



# Mental health and gender-based violence

Helping survivors of sexual violence in conflict  
- a training manual

Report April 2017

## I. EXECUTIVE SUMMARY

**Health and Human Rights Info (HHRI)** is a database that aims at making professional experiences and resources more easily accessible to health professionals, particularly those working with people exposed to human rights abuses, armed conflict, forced migration and other human rights violations.

In recent years, several manuals and guidelines have been developed in the field of gender-based violence (GBV). However, just a few are focused on the mental health of survivors. To fill in this gap, in 2011 HHRI received funds from the Norwegian Ministry of Foreign Affairs and Project Mental Health to develop a manual focusing on how to meet GBV survivors' needs. The outcome was the *Mental health and gender/based violence - Helping survivors of sexual violence in conflict – a training manual (herein after referred as to the GBV Manual)*

The GBV Manual suggests approaches and techniques that address the psychological needs of GBV survivors, which helpers could use while assisting them. It focuses especially on the understanding of how trauma affects the lives of survivors. However, the manual is not a treatment manual, but a training manual for helpers working in crisis situations with little or no access to specialized healthcare within psychological and/or psychiatric field.

This manual is the result of the collaboration of several contributors with extensive experience within the field of trauma and trauma treatment, and its aim is to provide helpers with a tool to identify signs of psychological trauma and cope more effectively with the various reactions after the traumatic event occurs.

To ensure that the GBV Manual, as tool, was user friendly, culturally sensitive and content clear, it was tested through trainings conducted in diverse settings. The table below details the sites and the outcomes of the piloting phase.

| Country  | City                          | Date                    | Facilitators  | Participants                  | Cooperation Organization  |
|----------|-------------------------------|-------------------------|---|-------------------------------|---|
| Colombia | Bogota                        | 14-16<br>Mar, 2013      | Nora Sveaass and<br>Katinka Salvesen                          | 25<br>(24W - 1M)              | LIMPAL - <i>Liga Internacional de Mujeres por la Paz y la Libertad-Colombia</i> |
| Norway   | Oslo                          | October<br>4-6, 2013    | Kristin Andrea Wilmann  | 6<br>(6 W)                    | University of Oslo's HELED department   |
| Turkey   | Adana                         | 29 Nov – 1<br>Dec, 2013 | Katinka Salvesen and<br>Lovise Angen Krogstad                 | 20<br>(17W - 3M)              | HRFT - Human Rights Foundation Turkey (HRFT)                                    |
| Lebanon  | Amman,<br>Jordan <sup>1</sup> | 21-23<br>Jan, 2014      | Nora Sveaass and<br>Helen Johnsen Christie                    | 17 <sup>2</sup><br>(14W – 3M) | Arab Resource Collective Beirut, Lebanon  |
| Cambodia | Phnom<br>Penh                 | 25-27<br>Feb, 2014      | Nora Sveaass and<br>Helen Johnsen Christie<br>and Doris Drews | 31<br>(20W – 9M)              | Agir pour les femmes en situation précaire - AFESIP-Cambodia                    |

HHRI thus far has reached 53 beneficiary institutions by sending 480 manuals to 43 different countries that have requested the GBV manual. The feedback gathered, indicates that the GBV

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<sup>1</sup> Due to unrest in Lebanon, the cooperating organization, Arab Resource Collective, suggested to move the pilot to Amman in Jordan.

<sup>2</sup> Participants were from Jordan, Egypt, Palestine and Lebanon

Manual has been a very useful tool. For instance, Dr. Alia Babiker Badri and Shahla Eltayeb from Ahfad University for Women in Omdurman, in Sudan stated that:

*“The manual allows a remarkable learning experience and exchange of information, ideas, experiences, and skills. UN agencies, national NGOs, and ATC/AUW staff can see with clarity how this manual can be utilized and ultimately rolled-out of within their respective places of work. In fact, steps are being taken to ‘domesticate’, translate and possibly blend the Butterfly Woman with existing manuals in future workshops depending on participant groups.”*

Moreover, the manual has been adapted by some to meet their needs, such as: addressing low-literate audiences; or selecting key tools and exercises for quick interventions directed to survivors with whom helpers will only meet once or twice.

Overall, key feedback gathered highlights the following:

- It is a user-friendly tool with valuable content, practical and feasible to adapt to the participants’ day-to-day work.
- It is rich in examples that clarify theoretical content.
- The *Window of Tolerance*, is a useful tool to help the survivor cope with her condition.
- It is a highly pedagogical tool with a practical methodology that:
  - Generates thoughtful discussions and promotes critical thinking.
  - Facilitates the exchange of experiences and evidence-based practices
  - Maintains the participants active with activities such as brainstorming, the role play, group work and grounding exercises.
  - The grounding exercises were highly prized. Nonetheless, some users cautioned on their use for relaxation is not suitable in the context of conflict because participants/beneficiaries need to remain alert for survival.
  - Encourages the use of the senses to be “here and now”.
- It enhances communications skills and understanding on the importance of confidentiality.
- It is one of those very few tools focused on GBV in the context of conflict.
- The human rights approach was seen as something that could assist in providing dignity and be actively used to support women who feel their lives were taken away.

