if you can. If you can't limit it — like if it's due to a stressful work environment that you can't currently change — using other coping techniques may help.

EXERCISE:

Participants to identify their individual triggers: This should be discussed in the group (20 Minutes).



B.RELAXATION EXERCISE (To the Participants)

AIM: Increase awareness of tension in the body and improve awareness of the difference between tension and relaxation

A relaxation technique is any method, process, procedure, or activity that helps a person to relax; to attain a state of increased calmness; or otherwise reduce levels of pain, anxiety, stress or anger.

You will learn to breathe in ways that will promote calm and **relaxation**, Slow down activity in the mind to avoid or learn to better tolerate “racing thoughts.” Etc...

There are 3 major types of relaxation techniques:

- Autogenic training. This technique uses both visual imagery and body awareness to move a person into a deep state of relaxation. ...
- Breathing. ...
- Progressive muscle relaxation. ...
- Meditation.

Six relaxation techniques to reduce stress

- Breath focus. In this simple, powerful technique, you take long, slow, deep breaths (also known as abdominal or belly **breathing**). ...
- Body scan. This technique blends breath focus with progressive muscle relaxation. ...
- Guided imagery. ...
- Mindfulness meditation. ...
- Yoga, tai chi, and qigong. ...
- Repetitive prayer.

How can I control anxiety immediately?

For **immediate** relief from **anxiety**, stand up, pull your shoulders back, plant your feet evenly and widely apart, and open your chest. Then breathe deeply. This posture, combined with deep breathing, helps your body remember that it's not in danger right now, and that it is in **control** (not helpless).

Breathing Exercise. To try it yourself:

- Lie down and close your eyes.
- Gently **breathe** in through your nose, mouth closed, for a count of six seconds.
- Don't fill your lungs too full of air.
- Exhale for six seconds, allowing your **breath** to leave your body slowly and gently. ...
- Continue for up to 10 minutes.

BREATH FOCUS

When deep breathing is focussed and slow, it can help reduce anxiety. You can do this technique by sitting or lying down in a quiet, comfortable location. Then:

1. Notice how it feels when you inhale and exhale normally. Mentally scan your body. You might feel tension in your body that you never noticed.
2. Take a slow, deep breath through your nose.
3. Notice your belly and upper body expanding.
4. Exhale in whatever way is most comfortable for you, sighing if you wish.
5. Do this for several minutes, paying attention to the rise and fall of your belly.
6. Choose a word to focus on and vocalize during your exhale. Words like “safe” and “calm” can be effective.
7. Imagine your inhale washing over you like a gentle wave.
8. Imagine your exhale carrying negative and upsetting thoughts and energy away from you.
9. When you get distracted, gently bring your attention back to your breath and your words.

Practice this technique for up to 20 minutes daily when you can.

Wrap up the day with the exercise below.

Exercise Part 3

How is your Emotional Wellness?

Below are 8 items that you may agree with or disagree with. On a scale of 1 to 7, rate your level of agreement with each item, being honest and open with yourself.

7 Strongly Agree 6 Agree 5 Slightly Agree 4 Neither Agree or Disagree
3 Slightly disagree 2 Disagree 1 Strongly disagree

_____ I feel satisfied with who I am and where I am in my life

_____ I refuse to allow regrets and disappointments cloud “today”

_____ I feel a strong sense of connection with others and do not feel isolated

_____ I tend to think rationally and optimistically

_____ I do not hold onto grudges and can forgive others for not living up to my expectations

_____ I feel a great sense of control over my emotions, thoughts and feelings

_____ I have a healthy sense of humour and can laugh at life's imperfections

_____ I feel more gratitude on how my life is now rather than focus on what's lacking

Total your score here: _____

Emotional Wellness Range:

51-56 Emotional Wellness is extraordinary!

46- 50 High level of Emotional Wellness

40-46 Moderate level of Emotional Wellness

32-39 Emotional Wellness needs some boosting!

24-31 Emotional Wellness is posing problems for optimal health – needs work!

16-23 Needs improvement! Actively work on improving your Emotional Wellness.

SPORTING EXERCISES

1.	Warm-up	10 minutes	
2.	Stretching	20 minutes	
3.	Divide in Group 5	9:30am – 11am	
4.	Group A: Archery Group B: Ludo Group C: Ayo Group D: Chess Group E: Scrabble		

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.

RECAP AND WRAP UP FOR THE DAY.

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SERENITY PRAYER

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The courage to change the things I can; And the wisdom to know the difference.



BUILDING RESILIENCE

The **Coach/facilitator** is going to speak to the participants about resilience and how they have been able to be at their very best without allowing anything or experience of the past to hinder them from achieving their plans without giving up.

Aim: this is to help the participants improve their ability to adapt and bounce back when things don't go as planned.

