



Sexual violence against boys and men

in war, conflict, and migration

A mental health manual for helpers



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

Thanks to the contributors

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Preface

This manual has been written for helpers who provide assistance and support to boys and men who have survived gender-based violence (GBV) and sexual trauma during disasters, wars, conflicts and during migration. We hope it will help those who work with gender-based violence in other settings as well.

The manual provides information on the effects of GBV on mental health, and in particular on how helpers can use this knowledge to support male survivors of GBV. It is designed to assist helpers to identify and understand reactions to trauma, and deal with the different immediate and long-term responses that boys and men display after they experience traumatic events.

In 2014, Mental Health and Human Rights Info (MHHRI) launched a manual for helpers who assist female survivors of gender-based violence, called *Mental health and gender-based violence. Helping survivors of sexual violence in conflict – a training manual*.¹ The focus on male survivors in this manual is not meant to diminish the attention given to female survivors. Rather, it recognises that boys and men can also be exposed to sexual violence, though we often think of men as perpetrators and women as victims.

The manual has been developed for use in situations where helpers have limited or no access to specialised health services, and where humanitarian workers must deal with extreme sorrow and distress due to insecurity, conflict and war.

The manual can be used in different ways. It can supplement and deepen the understanding of those who already have experience and expertise. Its first purpose, however, is to support helpers without specialised expertise who work with trauma. The manual can be read, studied and discussed, and the exercises it contains can be tested and applied in group work and study.

The manual explains in accessible terms the psychology of trauma and how traumatic events affect mental health. What are the signs of severe stress? How can these be assessed and understood? How can helpers approach very distressed persons shortly after they have been through dreadful and violent experiences? How can they create safe spaces for dialogue and forms of support that will help survivors to recover and heal?

Human rights and respect are key values. Other values that should shape the way survivors are approached include willingness to help and listen, readiness to allow survivors to control their own stories, and respect for their self-determination. In addition, a helper needs to know how to manage closeness and distance, how to give positive support, and how to tolerate silence.

The manual includes elements of theory but also focuses on practical training techniques that directly assist male survivors of sexual violence. We hope it gives helpers tools they can use to assist survivors of GBV to rebuild their lives and regain their sense of dignity.

Acknowledgements

Many individuals have contributed to this work. We particularly thank our collaborators who have shared their professional and personal experiences in order to make this manual relevant and useful to helpers.

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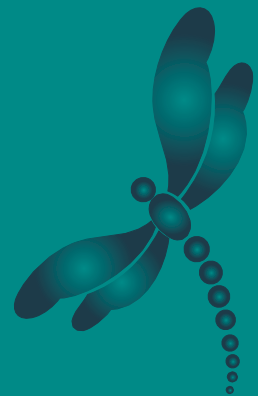
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1. Introduction and purpose

In part one we provide background information on sexual abuse of boys and men, and practical information about the manual and its purpose, use and structure. We have chosen to present five fictional stories that contain elements of clinical experience and professional literature. The stories illustrate the experiences of individuals exposed to sexual violence and provide elements of context. They also describe feelings that survivors often struggle to manage after such experiences, and provide information that can be used in conversations with survivors. It is important to emphasise that, while trauma can originate in a single event, it is frequently caused by serial experiences over time combined with pressured life situations.



1.1 Abuse during wars, conflict and migration

Every year thousands of people cross national borders in the hope of escaping persecution and abuse, war, oppression, general insecurity or hopeless living conditions. Most wish to establish a new life in a safe environment that offers protection and better conditions.

In the last few years, the number of people on the move has risen to record levels. The UN High Commissioner for Refugees (UNHCR) estimates that globally over eighty million people are displaced or migrants.² This figure includes both those who have crossed national borders and those who are displaced within their country. Of refugees, 41% are children under 18;³ nearly the same proportion of adult refugees (over 18 years of age) are female (29%) as male (30%).

Many people die during their journey, particularly if they take boats across the Pacific or the Mediterranean or have to travel long distances through deserts or difficult terrain. In addition, migrants are at risk from people who exploit their lack of power and economic and personal vulnerability. Many migrants are sexually abused and trafficked, and very few have access to protection, help or support. On arrival, as a result, many migrants have experienced severe stress before or during their journey.

To claim asylum as a refugee, migrants must be able to prove that they will be in danger if they return to their home country. They may also be required to describe the abuses they have experienced. Some but by no means all will have documents (from their home countries or from voluntary organisations they have met during their journey) that confirm the human rights violations they report.

Those who seek asylum will include people who have been exposed to various forms of abuse, including sexual violence, sexual exploitation, torture, human trafficking, slavery-like situations, and extreme humiliation. The incidents in question may have occurred before they fled their country or during their journey.

Non-migrants are exposed to sexual violence too, including trafficking and abuse. This manual focuses particularly on violence that occurs in war, conflict or in the context of migration, but it can be relevant to people who work with survivors in other contexts.

Sexual violence has always been a particular problem in war, where it is frequently used as a weapon. Women are the main targets of this form of violence.⁴ Not until the 1990s, however, did the international community address seriously the issue of sexual abuse of women during armed conflict.⁵ Since then, important initiatives, including security resolutions in the UN and other national and international measures, have been taken to prevent and deter it.

Less work has drawn attention to sexual abuse of boys and men, although it clearly occurs on a significant scale.

This manual begins to address that deficit. We want to strengthen awareness and understanding of sexual violence and abuse against boys and men in war, conflict and during migration, and its consequences for individuals and society. In addition, we want to describe what can be done to support people who have been exposed to such violence. The main theme of the manual is therefore sexual violence against boys and men, with a particular focus on its occurrence during armed conflict and in the context of migration.

Although we have narrowed the target population to boys and men who have fled armed conflict or severe unrest to seek asylum in other countries, much of the information it provides and many of the responses it encourages can be useful to boys and men who have experienced sexual abuse in other contexts.

1.2 Sexual abuse of boys and men

Sexual violence against men and boys is far more prevalent than generally realised. For this reason, it is important to increase awareness among all who work, in school systems, health institutions, places of detention, barracks, care homes, and places of employment. A recent inquiry from the UK based on interviews with 5862 individuals exposed to sexual childhood abuse, reported that 29 % of the participants were boys and men. ([The Report of the Independent Inquiry into Child Sexual Abuse, October 2022.](#))

Sexual violence against boys and men in the context of war and migration is alarmingly high. A report by UNHCR in 2017 estimated that between 30% and 40% of all adult men imprisoned in Syria had been subjected to forms of sexual violence. It found that boys as young as 10 and men as old as 80 had been sexually assaulted.⁶ A study by the All Survivors Project (2018) found that Syrian boys and men had experienced sexual violence both at the border crossing into Turkey and after their arrival.⁷

Similarly, based on a qualitative study among aid workers and refugees in Italy, the Women's Refugee Commission reported in 2019 that a high proportion of men and boys who had crossed the Mediterranean as migrants had been subject to gross sexual assault.⁸ Save the Children Norway found in 2017 that children living in or connected to asylum reception centres were particularly exposed to violence and sexual abuse.⁹

In 2022, ICRC published a very relevant report on Sexual and gender-based violence against men, boys and LGBTIQ+ people and the risk they are facing in humanitarian settings. "[That never happens here](#)". Sexual and gender-based violence against men, boys and/including LGBTIQ+ people in humanitarian settings. The report highlights the destructive impact and the prevalence of sexual gender based violence in groups often overlooked. ("[That never happens here](#)" Sexual and gender-based violence against men, boys and/including LGBTIQ+ persons in humanitarian settings. (2022) The Norwegian Red Cross (NorCross) and ICRC.)

This manual refers to men and boys, including LGBTIQ+ persons. It is increasingly recognised that LGBTIQ+ persons are particularly at risk of sexual violence. However, their needs and experiences are seldom acknowledged when it comes to this type of human rights violation.

Difficulties in reporting partly explain why the international community has paid so little attention to this dimension of gender violence and has so far not taken steps to prevent it and support those affected. (See section 3.7.) But low awareness is also due to social attitudes to this expression of gender violence, and general attitudes to migrants and migration. We hope that this manual may be a step in the right direction.



1.3 Mental health problems and the importance of help

Sexual violence against men and boys can cause serious short- and long-term psychological problems. Because little attention is paid to it, however, the mental health problems of male survivors of sexual violence are frequently unrecognised and consequently unaddressed. It is

”It is important to state that not everyone will experience the trauma reactions we describe in this manual. For some, reactions might not appear until years later and others might never have them. This may be due to resilience, which is the capacity to recover from difficulties and adapt successfully.”

important to state that not everyone will experience the trauma reactions we describe in this manual. For some, reactions might not appear until years later and others might never have them. This may be due to resilience, which is the capacity to recover from difficulties and adapt successfully. In other instances, it may be related to having received help and support at a critical moment. Later in the manual, we will deal with resilience and how helpers can help strengthen it in survivors.

We know that early help and support is very important for physical and mental health and rehabilitation. We also know that male survivors of sexual violence rarely

report the violation and therefore do not receive the medical and psychological support they need. The needs of migrants are particularly unlikely to be met. Only a small proportion of asylum seekers, refugees and undocumented migrants receive psychological support from specialist health services in the countries in which they live.^{10,11,12}

1.4 The purpose of the manual

This is not a therapy manual. It will however increase understanding of trauma. It suggests practical ways to address individual survivors’ problems or reactions. It discusses referrals for help and assistance, and how to reach an agreement with survivors about following up their problems. Helpers can use it to study and discuss issues that arise in their work. They can try the exercises and use them in group work as well as in their work with individual survivors. We want

“Most of us associate help with talking about what happened and ensuring that survivors receive assistance to process any trauma.”

the manual to supplement and deepen the knowledge and understanding of everyone who is involved in this area.

Most of us associate help with talking about what happened and ensuring that survivors receive assistance to process any trauma. The manual offers some guidance in these areas. However, we want to emphasise two factors closely linked to each other. First: not all help takes the form of talking about

abuse. A lot of help is designed to assist survivors to recover their self-esteem; regain contact with their body; restore trust in other people; and regulate their emotions, sleep and behaviour. Many stabilisation techniques are widely useful and can be practised by a range of helpers; they are not relevant only to those who have been sexually abused.

Second, not all help should focus on hearing the story. Many different forms of help, support and experience sharing are available. Section 3.3.4 describes how to build strengths and resilience in more detail.

This said, if a survivor trusts you and does want to share his story, listen empathetically and assure the person that you will respect confidentiality. Everything between the helper and survivor should be kept private unless the survivor gives consent for it to be shared. Consider whether specialised support is available, and whether the survivor would benefit from more specialised therapy (and whether he is ready to accept it).

1.5 Focus areas

The manual explores the psychological significance of trauma and how traumatic events can affect mental health. What are the signs of severe stress? How can these be assessed and understood? As a helper, how can you approach a boy or man who has been exposed to violent sexual experiences? How can you reach out and create a safe space for supportive conversations? What forms of contact help survivors to recover? How can you assist survivors to safely report human rights violations? How can you act appropriately to safeguard survivors' personal security and rights?

The manual affirms that human rights and respect are key values. It is important to recognise that sexual abuses (whether experienced in the country of origin or during migration) are serious violations of human rights. Human rights principles make it possible to evaluate such violations, and also affirm the importance of meeting others in a respectful way, strengthening self-respect, and enabling people to take responsibility for their lives. A willingness to help and listen, to allow survivors to tell their own stories, and to respect their right to self-determination are additional values that should guide the conduct of helpers. In addition, helpers should understand how to manage proximity and distance, be able to provide positive support, and should be comfortable with breaks and silence.

The manual contains elements of theory, but links these to specific situations and experiences. It favours practical exercises that directly help survivors of sexual abuse to manage their daily lives.

1.6 Who is the manual for?

The manual is designed for helpers and others who want to provide culturally sensitive psychosocial help and support to boys and men who have survived sexual trauma and gender-based violence (GBV) in the course of disasters, conflicts and crisis situations, during migration, or after seeking asylum in a third country such.¹³ It is not written for psychologists and psychiatrists, but for helpers 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.

For the purposes of this manual, a helper is any person who chooses to assist a survivor of sexual violence when providing such help is not his/her primary professional function. Helpers therefore include:

- Personnel working in health care.
- Humanitarian workers in emergency settings.
- Volunteers and professionals who work in refugee camps or with refugees.
- Volunteers and professionals who deliver public and private services (housing, welfare, etc.).
- Voluntary and professional caregivers.
- School teachers.
- Social workers.

Helpers are not expected to have any formal medical background or training (as a nurse, psychologist or medical doctor). They are expected to have had close contact with survivors through their work as helpers.

The manual particularly emphasises the importance of cultural sensitivity when meeting boys and men of different ages who have different cultural and religious backgrounds or sexual orientation. The goal is to strengthen psychosocial help for male survivors, so that more people in this vulnerable group receive help and support from available local and specialised services wherever they live (in asylum reception centres, housing associations, private accommodation, etc.).

1.7 How to use the manual

The manual can be used to support organised teaching, training and supervision, and also for self-study alone or in groups. To facilitate the use of the manual for training purposes we have added boxes that give advice to trainers. These may also be useful for helpers. The manual further contains practical exercises, such as stabilisation exercises and role-plays that can be organised with others. You can adjust these exercises and role plays to practise them on your own. The manual can be seen as a collection of useful proposals, a practical resource for daily use. It also brings together background knowledge that can be useful when talking with survivors. It aims to strengthen understanding of human rights and their relevance to practical work. The fact that many survivors have been exposed to serious human rights violations and may have ideas about how these should be addressed, is a reminder that helpers should make themselves aware of the relationship between violations of human rights and provision of assistance.

1.8 The manual's structure

Part One (this Introduction) provides practical information about the manual, its purpose, use and structure. It is followed by five original and fictional stories about abuse and traumatic events, which are based on professional sources and client histories. We refer to certain diagnostic categories and descriptions because these are often used in the professional literature and in references. But the main purpose is to describe the behavioural and psychological reactions of male survivors of sexual violence concretely, so that the experiences and responses are recognisable in other situations.

The stories presents individual and cultural differences in order to assist helpers to understand survivors' reactions and support them in the best possible way. They reflect the diversity of individual experiences; but they share common features in that they all describe experiences of direct or indirect violence and abuse, humiliation, human rights violations, or threats that relate to

survivors' sexual status or identity. As noted, people who are or are considered to be LGBTQI+¹⁴ are known to be particularly at risk of sexual abuse.¹⁵

The stories play a key role in the manual and are referred to regularly throughout the text. They can also be used metaphorically, as proxies for events that survivors find difficult to talk about directly.

Part Two is called “what it is useful to know”. It introduces some key topics, including human rights and a human rights perspective. A section then discusses how to notice and interpret vulnerabilities, a skill that can assist helpers to identify people who may have been abused or are in a vulnerable situation in other ways.

A section in Part Two considers the importance of adopting a culturally sensitive approach. Later sections provide more information on sexual violence against boys and men in wars, conflicts and other situations of great instability. The section refers to relevant studies and investigations, and reviews the links between therapy, psychosocial work and psychological support in crises. We also investigate the different trauma reactions that survivors can experience after traumatic events. The idea is to give insight into what survivors are likely to struggle with after they have been abused and what situations are likely to be difficult for them in the aftermath. In particular we will speak about what we call triggers, that is events or situations that remind the person of what happened, also called trauma-reminders.

Part Three discusses “useful forms of help”, practical skills and techniques that helpers can draw on when they work with traumatised survivors. These tools are highlighted in the five stories. This part includes questions for reflection and role plays. It can be useful to practise potential situations with a colleague. Through role plays, we rehearse how to do grounding exercises and psychoeducation and how to use metaphors. The text speaks of ‘tools’ and ‘toolboxes’ to denote some of the practical skills and approaches it describes, and also refers to the stories. Sections in this part discuss how helpers can talk appropriately to survivors, identify opportunities to create trust, respect their desire for “distance” and silence, and appreciate their resilience and capacity to survive. It also examines guilt and shame, emotions with which many survivors struggle, before discussing the nature of trauma and how sexual trauma differs from other forms of trauma.

In terms of practical approaches, this Part describes techniques that can calm or stabilise survivors who feel insecure or unsafe because of flashback memories or new dangers; and how stories can be used, directly and indirectly and as metaphors, to support practical trauma work. Through stories and metaphors, for example, one can influence survivors' thoughts about the present and the future and restore hope and self-belief after brutal and humiliating events.

Part Four discusses the helper's role and responsibility, and how helpers can strengthen their skills. In addition, how helpers are themselves exposed to stress and difficult feelings after meeting survivors who have been traumatised and need support. In this part we also look at the warning signals being exposed to stress and how to work with prevention measures.

At the end of the manual, we have included some theoretical texts, and other relevant resources.

Each part of the manual includes questions for reflection.

Terms

Discussions of this subject speak of “survivors” and “victims”. In this manual, we use the term “survivor” to describe boys and men who have been exposed to sexual violence. We do so because language conditions how we see those who experience sexual violence, and how they see themselves. A “victim” may be perceived as powerless, someone beaten down by an act of violence. “Survivor” evokes strength and resilience, someone who has successfully come through

suffering and hardship and has a future. For survivors of sexual abuse, managing daily life can require very great strength and determination.

We have also made an editorial decision on the use of the pronouns “he”, “she”, and the gender-neutral pronoun “them”. We have chosen to use “he” in this manual, while acknowledging that some people may identify with a gender other than their birth gender.

1.9 Introduction to five stories about boys and men exposed to sexual violence

Aim. To understand the stories and how we can use them as well as other metaphors.

We tell these stories to help both helpers and survivors to understand survivors’ experiences and reactions. Some survivors may find it difficult to open up and tell their personal story. To receive help and assistance, survivors do not necessarily need to share their own story. They can recognise their own trauma and reactions through the stories presented here. As mentioned, not everyone will experience the trauma reactions we describe.

Therapeutic metaphors are stories or images that amaze, inspire or open up new thoughts. They are simple, effective tools for teaching and learning. Metaphors and stories contain an implicit meaning. They allow people to go beyond the direct narrative: because they create spaces of

imagination, help us to see what we have not yet seen, to understand the world better, and give our experiences meaning. Because they exist outside us, they can assist us to talk about personal issues we find difficult to discuss.

“To receive help and assistance, survivors do not necessarily need to share their own story. They can recognise their own trauma and reactions through the stories presented here.”

It can be helpful on several levels to deal with a problem metaphorically. Because a metaphor or story is distanced from the real experience of the survivor, it seems less intrusive, enabling the survivor to relax somewhat. When helpers employ metaphors or stories, they often say they are “externalising” – lifting a theme from inside to outside.

Metaphors and stories enable survivors to examine painful experiences and emotions from a more detached perspective, so that they are easier to understand and deal with. They make difficult topics safer to touch.

In ‘Mental health and gender-based violence’, MHHRI’s manual for helpers who support female survivors, we adopted a Butterfly Woman metaphor to describe how women react to traumatic sexual violence. In this manual, we use a dragonfly to represent the process that male survivors go through after abuse. Like the Butterfly Woman, a dragonfly has wings that can symbolise what lies in the past and in the future. After trauma, survivors often find it is difficult to be in the present - to be *here now*. The present is invaded by memories of the past and by anxieties about the future: it seems that the evil that happened can happen again. In essence, helpers try to assist survivors to remain in the present, so that (put differently) neither the past nor the future invade their body.

Traditionally, dragonflies represent adaptability and transformation. Famously colourful, they are able to fly long distances at up to 80 km/h and their eyes have about 30,000 hexagonal facets, giving them exceptional 360° vision. More than their beauty and speed, however, we are interested in what they symbolise. In many cultures, the dragonfly represents transformation. A drab nymph living in water changes into a beautiful insect that lives in air. We have chosen the dragonfly as a metaphor because it has this ability. If helpers discover that dragonflies have negative cultural connotations for certain survivors, we encourage them to find more positive metaphors.

The five stories highlight characteristic experiences and reactions to trauma, and illustrate concepts, theories, observations, reactions, tools and measures that the manual discusses. They provide background and context, and illustrate forms of trauma. As noted, trauma can originate in a single experience, but is often generated by a succession of experiences and a stressful life situation.

The stories are divided into three parts, each starting with a summary. Here, in Part One, we have highlighted (in bold) traumatic events and experiences. In Part Two, we highlight trauma reactions and symptoms. In Part Three we highlight tools and forms of help that can be provided.