Other type of feedback as to what to improve the manual include:

- The theoretical part on how the brain works is rather complex, particularly for those who do not have a strong academic-related background.
- If it is meant to be used by helpers with low literacy and/or with no psychological training, it requires a substantial adaptation, because it is heavily theoretical.
- The tool should be also used by health professional working in hospitals who attend or may identify and refer survivors of GBV.
- It would be of help to have it translated to other languages (e.g. Spanish and Turkish)
- It would be best to use more culturally appropriate examples, complementary to the Butterfly Woman.
- The amount of information mediated in just three days for some was overwhelming.

- Pursue the engagement of men and boys in all efforts aiming at ending GBV.

This last request was highlighted in several occasions. For instance, Kristin Berg, a social worker from Amatheia, who used the manual in South Sudan, stated that:

*“It is unfortunate that the manual solely focus on women. In South Sudan, as well as in Congo, lots of men and male children have been raped. There is stigma, so it is hard to address the issue, but if they are given the space, and opportunity, they disclose. Then you realize that it is far more common than one can imagine. Many of them have been raped by other men, often with objects”.*

The input from and the consultation with the participants, along with the lessons learned gathered by the trainers, led to an in-depth revision of the draft manual. This allowed a better organization of the content, it became more pedagogical, and improved the outline and formatting.

After the publication of the manual 31<sup>st</sup> October 2014, it received a positive response, especially from the communities that provide help and support survivors of sexual based violence. HHRI endeavors to make the manual known and ensure its distribution include:

- Launched the manual in Geneva for various UN organizations under the auspices of the Norwegian Permanent Representative to Geneva.
- Developed a GBV website <http://www.hhri-gbv-manual.org/> where the manual was downloaded 920 times.
- More than 520 manuals have been sent to 48 different countries, along with 250 memory sticks.
- 3 days training at Afhad women’s university in Omdurman, Sudan.
- Conducted a webinar for UNFPA- Middle East and North Africa region with 15 different countries was signed in <https://www.youtube.com/watch?v=U8SOBOKunCI&feature=youtu.be>
- Nora Sveaass and Elin Doeland spoke in Geneva with representatives of WHO, OHCHR and the Embassy. Based on the insights, minor changes were made, and now the manual falls within WHO's policies and an even larger area.
- Made a Toolbox translated to Spanish, Portuguese and soon Arabic, Korean, Kurdish and may easily be translated to other languages as well.
- The manual has been presented at different conferences around the world.
- Conducted a six-week webinar training for helpers in and around Syria.

## II. BACKGROUND

HHRI is a database that aims at making professional experiences and resources more easily accessible to health professionals. More specifically for those working with people exposed to human rights abuses, armed conflict, forced migration and other human rights violations. Currently, there is an overwhelming amount of relevant material on the Internet related to such issues as health, conflict, community interventions etc. HHRI brings this material together and, through a process of evaluation, analysis and editing, we aim to provide a proficient and comprehensive source of information that can be of practical use and support at work. Selected

publications, tools and relevant materials are meant to assist in situations where more specialized services within healthcare are not available, and the need to provide care is essential. HHRI fills an important function that shows connection between human rights violations and our psychosocial environment at individual and societal level.

In recent years, several manuals and guidelines have been developed in the field of GBV, however, just a few are focused on the mental health of the survivors. We wanted to fill this gap. In 2011 HHRI received funding from the Norwegian Ministry of Foreign Affairs and Project Mental Health to develop a manual focusing on how to meet survivors of GBV. The aim of this manual is to provide a practical supplement to the existing literature. The manual suggests approaches and techniques that address the psychological needs of GBV survivors, which helpers could use while assisting them. It focuses especially on the understanding of how trauma affects the lives of survivors.

The manual is not a treatment manual, but a training manual for helpers working in crisis situations with little or no access to specialized healthcare within psychological and/or psychiatric field. The aim of this manual is to provide helpers with a tool to identify signs of psychological trauma and cope more effectively with the various reactions after the traumatic event occurs.

### Manual Development

The GBV Manual makes a clear reference to human rights principles about serious violations, with focus on sexual violence. The content was carefully selected to be a resource for helpers and other humanitarian workers involved in such crisis situations and have limited access to specialized health services, including health workers with appropriate psychological or psychiatric background.

The manual addresses three main points:

- a) **What happens in the direct encounter between helpers and survivors who have recently been exposed to traumatic events associated with GBV in war and conflict situations.** The manual explores the psychological meaning of trauma and how traumatic events affect mental health including: What are the signs of severe stress? How can these be assessed and understood? How does a helper approach a survivor shortly after she has been through dreadful and violent experiences? How to deal with her distress and how to create safe spaces that permit supportive dialogues? What forms of contact can help survivors to recover and heal? These topics provides helpers with a useful tool to understand the effects of trauma, and in particular what triggers trauma reactions.
- b) **Being prepared to report of GBV violations.** While reporting violent incidents to concerned entities is important, what is truly vital is to ensure that help and care are provided and treated with character of urgency, regardless the free decision of the survivor on whether she wishes to report. Care and reporting are two separate things and must not be mixed. This said, helpers may play an important role in enabling the survivor to take a decision on whether to report or not and in helping her prepare if she decides to do so.
- c) **Human Rights and Respect are key values.** Human rights may assist both in understanding the suffering and in finding ways to respond to it in a respectful and helpful way. Willingness to help and listen, allow survivors to control their own stories, and respect their self-determination, are important values that shape the way survivors should be approached. The GBV Manual provides helpers with approaches and tools to assist GBV survivors to rebuild their lives and regain their sense of dignity.