Resilience is important for several reasons; it enables us to develop mechanisms for protection against experiences which could be overwhelming, it helps us to maintain balance in our lives during difficult or stressful periods and can also protect us from the development of some mental health difficulties and issues.

WHAT IS RESILIENCE AND WHY IS IT IMPORTANT FOR SUCCESS?

Have you ever wondered why some people remain calm in the face of adversity, while others crumble? People who can effectively navigate the highs and lows of life have what psychologists call resilience, or an ability to effectively bounce back from adversity.

Whenever you come across a difficult situation, you have two choices: you can either let your emotions get the best of you and become paralyzed by fear, or you can uplift yourself from the negative and transform pain into possibility.

Even if you consider yourself to be a happy person, it is inevitable that you will encounter challenges at some point along your journey. These experiences may bend you, but they do not have to break you.



Building resilience is the key to turning challenges into successes.

All of us have the power to develop a resilient mindset; just like a muscle, it needs to be conditioned and strengthened every single day. Sometimes it takes hitting your emotional threshold before you can tap into your personal resilience. What is resilience and why is it so important for success?

WHAT IS RESILIENCE AND WHY IS IT SO IMPORTANT FOR SUCCESS?

To date, there is little consensus among researchers about the definition and meaning of the construct of resilience. In the last decade, the concept of resilience has shifted. It was once confined to a set of stable individual traits. However, the concept shifted to an outcome and dynamic process, dependent upon interactions between individual and contextual variables, evolving over time.^[2]

Today, resilience is commonly referred to as **the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.**^[3] This definition captures the “bounce-back” characteristic, which reflects one of the central characteristics of resilience.

THE IMPORTANCE OF RESILIENCE

Ever-increasing demands on time and energy have created an environment where people feel overwhelmed and unable to manage the high expectations of their daily lives through problem solving skills or coping strategies.

As a result, people find themselves constantly multitasking, chronically distracted, and pulled in too many different directions. If you want to stay at the top of your game in life and in work, it is imperative that you learn how to successfully navigate your way through the tough times.

Here are four reasons why possessing resilience is a critical life-skill in today's world:

1. **Transform Failure into Success.**

In my experience, the road to success is paved with a lot of failure. It's a normal part of life. You cannot build resilience unless you are willing to fail.

Those who lack the ability to bounce back from adversity end up internalizing failure and inevitably giving up altogether. If you can relate to this way of thinking, it's important to understand that failure is an event. It does not define who you are as a person.

Research shows that when you try, fail, try again, and ultimately succeed, you get a nice kick from your dopaminergic reward system. This is what gives you the momentum that you need when adversity hits you like a ton of bricks.

Failure is merely a stepping stone that everyone goes through on their path to greatness. You've got to ask yourself if you are willing to take bold risks in order to become the person you've always desired to be.

2. **Develop an Internal Locus of Control**

Do you believe that life happens for you or to you? In order for you to improve your happiness in any area of your life, you have to ask yourself the difficult question: "Who is responsible for my happiness?"

Your answer to this question will determine how effectively you are able to overcome challenges in life.

People who adopt an external locus of control struggle to bounce back from life's blows. They believe that external forces determine the direction that their lives will take. Not surprisingly, this belief leaves them feeling powerless.

Conversely, resilient people with an internal locus of control see themselves as the CEO of their lives. They know that they are in control of every single decision that they make.

When they get knocked down, they are able to bounce forward, meaning that they are able to use life's greatest adversities as springboards for success. When you do this, you become the driver of your destiny, and resilience becomes your natural state of being.

3. **Build Positive Beliefs**

When your world comes crashing down on you, it's easy to fall into negativity mode and play the "why me" game. However, you cannot overcome challenges in life if you think that the Universe isn't on your side. Negativity will get you nowhere in life.

Research shows that one major factor that contributes to resilience is the experience of harnessing positive emotions, even in the midst of an especially trying or stressful time.^[6]

A resilient person works through challenges by harnessing the power of positive emotions and leaning on their support system when necessary. They are able to reframe adversity into something positive, which allows them to bounce back and create realistic plans in the long term.

4. Help You Embrace Change

At the heart of resilience lies a simple truth—change is inevitable. The reality is that we live in a world of constant change. In fact, uncertainty is the only certainty that we can count on.

People get into trouble when they ignore or resist change. As a result, they end up living a life of pain and suffering because they are unable to find comfort in the chaos.

You will not build resilience by hanging out in your comfort zone. The only way to truly grow and expand yourself is to break free from the chains of stability and dive into the unknown.



This will require that you do some deep inner work, like shifting your limiting beliefs, breaking bad habits, and learning how to make friends with stress.