TRAINER ADVICE

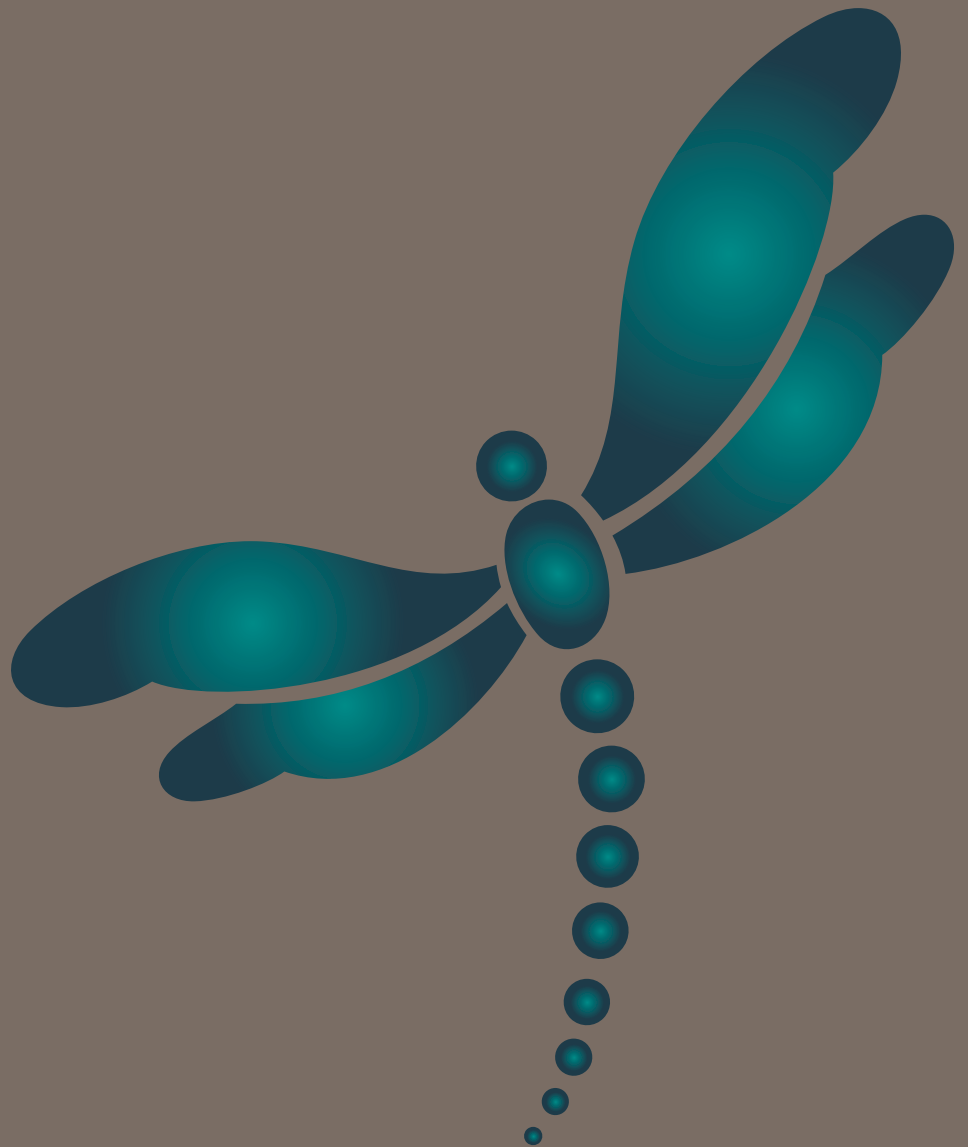
**Advice to trainers**

The characteristics of the boys and men that are presented in the manual may not 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.



Ibrahim

17 years old, from Afghanistan



The story shows that Ibrahim:

- Is exposed to abuse in a traditional social environment.
- Experiences several assaults over time in his home country and during his flight.
- Is abused by a woman.
- Struggles with nightmares and flashbacks even though he is now safe.
- Is treated in a humiliating and degrading way.
- Fears for his own life.
- Suffers the loss of close relatives and safety.

Today, Ibrahim lives in Europe. He misses the time when he lived with his family. His parents were poor, and he and his siblings often had to sell small things on the street, occasionally begging for food, but he went to school most days. He had friends, and life was good when they played football together. Many of his friends were in the same situation, so he experienced his life as quite normal.

When Ibrahim was about 13 years old, his parents met an elderly rich man, a “Commander” in the north of the country. He offered to help the family with money and give them a better life. Ibrahim was to work for him in return. The family agreed to the deal, and Ibrahim moved in with the Commander. He started by cleaning the man’s restaurant. After a few months, Ibrahim was told to practise dance steps with a dance teacher, and not long after that he had to **dance in women’s clothes** and **entertain male guests** at private parties. He became a “bacha bazi” or dance boy. Being forced to act as a woman made him feel very confused. Also, he was afraid that his masculinity was being taken away from him and that he would never become a real man. Ibrahim remembers that the men at these parties smoked hookahs. He remembers **loud music, noise and laughter**.

The evenings usually ended with the men bidding for Ibrahim to spend the night with one of them. **When men sexually abused him**, he tried to “leave” his body, to create some distance to what was happening. During the nights he tried to dream the acts away, to think of the past when his life was better. Even though he was abused, his body sometimes reacted or was aroused in a way he found very painful. It was very confusing to him. It felt as if his body betrayed him.

What happened during these nights became blurred with time, and often he could not recall it, which he thought was a relief.

Gradually, Ibrahim became withdrawn, and often had stomach aches and headaches. He had never imagined that “work” would be like this, and he was deeply ashamed of what he did at night. But he felt he had no choice. **He was afraid of being killed if he resisted, because the Commander yelled at him, threatened him, and occasionally beat him.** Besides, he wanted a better life for his family. Ibrahim would not ruin them, which the Commander said would happen if he resisted. The Commander also told him that his parents would be angry with him and would refuse to receive him if they found out what he was doing. Ibrahim was **filled with shame** and **believed his family would no longer love him** if he returned home.

One day, the Commander took Ibrahim to visit his parents. Ibrahim wanted to tell them what he had to endure, but the man was always present. Moreover, he was very ashamed, and **feared his parents' reaction**. However, Ibrahim's parents realised that something was wrong: their son seemed so nervous and frightened, and seemed changed. They asked for a few minutes alone with him as they were about to say goodbye. Even though he was struggling with feelings of shame and guilt, he managed to tell them briefly what was going on. His parents were shocked and confused but understood the severity of the situation. His father used the opportunity to smuggle him out of the house and the village.

Having hidden Ibrahim, the family decided to send him out of the country. Ibrahim was very much in favour of this, because he knew the Commander would look for him and **was afraid that he might be caught again and punished severely for escaping**.

The family was able to borrow enough money from relatives to pay some men to get Ibrahim abroad. He went via Pakistan to Iran, and then Turkey. An uncle had been living in Turkey for a few years, so Ibrahim stayed with him for a while. He worked for a few months in a cardboard factory. Having saved some money, Ibrahim left Turkey. With a small group of other refugees, he escaped by boat to a Greek island. **He could not swim, was constantly anxious**, and someone in his group drowned during the journey. In Greece, he lived at first in a refugee camp, but fled when it was announced that the authorities intended to send everyone back and travelled further north.

He now had no money. Worse, the trafficker who was to help him heard about his past in Afghanistan as a "bacha bazi". He threatened to leave Ibrahim behind if he disobeyed him, and **took advantage of the situation to abuse him, as did the man's female partner**. Ibrahim found this very **humiliating and confusing, especially the woman's involvement**. During his earlier abuse in Afghanistan, Ibrahim had learned to dream when horrible things happened, so he "disappeared" this time too. He lived in a kind of fog. To make his situation worse, the trafficker told Ibrahim that, **if he ever said anything, the trafficker and his partner would say that Ibrahim was responsible for abusing the woman**. Ibrahim realised that no-one would believe him, because he was **worth nothing**. He **lost almost all hope** of being able to get a better life.

He **ended up in a country with an unfamiliar culture and language**. At first, he found it very difficult to trust people and was very anxious. He was settled in a house that offers help to minors because he had not yet turned 18. Here he was taught the language and got to know other young people. The adults who ran the house listened to him without judging. They were able to explain to Ibrahim why he still struggled so much, though he was now safe. Eventually he was able to start school, and now has plans for his education. He feels more at ease and has finally started to find some peace.

But he still struggles with mood swings, and at times gets quite angry, without having control over himself, without understanding why, apparently for no reason. He has nightmares and flashbacks, and still finds it difficult to trust people. He is sad that he has lost part of his childhood. He becomes impatient when people do not understand his inner pain. He can suddenly experience memories from the past that overwhelm him, when he feels that everything that happened is happening again. Sometimes he has this feeling when someone smokes near him, when voices are raised, or there is a lot of noise. He wants a girlfriend, but this thought makes him very scared, and pictures of previous abuse come up strongly. He is often frustrated that he still feels so unsettled. Sometimes he has thoughts of ending his life; but these thoughts now come rarely and disappear quickly.

Ibrahim has a good helper who works with him to make the past safe and help him to realise that he is now safe. Ibrahim has been prescribed medicine that helps him to feel stable. He is concentrating better at school. Ibrahim has contacted his parents and has found that they too have managed to escape and are living with the uncle in Turkey. That they are safe means a lot to Ibrahim. He can increasingly breathe easier because he is with other young people, is taken care of, and no longer feels in danger.

REFLECTION QUESTION

**Questions to reflect on**

- Why might experiencing several sexual assaults traumatise a survivor more deeply than a single event?
- How might a survivor's thoughts and trauma reactions differ if he was abused by a woman rather than a man?

Louis

45 years old, Democratic Republic of
the Congo



The story shows that Louis:

- Was caught in an armed conflict between government forces and rebel groups.
- Was beaten and sexually tortured.
- Feels deep sorrow due to losing his closest family and his home.
- Fled because of fear of being killed or violently injured.
- Lived in a refugee camp but was constantly stressed because he was afraid that he might be sent back.
- Is eventually granted residence in a peaceful country.

Louis lived in a village in his own house, with his children and wife. He earned enough to support his family. They had a small field and a few cows and grew vegetables which they sold in the local market. There had been a conflict in the country for many years between the government and a rebel group, but he tried to avoid politics, so his everyday life was quite peaceful.

Nevertheless, **government soldiers came to his home late one night.** Louis' father had quarrelled with a local politician over a piece of land. Louis later assumed that he became a target because of this. The soldiers **accused him of supporting the rebels:** "You support the opposition, and you will pay for that. You aren't man enough to defend yourself."

Louis and his father begged the soldiers not to harm his family, but they did not listen. Louis was big and strong, but **he could not defend himself** against all the soldiers at the same time. Eventually he just closed his eyes and heard the family scream until everything went quiet. **He felt terrible pain in his groin and then everything turned black.**

He woke up after being operated on at the nearest hospital. He remembered little of what had happened. **The priest at the hospital told him that he would never be a "true man" again** and that he **could not have children anymore.** He was told to expect persistent pain, and **that his body would not function as it had done before.** He felt that he had no choice but to leave the country. **He had lost his close family, his home, everything.** And **he feared the soldiers were still after him.**

Louis fled via Cameroon to Nigeria, then Algeria. **Travelling across the Sahara Desert was very dangerous. Several died on the way.** In Algeria, he found some labouring jobs, but **he was constantly scared** because there were regular raids and those taken were sent back to the desert. He eventually **made his way to a refugee camp in Morocco where he lived for several years with great difficulty.**

At last, after more than ten years, Louis was granted residence in a peaceful country as a quota refugee. Now he had to start all over again. With a little optimism, he settled down and got to know a woman who came from a country near his own. They began a new life together.

With the aid of local helpers, he learned the language and began taking training courses, quite successfully. He felt well integrated and was happy with life. The focus now was to make money, get a house with his partner, and pursue their new life.

But though his circumstances had improved, Louis experienced unstable moods. He became annoyed for no reason; or he became very sad, remembering his family in his village and all that had happened. No longer being a “true man” destroyed his self-esteem, and he often thought it would be better not to live any longer. He endured several operations, but these did not end the pain in his groin or remove his disability.

At the thought of not being able to have children, he became both angry and very sad. The sight of uniforms or men speaking loudly made him anxious and alert. He was ashamed and thought many times about what he could have done differently, as if everything that had happened was his fault.

Louis had not talked to anyone about his experience. When someone asked, he said that he had been wounded in the war. Even in the doctor’s office he did not dare to talk about the terrible things that were done to him. Eventually he did not get out of bed and was unable to go to work. The doctor asked him if he slept badly, and that was true, so he was given sleeping pills. They helped a little but did not take away the nightmares. The doctor did not ask why he slept badly just said he should take it easy. Eventually, he was given sick leave. Being at home did not improve the situation: he had nothing to do and too much time to ponder.

It was difficult for him to ask for help, because he did not know which of his reactions were common or unusual. He thought pain and sleeplessness were normal, that it was normal to repeatedly recall memories of the past. He continued to become annoyed and angry at people around him, apparently for no reason, and most of the friends he had made withdrew from him.

Eventually Louis became so ill and confused that his doctor and the health nurse referred him to a therapist, who had time to listen and who waited until Louis felt ready to tell his story.

At the beginning of the therapy, an interpreter was sometimes present. For Louis, it was a relief to speak his own language. It took him a long time to be able to open up about his experience without being overwhelmed. But he gradually realised that he was not alone with his pain and his memories, that others had been through experiences like his, and this insight helped him a lot. The therapist explained to him why the past still “invaded” the present. He learned techniques to calm him when he was overwhelmed. Gradually he found more balance and a new perspective on life.

When he now tells his story, what happened still runs through his mind like a movie. But he has learned to reassure himself that it is in the past and that he is now safe, together with people who wish him well. He wants to use his story to create something positive, to tell the truth, and help others. This thought gives him some peace.

Louis wants to tell everyone who has survived sexual violence that it is not dangerous to talk about it, and that it actually helps to share what happened. Survivors do not need to feel ashamed because what happened was not their fault. The perpetrators were responsible. He wants survivors to receive compensation and recognition.

He has started a self-help group. “I was first a survivor, then someone who has survived, and now I am an activist.”



Questions to reflect on

- How might experiencing several traumas at once influence a survivor mentally?

Kumar

61 years old, a Tamil from Sri Lanka



The story shows that Kumar:

- Lived through a war and experienced violent conflict as a young man.
- Witnessed sexual violence towards a close family member and others.
- Was subsequently arrested and tortured.
- After release from prison, was in constant fear and went into hiding.
- Experiences cognitive changes.
- Is permanently in physical pain, which amnesia
- s feelings of abasement and self-loathing.
- Finds contact with others difficult; can be dismissive but not aggressive.

Kumar was born in the north-eastern part of Sri Lanka, to an agricultural family. He was a child during the civil war between Tamils and Sinhalese and on several occasions witnessed Tamils being subjected to violent abuse. When Kumar was 17 years old, **his father was killed, and he saw some people in his village being shot on the spot and others being abducted. Some of those abducted disappeared permanently.** On one occasion **he saw his cousin and other young boys and girls being sexually abused** by Sri Lankan soldiers.

Kumar became increasingly involved in the Tamil liberation struggle and allowed himself to be recruited into the Tamil Tigers (LTTE), an armed separatist movement. He was involved in several operations but combined his political involvement with keeping the family farm and starting his family. Life went on despite much unrest in the country.

When the situation escalated in 2002, Kumar was mobilised more actively and given more responsibility. Kumar knew he was in danger because the authorities' counter-insurgency response was extensive and brutal. He was arrested in 2006, tried and sentenced to life imprisonment.

During his imprisonment, Kumar was **subjected to brutal interrogation that included torture.** Among other things, **he was beaten, kicked, and burned on various parts of his body;** on several occasions, **plastic bags were placed over his head so that he could not breathe.** This treatment was extraordinarily painful, but the **sexual assaults** were worse still. **Objects were inserted into his body,** often smeared with chili powder or similar products. To humiliate him, he was **stripped naked.** On a number of occasions, he was taken from his cell at night by guards or others he did not know, and **raped by several men who mocked and threatened him.** Once he was also dragged from his cell to **witness the torture of someone with whom he had shared a cell.** This felt especially cruel and brought back memories of what he had seen as a young man.

The torture was designed to elicit a confession and at one point he confessed to participating in LTTE operations and to **being a terrorist.** Some prisoners were released after such a confession, but he **remained in prison for several more years.** He was finally let out in 2011. **After release, he remained in hiding for several years because the situation was increasingly uncertain for former LTTE members, and he was afraid of being rearrested.** In 2016, Kumar decided to move to a

more peaceful part of the country, where nobody knew his background. He took the opportunity to contact his family and was told that they were safe for the moment.

It was only when Kumar was at last in a safe place, living in a small flat in a reception centre, that problems relating to his experiences in prison started to emerge. He felt first and foremost that he had lost all the strength in his body; he felt powerless and numb, just like when he was in prison and had no control over his life. It was as if his humanity and dignity had been taken away from him. He experienced physical pain throughout his body all the time, similar to the pain he had felt when he was beaten and tortured. But what he now felt was worse: it was as if his “soul” had gone, as though he was not fully present, in his body or his soul, in his thoughts or his feelings. It was as if his head and his body had divided, each living a separate life. And sometimes he felt that he did not know what was happening around him. From time to time, he had “flashbacks” (recurring strong memories from the past). In these, memories of the psychological torture he had experienced were particularly stressful.

At first, he did not try to talk to anyone, and did not ask to see a doctor. But gradually his anger and unrest built up and others at the reception centre noticed his behaviour. It caused concern, not because people felt Kumar might hurt them, but because his behaviour seemed self-hating, almost self-destructive. He was evasive, rarely looked directly at people, and dismissed invitations to get help. Finally, he was forced to ask for medical help when severe pains in his rectum persisted. The doctor established good contact with him and for the first time Kumar said a little about what had happened to him. Kumar realised that he needed further help and follow-up. He told the health professionals to whom he was referred that he thought no one should experience what he had experienced. What hurt above all was the humiliation - not to be treated as a human being. He said he felt he was unworthy, dehumanised, destroyed as a man.



Questions to reflect on

- If a survivor experience sexual assault on himself and also sees others being sexually assaulted, what effects might this have on him?

Ali

15 years old, Northern Iraq



The story shows that Ali:

- Experienced several serious losses, including the death of his father in an explosion.
- Experienced repeated sexual abuse from his stepfather.
- Escaped and spent some time in a large refugee camp.
- Struggles after being resettled in a new country: he feels guilt for his mother, concern for his younger siblings, and has no faith in his stepfather.
- Is depressed, sad, unable to eat, solitary, passive.

Ali lived with his family in a village surrounded by hills. His father had a small shop near the market. Ali's mother always encouraged Ali to study and to help his father in the store. He was very close to both his parents.

War became part of their everyday life. The children went to school, the adults worked, the market bustled with people from all over the area. Every afternoon, Ali's father came from the store, and they sat down to eat and talk about the day, the store, the market, and plans for next day. Ali dreamed of becoming a successful businessman.

One day Ali and his father went out to look for some herbs that grew in bushes on the outskirts of the city. About five hundred metres from his home, Ali's father suddenly shouted, "Watch out!" and there was a loud explosion. **Ali's father had stepped on a landmine. Ali was all alone in the field with his dead father. He felt a great pain in his chest, his feelings were confused, and he did not understand what had happened.**

After this incident, Ali and his family went through a very difficult period both financially and socially. Ali was plagued by nightmares and flashbacks about what had happened to his father. Every night he dreamed that his father came from the store, suddenly there was an explosion, and his father disappeared. An enormous anxiety gripped him; he felt scared, he tried to look for his father, but could not find him. He was overwhelmed by frustration and sadness. Every night Ali woke up screaming. He no longer wanted to eat and stopped meeting his friends. He did not want to go to school. His dreams of becoming a trader like his father evaporated. Overwhelmed, he did not want to think about his future anymore.

After a while, Ali's mother remarried. Ali was initially happy to have a new father figure. But then **his new stepfather came into his room when he was asleep and abused him sexually. He did so night after night.** His nightmares and traumas, which had weakened for a while, reappeared. Ali again felt desolate, sad and distant, and this time his mistrust affected his relationship with his mother. He preferred to be out of the house and was late going to the market. When it got dark, Ali was afraid to go home but did not know where else to go. His mother saw his pain but did not understand the cause; she thought the old trauma had returned.

Ali decided to go away. He remembered that some of the older boys in the market had spoken of a man who, for money, could help him leave the country. Early one morning, Ali took money from his stepfather's savings and boarded a truck alongside other young people, men, and some women with children. It was dark, and the person

in charge told them to be quiet. **Terrified, he sat with his knees tucked against his chest.** He lost track of the time. Suddenly the truck stopped, and someone opened the doors. After walking for several hours, they arrived in a refugee camp.

The camp was huge. Hundreds of tents were aligned in rows, children ran everywhere, mothers were cooking at campfires, men smoked in groups. Ali felt scared. He was told by the others that this camp was dangerous but that, if he had ID and some luck, he could get asylum abroad.