## Contributors to the Manual

This manual is the result of the collaboration of several contributors with extensive experience within the field of trauma and trauma treatment. The team comprise experience working with survivors from 26 countries in war, as well as post conflict, and in times of peace. The team was formed by:<sup>3</sup> **Doris Drews**, specialist in psychiatry; **Katinka Salvesen** clinical psychologist; **Annika With** actress and an expressive art therapist; **Solveig Dahl**, psychiatrist and co-founder of the Rape Victims Services in an emergency ward in Oslo; **Helen Christie**, clinical psychologist and special adviser at the Regional Centre for Children and Adolescent Mental Health, East and South (R-BUP); **Josefin Larson**, MSc in psychology; **Elisabeth Ng Langdal**, Executive Director of Health and Human Rights Info; **Plain Sense**, assisted on the pedagogical layout, editing, design and in finalizing the manual.

## Target population for the training manual

The main purpose of the GBV Manual is to be used in training of helpers, to strengthen their understanding of trauma and provide practical approaches to assist and support women<sup>4</sup> who survive GBV and sexual trauma during disasters, conflicts and emergency situations, where access to health professionals with psychological or psychiatric expertise is limited.

In this sense, our audience is primarily local resource persons such as health workers, counsellors without formal background, environment and any other persons who are related to institutions, offers for traumatized people.

## Conferences and Pilots

After intensive work with manual, it was important to assess whether the objective of the manual was being met and whether it was culturally adaptable to enable its use in a variety of cultural contexts. Thus, HHRI contacted organizations in different regions of the world with the objective to develop pilots where the content of the manual could be tried out, discussed and sensitive to different cultural contexts.

The basis started with the work Katinka Salvesen and Annika did in Congo. They conducted two trainings as well as an evaluation of the work in Congo. In addition, 5 pilots were conducted in Colombia, Turkey, Cambodia, Jordan and Norway. In each country, a cooperation agreement was established with local organizations working in issues related to GBV in the field, but they had not formal training regarding mental health issues. At all the trainings, there were some participants affiliated with the NGOs and others with background such as doctors or psychologists. Based on these experiences and feedback from the participants, significant adaptations were made to make the manual more relevant.

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<sup>3</sup> For more information on the contributors see Appendix 1 of the manual.

<sup>4</sup> Please note that while this manual can be used as a tool to support male survivors, given that the vast majority of survivors are female, throughout the manual it refers to women.

### III. PILOTING IN DIVERSE SETTINGS

Below is a summary of the feedback that we received from each of the five pilots', and some of the contributions considered during the writing process.

#### Colombia

##### Outline of the pilot training

In Colombia HHRI cooperated with LIMPAL-*Liga Internacional de Mujeres por la Paz y la Libertad-Colombia*. LIMPAL reviewed the draft and prepared all the logistics required for the first pilot training, which focused on:

- A clear reference to human rights principles in relation to severe violations, including GBV.
- How to provide the helper with a better understanding of trauma, trauma reactions, triggers and re-traumatization.
- How to create possible safe spaces to support dialogue and contact;
- How to teach the importance of respect and distance, to allow the survivor to be in command of her story.
- How to avoid any form of pressure as well as to instigate sensations of helplessness and powerlessness are relevant issues that will be in-depth presented during the course.
- Giving information about the helper's stress and reactions and the need for support and communication with the aim to avoid vicarious traumatization.

##### Feedback from participants of the training

The use of the *Butterfly Women* metaphor as well as other grounding exercises were found useful exercises as tools, but also to help themselves as helpers, given the very stressful conditions of their work.

The human rights approach -how human rights became integrated into the practical work and not as an isolated matter- was seen by the participants as something that could assist in providing dignity. This approach can be actively used to support women who felt their lives were taken away, that they were ashamed and humiliated for life etc. Many of the participants in the training expressed that this was an important approach and made the training more understandable and relevant.

#### Norway

Kristin Andrea Wilmann conducted a mini-pilot in Oslo. The training was held in the heart at the Human Rights House. The pilot resulted from cooperation between HHRI and an intern from the University of Oslo's HELED department.

##### GBV Background in Norway

Although Norway is a stable society, GBV and violence in intimate relationships also occurs. The survivors suffer under existing stigma around sexual assault and violence in intimate relationships. The legal system in Norway has received international attention for not addressing the matter seriously enough. GBV is a barrier to equality in a nation that otherwise has made great strides towards equality. Over the years, Norway has also received refugees

from war and conflict areas, some of those being women who have been exposed to GBV and need to be provided with attention.