FINAL THOUGHTS

The next time that life throws you a curve ball, trust that you are strong enough to stay in the game. Adversity may bend you, but don't let it break you.

It doesn't matter how many times that you fall. All that matters is that you get back up again and keep moving forward.

The Main Factors Contributing to Resilience

- Having the capacity to make realistic plans.
- Being able to carry out those plans.
- Being able to effectively manage your feelings and impulses in a healthy manner.

- Having good communication skills.
- Having confidence in your strengths and abilities.

Exercise: The Participants (30 minutes)

All participants are going to write down times where they set out to do something but failed and never gave up because of their determination and resilience, they still try again and again till they meet their goal.

SPORTING EXERCISES

1.	Warm-ups	10 minutes	
2.	Stretches	20 minutes	
3.	Dance	1hr 30 minutes	

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.

RECAP AND WRAP UP FOR THE DAY.

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

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.

The Coach/facilitator

Aim: the trainer will discuss violence especially violence against women. They should be able to identify violent behaviours from its onset.

VIOLENCE AGAINST WOMEN

Violence Against Women (VAW), also known as **gender-based violence** and **sexual and gender-based violence (SGBV)**, are violent acts primarily or exclusively committed against women or girls. Such violence is often considered a form of hate crime committed against women or girls specifically because they are female and can take many forms.

CHILD SEXUAL ABUSE: is a common and devastating problem affecting as many as 15 to 30% of girls. Perpetrators of child sexual abuse are more likely to be male; most often someone known to the child. It is now well established that child sexual abuse is a non-specific risk factor for both internalizing and externalizing disorders in girls and adult women and is associated with neurobiological dysregulation in both childhood and adulthood. Children's exposure to sexual abuse continues to be under-recognized and under-detected. Generally, sexual abuse of a child is detected when a child discloses to another person. A comprehensive assessment is the first step in determining the treatment needs for a child who has been sexually abused and should include evaluation of risk for recurrence, as well as the child's behavioral, emotional and cognitive functioning and the family environment, including level of support. Cognitive-behavioral therapy for sexually abused children with symptoms of posttraumatic stress disorder (PTSD) shows the best evidence for reducing subsequent impairment; however, it is important to consider the child's context and risk of recurrence when determining treatment needs. Although the focus of sexual abuse prevention has been on education programs aimed at children, and offender management, it remains unknown whether such programs actually prevent child sexual abuse. Most information about sexual abuse of girls is based on studies from high-income countries; further research is needed to improve our understanding of child sexual abuse experienced by children in low and middle-income countries and global strategies for prevention.

MacMillan H.L.^a · Wathen C.N.^b



WHAT IS AGGRESSIVE BEHAVIOR?

Aggressive behavior can cause physical or emotional harm to others. It may range from verbal abuse to physical abuse. It can also involve harming personal property.

Aggressive behavior violates social boundaries. It can lead to breakdowns in your relationships. It can be obvious or secretive. Occasional aggressive outbursts are common and even normal in the right circumstances. However, you should speak to your doctor if you experience aggressive behavior frequently or in patterns.

When you engage in aggressive behavior, you may feel irritable and restless. You may feel impulsive. You may find it hard to control your behavior. You might not know which behaviors are socially appropriate. In other cases, you might act aggressively on purpose. For example, you may use aggressive behavior to get revenge or provoke someone. You may also direct aggressive behavior towards yourself.

It's important to understand the causes of your aggressive behavior. This can help you address it.

Aggression and violence are terms often used interchangeably; however, the two differ. Violence can be defined as the use of physical force with the intent to injure another person or destroy property, while aggression is generally defined as angry or violent feelings or behavior. A person who is aggressive does not necessarily act out with violence. Issues with aggression and violence or their effects can be addressed in therapy with the help of a mental health professional.

What Causes Aggressive Behavior?

Many things can shape your behavior. These can include your:

- physical health
- mental health
- family structure
- relationships with others
- work or school environment
- societal or socioeconomic factors
- individual traits
- life experiences

As an adult, you might act aggressively in response to negative experiences. For example, you might get aggressive when you feel frustrated. Your aggressive behavior may also be linked to depression, anxiety, PTSD, or other mental health conditions.

MENTAL HEALTH CONDITIONS AND VIOLENT OR AGGRESSIVE BEHAVIOR

Aggressive or violent tendencies can result from several different mental health conditions. Alcohol and drug abuse may produce violent behavior, even when a person is not usually violent. [Posttraumatic stress](#) and bipolar can also lead to the violent expression of aggressive thoughts. In some instances, brain injuries cause a person to become violent, and children who grew up in traumatic or neglectful environments can be more inclined to demonstrate aggression and resort to violence. Any life circumstance that causes stress, such as poverty, relationship problems, or abuse, can also contribute to aggression and violence.