One day, Ali was led by an employee into an office in the camp. The official wanted to know his age and whether he had identification. Ali took his ID from a plastic bag. The man started typing on his computer. Ali was photographed and fingerprinted. Many months later, Ali was told he could collect his belongings because he had been granted asylum abroad. After a long flight, Ali arrived in his new country and was placed in a reception centre. A nurse gave him a medical examination. The abuse he had suffered was not mentioned. At the centre, he was perceived to be a very scared and shy boy that no one could reach; he was especially inaccessible to male employees. Ali had his own room; on most days he stayed in bed.

Ali received winter clothes and started to attend school. But he did not talk much, looked no-one in the eye, and sat by himself at lunch. During lessons, he seemed distant and unconcentrated. At night he continued to have nightmares. When he woke up screaming, he turned on the light and calmed himself down, but he kept his eyes open, sitting in his bed in the stillness of the night. Ali looked nervous every time someone approached him and, if someone came too close, he quickly walked away. In the classroom, his feet were in constant movement, and he often stared out of the windows without paying attention to his teachers.

When Ali returned to his room, he felt lonely and sad. Sometimes he thought of his mother, which made him cry in silence. One day, when Ali tried to walk around the centre, he saw a group of young people talking and wanted to hang out with them. Then he heard the voice of an older man, which reminded him of his stepfather. He stood paralysed for a few seconds, then fled to his room.

Subsequently, an employee of the centre knocked on his door and gently invited him for a walk. She started to spend more time with him and gradually Ali began to settle into the community.

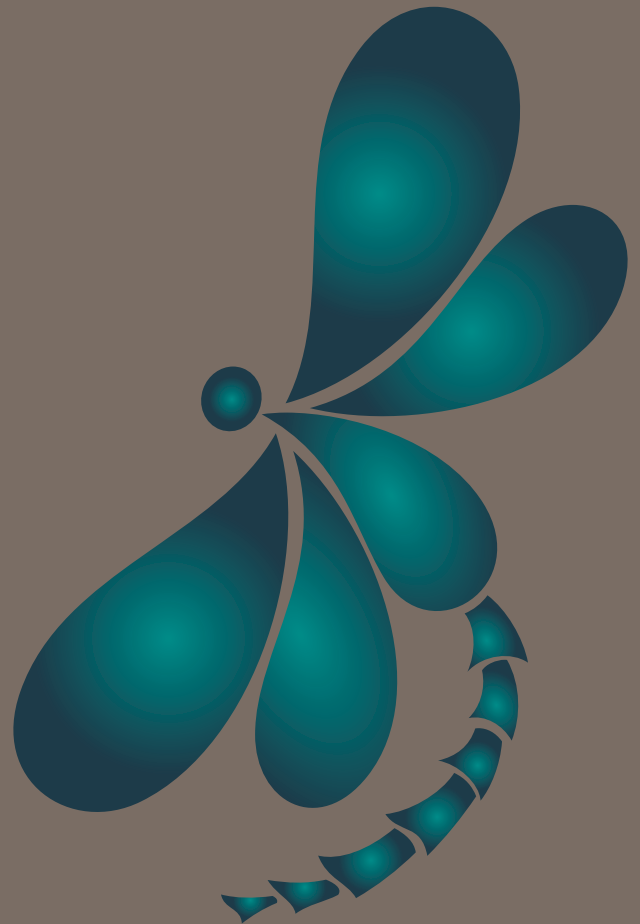


Questions to reflect on

- How can it affect a survivor, to be abused by a person he used to trust?
- How can trauma still influence a survivor later in life when the circumstances have changed for the better?

Rodney

26 years old, Uganda



The story shows that Rodney:

- Is a young gay man in a country in which homosexuality is forbidden.
- Is being harassed because of his sexual orientation.
- Struggles to understand his orientation.
- Witnesses the murder of a gay friend, which felt like an indirect attack on himself.
- Is thrown out of his home, becomes insecure, and loses links to his family.
- Makes a living selling sexual services to tourists.
- Experiences sexual assaults and degrading treatment.
- Works for an LGBTQI+ organisation; is discovered, persecuted, harassed and beaten.
- Fears for his own life.
- Obtains help to escape.

Rodney lived in the same house as his parents and helped on the farm they owned. **When he was a teenager, rumours started at school that he was uninterested in girls and liked boys. Fellow students threw stones and laughed at him.** He felt ashamed to be different from his peers. Rodney tried to restore his standing by imitating the boys in his class. The rumours calmed down and he was left in peace. However, he continued to struggle with shame because he remained interested in boys.

When he was in his early twenties, Rodney **witnessed a gay friend being assaulted and killed because of his orientation. Rodney was very upset and felt the attack was indirectly against him too.** He was both scared and angry. His parents asked him about these reactions, and he had some heated discussions with them about being gay. In the end, **Rodney's family threw him out.** They had understood "what he was" and could not accept it. **In their opinion, he was sinful and dirty. They asked him to go far away so as not to embarrass the family.** Rodney took his belongings and left for Kampala.

With no money and no other means of survival, Rodney **supported himself by providing sexual services for tourists.** The men were bigger and much older than he was. No matter how **badly they treated him,** he felt so shameful that he thought he deserved it. He carried the words of his family in his mind. Nevertheless, he survived the abuse and used his anger and despair to find another job.

He became a member of a human rights organisation that promoted and defended the rights of LGBTQI+ people. All the work took place in secret and in disguise, under the cover of working on HIV/AIDS, because it was a criminal offence to promote homosexuality in the country and those who were found guilty of homosexual practices could be sentenced to death. **He was constantly afraid of being discovered.**

He began to create a life for himself. He earned enough to feed and clothe himself. He lived unobtrusively and carefully concealed the fact that he was gay.

For a long time, he believed he had been successful. Then **three men followed him to a market and grabbed him. Two held him while the third beat him, spat on him, and kicked him in the genitals.** He was in excruciating pain. Blood trickled into his eyes, his head pounded, his body ached, but somehow, shaking with anxiety and barely able to breathe, he returned home.

From that time on Rodney lived in fear. He was constantly harassed. His phone rang day and night: “We know where you are, you dirty gay bastard.” When he did not pick up, he received messages saying, “We know who you are, you will never be safe”. When he dared to leave his house to buy food, he saw the three men who had attacked him standing in wait.

For a while, he survived because he was careful, and because he returned home before dark. Nevertheless, **one day he was beaten so brutally that he came close to dying.** He wanted to call the police because it was better to be imprisoned than trying to survive on the outside as a gay man.

Finally, the organisation he worked for decided to get him out of the country. They had contacts with other organisations in Europe that worked for gay rights, and Rodney was granted asylum since he had been persecuted due to his sexual orientation. He now lives in a European country.



Questions to reflect on

- Why might a person who is gay / LGBTQI be particularly deeply traumatised if he is sexually assaulted?
- How might cultural background influence the incidence or expression of trauma?
- What other human rights abuses can be observed in your work environment, and how can you deal with groups who are particularly at risk of abuse or reprisals?





2. What is useful to know about trauma, reactions to trauma, resilience and culture

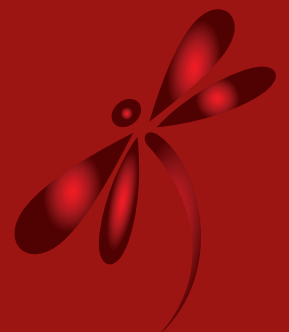
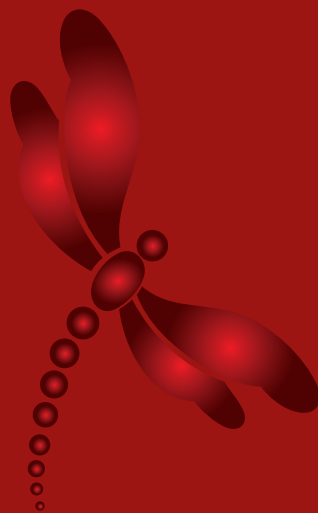


This section discusses trauma knowledge that is useful when working with survivors of sexual violence.

We start from the belief that human rights are an essential foundation of work with survivors.

We define and describe the concept of trauma, emphasising that traumatic events produce common reactions. We refer to diagnostic categories and descriptions, because these describe the behavioural and psychological reactions that help make traumas recognisable. We present the five stories in “clinical” terms, identifying typical trauma reactions that survivors struggle with.

We also believe that culture and cultural understanding are essential dimensions of work with survivors. We specifically consider vulnerable groups, the importance of resilience, and techniques for identifying vulnerability.



2.1 Human rights are a foundation of the work

Aim. To strengthen understanding of human rights principles, particularly during war and conflict, and the consequences of violating these rights.

The starting point of this manual is that sexual violence against boys and men is a grave violation of human rights; and that boys and men have been subjected to grave abuse in emergency situations such as wars, conflict and migration.

One of the manual's purposes is therefore to strengthen understanding of how human rights principles protect and address the rights of male survivors of sexual violence, abuse and torture, and clarify the consequences of violating rights, both for the survivor and for society as a whole.

Human rights apply to everyone, regardless of gender, race, age, nationality, faith, or other factors. International human rights declarations and conventions assert that every person is entitled to specific rights and to be treated with dignity and respect. The UN Universal Declaration of Human Rights states that the rights it affirms are the foundation of freedom, justice and peace.¹⁶

States sign and ratify the specific rights set out in international agreements. When a state does this, it assumes legally binding obligations with respect to those rights. In addition, states have created several mechanisms and systems to monitor and investigate states' performance of their human rights obligations, to interpret the meaning of conventions, and to receive appeals on cases.

“Human rights values may assist us both to understand the suffering we encounter and find ways to respond to it in a respectful and helpful way.”

Numerous rights are relevant to sexual violence against men and boys, most obviously the right to life and bodily integrity, the prohibition of torture and cruel and inhuman treatment, the prohibition of slavery and forced labour, and the convention on the rights of the child. These principles are deeply entrenched in international law. Sexual violence threatens life and personal integrity and can cause serious harm to individuals who are abused. States are required to follow up allegations or information about violations of fundamental rights, in particular the right not to be tortured or subjected to cruel and inhuman treatment. This means that States must investigate allegations and provide protection and remedy if violations have taken place.

Centrally, human rights laws and standards assert the duty to respect every person's dignity and physical and mental integrity. They therefore provide a foundation of principle for working with people who have been exposed to sexual and other forms of abuse. In practice, this means that our conduct of psychosocial work and what we propose to people who have experienced sexual abuse must align with human rights principles. Our personal conduct and the actions we take should respect the dignity and integrity of survivors; and we should assess the abuses they have experienced as human rights violations as well as in medical and therapeutic terms.

The present manual builds on and is inspired by the human rights framework. Identifying rights and abuses of rights is also important in practical psychosocial work. Understanding the experiences of participants and survivors in terms of rights and their violation may be creative and bring insights and can give survivors and their helpers valuable tools. Awareness of human rights, and their great importance for everyone, can be a valuable resource when working with people whose rights have

been brutally disrespected. Human rights values may assist us both to understand the suffering we encounter and find ways to respond to it in a respectful and helpful way.

In sum, human rights standards can ground and inspire our work with men and boys who have been abused; and provide tools for action. Survivors can see for themselves that the violence they have experienced violates international principles and that it is the responsibility of states and other authorities to provide help, treatment and protection, and eventually to prosecute those responsible. The work we do together to mitigate and heal the impact of sexual violence on mental and physical health promotes human rights too. It contributes to the protection of rights, individually and societally.

TRAINER ADVICE

Advice to trainers

Human rights are for all, and all individuals are entitled to the human rights laid down in international human rights conventions and declarations. Nevertheless, we know that speaking about the human rights of particular groups may be sensitive in many places. Even claiming that LGBTIQ persons and women have equal rights can be risky and may elicit reprisals. During trainings we can say clearly that human rights are for all, including those who are at special risk, but in some contexts we may need to speak more generically, without necessarily naming specific groups.

REFLECTION QUESTION

Questions to reflect on

- In your work situation, how can you apply human rights to strengthen a survivor's sense of self-worth?
- What other human rights abuses can be observed or learned about in your work situation?

2.1.1 Sexual violence as a violation of human rights

Aim. To clarify the extent and the consequences of sexual violence.

The term 'sexual violence' covers all forms of sexual exploitation, sexual assault, and rape. Sexual violence can be any act, attempt, or threat of a sexual nature that can cause physical, mental, or emotional harm or pain. Sexual violence is considered a serious violation of human rights and is a war crime when committed in the context of war or conflict.

In recent years, awareness of sexual violence against women in the context of war and conflict has increased, and important international initiatives have been taken to prohibit it. By contrast, there is little awareness that men and boys are also victims of sexual violence, and little action has been taken to stop it. Since male-on-male crime is a taboo subject in many societies, and male survivors (like women who have been abused) are very often stigmatised morally and socially, the problem is widely underestimated and is not well understood. As a result, the great majority of male survivors do not receive the help they need.¹⁷

We do know that many men and boys are exposed to sexual violence, especially in the context of wars and armed conflicts, migration, and imprisonment. People are also at higher risk of sexual violence if their circumstances are unstable as a result of extreme poverty or natural disasters. Some progress has been made. UN Resolution 2467, which addresses sexual violence against women

in war and conflict, recognised that men and boys are subject to sexual violence and encouraged UN member states to protect and support male survivors and challenge cultural notions that men and boys cannot be exposed to it.¹⁸ Several countries have also made commitments; in Norway, for example, abuse of boys and men has been included in the government's national action plan.¹⁹

Sexual violence against men and boys in armed conflicts and other unstable situations can take many forms. Some boys and men are sexually abused by other men, older boys or women because they are in situations where they cannot easily escape or protect themselves (being migrants, prisoners, in care, or in an asylum centre, for example). Some are forced to perform sexual acts against their will due to imbalances of power, threats of violence, or in exchange for money, food, security, protection, or assistance with escape and asylum. Others are sexually abused and humiliated in the course of torture or punishment. Many are exposed to sexual violence in the course of being trafficked, which is considered a serious international crime, or cannot defend themselves because of their vulnerable or isolated situation or because they or

“Confronting and addressing this crime is complicated by male stereotypes that assume a man should be able to defend himself and that it is ‘unmanly’ to be sexually overpowered or humiliated. These ideas help to explain why sexual violence against men and boys has often not been taken seriously, and why male survivors of sexual abuse are stigmatised.”

their families are threatened with reprisals if they do not cooperate. Some groups of men, notably those who are LGBTQI+, are also particularly likely to experience sexual violence.

Confronting and addressing this crime is complicated by male stereotypes that assume a man should be able to defend himself and that it is ‘unmanly’ to be sexually overpowered or humiliated. These ideas help to explain why sexual violence against men and boys has often not been taken seriously, and why male survivors of sexual abuse are stigmatised. The survivors themselves often feel extreme guilt and shame, which causes many to refrain from reporting their sexual abuse or ask for help. As a result, sexual crimes committed in places of detention, during migration, or by combatants, are consistently under-reported and often invisible. In many

societies, it is taboo for men to talk openly about their torture, and especially sexual torture and humiliation. This makes the topic particularly difficult to address, and painful to discuss.²⁰

Sexual violence often induces severe psychological trauma. Survivors may feel physical pain, fear, shame, loneliness, and isolation. Their self-esteem may collapse. These effects can destroy families, and more broadly weaken social networks and community relations. Sexual abuse of men and boys has consequences that are as harmful as the sexual abuse of women. In this context, it is important to recall that all forms of sexual abuse violate human rights.

To complicate matters further, many aid organisations and programmes offer help only to women, or do not train their staff to deal with abuse of males. As a result, they do not meet men who have been abused or tend to ignore their claims, so most do not receive the help they need. In many countries, furthermore, the law prohibits abuse of women, but does not mention or protect male victims and survivors. In consequence, those who abuse men and boys are less often prosecuted. This is a serious issue that we will return to in section 3.8 (on reporting violations to the authorities).



Questions to reflect on

- How might the circumstances in which sexual abuse occurs affect a survivor's trauma reactions?
- What kinds of trauma reaction have you observed?

2.1.2 Sexual violence as a weapon of war

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

Although not all countries have criminalised rape or sexual abuse of men, all forms of sexual violence in conflict violate international human rights and are therefore illegal. Many acts of sexual violence in war and conflict meet the criteria for torture or inhuman treatment. Often referred to as “a weapon of war”, their intention is to humiliate, control and intimidate individuals and populations by breaking down their social ties and dignity.

A survey of various conflict-affected areas in the Eastern Democratic Republic of Congo (DRC) found that almost a quarter of men had experienced sexual violence.²¹ Among men living in conflict-affected areas of southern Sudan, another survey showed that almost half had experienced or witnessed sexual abuse of men.²² In Liberia, a third of former male soldiers reported that they had experienced sexual violence in various contexts.²³ Between January and May 2016, one fifth of the rapes reported to the Gender-based Violence Information Management System (GBV IMS) in Lebanon concerned boys and men.²⁴ Male refugees also experience sexual violence, notably migrants who are LGBTQI+ or have disabilities. A survey by Doctors Without Borders of 429 refugees fleeing violence in Central America found that 17.2% of males reported sexual abuse while in transit through Mexico.²⁵

To make progress towards stopping sexual violence, and to allocate resources wisely, we need to know where sexual violence occurs, when and how it occurs, and to whom. Sexual violence against men and boys can occur everywhere, and has been described in most wars, conflict areas, refugee situations and disasters. In a Norwegian survey of refugees arriving from Syria, almost one in ten men and boys reported that they had been exposed to sexual violence.²⁶ Other surveys in war zones or refugee camps show even higher numbers; often up to a quarter of men and boys say that they have been subjected to sexual violence.²⁷

“Many acts of sexual violence in war and conflict meet the criteria for torture or inhuman treatment. Often referred to as “a weapon of war”, their intention is to humiliate, control and intimidate individuals and populations by breaking down their social ties and dignity.”



Questions to reflect on

- As a helper, what will be the biggest challenge of working on sexual abuse of men (rather than women)?
- How can you learn about other possible sources of help, with whom you can collaborate or to whom you can refer cases?

2.1.3 Gender stereotypes and gender roles

Aim. To understand how gender and gender roles can affect how boys and men understand themselves.

A stereotype is a widely accepted assumption or bias about a person or group; it is often oversimplified and inaccurate. Stereotypes about gender can cause unequal and unfair treatment. Everyone should be treated with respect and dignity.

Gender roles define how we are expected to act, speak, dress, and conduct ourselves in society, based on our assigned sex. For example, girls and women are generally expected to dress in typically feminine ways and to be polite, accommodating, and nurturing. Some people do not identify as either male or female and have fluid gender identities, and others do not identify with the gender they were born as. Every society, ethnic group, and culture has gender role expectations; but they can be different from group to group and can also change within a group or culture over time. For example, in the 18th and 19th century in Europe and America, boys would wear pink clothing, ribbons and other decorations. Red was considered a very masculine colour and pink was seen as a light red, and therefore masculine too.²⁸

Boys and men are generally expected to be aggressive, bold, and strong. Male stereotypes assume that a man should be able to defend himself and that he is “weak” if he is assaulted. Boys are often not taught to put feelings into words and can therefore lack vocabulary and a way to talk about the feelings and reactions they experience after being assaulted. We know that male survivors may be reluctant to ask for support in the aftermath because they feel that they should have been able to avoid the abuse. (UK report The Report of the Independent Inquiry into Child Sexual Abuse, October 2022.) It is important to note that male survivors of sexual violence can get help even if they don’t have words to describe their feelings and experiences. For example, they might recognise themselves in the five stories in this manual and can confirm whether they experience similar trauma reactions.



Questions to reflect on

- In your culture, what are the principal gender stereotypes? How do these stereotypes impede the recovery of male survivors of sexual violence?
- Is it possible to talk about these gender stereotypes?

2.2 How to be a good helper

Aim. To help readers to understand, in their own terms, what being a ‘helper’ means, and what kinds of ‘help’ may be relevant. Also, to identify their own resources, and what additional skills and resources they might need.

Empathy is an important quality, but to be able to take care of survivors, helpers must feel for them but not be overwhelmed by what they have suffered. Helpers need to observe their own reactions too, and decide whether they need to withdraw a little or take a break. As a helper, you do not have control over what has happened to a survivor in the past: but you do have control over the choices you make when you take care of yourself and the survivor. To protect yourself emotionally, you need to be conscious of your state of mind, how your own history may influence it, and how the suffering of others can affect your mental health. For example, if you have had an experience resembling that of a survivor, you may be triggered when he talks about his past.

Helpers can act in many ways and have access to a wide range of tools. Sometimes it can be difficult to know what you can do in terms of helping. Wanting to help can create a weight of responsibility, the feeling that you are never doing enough. A helper should therefore set boundaries and decide what level of contribution is realistic. If you set no limits, it is easy to become overwhelmed; the road to burnout is short.



You may want to think through these questions

- For me, what does it mean to be a helper?
- What personal experience do I bring to this work?
- What parts of the work are difficult for me?
- Where can I contribute, and where do I need to learn more?
- What is the most valuable contribution I can make?
- How can gender roles and stereotypes influence how I help a survivor?