### **Outline of the pilot training**

The pilot took place from October 4-6, 2013. The initial interest in the pilot and the GBV Manual was great, however with limited attendance. The result was a small and lively group of diverse background and age. Some participants work with persons suffering from trauma and Post Traumatic Stress Disorder (PTSD) in their professions in Norway or in volunteer work. Others wanted to learn more about the topic and particularly on practical exercises. Three nationalities were represented among participants, so the training proceeded in a mix of Norwegian and English.

Day 1 of the training focused on building a good group dynamic, getting to know each other and introducing the manual with the story of the *Butterfly Woman*. Topics from the manual covered on the first day were: the human rights perspective, GBV as a human rights violation and war-crime, understanding trauma and the relation to GBV.

Day 2 focused on use of the *Butterfly Woman* and metaphors when working with trauma, in and understanding trauma, reactions, triggers and re-traumatization. The technique was practiced with role-play, followed by discussion and reflection. Further, time was spent on role-play of stabilization techniques to learn from experience and observation.

Day 3 covered the topics sleep and nightmares, triggers and flashbacks and how to aid a survivor in the process of reporting assault. Participants practiced in groups of 2 how to approach survivors and tell the story of the *Butterfly Woman* in an adapted manner. Participants practice stabilization techniques with each other in role play. A healing story for the *Butterfly Woman* was created by everyone together at the end.

### **Feedback from participants of the training**

- Group discussion and sharing of experience and expertise were useful.
- Grounding exercises are a great tool to have.
- Possible to use metaphors in work to aid in understanding of trauma if done with caution and careful adaptation to the situation.
- Grounding exercises presented visually in a series of drawings that illustrate how to conduct the exercises to avoid discrimination against those that cannot read the instructions and, also, as a clarification of what is meant in the text could be useful.
- Role-play by persons experienced with use of the *Butterfly Woman*, in front of the group as an audience before the group participants try the method themselves. Grounding exercises as well as the “approaching of a survivor” were suggested by the participants before using a role play, in case anyone feels uncomfortable.
- Difficult to follow the manual alongside listening to the trainer, because of the unfamiliar and complex lay-out.
- Desire to get the manual in advance of a training session/workshop, due to language barriers. To become familiar with some technical terms and complex language.
- From the trainer: the best preparation for a workshop is to hold a workshop. Practical training is necessary to comfortably lead the practical exercises and direct the group through the metaphors.



## How the pilot in Norway influenced the manual?

The outline of the manual has been modified to be more pedagogical. In addition, it has been implemented in the manual that role play should be played out for the participants before they try them out on their own.

## Turkey

In Turkey HHRI cooperated with Human Rights Foundation Turkey (HRFT)<sup>5</sup> who facilitated the second pilot in Adana. HRFT Adana is one of the cities where most of the Kurdish people had to migrate during 1990's in a process of forcefully displacement. Moreover, there is a tangible population of ex-inmates of political crimes, torture survivors and their relatives, related to the on-going conflict in Turkey. One of the neighborhood cities is Mersin which can also be defined in the similar sociocultural context like Adana. Antakya is another city close to Adana that as a border to Syria. In these two years Antakya, has been one main center for Syrian refugees and has lots of issues regarding the conflict in Syria. The organizations working in the field of human rights were invited to the training.

## Outline of the pilot training

One of the trainers from HRFT, Şahika Yüksel presented the key aspects of GBV with a human rights perspective. The trainers, Katinka Salvesen and Lovise Angen Krogstad made remarks on trauma in relation to GBV to assess the current situation of the applicants to the participant organizations, working groups were formed. Following the evaluation of the indicators the use of metaphors in trauma treatment was expressed *The Butterfly Woman* was introduced as well as the techniques "a good helper" techniques while dealing with trauma survivors were also introduced in this session. The second day was dedicated to the usage of *The Butterfly Woman* while assisting survivors. Grounding techniques and role-play gave all the participants an opportunity to stabilize the survivor and assist in a condition where survivor has reactions, triggers and re-traumatization. Assisting a survivor during the reporting process was handled through role-play on the last day.

Significant attention was paid to integrate participants from organizations that focus on GBV to have the collaboration of a wide range of participants who conduct work on conflict resort to human rights violations. Initially, twenty people (17 women, 3 men) agreed to participate in the training.

## Feedback from participants of the training

Participants described the training as a very helpful tool to understand interview techniques, to be introduced to new training methodologies (role-play), to define the existing tools while assisting survivors in a scientific approach. As most of the participants were also subjected to violations themselves, they had a chance to meet with their on-going traumas. Most of the participants expressed the situation as "we can't be good helpers if we don't help ourselves". So, they made remarks on how this training encouraged them to use grounding exercises, and to use senses.

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<sup>5</sup> For more information on HRFT visit HHRI data base.

All participants agree that a Turkish version of the manual will be appreciated. All the organizations that participated in the training agreed on the need to have a “Care Programme for Helpers”, in order to use the manual and techniques while assisting to survivors.

## **Jordan**

The Arab Resource Collective (ARC) Beirut, Lebanon planned and facilitated a training in Amman, Jordan Cooperating organization in Jordan. Due to unrest in Lebanon Arab Resource Collective suggested to move the pilot to Amman in Jordan.