Children who grow up with aggressive parents or who have aggressive role models, such as coaches and teachers, may also begin to demonstrate aggressive behavior or develop mental health conditions as a result. The act of bullying, for example, is significantly connected to mental health: Inconsistently or inappropriately disciplined children, as well as children who are abused, are more likely to become bullies and may then abuse their own children later in life. They are also more likely to experience depression and anxiety and may turn to drugs or alcohol or other addictive behaviors in order to cope. Children who are bullied by siblings are over two times as likely to experience depression or engage in acts of self-harm before adulthood and two times as likely to experience anxiety than those who were not bullied by siblings. They also are more likely to experience parasomnias, such as night terrors and sleepwalking, than children who did not experience bullying from a sibling.

CASE STUDY: The Participants

Participants are to listen to the story presentation on aggressive behavior and respond accordingly. (Participants to break into groups and present their response group by group.)

Cardboard papers and markers are going to be provided for this exercise.

CASE EXAMPLES (25 Minutes)

Mother enters therapy to redirect violent urges: Anya, 25, begins seeing a therapist because she is afraid of her temper. She is responsible for much of the care of her three-year-old son, as her husband works long hours, and because her son is in a defiant stage, she often finds herself experiencing stress as a result of his disobedience and lashing out at him physically. Anya reports to the therapist that in her frustration, she often gives her son several hard swats on his bottom or leg, enough to redden the skin, or slaps his hand away hard when he is bothering her while she attends to household chores. She defends herself by saying that she only does this when he is disobeying her, when she gets too upset to remain calm, but then breaks down, admitting that she feels terrible when her son cries and resolves never to do it again, but that she cannot seem to help the behavior. In sessions, she also reveals that when she gets angry, she often slams things down hard enough to break them, kicks walls, or experiences an urge to damage property. The therapist works with Anya, exploring the idea that she may have not learned adequate ways to express her aggression in adolescence, and helps her to see that inflicting physical punishment on a child is not helpful and could be considered child abuse. They discuss ways that Anya could deal with her frustration when her son is difficult to manage and how she might redirect the urges to punish him or break things into, for example, art or vigorous play. The therapist encourages Anya to join a support group. After several sessions, Anya reports that her temper has improved and that the support group is helping.

Source : <https://www.goodtherapy.org/learn-about-therapy/issues/aggression-violence>

SPORTING EXERCISES

1.	Warm-ups	10 minutes	
2.	Stretches	20 minutes	
3.	Aerobics	1hr 30 minutes	

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.

RECAP AND WRAP UP FOR THE DAY.

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

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.

END OF DAY 9

SELF AWARENESS AND SELF-CARE:

The Participants

Aim: to improve on yourself and focus on taking care of your needs daily so that you can maintain your physical health, psychological and emotional well-being and physiological resilience.



Well-being and sustainable health outcomes require a good level of **self-awareness**. ... **Self-care** is an integral component of **self-awareness**. **Self-care** means taking **care** of your needs daily so that you can maintain your physical health, psychological and emotional well-being and physiological resilience.

It's a fact of life that we often find ourselves caught in a difficult spiral: we're busy and this can make us feel stressed. You know that you need to take care of yourself, but you keep putting off opportunities for relaxation because you're too busy.

When we accept this kind of thought process, our 'busyness', our stress, our need to relax and rejuvenate, and the realization that we need to care more deeply for ourselves, all start to collapse in on themselves.

Helpful prompts – whether from we or others – to take more care become a source of guilt rather than a call to action. So, what can be done?

Self-awareness is more than just being in touch with your feelings, it also means being mindful of your thoughts, vulnerabilities and generally **understanding** your mechanisms for coping and ways of maximizing your strengths. ... **Self-care** is an integral component of **self-awareness**.

Every person has different needs, but for most people having a good routine of self-care involves fulfilling your values and having a lifestyle that enables you to live a fulfilled life. This includes regular exercise, good sleep patterns and a strong social life as integral parts of your life.

BENEFITS OF SELF-CARE

1. Increased productivity

Being able to say no to things that stress you out and making time for the things you love can help you to feel in control of your life, become more productive and generally achieve more goals with a sharper focus.

2. Better health

There is quite a lot of evidence correlating self-care with activation of the parasympathetic nervous system. By looking after yourself you go into a mode where you can rejuvenate, rest and your immune system can function optimally.

3. Physical health

Self-care isn't just about maintaining emotional health, it's also about physical health; eating well, sleeping well, having good personal hygiene, exercising, investing in your and your family's health and generally doing all those things that make you healthier and make you feel better about yourself at the same time.