It is also helpful to discuss questions with colleagues. What are the qualities of a good helper? What resources do helpers need to carry out the work they do? What can helpers do to increase their skills and capacity?

EXERCISE



Exercise: Describe the qualities of a good helper

Draw a helper on the flipchart. Make room to write comments.

- What are the differences between male and female helpers?
- Do men and women help in different ways?
- How would you describe yourself as a helper?
- What do you do when you meet a survivor who is overwhelmed by emotions (sadness, shame, anger, anxiety, numbness)?
- Is it sometimes difficult to help survivors? What factors make it difficult to help them?
- Can you name any specific use of a human rights-based approach in your work? Did it help?
- Give examples from your work where you chose not to use a human rights-based approach
- How would your work change if you used a human rights-based approach?

[Write the participants' comments and conclusions on the flipchart. Put in the illustration of a male and female helper.]

ROLE PLAY EXERCISE



Role play: The first meeting between a helper and a male survivor

Practise how to meet a male survivor with a colleague. Helpers need to bear in mind: body language, distance and closeness, cultural codes, their words, and non-verbal feedback. One helper should play the role of the survivor. Remember to “brush off” your roles afterwards and return to being yourselves. Discuss together how you experienced being a helper and being a survivor. What worked well and what might you do differently in a real situation?

2.2.1 Basic helping skills as a good helper

Aim. To promote a healthy relationship with a survivor, adopt and practise the qualities and psychological skills below.

We are using the WHO guidelines to focus on the basic helping skills:

- **Confidentiality.** The survivors you help need to know that they can speak to you openly about personal things, and that the information they give you will remain confidential or private. At the same time, you need to make clear the legal boundaries to this confidentiality. For example, depending on the laws of the country and the protection and social services in place, you may have a duty to divulge information given to you confidentially if a survivor appears likely to end his life or harm others. You may also have a duty to divulge information that a survivor has told you in confidence if not doing so will put that survivor at risk. Information must be kept safe. You must know how to deal with information you receive when you speak to colleagues and supervisors; and how to protect information about other people who have not consented to its communication.
- **Listen attentively.** Good communication is an important tool. Male survivors who have experienced maltreatment or been through a crisis may be shy, upset, anxious, or confused; or they may feel guilt, shame or a range of other emotions. **Be calm and show understanding:** this helps people in distress to feel safer, understood, respected and cared for appropriately. Survivors who have been through distressing experiences may want to tell you their stories.

They are likely to feel supported if a helper listens to them attentively. However, it is important **not to pressure** anyone to tell you what has happened to them. You may need to practise not talking too much; train yourself to tolerate silence. Be aware that many male survivors need time and support to talk about sensitive and difficult experiences. And that boys and men may lack language to describe their feelings or what has happened to them.

- **Hone your non-verbal skills.** Be aware of both your words and body language, including facial expressions, eye contact, gestures, and how you sit or stand in relation to the survivor. Speak and behave in ways that take into account the survivor's age, culture, gender identity, social customs, and religion.
- **Regulate your concern.** Try to understand the survivor's experiences and feelings, but do not claim you know exactly what they were. Do not get too involved in his feelings. Do not confuse them with your own.
- **Praise openness.** Very often a male survivor has been ordered by the perpetrator not to speak about what has happened. To speak, he must deal with many feelings: fear of punishment by the perpetrator; possible feelings of betrayal; shame and guilt; fear the helper may refuse to listen, or may disbelieve or condemn what he says. If a survivor starts to talk, therefore, be patient, listen attentively, and recognise and praise his courage in speaking.
- **Validate.** The survivor needs a witness to make his experience feel real. Your validation is very important. He needs to hear: "Yes, this happened to you".
- **Put aside your personal values.** If you have strong convictions (that every perpetrator must go to jail, that the survivor should have been able to defend himself, that men always want sex), these may not be the best interest of the survivor who is talking to you. You must put your personal attitudes aside.
- **Consider carefully the advice you give.** Giving advice means telling a survivor what to do and what not to do. All helpers will feel tempted to give advice, but often it is not appropriate to do so. You should know the difference between giving advice and providing necessary information (for example, about legal services, or other forms of referral that might be helpful).

Remember that, if the survivor prefers not to talk about the trauma, this must not stop the helper from trying to provide support.

2.3 Trauma

Aim. To connect the five stories to knowledge about trauma. To understand what trauma is, what makes an experience traumatising, and what reactions survivors may experience after a traumatic event. A second aim is to help survivors to recover their sense of control, understand “what is really going on”, and use stabilisation tools to find a new equilibrium and restore their relationships.

2.3.1 Basic knowledge of trauma reactions

Most people who are exposed to serious and dangerous or life-threatening events show strong mental and physical reactions. These “acute stress reactions” generally persist for some time after the event but diminish over time. For many, they subside within a few months; for some, within a few years. Their duration depends on the severity of the incident and the person’s resilience. Some people may experience delayed trauma reactions, meaning that reactions do not appear until well after the event, and some might never have reactions. Others may develop persistent disorders, such as chronic post-traumatic stress disorder (chronic PTSD), long-term depression, or anxiety. (Refer to the Appendix for more information on specific disorders that can develop in connection with trauma.)

The risk of developing a chronic disorder after a stressful or traumatic event is much greater when people (rather than natural disasters) are responsible for it. Sexual violence tends to be among the most traumatic events and often produces serious trauma reactions.

“Even though people are very different they experience the same physiological responses to traumatic events, regardless of their ethnicity, culture and sexual orientation. However, reflecting their cultural, social, or religious background, people commonly express their reactions differently.”

Mental and physical reactions to acute stress are survival strategies. Humans have been exposed to traumatic events since the dawn of time. Over that period, our physiological reactions to such events have been constant and are a form of survival strategy. In this sense, they are a normal reaction to abnormal and catastrophic events. Even though people are very different they experience the same physiological responses to traumatic events, regardless of their ethnicity, culture and sexual orientation. However, reflecting their cultural, social, or religious background, people commonly express their reactions differently. This means that how we express pain and suffering is often influenced by our background.

The word “trauma” has Greek origins and means “wound”. Medically, a trauma is a physical wound, caused, for example, by an accident, cutting the skin with a knife or breaking a bone, etc. Using the same word to refer to wounds to the self, the soul, or consciousness acknowledges that injuries can leave invisible marks on a person’s psychology.

It is difficult to predict what type of event will cause trauma and physiological and psychological survival reactions. Which symptoms appear, and which ones persist, largely depends on how the person concerned first experiences the event that threatens him and then understands and interprets it.

Some survive very dangerous situations without developing symptoms, while others in the same situation will be very affected or will subsequently become ill. Individuals are unique, have many coping strategies and tolerate stress to varying degrees. How well a person copes depends on how he interprets the situation in which he finds himself and how sensitive he is in the first place. What kind of help he receives, and society's response, also matter. All these elements influence the degree to which a person can manage a difficult experience with calmness.

What can trigger a "psychological wound" (stressor)? In essence, we are talking about situations that can cause serious or life-threatening injury. These may be single incidents, such as a traffic accident, an assault, a rape, or a natural disaster; or an accumulation of incidents, such as repeated sexual abuse, serial torture, long-term domestic violence, accumulated war experiences, poverty, or a stressful upbringing (involving psychological violence, for example). Depending on the incident and the person's situation and state, witnessing a serious incident can also trigger traumatic reactions.



Questions to reflect on

- In what circumstances might several trauma reactions be expressed almost simultaneously?
- How can we help a person understand that what he has experienced is related to survival?

2.3.2 About symptoms after a traumatic event. How to understand trauma reactions

In the face of overwhelming and frightening events, our instinctive reaction pattern is **fight, flight**, or **freeze** (submit or play dead), or a mix of these states. When fight and flight are impossible, the body's survival response is to freeze. All these are normal survival responses, over which a person may have little conscious control. Nevertheless, survivors of sexual violence or other catastrophic events often blame themselves for failing to defend themselves adequately. In particular, they often feel shame if they froze and, like Ibrahim, 'dreamed' their way through their assault. They are troubled that they did not fight their abuser or did not cry for help.

Many survivors find it difficult to accept that survival reactions are instinctive, automatic and unconscious. In retrospect, alternative choices might be apparent; but, during such events, the survivor is often in shock and possesses limited information, and the event itself may be confusing. Much self-accusation is rooted in the fact that, although the survivor may be able later to understand what was happening, in the moment people who are sexually attacked respond intuitively to the situation that presents itself, while being assailed by strong feelings of fear, bewilderment, panic, embarrassment, anger, intimidation, etc.

“Many survivors find it difficult to accept that survival reactions are instinctive, automatic and unconscious. In retrospect, alternative choices might be apparent; but, during such events, the survivor is often in shock and possesses limited information, and the event itself may be confusing.”

TRAINER ADVICE



Advice to trainers

Note the following:

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

2.3.3 Common reactions after catastrophic events - a brief overview

An initial shock reaction can last for a few minutes, a few days, or a few weeks. Violent reactions, such as seemingly unfounded panic attacks and confusion can occur. In some cases, survivors experience (physical) paralysis, have difficulty speaking, or withdraw mentally (become distant, do not respond). Physical reactions are quite common in the acute phase: headaches, dizziness, palpitations, difficulty breathing, fainting, tremors, pain throughout the body (in the absence of visible physical damage), nausea and sometimes vomiting.

The survivor may have difficulty concentrating, may experience restlessness and unrest, be unable to relax, lose motivation, avoid certain situations, be easily frightened or scared, or be very alert and easily upset by minor issues. He may change his lifestyle, abuse drugs, or act as if nothing has happened (denial). If the trauma event (for example, rape) is perceived by society to be the survivor's fault and responsibility, this may increase his suffering and lead to isolation, loneliness, and self-blame.

In trauma-related disorders the following groups of symptoms are common:

Intrusion. Survivors may be haunted by intrusive memories that spring up involuntarily. Sometimes they appear as “flashbacks”, which can be experienced during the day while awake. These resemble movies in the head that the survivor cannot stop, picturing the events that caused the trauma. Survivors may also have nightmares, about what caused the trauma or about cruel events that resemble it.

Overactivation (“hyperarousal”). The survivor may become overactive, irritated, very angry, or talk a lot. He may be on guard all the time, exhibit fear, sleep badly, be irritable, or have difficulty remembering and concentrating.

Avoidance. Survivors may try to avoid anything that reminds them of the disaster or associated stressful events. This response may be conscious; but most people respond unconsciously, by avoiding crowds of people or situations that evoke the traumatic event. In more extreme cases, they may no longer leave the house at all.

Changed understanding and experience of the world. Some survivors lose all sense of security; they feel vulnerable and helpless, and without control. If the violence they experienced was inflicted by other people, possibly with intent to hurt, they may be unable, or may find it difficult, to trust other people. Their ability to maintain important, meaningful relationships with others may be severely impaired. They may simply cease to trust people in general.

Loss of security, control, and trust. Such changes in the individual can lead to depression. Survivors feel deep sadness and may feel extreme anxiety without obvious cause. In severe cases, they may no longer want to live. Without support and help, depression can endure for a long time, possibly months or years. It can colour everyday life and result in severe mental illness.

2.3.4 Sexual violence or rape as specific stressors and sources of trauma

Sexual violence is a specific form of trauma because it is an extremely invasive offence that gives rise to feelings of shame, self-blame, guilt and often powerlessness or helplessness. When it is combined with fear of being injured or killed, it is traumatic in almost all cases. Being exposed to sexual violence, and surviving rape, often triggers serious trauma reactions, and many people who are raped develop a disorder within the trauma spectrum. It is estimated that people who experience or survive such events are more likely to develop PTSD than people who are exposed to other forms of trauma.^{29 30 31}

Afterwards they are also likely to face other negative consequences. In many instances, they may be held responsible for the rape or violence by their entourage, immediate family, or friends. Sexual assaults cause a greater degree of social exclusion than other trauma events. In addition, survivors may fear infection by sexually transmitted diseases, such as HIV/AIDS. Men who seek help after being raped will often try to trivialise or hide their injuries.

Rape of men is still taboo and is rarely discussed by either heterosexual or gay men.^{32 33} Though the issue has been recognised more in recent times, it remains relatively unreported and in societies that still have a distinctly masculine orientation it requires great courage to admit to being a survivor of rape. Men are afraid of being seen as feminine and weak, or as gay or bisexual. Rape of men by women has rarely been investigated.³⁴ Men who have been raped by a woman often face social, political, or legal prejudice.

LGBTQI+ people exposed to rape or sexual humiliation confront the same mental and physical effects that are described above, plus additional social, political, or even legal challenges. Their situation may be worsened by the fact that LGBTQI+ people are frequently traumatised already, for instance because they have been harassed or excluded by their families, or physically attacked because of their gender identity or sexual orientation. Former experiences often increase vulnerability, making it more likely that new trauma events will trigger mental disorders.

2.3.5 Torture and inhuman treatment

The most elaborate and most common definition of torture is provided by Article 1 of the UN Convention against Torture.³⁵ This states that torture has four basic elements: (1) It inflicts severe physical or mental pain or suffering; (2) the act is intentional; (3) it has a purpose (to obtain information, obtain a confession, punish, threaten, or discriminate); and (4) it is carried out by, or with the consent or permission of, a public official or person acting on his behalf. The definition means that forms of abuse that the authorities know about, but fail to prevent, prosecute, or compensate, may violate the Convention.³⁶ States have an obligation to prevent torture and other inhumane and cruel treatment or punishment even when the abuses in question are committed by private persons.

It is difficult to know how much torture occurs. The information is politically sensitive, and most perpetrators try to hide or deny its occurrence. It is also well-known that survivors of torture often do not come forward with their story, because they are afraid of reprisals, are ashamed by what happened to them, or wish to avoid reminders of their experience. Estimates of torture probably under-estimate its incidence.³⁷

Discussions of torture based on the definition in the Torture Convention have traditionally focused on torture by state authorities of political opponents. Less attention has been given to torture of other groups, including ordinary prisoners, patients, persons in care, and women; in such cases the torture is often carried out by persons whose affiliation with the authorities is less explicit.

The UN definition of torture distinguishes between torture and other forms of cruel, inhuman or degrading treatment. The UN Special Rapporteur on Torture³⁸ has pointed out that, to determine whether an act constitutes torture or not, the crucial element is whether the survivor is under the control of the abuser. Where the abuser has full control over the survivor, as in imprisonment, and where pain and suffering are deliberately inflicted, by a public agent or with their acquiescence, it is torture. The distinction may be difficult to draw and is not always important from a clinical-psychological perspective. One reason is that, as research has shown, ill-treatment may often not differ from torture in terms of the degree of mental pain and illness that is inflicted.³⁹

Some forms of torture or ill-treatment can be described as “no touch torture”. They leave behind serious mental wounds but not necessarily physical wounds or injuries.⁴⁰ Some states have attempted to reclassify non-physical torture as cruel and inhumane treatment. But mock executions, threats of torture, forced presence during the torture of others, degrading treatment, and isolation all cause serious mental pain and have been found to be at least as harmful to the mental health of survivors as torture methods that inflict direct and intense physical pain.⁴¹ Psychological or non-physical violence should continue to be described as torture. Recent studies have also indicated that, for those who are tortured, the context in which torture occurs is as decisive as the method of torture.⁴² Sexual torture (against women or men) is considered to be one of the worst forms of torture and can affect people for the rest of their life.

TRAINER ADVICE

**Advice to trainers**

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

2.4 Reactions and symptoms related to severe trauma/stress disorders

Aim. To deepen understanding of the reactions that may occur after traumatic experiences.

2.4.1 Intrusions/intrusive memories, flashbacks, nightmares, and amnesia

Intrusions/intrusive memories, flashbacks, nightmares and amnesia are symptoms that occur when a survivor “relives” a trauma.

The human brain does not always behave in its usual manner when we experience a life-threatening situation. During such events, everything happens so fast that the experience of the event is not stored “correctly” in the memory. As a result, the survivor may suffer from partial memory loss or amnesia, because the traumatic event is not accessible to the survivor’s conscious mind.

Flashbacks are re-experiences of a trauma that happen over and over again. The images are so realistic that the body makes itself ready to fight, escape or freeze all over again. The survivor relives his trauma. Intrusions and flashbacks can also trigger physical symptoms, such as a rapid heartbeat and tremors.

Intrusions can also take the form of nightmares, which trigger serious sleep problems. Survivors may be disoriented when they wake up. They can experience frightening, automatic thoughts, which increase in intensity and are difficult to stop.

2.4.2 Avoidance

Traumatized survivors often try to avoid places, events, objects, or sensory experiences that remind them of the event that traumatized them. They may use cognitive, emotional, and behavioural strategies to avoid exposure and may try to avoid all forms of traumatic memory and emotions. For example, they may choose to isolate themselves because this seems the safest way to avoid the risk that unforeseen and frightening things might occur. They may be emotionally numb or overwhelmed by emotions, states that also cause them to prefer to stay at home. They may feel guilt, depression or worry, and lose interest in activities that they used to enjoy. These strategies can create serious problems in daily life, not least for friends and family.

2.4.3 Strong reactions to triggers and reminders

Triggers are trauma-reminders, events or situations that remind the survivor of their painful experiences and memories. A “trigger” causes trauma reactions to repeat, often long after a traumatic event has occurred. It is basically any stimulus that reminds survivors of what happened. After a car accident, for example, even the image of a car can trigger fear and apprehension. Survivors who have been traumatized by war experiences are often triggered by the sight of

uniforms, weapons, sounds reminiscent of explosions. Male survivors of sexual violence may feel a strong fear reaction if they encounter someone who resembles the perpetrator or has a similar voice or smell. Triggers are often sensory. But thoughts or emotions, or bodily sensations, can have the same effect. Thus, survivors may be triggered by physical pain during a surgery; survivors forced to perform oral sex may be triggered by a visit to the dentist, etc. People who are triggered feel “it is happening again”, and if they are triggered often, without understanding what is happening, such reactions can become very real and even stronger each time.



Questions to reflect on

- What are triggers? How can helpers assist survivors to identify and deal with them?
- Give some examples of situations where persons have been triggered?

2.4.4 Overactivation and “hyperarousal”

Over-arousal and hyper-arousal symptoms are an expression of the “fight-flight” response to stress. A traumatic event triggers a high stress response in the body, including its hormonal system: survivors physiologically prepare to flee or fight. This same response can be triggered by memories, inducing the survivor to believe that a traumatic event is happening again, here and now. Some symptoms are similar to panic or anxiety disorders.

A person may enter a state of overactivation quickly – as a result of a slamming door, for example, or the sound of a police car. Most often, survivors are activated all the time; they ceaselessly scan their surroundings for signs of danger. When this state of mind is very pronounced, it can appear that the survivor is having delusions or is paranoid. Survivors who are very tense all the time often suffer muscular problems, continuous pain and headaches.

Survivors in this state are often extremely irritable. They exhaust themselves and, because their anger lacks any cause that other people can understand, their behaviour creates serious problems in their relationships with family, partners and friends. Survivors may therefore experience significant relational problems on top of their “inner” mental distress and may find it difficult to function in society and in the workplace.

2.4.5 Sleeping difficulties

Sleeping difficulties are common. Survivors may wake up several times at night, often disturbed by nightmares. They may not know where they are when they wake up after a nightmare. Afraid that traumatic memories will return if they sleep, many survivors avoid going to bed at all. This results in a reversed circadian rhythm. Over- or under-activation very often leads to a mixture of fatigue, imbalance, and an irregular circadian rhythm.

2.4.6 Emotion flattening, numbness

People exposed to traumatic events may become emotionally flat or numb to protect themselves. It is as if they are detached from their own feelings. This emotional state affects the quality of life and is socially insupportable. People feel different. It is a form of not being able to care, a disconnection, that shuts down feelings and severely restricts the ability to express emotion. In many ways this can be a form of underactivation and “hypoaroused”.

2.4.7 Dissociation

Traumatized persons can also be bothered by changes in their own consciousness, and how they experience themselves and their surroundings. Many people feel numb or distant, or think their surroundings are unreal and strange. They may lose contact with the outside world or believe that others think they have suddenly changed. Many survivors struggle with memory and cannot remember what has happened, both earlier in their life and recently. Such reactions are often called dissociation and are especially common among survivors who have experienced sexual abuse.

For survivors who dissociate, it is helpful to understand the connection between the event that traumatized them and their state of mind afterwards. To survive and deal with the violence they experienced, many survivors “fled mentally”: they tried to remove themselves from their pain and fear by “disconnecting” or telling themselves “This is not happening to me”. Some experienced a feeling of leaving their body and observing the attack upon them from afar; some simply zoned out and cannot recall what happened. These responses enabled them to survive. Unfortunately, their reactions sometimes recur long after the abuse is over. Stress, fear or reminders of the trauma can trigger dissociative reactions that are very uncomfortable for survivors and difficult for friends and relatives to understand. Grounding and stabilisation exercises can help to deal with dissociation (see section 5.2).