ARC was established in 1988, is a Right based Regional NGO with a long track record in resources production in issues related to community development. In addition, ARC has been a partner of the Norwegian Council for Mental Health (NCMH) in its "Mental Health program for a new Generation in the Arab Countries" since 2005 which included resources production and adaptation.

### **GBV background**

In the Arab countries, GBV remains as the least of the gender issues that is acknowledged and recognized by the Arab states and the policy makers. In the male dominant, patriarchal society of the region. Culture, traditions and misinterpretation of religions justify the continuous gender inequality that denies women from their rights in the private and public spheres. Arab states and societies fail to fulfil their commitment to reduce gender inequality, as stipulated in CEDAW and Beijing Platform of Action conventions.

In Lebanon, no official statistics exist on the problem of GBV except one exclusive study supported by UNFPA in 2002 which showed that out of 1415 interviewed women in Lebanon, 35% of them were victims of violence. The society has also endowed men, through the code of gender roles and norms, with the right to punish 'their' women; hence the belief that violence is a legitimate form of punishment and the importance, to men, of maintaining and exercising status and authority over women. An example is honour crimes (this is a part of the report that ARC wrote after the pilot).

### **Outline of the pilot training**

ARC invited 17 participants from Jordan, Egypt, Palestine and Lebanon, working in the psycho-social, human rights, health and GBV field, many directly with Syrian refugees. An expert trainer on GBV was also present to facilitate the training, along with HHRI experts and ARC team. The training took place in Jordan, in March 14<sup>th</sup> to 16<sup>th</sup> 2014.

### **Feedback from participants of the training**

- Important manual but needs adaptation & modifications to fit our societies.
- This training is a good example of the critical thinking
- The manual needs real cases not only a metaphor
- The symbol of the butterfly shows a sign of weakness

How the pilot in Jordan influenced the manual?

We saw the need to emphasize that the story is a metaphor. It can be understood as a description of the course that a trauma takes. It shows what usually happens to a person after

extreme stress. After describing her life before the event, it shows her survival reactions when the trauma happens, and her physical and mental reactions in the middle and longer term. These responses are described more formally in Part III of the manual. 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.

## Cambodia

Agir pour les femmes en situation précaire - AFESIP-Cambodia prepared and facilitated the third pilot training in Cambodia. The Pilot was held in Phnom Penh in February 25-27, 2014. HHRI cooperated with AFESIP Cambodia, which cares for and secures the rights of women and girls victimized by human trafficking and sex slavery, and works for that goal since 1996. Several of other NGO-partners were invited to join the workshop, the workshop had 31 participants. Participants included care takers, legal advisors, medical advisors, psychologists and others, all working with the consequences of GBV. Some of the participants were themselves survivors of GBV/severe traumatization, which represented a potential challenge during the workshop.

### GBV background

Cambodia is said to be one of the most corrupt regimes in the region, may be in the world. It is estimated that about 30% of the population are living with less than 1 USD a day, lots of children are malnourished. Human Rights Organizations are still claiming violations of human rights. Cambodia was once one of the most land mined countries in the world, unexploded landmines are acc. some estimations responsible for about 60.000 deaths and lots of injured, despite efforts removing mines there are still casualties after hitting a forgotten mine. First in 2010 the first Khmer-Rouge-Member was found guilty, the country is still coping with the atrocities of the Khmer Rouge, most of the families are still suffering of the consequences and have lost relatives. Prostitution is widely spread, in combination with trafficking, and the victims are often minors/children.

### Feedback from the participants

- There was very positive feedback for the concept of the workshop, introducing the picture of traumatization by a story/metaphor, and basic techniques to cope.
- Some discussion whether the metaphor of the *Butterfly Woman* fits in for Cambodia. Some suggested that f.i. the “White Lotus Woman” would do better, or may be the picture of a pigeon. The story by itself was considered as convenient.
- Most of the participants expressed the urgent need of basic “tools” when meeting survivors. Grounding exercises were highly appreciated.
- Translation into Khmer was considered as very helpful for future utilization.
- The amount of information mediated in just some days could be almost overwhelming
- Some video-clips could enhance the learning effects.
- There is clearly the need for more information about f.i. nightmares, self-care techniques for the helpers, more grounding exercises and the wish for more knowledge especially about the impact of traumatization on youngsters/children and the possibility to help. The few days of the workshop are not sufficient enough to cover that.

## How the pilot in Cambodia influenced the manual

We decided after some discussion to keep the picture of the *Butterfly Woman*, but to emphasize in the manual that this metaphor/concept can be changed and adapted according to local circumstances. We also added some more grounding exercises, and tried to group them in a more meaningful way.

## Overall conclusions on the five pilots and feedback on the GBV Manual

HHRI thus far has reached 53 beneficiary institutions by sending 520 manuals to 48 different countries who have requested the GBV Manual. We have contacted the great majority of them for feedback and, whilst many of them have not yet replied,<sup>6</sup> from those who have, we gather that the manual has been very useful tool. For instance, Dr. Alia Babiker Badri and Shahla Eltayeb from Ahfad University for Women in Omdurman in Sudan stated that:

*“The manual allows a remarkable learning experience and exchange of information, ideas, experiences, and skills. UN agencies, national NGOs, and ATC/AUW staff can see with clarity how this manual can be utilized and ultimately rolled-out of within their respective places of work. In fact, steps are in fact being taken to ‘domesticate’, translate and possibly blend the Butterfly with existing manuals in future workshops depending on participant groups.”*

Moreover, the manual has been adapted by some to meet their needs, such as: addressing low-literate audiences; or selecting key tools/exercises for quick interventions for survivors with whom helpers will only meet once or twice.