4. Controlling stress

Stress is an inevitable part of life and helps us to achieve our goals and targets. However, incessant stress and anxiety can really affect your physical and mental health. Having self-care activities built into your life, including meditation and exercise, can alleviate the symptoms of stress and help you to move forward. With a positive outlook like that, you'll be able to take on challenges in a much more productive way.

5. Improving productivity

Slowing down your life at times can really help you to take stock, think clearly and generally become a better person. With this ability to self-manage, you'll be able to make better decisions to be more productive and generally make the biggest impact with the time you have available.

Source : <http://www.onsmb.com/2019/11/30/the-importance-of-self-awareness-and-practising-self-care>

The Coach/facilitator: the trainer will enlighten the participants on ways to improve on their self-care

Some strategies for self-care

1. Physical strategies

Some of the activities that can help you stay fit and healthy and also provide you with more energy for your life include:

1. Developing a routine for sleep
2. eating a healthy diet
3. forcing yourself to take lunch breaks
4. going for a walk during breaks
5. Using your sick leave when you need it rather than struggling through
6. Getting a regular exercise routine

Get help if you need it

Sometimes it may feel easier to say nothing about the problem in your life. But just speaking to a sympathetic ear or getting some professional help can make all the difference. Looking after yourself and self-care involves making

good choices about how you live your life and sometimes you need to get some external help for that to happen. If you have financial stress in your life, you will get help from a financial advisor, and similarly, if you have emotional challenges, get help from a counsellor. These professionals can help you feel recharged to be able to deal with new or old challenges and push through to solutions.

How do you demonstrate self awareness? (The Participants)

What are self-awareness skills?

1. Keep an open mind. When you can regulate your own emotional world, you can be attuned to others' emotions. ...
2. Be mindful of your strengths and weaknesses. ...
3. Stay focused. ...
4. Set boundaries. ...
5. Know your emotional triggers. ...
6. Embrace your intuition. ...
7. Practice **self-discipline**.

CONCLUSION

Self-care involves getting yourself the healthy habits that enable you to live a productive life in a way that you want to live. Getting control and achieving life-work balance means you can develop some self-care strategies and take time for yourself.

EXERCISE: 20 Minutes.

Participants to each write down 5 things they have done to show they practice a healthy self-care.

SPORTING EXERCISES

1.	Creative Day		
2.	Warm –ups	10 minutes	
3.	Stretches	20 minutes	
4.	<p>Flag Race: Group A puts flag on their back Group B runs after them to collect the flag, to win. The chasing group must collect all flags within a given time 5 minutes, rest 3 minutes and back(3 x 3) Then retire to a mat and chat, then Breakfast meeting close.</p>	<p>9:30am – 11am</p> <p>11am – 12pm</p>	

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.

RECAP AND WRAPUP FOR THE DAY.

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

SERENITY PRAYER

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The courage to change the things I can; And the wisdom to know the difference.



TRIGGERS

(trauma reminders) and flashbacks (continued) Pt 2

To the Coach/facilitator

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.

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.

Triggers (trauma reminders) and flashbacks (continued)

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

Triggered memories

To the Coach/facilitator

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 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.

TRIGGERED MEMORIES (Continued)

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

Coach/facilitator.

We will now continue with the story. This section helps us to understand triggered memories of trauma. A trigger awakens the memory of trauma. As a spark lights a flame, a trigger awakens 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 always anticipates danger, 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.

Triggered memories (continued)

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.

Use (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.

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

- 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.

Discuss the list with the participants. 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.

SPORTING EXERCISES

1.	Repeat week 1 Functional Movement, Flexibility, Strength, core, Endurance to access improvement and to encourage their efforts.		
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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.

RECAP AND WRAP UP FOR THE DAY.

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

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.

TRIGGERED MEMORIES (PART III)

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?

Coach/facilitator. 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 her self 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.

WRAPPING UP TRIGGERED MEMORIES

The Coach/facilitator

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

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. 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.

WRAPPING UP TRIGGERED MEMORIES.

The Participants

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?

Coach/facilitator.

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. 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.

Coach. 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, particularly at ways of working with trauma reminders and strong emotional reactions.

STABILISING. Introducing the toolbox.

The Coach/facilitator

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.

Remind the participants that they all have a toolbox, and that – with their skills and good qualities – they are the best tools.

Draw a toolbox 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 repeatedly 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.

Stabilising. Introducing the toolbox.

The Participants

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

Coach/facilitator

Yesterday we brain stormed 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 toolbox. [The trainer draws a toolbox.]

We all use a toolbox 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?

THE WINDOW OF TOLERANCE.

The Coach/facilitator

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 hypoactivation 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. 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.

SPORTING EXERCISES

1.	Warm-ups	10 minutes	
2.	Stretching	20 minutes	
3.	Aerobics	1hr 30 minutes	

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.