2.4.8 Shame and guilt

After traumatic events, and especially man-made traumas, many survivors feel guilt and shame. They are ashamed by what happened, and believe they are to blame. They think they should have prevented the attack: “I should have run away”, “If only I had said...”, “If only I had defended myself”, “If only I had been elsewhere”, etc. For survivors of rape these questions take up a lot of space.

Blaming themselves and making themselves responsible for what happened, and thinking about how they might have prevented or mitigated their assault, can be an attempt to recover control over their lives. When we are exposed to traumatic events unexpectedly and without any control, we feel powerless and utterly helpless. It is natural to look for an explanation for what happened and try to imagine how it could have been avoided.

It is a human trait to confuse causation and responsibility. It is therefore important to encourage survivors to recognise that, if they were part of a chain of causes (being in a particular place at a particular time, for example), this does not make them responsible for what happened. Many survivors also condemn themselves because they told no-one of their first assault. If another event happens, they believe it is “their fault” because they did not stand up for themselves to stop it. The shame and guilt they feel may lead them to feel they are dirty or nasty; they are unable to separate the character of the attack from their idea of themselves. Many also punish themselves, saying:

- “I was naive, should have seen the signals, did not understand, I was stupid.”
- “I was a coward, scared, did not dare to say no, I did nothing to defend myself.”
- “I am dirty and unworthy and do not deserve to receive support or help.”

“Blaming themselves and making themselves responsible for what happened, and thinking about how they might have prevented or mitigated their assault, can be an attempt to recover control over their lives.”

“Nevertheless, sexual violence is always an abuse of power, always a violation of rights, and the abuser is always responsible for it.”

Helpers tend to reject such reflections and say: “It was not your fault, it is never the survivor’s fault”. Sometimes, however, it is sensible to give the survivor time to explore the course of events and perhaps recognise that other choices could have been made; taking stock may permit him

to come to terms with what happened more easily. Nevertheless, sexual violence is always an abuse of power, always a violation of rights, and the abuser is always responsible for it.

For some survivors, it is easier to blame themselves rather than accuse others. This reaction is likely to be pronounced if the survivor has a (personal) relationship with the abuser. If their abuser is an adult caregiver, for example, most children will think the abuser is “right” and that they are “wrong”.

This mindset is also a survival response. Throughout human history, dependent children have needed to please and placate those who provide their food and shelter; children take for granted that their caregivers will teach them what is right and wrong, and what to do to stay alive. These instincts remain robust even when children are not loved or protected by those who are their caregivers.

Society and the social environment also influence how survivors experience and process trauma and traumatic reactions. Sexual abuse is an abuse of power, inflicted by someone more powerful on someone who is physically, socially, professionally or relationally less powerful. Because communities often assume that those in power are likely to be right, they may believe that survivors must be at least partially responsible for their attacker’s violent behaviour. Survivors may face questions and accusations. Did he provoke the abuser? Did he behave “improperly” and therefore deserve to be punished? In many cases of sexual violence, survivors must struggle to cope with their own psychological and physiological reactions and also defend themselves from unjustified suspicions and accusations, which may be made by friends or members of their family.

The social response to sexual violence, and to male survivors of sexual violence, varies greatly from culture to culture. Politics, religion, ethnicity, and moral codes significantly influence attitudes to survivors. Though all traumatic reactions are physically the same regardless of culture, the meaning given to violent events does vary with culture, as do attitudes to the abused and abuser. This is particularly clear when a man or boy is abused by a woman. Women are commonly perceived as kind and nurturing; these presumptions are also likely to cause confusion in the survivor. “What kind of man lets a woman abuse him?”

This kind of humiliation may feel extremely shameful. In such cases, helpers therefore need to explore with a survivor how he understands and interprets what happened. Survivors may lose all confidence in women. Their self-esteem may collapse. It is important to work only with interpretations that are meaningful to the survivor.

Shame is a central emotion that requires careful discussion. Because of their shame, male survivors of sexual violence will often withdraw. To distract from their shame, they may also overtrain, overwork, take drugs, or try to blame someone else (for example, the helper). In reaction to shame, they may direct anger, contempt and disgust at themselves, or those around them.

Specifically, boys and men may feel guilt and shame if they have an erection or ejaculate during their abuse. They may feel that this signalled to the abuser that they wanted what was done to them; that their body betrayed them; that they must have liked what happened. Male erections and ejaculation are physiological responses to stimulation and do not imply that the man who was sexually assaulted wanted, invited, or enjoyed what happened. To make this absolutely clear, erection is not an indication of consent.

Blaming themselves and making themselves responsible for what happened and thinking about how they might have prevented or mitigated their assault, can be an attempt to recover control over their lives. Nevertheless, sexual violence is always an abuse of power, always a violation of rights, and the abuser is always responsible for it.



Questions to reflect on

- Consider your own attitudes to men who have been abused by women.
- Is it something that is difficult to talk about?

2.5 Traumatic events and changes in perceptions of the world and oneself

Aim. To describe some of the fundamental changes that may occur after traumatic experiences.

2.5.1 Basic assumptions

Psychologists have studied how trauma affects “basic assumptions”, or our general understanding of the world. Professor Ronnie Janoff-Bulman⁴³ developed a theory of “shattered assumptions”, which proposed that traumatic events change survivors’ basic assumptions and ideas about life. Specifically, she suggested that trauma throws in doubt three core assumptions: (1) that the world is benevolent; (2) that life is meaningful; and (3) that I have value.

In other words, traumatic experiences often cause people to feel that the world is less safe and that they are more vulnerable, unprotected and less valuable. Psychiatrist and researcher Judith Herman⁴⁴ has suggested that people experience trauma as an attack on their value system, and a threat to their belief in and perception of reality as well as their basic conception of themselves, others and life in general. In this sense, traumatic events raise doubts about the viability of human relationships. Such doubts can destroy family connections, friendships, love, and ties to society. They affect how survivors perceive themselves because their perception of themselves is shaped and maintained by relations with others. They challenge values and belief systems that give life meaning and can throw the survivor into an existential crisis.

These challenges strongly affect boys and men who have been subjected to sexual violence. When survivors of sexual violence no longer believe the world is benign, this affects all their relationships and induces a pessimistic and cynical attitude both to people and the future. Helpers should expect to find that it is difficult to inspire trust, however much they demonstrate their goodwill and reliability.

For many survivors, it is difficult to rebuild meaning or to believe in justice and equality. Because their self-worth has been violated, they can feel worthless. The trauma theory of basic assumptions emphasises that not all traumas trigger feelings of worthlessness; what seems to do so is betrayal, being let down by persons close to you; abuse of trust. Being abused by a caregiver, a friend, or a helper are typical examples of betrayal. Since cognitive assumptions and worldviews are often not articulated or are unconscious, shattering them has unexpectedly sharp effects on survivors' ability to cope with and visualise the future.

2.5.2 Self-destructiveness and re-victimisation

Delayed reactions after abuse may include behaviours that lead to further trauma. Survivors of abuse are more likely to experience abuse again. The name for this is “re-victimisation”. How are we to understand it? One factor is that survivors often exhibit behaviours that potential perpetrators pick up on. Faced by something they interpret as a threat, survivors may “freeze”; they do not protest but become paralysed and passive. To others, it may seem that they have lost the ability to foresee danger. Some survivors say that, because they feel worthless, it seems pointless to protect themselves; they have already been “destroyed”. These responses, and survivors' emotions of shame and guilt, can attract abusers and make survivors easy to prey on.

Self-destructiveness can take many forms. Survivors may feel they have no right to say no. Others harm themselves to regulate their inner pain. Cutting, or burning, can substitute for mental pain, be preferred to mental pain, or may displace traumatic memories. Survivors who feel ashamed and destroyed may consider that punishment is deserved; or use pain to wake themselves from states of numbness or dissociation.

As noted, traumatic events may elicit fight, flight or freeze reactions. In the fight reaction, aggression is an important source of energy. This aggression can later be directed outwards or inwards. Aggression that is directed inwards, that expresses itself in self-harming, is often called distorted aggression. Other forms of self-destructive behaviour can be directed at the self and at others. Intoxication, violent behaviour, breaches of ordinary norms, disruption of routines, neglect of hygiene and nutrition, can also be expressions of lack of self-respect and self-esteem.

2.5.3 Suicidal thoughts and suicide

Many survivors who have experienced sexual violence or humiliation think about ending their lives; suicide seems to offer an “escape” from a seemingly hopeless situation. In meetings with survivors, it is very important to be aware of this and to show understanding and respect.

If you notice specific changes in behaviour (such as social withdrawal) or that a survivor talks about a death wish or wanting to disappear, ask direct questions about this. Ask if the person is thinking about taking his life. If he answers “yes”, you may ask what his plans are and when he plans to go through with it. As a helper, you can give the survivor hope that his situation will improve. Important guidance in this area can be found in WHO's implementation guide for suicide prevention.⁴⁵

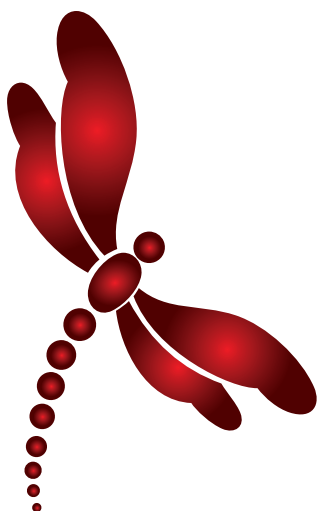
2.5.4 Injuries after torture and inhuman treatment

In almost every case, torture causes extensive mental and physical problems. All the symptoms and diagnostic categories that have been described appear in people exposed to torture and forms of inhuman treatment.⁴⁶ The most common physical disorder after torture is pain, which

can also be psychological in origin.⁴⁷ Torture is a particularly strong risk factor for PTSD. Post-traumatic problems among survivors of torture are so widespread that some have claimed that the goal of torture is to induce PTSD and paralyse the agency of survivors. Survivors of torture may experience other psychological disorders as well, including depression, generalised anxiety, panic attacks, physical disorders without detectable physical illness, psychosis, changes in personality, and neuropsychological difficulties.⁴⁸ Other psychological effects of torture are associated with major changes in self-esteem, difficulties in maintaining trust and close relationships, and loss of control over one's life. (For more information on psychological diagnoses, refer to the Appendix.)

It seems that torture methods are less often physical and more often psychological than they used to be, partly to avoid visible physical injuries to survivors. Sexual humiliation and threats of sexual abuse are examples of psychological torture.

Many studies of torture survivors have focused on migrant populations. This means that it is sometimes difficult to distinguish between symptoms that are due to torture, and symptoms that are due to other traumatic experiences or to the legal, economic, and social problems that migrants face. Nevertheless, torture has been shown to have negative long-term effects on mental health beyond the effects of other stressors that migrants experience. It has also been shown that torture is a particularly traumatic event that creates persistent post-traumatic symptoms. From a health policy perspective as well as morally, it is therefore important to recognise the right of torture survivors to rehabilitation. For more information about torture, torture injuries, assessment and documentation see the Istanbul Protocol.



2.6 The five stories: focusing on reactions and symptoms

Aim. In this section, we retrieve the stories to identify what the five survivors find particularly stressful and traumatic. We also describe the reactions and symptoms that they struggled with subsequently.

Here we describe reactions and symptoms. Part Three shows how the reactions described can be alleviated and treated by a variety of therapeutic tools and exercises.

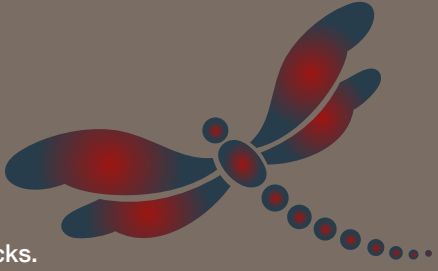
2.6.1 Ibrahim, 17, Afghanistan. Reactions and symptoms.

Ibrahim was exposed to abuse for a long time, before and during his escape. Although he is safe now, he struggles with his trauma reactions.

Ibrahim

These include:

- Dissociation.
- Memory loss.
- Mood swings.
- Depression.
- Guilt and shame.
- Nightmares, triggers and flashbacks.



When Ibrahim was sexually abused at night, **he detached from it**. This indicates a dissociative state, in which Ibrahim **disconnected from reality**. His inability to recall those nights, even much later, signals amnesia; he has “forgotten” (effaced from his conscious mind) all that was terrible. This is a well-known protection strategy. It is considered a survival reaction that protects a person from constant exposure to bad memories. **Sadness and becoming quiet** is also a frequent reaction among survivors when they have been exposed to unbearable situations over time. Ibrahim was threatened by the Commander and was afraid that his family might be hurt or that he would be killed if he failed to cooperate. In addition, he was **ashamed of what he had to do** and assumed that he would be rejected by his family if he spoke to them about it. **Extreme shame, guilt and low self-esteem** are typical symptoms after trauma. **Ibrahim “assumed” that something in his behaviour was to blame, that he was in a way “co-responsible” for his predicament.** He experienced **mood swings and quickly became angry for no apparent reason**. Almost every night he had **nightmares and flashbacks** (“intrusions”). These are undesirable images from the past that reappear, often without obvious reason. Ibrahim dreamed of having a girlfriend. But his experience with a female abuser made him confused and shaped his view of women. He was **often triggered by everyday events that reminded him of his past and triggered a bodily reaction**. For example, he became nauseous when he smelled tobacco smoke and felt afraid when voices were raised, or he heard loud music.

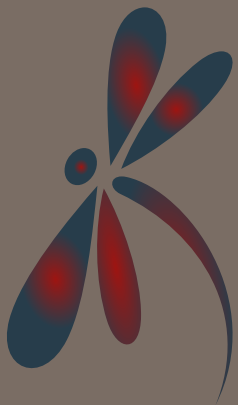
2.6.2 Louis, 45, Democratic Republic of Congo. Reactions and symptoms.

Louis was sexually assaulted and seriously injured by soldiers, who killed his family. He does not obtain help until long after the abuse occurred.

Louis

His trauma symptoms include:

- A feeling of powerlessness.
- Guilt and shame.
- Amnesia.
- Overactivation.
- Mood swings and irritability.
- Flashbacks and nightmares.
- Depression and suicidal thoughts.



When he was attacked, he was ridiculed and sexually mutilated. Louis **experienced great powerlessness** because he was unable to defend himself or his family. He developed **a strong sense of guilt**. Tragically, his family was murdered, which made him **deeply ashamed**, and it represented a serious challenge to his manhood. He had been humiliated and the shame and guilt he felt, as he later understood, were intended effects of the trauma the soldiers inflicted on him. This **sense of de-masculinisation** was a cause of shame in his culture. He had been deliberately sexually assaulted to demonstrate his impotence and to assert the soldiers' power over him.

Louis still **has amnesia and cannot remember the event completely**. This is a well-known defence response after trauma, that helps survivors not to be overwhelmed by terrible memories.

After losing everything, Louis fled to a refugee camp but **felt insecure** until he was resettled in a place where he felt safe. Integration, a new partner, and work created some stability in his life. Nevertheless, he had **numerous symptoms, which included mood swings, depression, irritability**. He had a lot of pain that was unattended to and felt that he had to appear strong. Survivors often experience **overactivation** when their past is triggered. Louis **sometimes wanted to end his life**. He had **intrusions (nightmares and flashbacks)** when he **relived the cruelty** he experienced. Although his life situation had stabilised, he still felt uneasy.



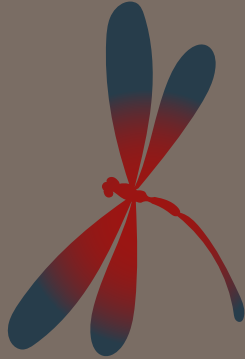
2.6.3 Kumar, 61 years old, Sri Lanka. Reactions and symptoms.

Kumar participated in the civil war in his country and was tortured in prison.

Kumar

He struggles with several typical reactions:

- Guilt and shame.
- Numbness; detachment.
- Intrusive memories.
- Self-loathing.
- Impaired memory.
- Anxiety and restlessness.
- Nightmares.
- Triggers.
- Avoidant behaviour.
- Distrust of others.
- Pessimistic about his own situation and future.



Kumar had already experienced many bad incidents as a young man, including attacks in his village, the loss of his father, abductions and killings, and sexual abuse by soldiers of his cousin and other young people. He **could not forget** these incidents, especially the abuse of his cousin, and **felt shame and guilt** because he could do nothing to save them. Sometimes he felt that he was **reliving these incidents**, even many years later.

For many years Kumar lived in danger. He was **constantly on guard and experienced anxiety and restlessness**, feelings that persist to this day. He lived with **a feeling that he was never completely walking on the ground**, as though he was always a little “above” it, **never completely present or at rest**.

The torture he experienced in prison probably caused the most dramatic injuries and most painful repercussions. The physical injuries from punching, burns and internal injuries left clear scars on his body and for many years he **could not easily urinate or defecate**. He was **haunted day and night by the fear and humiliation** he experienced, by the fact that he had been forced to confess, even to incidents he had not been involved in, and above all by memories of being forced to witness the torture of a cellmate. The **guilt he felt because** he had not been able to intervene, or help was sometimes unbearable. He **was triggered by any sign of agitation**, and **often woke at night to hear himself shouting**.

Those around him describe him as **withdrawn**. He seemed on **constant alert; insecure; reluctant to respond when people made contact**. These behaviours may reflect the fact that Kumar did not think he was any longer a person with dignity; **he felt he did not deserve to be liked**. At times he **deliberately hurt himself**, which he later explained in terms of balancing his inner turmoil and pain and the world around him. He was generally **unwilling to talk about the future and seemed unable to think ahead**. He did not have a strong desire to seek help because he **did not believe that anything could change**. And because he did not believe he could learn anything, he did not read or watch TV. It was true that **he could not concentrate**. Those who know him confirm that he **remembered very poorly**, all messages were quickly lost.


2.6.4 Ali, 15 years old, Northern Iraq. Reactions and symptoms.

Ali lost his father, killed by a mine, and was sexually abused by his new stepfather. He escaped to a refugee camp, and was eventually resettled abroad, but struggled to adapt.

Ali

His trauma reactions include:

- Distrust of others.
- Nightmares.
- Flashbacks and triggers.
- Anxiety and depression.
- Social withdrawal.
- Overactivation and restlessness.
- Dissociation.



Until his father's death, Ali's childhood was secure and happy. But after his father's death, Ali and his family were financially insecure, **anxious, and felt unprotected**. Ali was **plagued by nightmares and flashbacks about what had happened to his father**. Every night he dreamed that his father came from the store, there was an explosion, and his father disappeared. He **woke up screaming**. He **did not want to see his friends or go to school**. His dreams of becoming a trader like his father evaporated; he **felt overwhelmed and did not want to think about the future**.

His life became worse after his new stepfather began visiting him at night to molest him sexually. Ali **could not talk to his mother or deal with his feelings**. After he fled, for a while he felt a little better.

After he was resettled and placed in a reception centre in his new country, Ali started going to school. But he **did not talk much, looked no-one in the eye**, and took lunch alone. At night, the nightmares returned, and he woke up screaming. He turned on the light and calmed himself but kept his eyes open and stayed awake. Ali **looked nervous every time someone approached him**, and if someone came too close, he walked away. In class, **his feet were in constant movement** and he often **stared out of the window, paying no attention** to what the teachers said to him.

Many of these reactions persisted: **hyperarousal, mistrust, anxiety, social withdrawal and nightmares**. He was **triggered** by the voice of an older man he met. The reactions amplified until a staff member took him in hand and gently and gradually included him in the life of the reception centre.



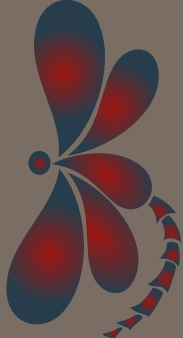
2.6.5 Rodney, 26 years, Uganda. Reactions and symptoms.

Rodney is persecuted because of his sexual orientation. He had internal conflicts about being himself. He was rejected by his family because of his orientation and was deeply shocked when he saw a gay friend being murdered.

Rodney

His trauma reactions include:

- Intrusive memories.
- Guilt and shame.
- Depression.
- Anxiety and panic attacks.
- Problems with proximity.
- Distrust of others.
- Triggers.
- Self-harm.
- Numbness.



In his teens Rodney felt that he was different and left out. At times he dreaded going to school. **He hid who he really was**, before he even realised what made him different from other boys.

He was rejected by his family because of his sexual orientation, and forced by lack of resources to sell himself to foreign tourists, until he obtained a job with an NGO that worked clandestinely for LGBTI+ rights. He lived a secret life, in danger of being attacked for his work.

He often thought of his gay friend who was murdered in front of him. **Sometimes he had nightmares** in which he was persecuted and killed for being gay. He **woke up feeling a massive pressure in his chest, drenched in sweat**.