The concept of the good helper appeared different in each cultural setting. The discussion of the helper’s qualities and the helper’s skills brought out very good local information and expertise, and strengthened awareness of own resources and possibilities as a helper.

Furthermore, according to those using the manual -or even sections of it- survivor beneficiaries appreciate to learn that their symptoms (nightmares, backflashes, anxiety, etc.) are normal posttraumatic reactions. Coming to that realization is reassuring and help them cope with their condition. As some women in South Sudan said, “Now we know we are not crazy”. Also, while there are some contexts in which the metaphor is not always seen as an asset to help survivors in need, in most of the cases women felt identified with the *Butterfly Woman*. Furthermore, the *Butterfly Woman* was often received an element of empathy and has triggered valuable discussions and, while there was mixed feedback on the *Butterfly Woman* as a metaphor (at times being seen as weak), overall it was seen as useful not only as a tool to be used as helpers, but also for themselves to deal with their level of stress.

One point that varied from country to country was the issue of reporting GBV violations. There were dilemmas regarding telling the story or remaining silent. If conditions permit, move to reporting.

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<sup>6</sup> HHRI is doubling its efforts by double checking and direct contact with the recipients to get their feedback on the use and the outcomes of the utilization of the manual. In addition, it has reviewed the Google questionnaire to make it more precise.

Overall, key feedback gathered highlights the following:

- It is a user-friendly tool with valuable content, practical and feasible to adapt to the participants' day-to-day work.
- It is rich in examples that clarify theoretical content.
- The *Window of Tolerance*, is a useful tool to help the survivor cope with her condition.
- It is a highly pedagogical tool with a practical methodology that.
  - Generates thoughtful discussions and promotes critical thinking.
  - Facilitates the exchange of experiences and evidence-based practices.
  - Maintains the participants active with activities such as brainstorming, the role play and grounding exercises.
  - Whilst the grounding exercises were highly prized, some users cautioned on the use of those that would lead to relaxation. If they are in a context of conflict, the participants/beneficiaries know that they need to remain alert for survival. They need to remain guardians due to the continued danger. Grounding exercises that lead to being here and now are more suitable for these situations.
  - Encourages the use of the senses to be "here and now".
- It enhances communications skills and the understanding on the importance of confidentiality.
- It is one of those very few tools focused on the context of conflict.
- Human rights were received as essential to understand the overall training manual. In addition, the human rights approach was seen as something that could assist in providing dignity and be actively used to support women who feel their lives were taken away.

Other type of feedback as to what to improve the manual include:

- The theoretical part on how the brain works, is rather complex, particularly for those who do not have a strong academic-related background.
- Overall, if this manual is going to be used by helpers with low literacy and/or with no psychological training, it requires a substantial adaptation, because it is heavily theoretical.
- The tool should be also used by health professional working in hospitals who attend or may identify and refer survivors of GBV.
- It would be of help to have it translated to other languages (e.g. Spanish and Turkish).
- The amount of information mediated in just three days for some was overwhelming.
- Pursue the engagement of men and boys in all efforts aiming at ending GBV.

This last request was highlighted in several occasions. For instance, social worker Kristin Tønnessen Berg, from Amatheia who used the manual in South Sudan, stated that:

*"It is unfortunate that the manual solely focus on women. In South Sudan, as well as in Congo, lots of men and male children have been raped. There is stigma, so it is hard to address the issue, but if they are given the space, and opportunity, they disclose. Then you realize that it is far more common than one can imagine. Many of them have been raped by other men, often with objects".*

## IV. MAKING THE MANUAL KNOWN AND DISTRIBUTION

After the publication of the manual 31<sup>st</sup> October 2014, it received a positive response, especially from the communities that provide help and support to survivors of sexual violence. Over the last years, we have:

- Launched the manual in Geneva for various UN organizations under the auspices of the Norwegian Permanent Representative to Geneva.
- Presented manual on academic meetings and other relevant institutions
- Developed a GBV website <http://www.hhri-gbv-manual.org/> where the manual was downloaded 920 times.
- More than 520 manuals have been sent to 48 different countries, along with 250 memory sticks.
- 3 days training at Afhad women's university in Omdurman, Sudan (25 participants).
- The manual is referred to at various sites and in IASC new guidelines on GBV
- Feedback from users has been received and systematized.
- Conducted 3 mini seminars (4-5-6 hours) on the manual (50 participants).
- Conducted a webinar for UNFPA- Middle East and North Africa region with 15 different countries was signed in (15 participants).  
<https://www.youtube.com/watch?v=U8SOBOKunCI&feature=youtu.be>
- HHRI present on two 1325 meetings of the Foreign Ministry and submitted proposals to the Government's Strategic Action Plan 1325 (2015-2019) to be launched on 16 February 2015.
- Carolina Montoya and Anja Brandal has held one-day training in Colombia (24 participants).
- Doris Drews and Elisabeth Langdal have held posts on the manual at ESTD in Amsterdam 2016.
- Nora Sveaass and Elin Doeland spoke in Geneva with representatives of WHO, OHCHR and the Embassy. Based on the insights, minor changes were made, and now the manual falls within WHO's policies and an even larger area.
- Made a Toolbox translated to Spanish, Portuguese and soon Arabic, Korean, Kurdish and may easily be translated to other languages as well.
- Elisabeth Langdal attended ICSR in Stockholm on 29 September -1. October to present the manual.
- Nora Sveaass presented the manual in IRCT conference in Mexico December 2016.
- The manual is downloaded from both GBV our website and via Joomag.
- We often get requests for cooperation and how this can be done.
- Conducted a six-week webinar training for helpers in and around Syria (16 participants).
- Helen Christie and Harald Bækkelund conducted a 4-day training in Dohuk, Iraq in cooperation with Norwegian Church Aid and Norwegian Peoples Aid (25 participants).
- Helen Christie, Doris Drews and Ragnhild Dybdahl conducted a training for employees at the Norwegian Peoples Aid Asylum Centres (13 participants).
- Lovise Angen Krogstad, Caroline Midttun Rostrup og Elisabeth Langdal conducted a 3 days training in Bucharest, Romania 11-13. April 2017 (24 participants).

## V. COMPLEMENTARY RESOURCES

### Website

To facilitate the possibility of the users to conduct a training process on their own, we had developed a webpage with all the basic information that is required to prepare a training process. By going through the different links added to this website <http://hhri-gbv-manual.org/>, the users will be able to get an overview and, hopefully, will be able to grasp the content in a more comprehensive way. The webpage will also be useful if they have questions regarding:

- The use of the manual
- How and where the pilots were conducted and relevant feedback from the pilots
- Information about the organizations that were cooperating on the development
- Where to send feedback, and questions
- Translations of the manual or parts of it to other languages
- Introduction and work of HHRI
- Why we saw the need for a manual specifically on how to meet survivors of GBV in a mental health perspective

### Prezi presentations

During 2016 HHRI developed various Prezi presentations for our manual, to address the goals, needs and backgrounds of different groups to meet the characteristics of diverse audiences. We have for instance English and Spanish versions as well as different presentations that could be used on a 15 minute, a two hour, a four hour or three days' lectures. These are two examples of those Prezi presentations:

- [https://prezi.com/if0kfqnxnn9c/2-hours-hhri-gbv-manual-presentation/?utm\\_campaign=share&utm\\_medium=copy](https://prezi.com/if0kfqnxnn9c/2-hours-hhri-gbv-manual-presentation/?utm_campaign=share&utm_medium=copy)
- <https://prezi.com/vvliw-tbndef/copy-of-gbv-espanol-anja-y-caro-pereira-2016/>

### Videos

To use different resources during our trainings or our manual presentations, we had elaborated videos that illustrate some of the manual's contents, for example the first meeting between helper and survivor and some stabilization's techniques

- <https://www.youtube.com/watch?v=A7u3F6l8Cdo>
- <https://www.youtube.com/watch?v=r7JWjERmTUo>

### Webinar

HHRI also recorded some of the web seminars that were done during 2016. Each video is about different topics presented in the manual. The reason was to present and publish these videos as an e-learning session, to make the training accessible to people that could be interested in the material, but could not attend our webinar.

These videos are available on HHRI Youtube page: <https://www.youtube.com/channel/UC2-KOb3TanNzxc00dZs01CQ>. Many of them correspond to online lectures with different organizations that we held during the years. Others correspond to our certificated e-training process. This was conducted for the first time in collaboration with Hamza Hamwie, a certified

Sphere trainer, originally Syrian, now located in Turkey. It was held between 28th August and 26th of September 2016. This e-training consisted of 6 sessions, each one of them covers a different theme presented in the manual and was design to give an introduction to the main aspects that should be taken into account during the work with survivors of sexual violence, as well as how the manual could be used, and how to conduct a training process using the manual. <http://www.hhri.org/ekstern/gbvwebinartraining.pdf>

### Toolbox

The **toolbox** was developed as a collection of the tools presented in the training manual. The intention of the toolbox was to make a small sized, easy to handle sample from the manual that can be translated into different languages.

- English version: <http://www.hhri.org/ekstern/toolboxmay2016.pdf>
- Spanish version: <http://www.hhri.org/ekstern/toolboxespagnolaugust.pdf>
- Korean version: <http://www.hhri.org/ekstern/toolboxkorean2017.pdf>
- Romanian version: <http://www.hhri.org/ekstern/toolboxru2017.pdf>

In addition:

- Arabic Version of the manual: [http://www.hhri.org/ekstern/hhri\\_web\\_AR.pdf](http://www.hhri.org/ekstern/hhri_web_AR.pdf)

### Manual distribution and feedback

After the publication of the manual on 31st October 2014, we have distributed around 520 manuals to 48 different countries.