RECAP AND WRAP UP FOR THE DAY.

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

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.



THE WINDOW OF TOLERANCE

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

Coach [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). Traumatized 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.

Coach/facilitator.

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.

Recovery skills 1. Participants

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

Coach/facilitator.

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 anchor 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.”

RECOVERY SKILLS 2. The Coach/facilitator

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]”.

Recovery skills 2. The Participants

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

Coach/facilitator.

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]".

Recovery skills continued

Coach/facilitator. 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?

ANGER. THE PARTICIPANTS



A strong emotion: a feeling that is oriented toward some real or supposed grievance.

Aim: to help participants understand how to reduce and control both their emotional feelings and the physiological arousal that **anger** causes.

Anger is a powerful emotion that people feel from time to time when someone or something frustrates or annoys them. One of the roots of *anger* is the Greek word *ankhone* for "a strangling," which is a perfect description of the way anger feels. Indeed, anger can make you feel like strangling someone. Don't do it! If you're feeling a lot of anger, it's good to take a nice, deep breath.

You can't get rid of, or avoid, the things or the people that enrage you, nor can you change them, but you can learn to **control** your reactions.

EXERCISE:

The participants should each write at least 10 possible steps to manage angry situations. 10 minutes.

Coach/facilitator:

the trainer should then mention the steps of managing anger provided below and ask the participants to score themselves 2 points each for every point they mention from the list of steps you mention below.

STEPS TO MANAGE ANGER. Participants



1. Think before you speak.

In the heat of the moment, it's easy to say something you'll later regret. Take a few moments to collect your thoughts before saying anything — and allow others involved in the situation to do the same.

2. Once you're calm, express your anger

As soon as you're thinking clearly, express your frustration in an assertive but nonconfrontational way. State your concerns and needs clearly and directly, without hurting others or trying to control them.

3. Get some exercise

Physical activity can help reduce stress that can cause you to become angry. If you feel your anger escalating, go for a brisk walk or run, or spend some time doing other enjoyable physical activities.

4. Take a timeout

Timeouts aren't just for kids. Give yourself short breaks during times of the day that tend to be stressful. A few moments of quiet time might help you feel better prepared to handle what's ahead without getting irritated or angry.

5. Identify possible solutions

Instead of focusing on what made you mad, work on resolving the issue at hand. Does your child's messy room drive you crazy? Close the door. Is your partner late for dinner every night? Schedule meals later in the evening — or agree to eat on your own a few times a week. Remind yourself that anger won't fix anything and might only make it worse.

6. Stick with 'I' statements

To avoid criticizing or placing blame — which might only increase tension — use "I" statements to describe the problem. Be respectful and specific. For example, say, "I'm upset that you left the table without offering to help with the dishes" instead of "You never do any housework."

7. Don't hold a grudge

Forgiveness is a powerful tool. If you allow anger and other negative feelings to crowd out positive feelings, you might find yourself swallowed up by your own bitterness or sense of injustice. But if you can forgive someone who angered you, you might both learn from the situation and strengthen your relationship.

8. Use humor to release tension

Lightening up can help diffuse tension. Use humor to help you face what's making you angry and, possibly, any unrealistic expectations you have for how things should go. Avoid sarcasm, though — it can hurt feelings and make things worse.

9. Practice relaxation skills

When your temper flares, put relaxation skills to work. Practice deep-breathing exercises, imagine a relaxing scene, or repeat a calming word or phrase, such as "Take it easy." You might also listen to music, write in a journal or do a few yoga poses — whatever it takes to encourage relaxation.

10. Know when to seek help

Learning to control anger is a challenge for everyone at times. Seek help for anger issues if your anger seems out of control, causes you to do things you regret or hurts those around you.



FORGIVENESS: LETTING GO OF GRUDGES AND BITTERNESS. Participants

AIM: to improve on healthier relationships by understanding the importance of forgiveness.

When someone you care about hurts you, you can hold on to anger, resentment and thoughts of revenge — or embrace forgiveness and move forward.

Who hasn't been hurt by the actions or words of another? Perhaps a parent constantly criticized you growing up, a colleague sabotaged a project, or your partner had an affair. Or maybe you've had a traumatic experience, such as being physically or emotionally abused by someone close to you.

These wounds can leave you with lasting feelings of anger and bitterness — even vengeance.

But if you don't practice forgiveness, you might be the one who pays most dearly. By embracing forgiveness, you can also embrace peace, hope, gratitude and joy. Consider how forgiveness can lead you down the path of physical, emotional and spiritual well-being.

WHAT IS FORGIVENESS?

Forgiveness means different things to different people. Generally, however, it involves a decision to let go of resentment and thoughts of revenge.