After he was assaulted and beaten, Rodney had **panic attacks** more often. Sometimes they were **so intense that his heartbeat became irregular**, and he **could not breathe properly**.

After Rodney was resettled abroad, he still **did not feel confident to come out**. He was afraid he would not be allowed to stay, would be rejected, or despised. He had **problems with intimacy** after the abuses he endured as a sex worker. He had panic attacks and **thought someone was after him to beat him up**, although he was in a safe location. These reactions worsened when he heard someone speaking his own language: **he was afraid he would be recognised** and wondered if he was being persecuted, even though he knew rationally that this was unlikely.

In the living room at the reception, he found a flyer from a gay rights organisation and got in touch with a helper who worked with centre particularly vulnerable refugees, including LGBTQI+ people.

At his asylum interview with the immigration service, he was still too anxious to say that he was gay. He did **not know whether he could trust the authorities or the interpreter**, who was also from Uganda. He was afraid for his friends in Uganda, for his own future, and **sweated, became dizzy, and trembled**.

Without any warning, Rodney could **feel completely numb**. He felt that he was unable to do anything; **the slightest action became a burden**. This reaction reminded him of the beatings and sexual violence he experienced in his country. He **blamed himself** for not fighting his abusers off.

In Uganda, he had **started to drink alcohol to calm his thoughts, anxieties, and memories**. Because in his new country he could not afford alcohol, it became difficult for him to manage his intrusive memories. He **began to cut himself as a way of reducing his inner tension**.

2.7 Cultural considerations in working with survivors after sexual violation

Aim. To focus on some of the cultural dimensions of working with people from different countries and traditions.

2.7.1 Culture and sexuality

As already noted, humans respond physiologically to danger and shock in much the same way everywhere, regardless of culture. Someone who has just been robbed in France, captured in war in the Congo, or injured by a tsunami in Thailand, will show similar physical reactions. However, how people *express* and *interpret* their reactions and behaviour may vary considerably in different cultural environments.

Let us take a closer look at cultural taboos, guilt and shame. What is expected of “a man”? How does society expect a man to behave? What gender norms are present in the survivor’s and the helper’s cultures? How do people respond when a survivor does not observe heterosexual norms?

Culture enables people to create communities with others. Through culture, we transfer ideas, values and ways of living, and impart knowledge and skills, the ‘wisdom’ that a society needs to survive and flourish over generations. However, cultures also seek to shape the behaviour of their members; and dominant cultural voices can be intolerant of and can seek to suppress behaviours of individuals and minorities that those individuals or minorities cherish or consider legitimate.

Guilt and shame are culturally conditioned and their expression and interpretation vary in different cultures. Cultural or religious attitudes may censure particular expressions of sexuality, sometimes making it difficult to report abuse, sometimes inflicting shame on survivors of abuse. In all contexts, nevertheless, even though many societies still blame survivors, abusers are always responsible for the abuses and acts of sexual violence they commit.



Questions to reflect on

- How can helpers reduce the guilt and shame that survivors feel by focusing on human rights?
- How can human rights be applied to issues that have a cultural dimension?
- Is cultural sensitivity compatible with a human rights approach? Where might the two approaches collide?

2.7.2 Shame and stereotypes

Male gender stereotypes tend to inhibit expression of emotion: they assert that boys don't cry, that men are strong and silent, etc. The stereotype that men should be able to defend themselves can also encourage self-blame and guilt. For these reasons, men who have survived sexual violence may find it particularly difficult to recognise, articulate, and share the reactions they experience afterwards.

“Male gender stereotypes tend to inhibit expression of emotion: they assert that boys don't cry, that men are strong and silent, etc. The stereotype that men should be able to defend themselves can also encourage self-blame and guilt. For these reasons, men who have survived sexual violence may find it particularly difficult to recognise, articulate, and share the reactions they experience afterwards.”

As noted, guilt for permitting an abuser to do what he wanted can also be deepened if the survivor became erect or ejaculated during the abuse. Helpers may need to explain to survivors that arousal is a physiological response to stimulation and does not imply desire or consent. It is not his body, but the abuser, who betrayed the survivor.

Sometimes survivors can be ashamed because they survived whereas others did not (“survivor guilt”). Survivors are tormented by questions such as “Why did I survive?” and “Why did I not do more to save others?”⁴⁹ Grief for the death of others is a normal response, but support should be offered if it affects a survivor's ability to function. Helpers can assure the survivor that he did all he could and is not to blame for what happened. Further professional help should be offered if grief and self-recrimination lead to loss of sleep, loss of interest, guilt, failures of concentration, increase or loss of appetite, lack of energy, or suicidal thoughts.

2.7.3 Shame and taboo

Sexual violence and sexual abuse are taboo subjects. Because sexual victimhood is associated with shame, subjugation and powerlessness, the subject is difficult to talk about. Many male survivors are afraid (often with justification) that they will not be believed or will be held responsible for the acts they were forced to submit to. Helpers should therefore make clear that they believe what the survivor has told them and encourage him to understand that he was not complicit in his abuse. It can also be helpful to tell survivors that guilt and shame are common and foreseeable reactions to abuse and trauma. Once again, the starting point is that it is never the survivor of abuse who is guilty and that it is the abuser who should feel shame and guilt. Nevertheless, this discussion is not always easy. Psychological education, metaphors and stories, role play, and group discussion can all be helpful. It is also helpful to remind survivors that all humans show the same physical and psychological reactions to danger and threat: to the survivor, his feelings of guilt and shame feel deeply personal, but in this respect they are not.

Several studies have shown that male survivors who have been assaulted tend to feel the need to behave in a more masculine way. This may be a response to being robbed of masculinity; it signals to others and the survivor that he remains “man enough”. The pursuit of robbed masculinity takes several expressions. Some abused men wonder whether the abuse was a form of punishment for being insufficiently masculine. Others become preoccupied with cultivating a muscular body and a more masculine appearance (by tattooing themselves or adopting a deeper voice or a masculine gait).⁵⁰ Overall, male survivors adopt numerous explicit and subconscious strategies to manage or articulate their guilt and shame, or sense of vulnerability.

Additionally, these behaviours may be visible among those who are not yet certain of their own sexual identity, or who have a negative attitude to their sexual orientation, or who are open about their orientation but are afraid of how society will react. In all these situations, boys and men who experience sexual violence may be particularly unwilling to report their abuse.

In general, men and boys rarely report sexual violence that they have experienced. This is especially true of boys and men who define themselves as being outside the normative group of heterosexual men. Several reasons explain this: they include shame; fear of social stigma due to discriminatory attitudes and gender stereotypes; fear that they will not be believed; inadequate national legislation; lack of services; and lack of access to justice.⁵¹

As mentioned earlier, it can be difficult for men to see themselves as “a survivor” because they feel it is “incompatible with being a man”. This becomes even more complicated if they are also unsure of their own orientation, and do not have good gay-, bi-, or trans-role models who can tell them that the feelings and reactions they experience after sexual violence or abuse are normal reactions to an abnormal event.

Fear of being stigmatised and branded as weak, gay or even paedophile has a profound effect on male survivors. This fear will be even greater if the person who has experienced abuse comes from a homophobic society. In some societies, the motivation behind sexual violence may actually be to deprive the survivor of his or her heterosexual status. This is a vicious circle. When male survivors are unable or unwilling to report abuse, it strengthens the taboo and the stigma.

As a result of the above, there is generally lower awareness of sexual violence against men and boys, and sexual crimes against men and boys are underreported. Consequently, we have less information about the extent of sexual violence against men and boys, and generally know less about it. (See also section 2.7)

2.7.4 Culturally adapted help

A survivor’s cultural and religious background will influence how he understands the world, himself and his reactions. As a helper, try to understand a survivor’s situation, his culture, religion, country of origin and (war) history, because this information can help you understand his trauma. However, be aware that it is easy to generalise cultural knowledge; do not overlook the individual dimensions of his experience.

Since each individual has a personal relation to his culture, check with the survivor whether your knowledge of his culture is relevant. Help him to find connections that make sense to him, between his experiences and his symptoms and problems. Since we live in a globalised world, many societies today are cross-cultural. We are influenced by traditions, norms, and values from all over the world, and it is not always easy to determine what is typical of a place. It is important to keep this in mind when meeting survivors, to ensure they feel understood as individuals.

Of course, it is impossible to understand every person’s cultural background, and it is not necessary to do so in order to provide good help and support. Perhaps it is most important to be open to the fact that social behaviours and expectations differ, and to acknowledge that you too

“Many male survivors are afraid (often with justification) that they will not be believed or will be held responsible for the acts they were forced to submit to. Helpers should therefore make clear that they believe what the survivor has told them and encourage him to understand that he was not complicit in his abuse. It can also be helpful to tell survivors that guilt and shame are common and foreseeable reactions to abuse and trauma.”

are influenced by your culture. Your conversation with survivors can therefore start from there, with the adoption of a respectful curiosity and open approach that acknowledges everyone is different, and that the survivor's background is significant to him. This starting point can enable the helper and the survivor to have a discussion that is culturally sensitive.


TRAINER ADVICE

Advice to trainers

Interpreters play a vital role when helpers and survivors do not share a common language or culture. Interpreters should translate the exact words of the helper or survivor and should not interpret what he meant to say. They have a duty to respect the confidentiality of what is said.

Sometimes survivors are not aware of these rules, and it is therefore important to explain them at the start of the conversation and check they have been understood.

Although the interpreter is independent and does not contribute to the content of conversations, the helper and interpreter may find it useful to talk beforehand. The helper may need to explain some background elements, indicate the broad purposes of the conversation, or signal that elements of the conversation may be sensitive and receive possible input from the interpreter..


REFLECTION QUESTION

Questions to reflect on

- In what ways might cultural attitudes impede the delivery of help and support to survivors?
- Consider the differences between your culture and the culture of survivors you work with. How do these differences affect your work?

2.7.5 Working with interpreters

Aim. To make helpers and interpreters aware of their different roles and how to prepare before meeting a survivor.

Interpreters play a vital role when a helper and a survivor do not share a common language. The interpreter must be a partner in the conversation and translate in the same manner for the helper and for the survivor. That is, translate as closely and verbatim as possible, including using the first person ("I" not she or he when interpreting those present in the room). The interpreter "belongs" to both parties in the room and will have to pay close attention to what they say and how they express their messages. Most people who work with asylum seekers will be familiar with interpretation and interpretation rules. Interpreters translate the exact words of the helper or survivor, and do not try to interpret what they meant to say; and have a duty to respect the confidentiality of what is said. Sometimes survivors are not aware of these rules, and it is therefore important to explain them at the start of the conversation and check they have been understood.

Although the interpreter is independent and does not contribute to the content of conversations, the helper and interpreter may find it useful to talk before the conversation to prepare the interpreter, as well as meeting some minutes when the conversation is over in order to sum up and clarify possible misunderstandings etc. The helper may need to explain some background elements, indicate the broad purposes of the conversation, or signal that elements of the conversation may be sensitive. Make sure to explain to the survivor, the reason for the helper to talk to the interpreter after the session, to clarify that the talk is not about him as a person.

For obvious reasons, it is emotionally as well as technically challenging to interpret experiences that the survivor finds awkward, embarrassing, or shameful to describe. If the helper prefers to address such subjects indirectly, perhaps by using stories and metaphors, it is important to explain this to the interpreter, who can prepare accordingly. The helper may want to address certain matters very slowly, or avoid specific details, or even explore certain issues hesitantly, allowing silences, permitting the survivor to create the thread. The helper may also want to say something about what kinds of sensitive issue may arise.

On certain matters, the “correct” terms may not exist in the language that is being interpreted. Where this happens, it is best to work together, all three, to express the ideas in question. They can be explained or described; often it helps to have a pad and pencil on the table and to communicate with simple drawings. This may strengthen the conversation and make it easier for the survivor to stay focused and present in the here and now.

Interpreters need to adopt a tone that does not stress the survivor. If survivors feel they are being interrogated, for example, it may remind them of the circumstances of their abuse. It is essential to ensure that the helper and interpreter, working together, convey reassurance and make clear that the survivor will decide and control what and how much is said.

Interpreters may be involved in asylum interviews, discussions with the police, court hearings, consultations with lawyers, meetings with doctors, social workers and social security officials, and sessions with helpers and therapists. The character of these meetings is obviously very different. Helpers should ensure that interpreters always know in advance the purpose of each event.

Helpers need to remember that interpreting is demanding work as well as potentially stressful. Helpers and survivors can steer conversations in the direction they want, but interpreters have no such freedom. They must go where the conversation takes them. Helpers should be alert to this situation and should invite interpreters to take a break if they need one. Helpers should make themselves available for a chat with the interpreter afterwards.

In most situations, it is best if interpreters are physically present. When this is not possible, online platforms or telephone interpretation may be good alternatives. The rules regarding information and preparation are the same, including the duty of confidentiality. Calls therefore need to be private.

In some situations, survivors prefer the interpreters to phone in or interpret by online platforms, because they are less likely to be in the survivor’s circle, and survivors feel this protects their anonymity better. For the same reason, it may be easier to talk about sensitive subjects.

Culture affects the way we see each other and how we interpret the messages we send. As a result, conversations between people from different cultural backgrounds may take unexpected directions and may easily generate misunderstanding. People who are familiar with two cultures can play a vital role. They can act as go-betweens, translating and explaining not only what is said but the ways in which people communicate. For example, some cultures move quickly to the point, while others wait until a relationship has been created. Cultural mediators can facilitate the pace of a conversation, and moderate statements that are considered appropriate in one culture but offensive in another. Gifted cultural mediators can also help to identify and define problems in a manner that both sides understand and identify solutions and ways of going forward. Some interpreters may also serve as cultural mediators, but it is important that both parties are aware of what role they are playing, so that they make use of the cultural mediator in the best possible ways. Make sure that it is clear when the person is acting as a interpreters or when taking a position as a cultural mediator.



Questions to reflect on

- Why is it so important that the interpreter has a neutral position in the room and sticks closely to the rules?
- How can one deal with situations where the interpreter may be affected by the difficult content in the conversation?
- Situations may occur where survivor and interpreter meet in other settings – what would be good advice to the interpreter in such situations?

2.7.6 Respect, personal space and touch

Most people like to keep those they interact with at a certain distance; they do not like their personal space to be invaded. The distances that are comfortable vary from person to person; a person is comfortable being closer to some people (his child, his partner, friends) than others (strangers, people he dislikes). People perceive touch differently too. For some, touch is a sign of care, while for others it is felt to be unwanted, or sexual. What is considered respectful behaviour varies across the world. In some circles, people value discussion and sharing their thoughts in words, while in others they are expected to obey authorities (heads of household, officials, religious leaders) without questioning their statements. In cultures where it is important to show respect to and obey the elderly, some groups in the population (such as children) may be at higher risk of abuse because they are raised to do as adults say.

The international diagnostic manuals (ICD-10, DMS-V) discuss so-called “culture-specific disorders” or “culture bound syndromes”. They list many syndromes that are specific to certain societies or cultural areas and emphasise that societies and cultures differ in their interpretation of similar forms of trauma and responses.⁵²

The Diagnostic Manual DSM-V discusses five elements of cultural formation: the individual’s cultural identity; cultural explanations for individual diseases; the influence of the patient’s psychosocial environment and function in it; cultural elements in the patient’s professional conditions; and use of cultural judgments to determine diagnosis and care.

It is important to keep in mind that people may believe that mental illness is due to a weak character. They may not acknowledge that it can be caused by trauma. Mental illness may be considered shameful and can lead to social exclusion.

Because different cultural backgrounds may require different approaches, it is vital to adopt a sensitive approach to survivors of severe trauma, including male survivors of sexual violence. At the same time, do not draw conclusions on the basis of culture alone: be open but be sensitive to meanings and values. This is especially important for boys and men who originate from countries in which strong taboos and stigma surround sexual abuse and sexual violence.

2.7.7 Attitudes and norms related to abuse - masculinity

Being sexually abused is a serious burden regardless of gender. However, the survivor’s perceptions of masculinity (what it means to be a man), and his society’s perceptions of masculinity, can influence and increase the difficulties of men who have survived abuse.⁵³ Cultural perceptions of masculinity vary in different societies, and are constantly changing. It is common to associate masculinity with being strong, independent, and able to protect oneself and others. Men are often expected not to show emotions such as fear, grief, sadness, or shame. In most cultures, masculinity is also associated with being heterosexual.

Such perceptions of masculinity influence how most people tend to think about sexual abuse of men, and about those who are exposed to it.⁵⁴ Because it is believed that men should be able to protect themselves, many think that “real men” cannot be raped. If men are abused, it is seen as proof that they are weak. Heterosexual men who have been abused by other men are often perceived as gay. At the same time, many will downplay abuse against gay men and believe that they wanted the abuse they experienced. Sexual abuse of men by women will also often be downplayed, because typical masculine stereotypes claim that men cannot function sexually without being sexually aroused, or that heterosexual men always want sex with women.

“Sometimes stereotypical masculine values stand in the way of healing. At the same time, address such perceptions with respect and curiosity. Make sure that the help you offer accommodates the survivor’s (masculine) values. Men who identify with a more traditional male image are likely to think that some of the most valuable therapeutic tools - mindfulness exercises, grounding exercises, emotion-focused therapies - are “feminine” and will not suit them. As they manage such assumptions, helpers need to be both creative and flexible.”

These perceptions of masculinity, sexuality and abuse often add to the difficulties that abused men and boys struggle with. They may perceive themselves to be weak or “insufficiently masculine”, or be afraid that those who know them will perceive them to be feeble or effeminate. This can make it harder for them to talk about the abuse, express their emotions, and seek help. For others it can be important to “prove” their masculinity and strength, for example by excessive physical exercise, or aggressive behaviour. Many men have thoughts of revenge, of “taking back” their manhood. After they have been abused, many survivors also have doubts about their sexuality, or difficulties in having sex.

As a helper, it is important to understand how perceptions of masculinity can shape survivors’ states of mind. It may be useful to talk to them about perceptions of what it means to be male, about sexuality, and about masculine values. “Sometimes stereotypical masculine values stand in the way of healing. At the same time, address such perceptions with respect and curiosity. Make sure that the help you offer accommodates the survivor’s (masculine) values. Men who identify with a more traditional male image are likely to think that some of the most valuable therapeutic tools - mindfulness exercises, grounding exercises, emotion-focused therapies - are “feminine” and will not suit them. As they manage such assumptions, helpers need to be both creative and flexible.”



2.8 The notion of “vulnerability” and identifying people in a situation of vulnerability

Aim. To clarify the term “vulnerability” and how to identify people who are in situations of vulnerability.

In the migration and humanitarian fields, people who are at risk of abuse or harm, or have specific disorders or difficulties, or who need protection and help, are often described as “vulnerable” or in “situations of vulnerability”. The term covers survivors of sexual violence or abuse and others whose rights have been violated.

Describing groups of people as “vulnerable” has been questioned for the same reasons that led many organisations to prefer the term “survivor” to the term “victim”. It implies, erroneously, that women, children, the old, people who are LGBTQI+, and (male) survivors of sexual abuse, etc., are inherently vulnerable. In fact, as individuals, members of these groups are as capable as other human beings of showing exceptional fortitude, courage and resilience. However, as groups, and in specific situations, they can face higher risks (to their safety, health, mental health, rights, etc.). To illustrate, pregnant asylum-seeking women are at risk during their pregnancy in ways that other people are not; people with chronic disorders (such as kidney failure) need specific treatment; and young children who lack parents or caregivers are not able to meet all their needs.

The EU Reception Directive (2013) lists the categories of people who are considered by the EU to be in situations of vulnerability.⁵⁵ It includes: various categories of women; survivors of sexual violence, rape, genital mutilation, sexual abuse, human trafficking and forced marriage; survivors of torture; children; the elderly; and people who are mentally and physically ill. Some of these categories may include men, but the texts state that women are the principal group. Unhelpfully, official regulations rarely locate the categories in one document; most policies also state that cases of vulnerability will be determined case-by-case. In the context of this manual, the following recognised situations of vulnerability are most relevant:

- Survivor of sexual violence.
- Survivor of rape.
- Survivor of psychological violence.
- Survivor of torture.
- Person who is LGBTI+.
- A child or unaccompanied minor.

We have seen how vulnerability is defined. How can helpers identify male survivors of sexual violence or abuse and establish contact in the best possible way?

Some conditions are visible. Examples: physical disabilities and in some cases mental disabilities.

Others can be identified by relatively simple tests. Examples: undefined body pain, tuberculosis, certain chronic diseases.

More inquiry, including interview, is required to identify social vulnerabilities. Examples: single minors, individuals at risk of human trafficking.

It is most difficult to identify people who have been in danger, have been shamed or humiliated, or who have experienced severe pain. Examples include: survivors of torture, survivors of other forms of violence (including rape and sexual violence), and survivors of human trafficking, genital mutilation and forced marriage.