The newsletter, with approximately 4.000 subscribers, was one of the most effective tool to share information about the existence and how to obtain of the manual. Another strategy used to distribute the manual, was through HHRI workshops, training pilots and trainings. We ensured that each one of the participants of our trainings would receive a hard copy of the manual. In addition, copies of the manual were shared in seminars and conferences with HHRI representation.

Given that the manual got a very positive recognition and that more than 2,000 people has obtained the manual either by downloading or by getting a hard copy. In 2016 we therefore wanted to know more about the use of the manual and started the process to assembly more information about the use of the manual. We went back to the addresses and names of the people that had received the hard copy of the manual as well as the ones that had attended the trainings.

The online questionnaire was sent both in an English and in a Spanish version. Furthermore, we used the December newsletter to inform about the evaluation process in both in English and in Spanish.

So far, we have not received too many responses. From April 2017, we are sending out the questionnaire 3-4 weeks after they have received the manual. We hope that users will be more responsive when they have a fresh memory regarding the content of the manual as well as having had the time to use the manual.



## VI. ANNEXES

The questionnaire: Sent to users that had received a hard copy of the manual, but not participated in any workshop or e-learning process

<https://docs.google.com/forms/d/e/1FAIpQLSdYky0bk4i1C4ev8eZ3Bo0UrjuEIIByhJYHitZvkHoYw62blQ/viewform>

1. How did you learn about the existence of the manual?

- Through the HHRI website
- Through HHRI Newsletter
- Through a training seminar
- Through a college or friend
- Other

2. According to your overall experience, how useful has the manual been to you?

- Extremely useful
- Very useful
- Somewhat useful
- Not so useful
- Not useful at all

3. If it's not useful, please explain briefly why.

4. In your daily work do you engage directly with (please check all that apply)

- Survivors of sexual violence
- Helpers that are in contact with survivors of sexual violence
- Advocates
- Trainers
- Other:

5. When was the last time you used the training manual in any of its formats (paper copy, pdf electronic file, online version, <http://hhri-gbv-manual.org/> )

- Within the last two weeks
- Within the last month
- Within the last two months
- Within the last year
- More than a year ago
- Have not used it yet

6. Which of the following categories best describe your professional profile? (please check all that apply)

- Volunteer
- Student
- Trainer, Teacher, Learning expert
- Project manager
- Programme support
- Government officer
- Advocacy

- Police
- Human Rights Defender
- Doctor, nurse or health professional
- Psychologist
- Psychiatrist
- Social worker

7. Which of the following categories best describe the organisation/institution you work for or are involved with?

- International NGO
- National NGO
- University, training institution
- United Nations Agency
- Government
- Independent, self-employed
- Hospital, health services provider
- Other

8. Which section(s) of the manual have you used? (please check all that apply)

General theoretical aspects about gender based violence and violence against women

- Human Rights Perspective
- Knowledge about how the brain works
- Knowledge about trauma: the acute of trauma and most common trauma reactions (triggers, flashbacks)
- The window of tolerance
- Communication skills: Being a Good helper characteristics, take care of yourself as a helper
- The butterfly women metaphor
- Grounding exercises
- Dealing with trouble sleep and nightmares
- Knowledge of support in reporting process, pros and cons

9. Have you used the training manual for any of the following settings? (please check all that apply)

- As source in a research for academic purposes
- As source in a self-study process of learning for working directly with survivors of sexual violence
- As study material in a training about mental health gender based violence that you had attended as participant
- As study material in a training that you facilitate for helpers of survivors of sexual violence

10. Please grade the level of relevance of the following topics (included in the manual) in relation to the work with survivors of sexual violence? The categories are: Very Relevant;

Relevant; Little Relevant; Not Relevant. Theoretical knowledge on GBV and violence against women

- Human rights-based approach
- Knowledge about how the brain works
- The window of tolerance
- Communication skills: Being a Good helper characteristics, take care of yourself as a helper
- The "Butterfly Woman" metaphor
- Knowledge of triggers and how to handle them
- Grounding exercises
- Dealing with trouble sleep and nightmares
- How to support when the survivor wants to tell her story
- Knowledge of support in reporting process, pros and cons
- Theoretical knowledge on GBV and violence against women
- Human rights-based approach
- Knowledge about how the brain works
- The window of tolerance
- Communication skills: Being a Good helper characteristics, take care of yourself as a helper
- The "Butterfly Woman" metaphor
- Knowledge of triggers and how to handle them
- Grounding exercises
- Dealing with trouble sleep and nightmares
- How to support when the survivor wants to tell her story
- Knowledge of support in reporting process, pros and cons

11. Did you find the "Butterfly Woman" story appropriate to the trauma, triggers and trauma reminders? Please explain your answer. Your answer

12. Do you think it is necessary to adapt the "Butterfly Women" story to make it more useful in your cultural context? Please explain your answer.

13. Which of the tools presented in the manual could be more beneficial to the survivors and why?

14. Have you shared the manual with others?

- Yes
- No

15. Is there are any language other than English that you think the manual should be translated into? If so, which one?

16. What final comments would you like to make to help us improve future editions of the manual?