The act that hurt or offended you might always be with you, but forgiveness can lessen its grip on you and help free you from the control of the person who harmed you. Forgiveness can even lead to feelings of understanding, empathy and compassion for the one who hurt you.

Forgiveness doesn't mean forgetting or excusing the harm done to you or making up with the person who caused the harm. Forgiveness brings a kind of peace that helps you go on with life.

WHAT ARE THE BENEFITS OF FORGIVING SOMEONE?

Letting go of grudges and bitterness can make way for improved health and peace of mind. Forgiveness can lead to:

- Healthier relationships
- Improved mental health
- Less anxiety, stress and hostility
- Lower blood pressure
- Fewer symptoms of depression
- A stronger immune system
- Improved heart health
- Improved self-esteem

Why is it so easy to hold a grudge?

Being hurt by someone, particularly someone you love and trust, can cause anger, sadness and confusion. If you dwell on hurtful events or situations, grudges filled with resentment, vengeance and hostility can take root. If you allow negative feelings to crowd out positive feelings, you might find yourself swallowed up by your own bitterness or sense of injustice.

Some people are naturally more forgiving than others. But even if you're a grudge holder, almost anyone can learn to be more forgiving.

WHAT ARE THE EFFECTS OF HOLDING A GRUDGE?

If you're unforgiving, you might:

- Bring anger and bitterness into every relationship and new experience
- Become so wrapped up in the wrong that you can't enjoy the present
- Become depressed or anxious
- Feel that your life lacks meaning or purpose, or that you're at odds with your spiritual beliefs
- Lose valuable and enriching connectedness with others

How do I reach a state of forgiveness?

Forgiveness is a commitment to a personalized process of change. To move from suffering to forgiveness, you might:

- Recognize the value of forgiveness and how it can improve your life
- Identify what needs healing and who needs to be forgiven and for what
- Consider joining a support group or seeing a counselor
- Acknowledge your emotions about the harm done to you and how they affect your behavior, and work to release them
- Choose to forgive the person who's offended you
- Move away from your role as victim and release the control and power the offending person and situation have had in your life

As you let go of grudges, you'll no longer define your life by how you've been hurt. You might even find compassion and understanding.

What happens if I can't forgive someone?

Forgiveness can be challenging, especially if the person who's hurt you doesn't admit wrong. If you find yourself stuck:

- Practice empathy. Try seeing the situation from the other person's point of view.
- Ask yourself why he or she would behave in such a way. Perhaps you would have reacted similarly if you faced the same situation.
- Reflect on times you've hurt others and on those who've forgiven you.
- Write in a journal, pray or use guided meditation — or talk with a person you've found to be wise and compassionate, such as a spiritual leader, a mental health provider, or an impartial loved one or friend.
- Be aware that forgiveness is a process, and even small hurts may need to be revisited and forgiven over and over again.

DOES FORGIVENESS GUARANTEE RECONCILIATION?

If the hurtful event involved someone whose relationship you otherwise value, forgiveness can lead to reconciliation. This isn't always the case, however.

Reconciliation might be impossible if the offender has died or is unwilling to communicate with you. In other cases, reconciliation might not be appropriate. Still, forgiveness is possible — even if reconciliation isn't.

What if the person I'm forgiving doesn't change?

Getting another person to change his or her actions, behavior or words isn't the point of forgiveness. Think of forgiveness more about how it can change your life — by bringing you peace, happiness, and emotional and spiritual healing. Forgiveness can take away the power the other person continues to wield in your life.

WHAT IF I'M THE ONE WHO NEEDS FORGIVENESS?

The first step is to honestly assess and acknowledge the wrongs you've done and how they have affected others. Avoid judging yourself too harshly.

If you're truly sorry for something you've said or done, consider admitting it to those you've harmed. Speak of your sincere sorrow or regret and ask for forgiveness — without making excuses.

Remember, however, you can't force someone to forgive you. Others need to move to forgiveness in their own time. Whatever happens, commit to treating others with compassion, empathy and respect.

WRAP UP, Recap and Questions.

SPORTING EXERCISES

1.	Warm-ups	10 minutes	
2.	Stretches	20 minutes	
3.	Dance	1hr 30 minutes	

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.

RECAP AND WRAP UP FOR THE DAY.

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

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.



UNDERSTANDING DEPRESSION

Aim: Participants will understand the concept depression.

Depression is classified as a mood disorder. It may be described as feelings of sadness, loss, or anger that interfere with a person's everyday activities.

People experience depression in different ways. It may interfere with your daily work, resulting in lost time and lower productivity. It can also influence relationships and some chronic health conditions.

It's important to realize that feeling down at times is a normal part of life. Sad and upsetting events happen to everyone. But, if you're feeling down or hopeless on a regular basis, you could be dealing with depression.