In some cases, sexual orientation can be considered a category of vulnerability: it can be both easy and difficult to identify.

It is important to establish routine processes to identify people who are particularly vulnerable and need support. A thorough but sensitive case review at the survivor's initial reception site is a point of departure. It is important to train staff to observe and evaluate survivors' needs appropriately. Referral to a doctor or psychiatrist, or other professionals, perhaps supplemented by a diagnostic interview, makes available a further layer of support.

The idea here is not to screen all asylum-seekers to identify survivors of torture and sexual violence, but to create a space in which survivors can talk safely and explore their need for assessment, documentation, or support. To do this work, helpers need certain skills, and need to know where they can obtain more specialised help if it is needed.

2.9 LGBTQI+ and people in particularly vulnerable situations

Aim. To highlight that some groups of people are particularly vulnerable.

In almost all societies, people who are LGBTQI+ are significantly more likely to experience violence or abuse; and their security – and that of other groups at risk – deteriorates in armed conflicts.⁵⁶ The UN has recognised that violence against LGBTQI+ individuals during conflicts is a form of gender-based violence (GBV)⁵⁷ that targets people who have non-dominant gender norms and is often motivated by homophobic and transphobic attitudes.

All rights are less protected in humanitarian crises. However, many people who are LGBTQI+ already live unobtrusively or take special precautions to avoid persecution: they become even more vulnerable in chaotic environments in which law and order have collapsed. They are often forced to hide or leave their homes when armed groups threaten them with “corrective violence” or “population cleansing”. Most refugees who are LGBTQI+ keep their identities secret.

It is important to point out once again that every person experiences the same physiological reactions when they are threatened by a traumatic event. Gender identity does not change this. But cultural norms can amplify trauma and trauma reactions, and many societies are intolerant of minority sexual identities. Managing trauma reactions becomes much more difficult for a survivor if those around him condemn his sexual identity, or he is himself confused by or rejects his sexual orientation.

“All rights are less protected in humanitarian crises. However, many people who are LGBTQI+ already live unobtrusively or take special precautions to avoid persecution: they become even more vulnerable in chaotic environments in which law and order have collapsed.”

This explains why people who are LGBTI+ often keep quiet and rarely seek help. Their difficulties do not end when they do try to find support, however. If they have escaped to another country, it is likely that they will need interpreters. For most arriving migrants, it can be reassuring to find someone who speaks their language and is familiar with their culture. For migrants who have fled countries that imprison people who are LGBTQI+, however, it may be harder still to share very personal information with interpreters from that country. They may fear the new country will condemn them for their orientation; or that the interpreter will disapprove of, censor or misrepresent what they say, or translate their words incorrectly, or even pass information to the authorities of the country they have left. Intimate conversations are already difficult enough. The risks associated with interpretation can make them still harder to begin.

2.10 Trauma and resilience

Aim. To explain the meaning of resilience and its value when working with traumatised people.

The term “resilience” has migrated from physics and means “the ability to return to its original shape after being stretched or bent”. It is used in many fields. For example, a country’s economy is said to be resilient when it picks up after a crisis. When speaking of individual resilience, we tend to focus on a person’s character and personal qualities. In the context of this manual, however, “resilience” refers to all the factors that contribute to a positive outcome, including positive factors associated with the person, his family, his social network, and society. As mentioned in Part 1, not everyone will experience the trauma reactions we describe. Some might never have reactions, and some might have them at later stages in life due to changed circumstances.

Personal factors include inherited traits, such as innate robustness, an optimistic temperament, and cognitive capacity. Factors that are environmentally dependent include: self-esteem, motivation, acquired skills, experience of having influence, and creativity. As explained earlier, many of these assets may be challenged by traumatic events. Factors associated with the family, social networks and society include: good family relations; at least one trusted relative, friend, or partner; willingness to accept help from others; a sense of belonging; and coping strategies that are culturally accepted.

It is worth noting the factors that helpers can strengthen. They include the survivor’s self-esteem, experience of having influence, and skill set. Helpers can become trusted. They can also help survivors to find coping strategies that are acceptable in their new contexts. (Imagine a Somali boy who resettles in another country as a single minor. He survived on the streets of Mogadishu by staying with friends. When his new municipality assigns him to a dormitory, the boy naturally invites his friends to stay for as long as they want. Just as naturally, the municipal authorities consider that the boy has violated dormitory rules, behaved inappropriately, and lacks discipline.)

Helpers can also help survivors to plan and set short term goals. If a survivor’s goal is to exercise or do language study two days a week, the helper can help him keep to the schedule.

Survivors may need help to set goals that are realistic, both in terms of what they want to achieve, and the effort required to succeed. In this area, it may be helpful to encourage survivors to think both about their motivation (meaningfulness) and the skills they possess.

Research has shown that opportunities to be creative (play music, dance, paint, do sport, etc.) motivate survivors and help them to find meaning in their lives. Helpers can facilitate access to such activities.

Once again, it is important to recall that how people display their reactions to traumatic events is influenced by their history, the resources they can draw on, and their vulnerabilities; but also to mention that most people who experience traumatic events do not develop a lasting trauma disorder. They adapt successfully. Most people (but not all) are also ordinarily resilient, in the sense that they successfully manage the smaller setbacks and reverses that come with life. In evolutionary terms, resilience pass on an advantage: those who are not disabled by traumatic threats are more likely to survive.

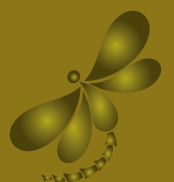
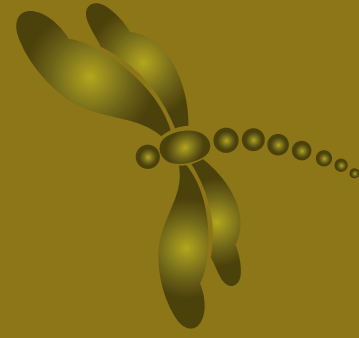
The nature of the traumatic event itself is therefore important. So too are the situation immediately after the incident (how quickly help arrived); the situation in the long term (the quality and duration of support and rehabilitation that survivors have access to); and the survivor's inherited and acquired resilience. Whether a survivor shows mild or severe symptoms, or no symptoms, is influenced by a multiplicity of protective and disabling factors.

“Research has shown that opportunities to be creative (play music, dance, paint, do sport, etc.) motivate survivors and help them to find meaning in their lives. Helpers can facilitate access to such activities.”



3. Useful steps and tools - how to support a male survivors

This section deals with different ways of meeting and helping individual survivors. It presents tools that helpers can use after they have identified a survivor's needs and problems. The stories illustrate how particular tools can help to address specific reactions. It goes on to discuss how helpers can hold difficult conversations, how survivors can manage trauma reactions, and the value of metaphors and grounding exercises.



3.1 Identification and signs of possible trauma - what helpers should look out for

Aim. To identify signs that indicates that a survivor may be under serious strain.

In earlier chapters, we explained severe stress and trauma, and described how people exposed to it feel that they and the world are changed. We also described the reactions and symptoms that commonly follow such events. Stressed by sexual violence or abuse they experienced, they are stressed again if they flee from their country to another and must adapt to the challenges of settling in a new culture. Survivors often feel inferior, unable to cope, powerless, isolated, and burdened by shame. Much is unknown and uncertain, notably the future.

We also discussed the value of procedures to identify people in a situation of vulnerability when they first arrive in a new place of settlement. These procedures should create safe opportunities for conversation. We noted, however, that, even when reception arrangements are welcoming and professional, many survivors will be unable or unwilling to talk about painful intimate experiences. They may find it impossible but may also be afraid to open up, because they do not know how they will be treated in their new society.

In this early phase, helpers can use informal discussions, questionnaires, and trauma symptom checklists or guides to assess reactions and symptoms.^{58 59} At the same time, injuries can now be documented systematically using the UN Manual for effective investigation and documentation of torture and ill-treatment (updated in 2022), usually known as the Istanbul Protocol.⁶⁰ This is an internationally approved tool for assessing and documenting torture.⁶¹

3.1.1 Signs of possible trauma in adults

A single sign does not imply trauma but several signs that occur simultaneously might do so.

1. Sleep problems.
2. Aggression.
3. Restlessness.
4. Anxiety.
5. A constant “on guard” attitude.
6. Being alarmed or disturbed by seemingly trivial events (triggers).
7. Huge mood swings.
8. Difficulty regulating emotions and behaviour.
9. Eating problems.
10. Social withdrawal.
11. Severe concentration problems.
12. Problems of memory.
13. Self-medication (intoxication).
14. Uncontrolled and outspoken behaviour.

3.1.2 Signs of possible trauma reactions in children

In children, experiences of abuse are often expressed indirectly. In smaller children, it may appear that their development has reversed: they lose language, pee on themselves, have disturbed sleep and eating routines, become clingy and passive. Some children of school age may include abusive themes in play and can be aggressive and sexually precocious. Many have somatic ailments (stomach pains and headaches). Teens present a prematurely adult identity, experience shame and guilt, and exhibit self-destructive behaviour. Many withdraw socially, from their peers and adults. For more knowledge about children and sexual abuse see our manual “Children exposed to sexual violence in war, conflict, humanitarian crisis and low resource communities – A mental health manual for helpers”.

3.2 How to meet the survivor?

Aim. To discuss how helpers can approach survivors.

When you meet someone in crisis, as a helper, it is easy to be afraid of doing or saying something wrong. It can be difficult to talk about emotionally painful experiences and to deal with a survivor's reactions to them. When you and the survivor also have different cultural backgrounds, this can appear to create distance between you. Nevertheless, survivors need to be understood, recognised, and cared for. Their basic survival and stress reactions are the same. If you remember this and understand the strains that the survivor has experienced, it is possible to reduce distance, create trust, and perhaps communicate.

Always bear in mind that each individual has a unique history and experience. Give the survivor room to decide what he wants to talk about, and be prepared for what emerges to be both complex and difficult. Helpers can never expect to have a complete overview: it is enough to accept what the survivor wants to share. It is not necessary or always appropriate to put everything on the table at once. When a survivor is helped with something that is difficult, this can give him confidence to go forward, perhaps accept help, and possibly address more intimate anxieties.

When working with survivors, it is essential to show respect, to affirm that they have autonomy and can control their own lives, including their own stories. As we have already described, many male survivors of sexual violence and abuse think they have lost their dignity and value, have no future, will not be heard. Their abusers may indeed have intended to break their will. Psychologically and from a human rights point of view, their relationship with you should be steeped in respect and dignity. For the same reason, it is essential never to behave in a controlling manner; do not push survivors to act in a certain way or put them under pressure.

“Give the survivor room to decide what he wants to talk about, and be prepared for what emerges to be both complex and difficult. Helpers can never expect to have a complete overview: it is enough to accept what the survivor wants to share. It is not necessary or always appropriate to put everything on the table at once.”

3.2.1 How to start difficult conversations

When starting a conversation about the experiences of a survivor of sexual violence and abuse, trust is essential. The quality of the relationship is essential. At the same time, it is important to be clear about the purpose of the conversation (to listen, to compile evidence against a perpetrator, to prepare an asylum application, etc.), to proceed slowly, and to avoid pushing for information. About the most intimate matters, it may be easier and most natural to employ metaphors or a story.

Sitting one-by-one and talking in the office, with a lot of eye contact, can often stress a survivor. Good alternatives are to walk in the woods, sit in a park, do a leisure activity.

Try to find a balance between asking questions and allowing the survivor to speak in his own time. You can ask more questions over time as survivors gradually open up. Questions are also helpful because the survivor may not know that something he experienced is relevant or worth mentioning. Do not over-react to stories of abuse. Helpers may feel outrage, but survivors sometimes realise the significance of what they have said when they see the helper's shock. Let survivors interpret what happened to them. Reassure them that you believe them and do not judge.

Survivors know that, when they describe their worst experiences, their hearers may be shocked, disgusted or dismissive. Many survivors are afraid of this and often deprecate or understate what happened to them. It is therefore important to respond with respect and understanding; to reassure the survivor that he is cared for and understood. This involves listening, affirming the normality of the survivor's reactions, allowing expression of emotion, and explaining the survivor's reactions and feelings to the extent that he does not already understand them.

Examples of direct and indirect ways of talking to survivors

“Let the survivor control the conversation and his story. The goal is not always to say something; it is often to give the survivor time to process his trauma in a space of trust. It is his story, and he must decide whether he wants to tell it, how he wants to tell it, and to whom.”

Let the survivor control the conversation and his story. The goal is not always to say something; it is often to give the survivor time to process his trauma in a space of trust. It is his story, and he must decide whether he wants to tell it, how he wants to tell it, and to whom. Survivors need to take possession of their own stories, and to know that they are believed and are not judged. Avoid statements like “That sounds incredible, it cannot be true,” or “Are you sure that's how it happened?”

Discuss one topic at a time. Note other topics that arise and come back to them later. Say, for example: “That is an interesting issue. We can come back to it when we have finished what we are doing now.”

Be empathetic. Be aware of your own response, especially if you are discussing a topic associated with taboo and shame. Do not be judgmental or condescending. Show that you want to understand the survivor's situation. Say that you care about him.

Ask open-ended questions (avoid questions to which the answer is simply “yes” or “no”).

Avoid leading questions (which presume the answer). Allow survivors to reach their own answers.

If you do not understand something, ask the survivor to elaborate. “Can you put that another way?” “What do you mean by that?” “In what way is this important to you?” “Do you

sometimes see that [response, feeling, experience] differently?” “What would be another way to describe that [response, feeling, experience]?”

Tolerate being rejected. Endure it. Rejection is a trauma reaction. Say, for example, “I understand that you don’t want to talk about this topic. We can come back to it if you would like to talk about it in the future.”

Make a suggestion if the survivor is stuck. Base it on what you observe but formulate it as a question. For example, “I notice that you get annoyed ...” “I see you’re smiling, but my impression is that ...” “Could it be that you want to be alone more?” “Do any of the choices you make support this?” These are leading questions, but they may be necessary from time to time to move a conversation forward.

Always summarise what has been said before moving on. Check that you both have the same understanding of what has been said. “If I have understood you correctly, then ...”

Elements that help a survivor talk about traumatic events

- Emphasise that he is free to talk or not, and that he can stop whenever he wants.
- Take some short breaks.
- Do some grounding exercises, especially if he has some strong emotional reactions. Remind him that he is present here and now.
- Especially if he is easily overwhelmed when he talks, or struggles to find words, he may find it easier to write his story, or draw it.
- Help him to use the past tense (“he hit me”) rather than the present tense (“he hits me”), to emphasise that what happened is past. When you summarise at the end, do so in the past tense. “You told me that two years ago you experienced ...”
- Help him to organise his memories and structure his story. Trauma memories are often chaotic and incomplete. It can help to create a timeline and establish factual anchor points. “Where did this happen?” “When did this happen?” “How long did this last?”
- Do not ask him to describe thoughts or feelings or sensory experiences from the trauma event in detail. Details can be very triggering. They may be important in trauma treatment but are not necessary to tell.
- Respond when the survivor blames himself or expresses shame. Say that his reactions are normal, that he did what he could to survive, that you do not think he has reason to feel guilt. Emphasise at the end of the conversation that you do not think badly of him because of what he has said.
- Be empathetic. Do not hesitate to say that his experiences sound painful and difficult, but try to avoid reacting strongly emotionally yourself. Make clear at the end of the conversation that you can cope with what he has said, though it hurts to hear it.
- If he appears to tell his story emotionlessly and apparently without pain, remember that this is often a sign of a dissociation. The feelings are still usually strong and may emerge later. Continue to follow the advice outlined here.

3.2.2 Explaining reactions and mental disorders following trauma

The reactions and ailments that male survivors of sexual violence experience occur for a reason; they reflect attempts by the body and the brain to process extreme experiences. If survivors understand more about the functioning of the brain in crises, this knowledge can ease their frustration and despair at feeling trapped in a body that “lives its own life”.

“The reactions and ailments that male survivors of sexual violence experience occur for a reason; they reflect attempts by the body and the brain to process extreme experiences.”

A useful perspective may be to think that all our emotions want us to be well, even if it doesn't always seem that way. Feelings try to tell us something about what is good and bad for us, and what we need more or less of. When a person starts to pay attention to what feelings convey, he will discover that in most cases they help to keep us safe. For example, anxiety and depression can be understood as responses that keep a survivor safe from potential dangers. This way of thinking about feelings can enable a survivor to realise that his negative feelings are a result of his circumstances, and do not indicate that he is a weak individual. This can make it easier for him to take conscious steps to give himself what he needs.

Explain that flashbacks, nightmares, anxiety and depression, though horrible to experience, represent efforts by the brain to sort and process trauma. Triggers can be understood as warnings from the brain of potential danger. Anxiety and depression can be thought of as attempts by the brain to avoid dangerous situations. When, in a seemingly neutral situation, the survivor feels intense anxiety and palpitations, when he sweats and his body screams at him to get away, these are automatic but overzealous survival reactions.

The problem is that, after extreme events, the brain is not always able to distinguish between real and potential danger and can warn of danger at any time. If the survivor understands what is happening, he may be able to contain or accept his feelings when they appear, and they may ultimately become less threatening.

3.3 The toolbox

Aim. To present and review tools and methods that are useful when working directly with survivors.

Like craftsmen, helpers possess a “toolbox” of assistive techniques – breathing and grounding exercises, ways of speaking, sitting, listening, telling a story, and so on. The tools described below may complement tools you already have.

Psychoeducation

The stories and exercises in the manual can be used to strengthen and stabilise survivors, help them feel more in control and less afraid. By imparting knowledge, the helper can assist survivors to understand their reactions, but also teach them exercises that calm them even when they are stressed and experiencing flashbacks. Exercises can be effective in situations where there are few resources, or where therapeutic support is not available. These are also resources that survivors control; they can help survivors regain autonomy in their lives.

Through this process, often called “psychoeducation”, the survivor learns to understand his trauma reactions and the connections between events in the past and his difficulties in the present. Helping survivors to understand their reactions is the first step towards stabilisation.

It is helpful to give survivors a range of ways to understand their problems. If a survivor understands what trauma is, why it is experienced as painful, what mental and physical reactions to traumatic events are typical, and how traumatic responses can evolve, he can put some boundaries around

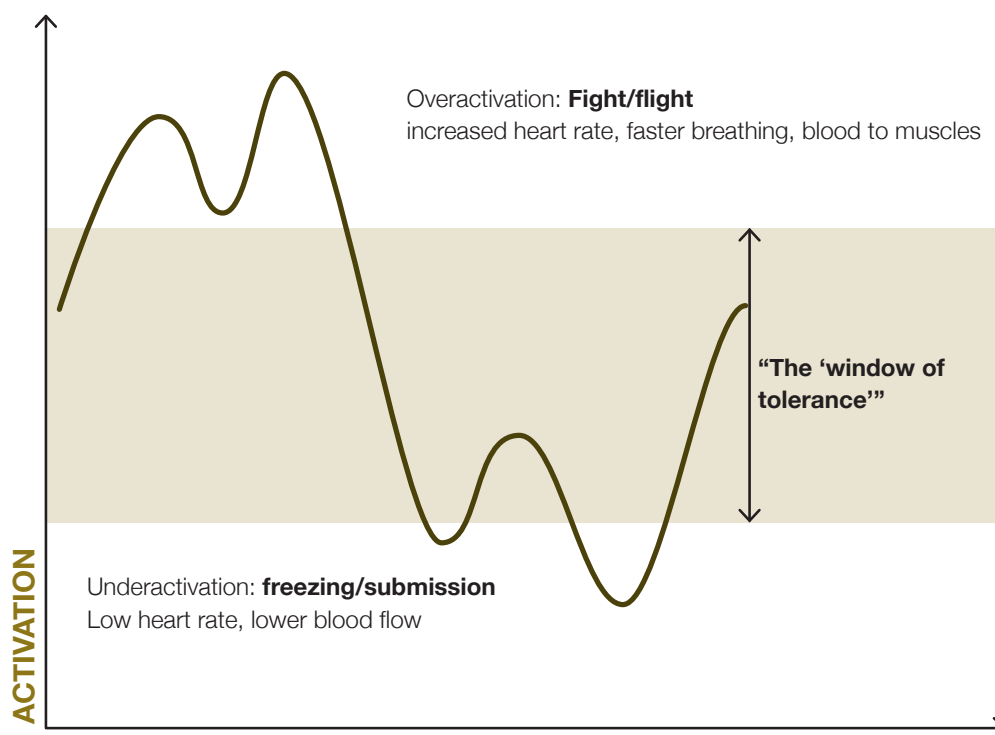
his chaotic experience, recognise his reactions, and perhaps manage them better in the future. In essence, the more knowledge and understanding a survivor has, the more control he can have over his life. He is better equipped to manage his reactions and their effects on him and other people.