Depression is considered a serious medical condition that can get worse without proper treatment. Those who seek treatment often see improvements in symptoms in just a few weeks.

DEPRESSION SYMPTOMS

Depression can be more than a constant state of sadness or feeling “blue.”

Major depression can cause a variety of symptoms. Some affect your mood, and others affect your body. Symptoms may also be ongoing or come and go.

The symptoms of depression can be experienced differently among men, women, and children differently.

Men may experience symptoms related to their:

- **mood, such as** anger, aggressiveness, irritability, anxiousness, restlessness
- **emotional well-being, such as** feeling empty, sad, hopeless
- **behavior, such as** loss of interest, no longer finding pleasure in favorite activities, feeling tired easily, thoughts of suicide, drinking excessively, using drugs, engaging in high-risk activities
- **sexual interest, such as** reduced sexual desire, lack of sexual performance
- **cognitive abilities, such as** inability to concentrate, difficulty completing tasks, delayed responses during conversations
- **sleep patterns, such as** insomnia, restless sleep, excessive sleepiness, not sleeping through the night
- **physical well-being, such as** fatigue, pains, headache, digestive problems

Women may experience symptoms related to their:

- **mood, such as** irritability
- **emotional well-being, such as** feeling sad or empty, anxious or hopeless
- **behavior, such as** loss of interest in activities, withdrawing from social engagements, thoughts of suicide
- **cognitive abilities, such as** thinking or talking more slowly
- **sleep patterns, such as** difficulty sleeping through the night, waking early, sleeping too much
- **physical well-being, such as** decreased energy, greater fatigue, changes in appetite, weight changes, aches, pain, headaches, increased cramps etc.

EXERCISE 50 MINUTES:

Participants to take the Symptom Checklist 90, so as to screen for some psychological challenges such as depression, anxiety OCD etc.

NOTE: Response sheets shall be provided by the facilitator.

SPORTING EXERCISES

1.	Divide into two groups		
2.	Football (5 Aside)	30 minutes	
3.	Volleyball	1hr 30 minutes	

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.

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The courage to change the things I can; And the wisdom to know the difference.

NAMING GAME 2

The Coach/facilitator

AIM: This is to have the attention of all participants and to serve as a competition and as an ice breaker.

Naming Game: You shall have participants into their various groups and select one representative each from every group to come forward and represent their individual groups.

Instruction: Participants are going to be asked to form that begins with letters of the alphabets and to name People, Animals, Places and Things. 1 hour.

Example: Letter A... each representative will form names like; Alex, Ant, Anambra, Axe respectively. The first participant to name all and says STOP to the activity and points are counted accordingly. Any participant who forms a word already mentioned by the first person to say stop will be subtracted and added to the person. At the end of the game, points are counted and the participant with the highest score wins the game.

DEALING WITH TROUBLED SLEEP AND NIGHTMARES.

The Coach/facilitator

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 can 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. 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

DEALING WITH TROUBLED SLEEP AND NIGHTMARES

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

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.

PREPARING TO RETURN TO THE COMMUNITY. THE TRAINER

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.

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.

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.

PREPARING TO RETURN TO THE COMMUNITY 2

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.

Coach/facilitator. 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.

PREPARING A SURVIVOR TO REUNITE THE TRAINING 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.

Coach/facilitator. 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.

ENDING THE STORY

Aim. To end the story in a good way.

It is important to talk together about how the story is ended. 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. 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.

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.

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.

ENDING THE STORY

Aim. To end the story in a good way. 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.

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.

SPORTING EXERCISES

1.	Warm-up	10 minutes	
2.	Stretching	20 minutes	
3.	Handball in two groups A/B	1hr 30minutes	

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.

RECAP AND WRAP UP FOR THE DAY.

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

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.

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.

COACH/FACILITATOR.

The workshop is now at an end. In these sixteen 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.

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 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.

TRAUMA II

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 repeatedly 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 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. All 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 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.

HYPERAROUSAL 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 like 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).

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 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 try 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).

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.

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 responsibility for providing and coordinating support to members of the group.

Wrap UP

The program is going to end with a game to be determined by the Trainer which could range from **Brain teasers, Charade, Naming games etc...**

SPORTING EXERCISES

1.	Warm-ups	10 minutes	
2.	Stretch	20 minutes	
3.	Aerobics	1hr 30 minutes	
4.	Retire to the closing tent		
5.	Space will be used based on availability and time. We will do our best to accommodate your needs. Thank you.		

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.

RECAP AND WRAP UP FOR THE DAY.

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

Closing Remark by the organizers of this training.

SERENITY PRAYER

God, grant me the serenity to accept the things I cannot change;
The courage to change the things I can; And the wisdom to know the difference.

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To eliminate violence against women and girls

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