Psychoeducation strengthens the survivor and, also, those close to him.

3.3.1 Tools to better understand reactions and symptoms

In the sections that follow, we describe tools that will help survivors to understand and deal with their trauma reactions. They include psychoeducation, use of metaphors, and grounding techniques that help survivors to stay within their “window of tolerance” or return within their window when they lose control.

“Window of tolerance”



The “window of tolerance” is a metaphor used to explain trauma reactions.⁶² It is based on the idea that each person has a “tolerance window” within which he feels present and can learn new skills. Outside that frame, he is too overwhelmed to function effectively.

The metaphor is very simple. The area between the two lines shows the optimal activation level. All people have an area or window where they are in balance, where their state of mind allows them to be present, concentrate, and learn new things.

If the person is above the window of tolerance (above the top line), is this indicating that he is overactivated or hyperaroused. It means that he cannot cope and that he is not in the “here and now”. If he is below the bottom line, he is underactivated or hypoaroused. Meaning that he is numbed or insufficiently responsive.

“For survivors, it is important to gain some control, through knowing how to recognise trauma reactions and having tools to manage them. If survivors can feel that at least the present is safe, they put themselves in a position from which they can start to manage their thoughts, feelings, and sensations.”

Escape and fight responses are examples of overactivation. The heart beats harder and faster, breathing is more rapid. More blood flows to the brain, and brain activity suspends complex processing and focuses on the threat. The body is highly energised.

Freeze reactions are an example of under-activation. Just like many small animals that become completely inactive when they are attacked, the body partially shuts down. Energy falls to a minimum.

Most people move up and down within their window of tolerance, regulating their energy levels to minimise discomfort and function effectively.^{63 64}

Survivors often recognise themselves in this metaphor. They use it to recognise when they are overactivated or under-activated, to regulate themselves, and also to expand their window (become more tolerant of difficult emotions).

3.3.2 Techniques and exercises to deal with overwhelming reactions and symptoms

We have noted that psychoeducation can help survivors to understand their reactions and accept that they are normal reactions to traumatic experiences, and can also reassure them that they are not confused or “crazy”. Painful thoughts and reactions continue to occur, however. The next step is to help survivors manage their intrusive memories, their triggers, and overwhelming emotions such as hopelessness, frustration, and anger.

Stabilisation

In addition to communicating knowledge about trauma, various techniques and exercises can be used to “stabilise” survivors. They aim to reduce the disruption of everyday life that reactions cause and teach new coping strategies that enable survivors to feel safer, increase control over their emotions, and ultimately restore their autonomy. Survivors who feel safer and more stable in their everyday life are obviously in a better position to work on their trauma experiences.

For the purposes of this manual, we use “stabilisation” to speak of everything that calms a traumatised, overwhelmed survivor and helps him to regain control. (We recognise this is a departure from its use in structured psychotherapy, where stabilisation is regarded as a step in treatment.)

In this sense, we describe some stabilisation tools below. The exercises mentioned are all described more fully in Appendix 1.

Grounding

“Grounding” is a method for dealing with strong emotions that seem overwhelming, such as fear, anger, sadness, or flashbacks.

Many survivors are frightened by their reactions. As we have described, they feel their way of being has changed; they experience restlessness, irritability, insomnia, flashbacks, nightmares, detachment, loss of concentration; triggers seem incomprehensible and make their lives chaotic;

they do not wholly recognise themselves; they feel they lack control; some fear they are going mad.

To process trauma, in most cases it needs to be exposed gradually. For survivors, it is important to gain some control, through knowing how to recognise trauma reactions and having tools to manage them. If survivors can feel that at least the present is safe, they put themselves in a position from which they can start to manage their thoughts, feelings, and sensations.

As described in the “window of tolerance” metaphor, after traumatic experiences, the window narrows; and the survivors more easily become overactivated (hyper-aroused) or under-activated (hypo-aroused). They therefore need to expand their tolerance of negative feelings and learn how to return themselves to a state in which they can relax, learn, and reason. Below are some exercises that can be used to return the “window”.

Grounding exercises

Grounding exercises focus on the five senses that anchor us to our body and our surroundings (sight, hearing, taste, smell, and touch). After each exercise, it helps to check whether the survivor feels different and better afterwards. This means doing a “body scan” before the exercise starts. The window of tolerance is one way to assess whether a survivor is within or outside the window. Since everyone is unique, helpers need to adapt their tools and exercises to meet each survivor’s needs.

Grounding exercises

- Regulate breathing.
- Regulate muscle tension.
- Raise awareness of the senses (sight, hearing, taste, smell, touch).
- Raise awareness of movements in the body.
- Raise awareness of physical conditions (palpitations, headaches, abdominal pains, etc.).
- Induce relaxation and tranquillity, create a sense of security (here and now).
- Strengthen the body and awaken it from numbness and weakness.
- Increase temporal awareness (date, day, the time now).

Grounding can involve simple actions, such as feeling the feet in contact with the floor, feeling the temperature in the hands, moving the body, noticing sounds in the room, making eye contact, holding various objects (stones, shells, stress balls), smelling essential oils, holding in mind something from the present (a picture, a song). It is sometimes helpful simply to draw the survivor’s attention to where he is, remind him of the date, alert him to objects in the room.

Grounding exercises make the survivor more aware of his body’s contact with the surface on which he is standing, sitting, or lying down. Central to trauma disorders is the experience that the present “gets lost”. When a survivor makes himself conscious of his physical contact with surrounding objects, he can more easily reconnect with what is happening now.

“Always remember to invite the survivor to participate in a grounding exercise. Let it be an open invitation. If he does not feel ready to participate in an exercise, respect his wish. Remember that some survivors may be triggered by certain types of grounding exercises that suggest closing one’s eyes or concentrating on certain senses.”

Before starting:

- Always remember to invite the survivor to participate in a grounding exercise. Let it be an open invitation. If he does not feel ready to participate in an exercise, respect his wish. Remember that some survivors may be triggered by certain types of grounding exercises that suggest closing one's eyes or concentrating on certain senses.
- Always invite the survivor to participate in an initial exercise. Leave it as an open invitation.
- If he does not feel ready to participate, respect his wishes.
- Make an agreement that he can stop the exercise, so that he has a retreat option.
- Let the survivor decide where you (the helper) sit and how close you can be.

Explain to the survivor that, when he does basic exercises, he should:

- Choose a moment and a place in which he feels peaceful and safe.
- Be calm and ready to learn something new.
- Practise over and over again for a long period of time.

**Role play to practise helping a survivor who has been triggered to return into the window of tolerance**

This role play can be used to practise how to ground a survivor who is overwhelmed by his emotions. Ask a colleague to play the role of the survivor. Choose a trauma response and an initial grounding exercise (in Appendix 1) that is appropriate to help the survivor return into the "window of tolerance". By doing such grounding exercises, you as a helper can become familiar with what helps to bring a survivor down into his window or up into his window. Remember to physically brush off your roles and return to being yourselves when the role play is over. Discuss your experience of being in the role of a helper or a survivor. What worked well and what would you possibly do differently?

Help to identify and manage triggers

If triggers are ignored, they are likely to become more frequent and intense. It is therefore important for survivors to:

- Identify triggers.
- Become familiar with them.
- Understand how they react to them.

Nevertheless, survivors will sometimes want to avoid or limit their exposure to triggers, in order to manage daily life and stay within their "tolerance window". To do this, they can, for example, remove objects that tend to trigger them, or avoid certain situations. If crowded supermarkets scare a survivor, he can choose to shop when the supermarket is less busy.

However, survivors must also deal with reality. If they can teach themselves not to fear objects or situations that are triggering, they can begin to come to terms with their past and start to live more fully in the present.

Predict triggers or situations that are triggering: planning

When survivors are familiar with their triggers, they can foresee trigger situations and put in place strategies to manage them.

Imagine a survivor who must book an appointment with his doctor for a flu vaccine. He needs the flu vaccine but hates syringes and is intimidated by doctors and overcrowded waiting rooms. He plans ahead. First of all, he asks a person he trusts to accompany him, who can talk to him and distract him from his anxiety. This will also help him to stay in the here-and-now. Second, he books an appointment at a time when there are fewer patients. Third, he forewarns the doctor that he has an antipathy to syringes, to make her more aware of his anxiety. Fourth, he makes sure that he does something immediately afterwards that he can look forward to.

If he ignored his fear and played “tough”, he would probably lose control or disconnect to the point that he might not be able to function. Instead, he manages a difficult situation by planning, acknowledging his anxieties, and placing boundaries round them.

Imagination exercises

Faced by a situation that makes them anxious, some survivors will find it helpful to play out the situation in their imagination beforehand. For example, the survivor described above might imagine that he attends his consultation with the doctor and feels calm. He imagines calming himself when he begins to feel anxious. He imagines that he has all the support he needs. He imagines his friend encouraging and supporting him.

Alternatively, he might imagine that he wears a protective suit of armour and therefore feels strong and protected from triggers. The story is not important: what matters is whether it helps. When we are about to experience a stressful event, we are apt to conjure up all our fears of failure. It is a good idea to imagine stories of success.

Finding alternatives

Being triggered makes a survivor feel trapped and helpless. He needs to find more choices and establish some control.

In the example above, our survivor may still be triggered by his injection. If this happens, he can leave the doctor’s office. Or ask a nurse for help to calm down. Or close his eyes and imagine he is elsewhere. If he needs to know exactly what is happening in order to cope, he can concentrate on the syringe. Or he can ask the doctor or nurse to tell him everything they do during the day so that he is distracted from what is happening. He can also ask if someone he trusts can accompany him, or telephone someone he trusts if he becomes anxious. There are usually many choices; they are limited mainly by our lack of imagination.

Gradual exposure

Survivors of sexual violence, including male survivors, develop so-called “inner phobias” about specific memories, specific emotions or bodily reactions that are associated with the traumatic event. As a result, they often also develop a phobic relationship to triggers. Avoidance is central to the development and maintenance of a phobia; but when feared objects are constantly avoided, fear of them deepens. Phobic reactions can be reduced and eliminated by “gradual exposure”.

Neutralisation of triggers

To neutralise the effect of triggers, techniques aim to distance the emotions and physical experiences that a trigger can cause. Methods to neutralise include:

- Imagine wearing a “protective suit” or other protective clothing.
- Do Exercise No. 1 ‘Safe Place’. (See Appendix 1.)

- Set anchors. Anchors can be anything that reminds the survivor of the present, where he is safe. It is important to practise and use different types of anchors. They can include contemporary music, pictures, comforting objects, a current house or apartment, current friends, etc. They must always be associated with the present (not the past). Many survivors find it helpful to carry a small object about with them, in their pocket or bag, which they can hold in their hand to connect them with the here-and-now.
- Do Exercise no. 2 'Distinguish between past and present'. (See Appendix 1.)
- Consciously notice the differences between here-and-now and there-and-then.

It is important to observe closely. For example, when a person in the present reminds a survivor of a person from his past, even very small reactions may be significant. Close observation helps to make both the survivor and the helper aware of what triggers the survivor, and thereby find out how he can deal with the triggers. Several techniques deal with flashbacks by highlighting the difference between past and present. For an example, see Exercise No. 2 'Distinguish between past and present' in Appendix 1.

Important to remember

The exercises described above are *initial* steps that can start the process of dealing with triggers. The first steps are often the most difficult. Survivors should not expect sudden improvement or to be able to control all their triggers immediately. Some triggers are easier to manage than others. Survivors may also be triggered or intimidated by objects or events that are completely unexpected. They will nevertheless take many steps forward if they learn how to understand and tolerate their experiences.

TRAINER ADVICE



Advice to trainers

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

3.3.3 Help to deal with sleeping difficulties

A traumatic event can often cause insomnia. When the body is over-stimulated and the brain is flooded, it is difficult to sleep. Some survivors also fear sleep because they have nightmares. During dream sleep, people are not physically able to move their body; this is called dream paralysis. In deep sleep, by contrast, they can move. When survivors wake from a nightmare, dream paralysis can trigger trauma reactions, because the nightmare replays the trauma, and their paralysis reminds them of the moment when they were helplessly trapped in the trauma event. When this happens, a survivor can go into freeze mode, which is both extremely frightening and makes it more difficult to stop the paralysis. Poor sleep not only reduces the ability to manage everyday affairs but increases the likelihood that survivors will experience symptoms of traumatic stress. We suggest below some measures that a survivor who experiences nightmares and poor sleep can take.⁶⁵

Actions a survivor can take during the day if he fears nightmares.

Get to know the bedroom. When he wakes up at night turn on the light, then, the survivor can more easily orient himself and establish that he is in his bedroom. In some places electric lights will not be available. Where this is the case, survivors can orient themselves by touching objects and listening for familiar sounds.

Do not take a nap after 3 p.m. Late afternoon naps can make it harder to sleep at night. During the day he should sleep for less than an hour.

Have the right daylight exposure. Daylight is the key to regulating daily sleep patterns. He should try to get out in natural daylight for at least 30 minutes every day.

Be physically active during the day. Exercise will naturally tire the body. However, the survivor should avoid being too active near bedtime. Sleep experts recommend not to exercise during the last three hours before bedtime; the best time is usually late in the afternoon. Body temperature rises during exercise and takes as long as six hours to fall. It is important to allow time to cool down because lower body temperatures are linked to sleep.

Create routines or rituals before going to bed at night. The survivor should try to have a regular routine or ritual that he does every night before going to bed, a routine that feels good.

Avoid coffee, black tea, and other stimulants before bedtime. These drinks contain caffeine which can stimulate the body for 4-8 hours, making sleep more difficult.

Avoid smoking before bedtime. Nicotine is also a stimulant. Heavy smokers often sleep lightly and have less REM sleep. Some tend to wake up after 3 or 4 hours due to nicotine withdrawal; they may find it necessary to smoke before bed.

Avoid alcohol before bedtime. One drink can help sleep, but more alcohol will cause the survivor to sleep more lightly and wake more often, and will also increase muscle activity.

If possible, avoid medications that delay or interfere with sleep. Some frequently prescribed heart, blood pressure and asthma medications, as well as some herbal remedies for coughs, colds or allergies, can interfere with sleep patterns. Survivors should consult their doctor about this.

Have a snack before bedtime. This can promote sleep. Foods that contain carbohydrates can help calm the brain and facilitate sleep. Sleep-promoting foods include bananas, warm milk, and whole grain foods. Large, high-fat meals at night should be avoided, because they interfere with sleep.

Sleep in a place that feels calm and safe. If complete darkness causes anxiety, the survivor should keep a dim night light on. To improve the feeling of security, it can also help to have a friend or family member stay in the room or in a nearby room. Relaxation exercises before bedtime relax the body, soothe the mind, and prepare the mind and body for sleep. If the survivor is religious, he might pray or meditate.

Avoid the news late at night. The news can be disturbing and may contain violent images that can cause bad memories and thoughts.

Avoid talking about traumatic events near bedtime. If a survivor is working on his trauma experiences, it is a good idea to do this in the middle of the day, to ensure that hyperactive and emotional reactions have time to dissipate.

Handling invasive thoughts. If a survivor suffers from excessive thoughts which prevent him from sleeping, he may find it helpful to write down his thoughts on a note pad by his bed, to deal with these the next day.

Take a hot bath. A bath will help the survivor to relax, and the drop in body temperature after bathing will help him feel sleepy.

Do not lie awake in bed. If he is still awake after lying in bed for more than 20 minutes, the survivor should get up and do relaxing activities until he feels sleepy. Fear of insomnia can make it harder to sleep.

Survivors should establish routines for waking up from nightmares and choose things that make them feel safe in the moment.

A survivor who wakes up from a nightmare should:

- Try to move his body, starting with his head, then his fingers and arms.
- Touch something that reminds him of safety (the pillow, mosquito net, bedside table, etc.).
- Anchor himself in the present by using his senses.
- Turn on the light (where possible) and look around the room; sit up and feel his feet on the floor.

Thinking ahead and seeing opportunities in the future

Boys and men who have experienced sexual violence often have difficulty thinking ahead or imagining the future. Many can scarcely see a future for them selves at all. Their traumatic experiences plus the hardships of relocation strengthen these feelings. It can therefore be important to get to this topic and explore it carefully. Helpers can underline that many people who are in a similar position feel the same uncertainty.

Gently encourage the survivor to try to talk about tomorrow and eventually think a little further ahead, to what the survivor feels might be possible, desirable, within reach or achievable. Do not bring pressure: this is a discussion of very small steps, that progresses very gradually day by day. With time, it may become possible to look further ahead, and even start to explore longer term objectives.

3.3.4 Strengthening strength - building resilience

“Many people think that all trauma survivors need therapy, and that therapy is largely talking about what happened. But helping survivors is just as much about building resilience and mapping a course of action.”

Many people think that all trauma survivors need therapy, and that therapy is largely talking about what happened. But helping survivors is just as much about building resilience and mapping a course of action.

In the book ‘BASIC-Ph’, a team from the Community Stress Prevention Center in Tel Aviv tried to combine studies of coping and resilience in one holistic model. BASIC Ph stands for **B**elief and value systems, **A**ffects, **S**ocial support, **I**magery, **C**ognition and **P**hysical interventions. Here is a brief account of each of these dimensions:

Belief and value systems. The theory often refers to Victor Frankl, a psychiatrist who lost his entire family in captivity during World War II and was himself interned in a concentration

camp.⁶⁶ During the war, he observed that those who had strong political or religious beliefs and a deeply rooted value system survived better. Their “basic assumptions” were not crushed; or they found a new meaning, something to fight for. (Many prisoners of war become ardent human rights defenders.) This is also consistent with Antonovsky’s finding that meaning and context are decisive factors when people bear a lot of stress.⁶⁷

Affect focuses on the ability to regulate emotion. Many trauma survivors have a phobia about feeling; it is part of the avoidance reaction. Affect awareness is not just a matter of talking about the emotions, however. One can express emotions through activities, music, dance, sport and in many other ways. Through psychoeducation and communion with like-minded people, survivors whose affect has been harmed may gradually come to reawaken their feelings.

Social support and sense of community. Many survivors are able to regain self-esteem and trust in others when they encounter help and peer support. Activities and sports, education, colleagues, friendships, neighbours can build resilience by providing an experience of belonging and community.

Imagery includes all creative expression. Music, drama, painting, dance and other activities not only interrupt thinking but teach skills and promote symbolisation. Imagery also includes such exercises as fantasy travel, playing, and dreaming about the future.

Cognition is about strengthening cognitive processes. Psychoeducation is an example. C also stands for curiosity (information), the need to know what has happened and what will happen next; good information feels reassuring. Many cognitive techniques provide tools for dealing with anxiety, and can help survivors to restore assumptions that have been thrown into the air by trauma.

Physical includes grounding exercises, breathing exercises, relaxation exercises, rest, physical therapy, etc. Contact with one’s own body and the experience of physical mastery and strength can restore a survivor’s feeling of agency, revive energy, and bring self-confidence. Physical activities, such as sport, also make survivors feel they belong in a community.

The BASIC-PH model aims to strengthen resilience by assisting survivors to expand their repertoire of skills. Many survivors have one preferred strategy for recovery or self-development; the model suggests it is a good idea to use a broader range of strategies. Helpers can consciously encourage survivors to explore their experience of achievement and self-respect, their experience of having influence, their belief that they can obtain help, and their confidence that their future can change and improve. This is what building resilience means.



Questions to reflect on

Consider the survivors you work with.

- What strengths, opportunities, and resources can they draw on?
- Which ones lie in themselves and which in the environment around them?

3.3.5 Talking about the trauma

For most male survivors of sexual violence and abuse, talking about what happened will be an important step on the road to recovery. However, survivors relate in different ways to their story; and not all want to talk about it.

Many survivors are very afraid of their memories. They feel overwhelmed when they think about them; they may feel deeply ashamed of what they have experienced. They therefore find it very difficult to put their story into words or tell their story at all. It is important to respect this, and not to press survivors to talk when they are not ready. Helpers may think that it will help survivors to “get it off their chest”, but this is not necessarily true. If survivors talk about traumatic events because they feel pressured to do so, without feeling safe, it can aggravate the symptoms of trauma and weaken their desire to obtain help. As we have noted, survivors do not need to talk about their trauma to get better, and they do not need to go into detail. All the tools in this manual for dealing with symptoms can be used even if the survivor does not recount the details of his story: learning about trauma responses, doing grounding exercises, practising sleep hygiene, and strengthening the survivor’s resources suffice.

Nevertheless, many survivors do have a strong desire and need to talk about what they have experienced. They have memories they may never have told anyone, which bother them daily, and would like help to put into words what has happened to them. Talking about trauma will be very painful and difficult for most people but will not be dangerous if the conversation takes place in a safe way and the survivor is taken care of. If a survivor wants to talk, he should be able to do so.

Exercise: trying to create a coherent narrative

This exercise can be used by a helper in sessions with one survivor or group sessions in workshops.

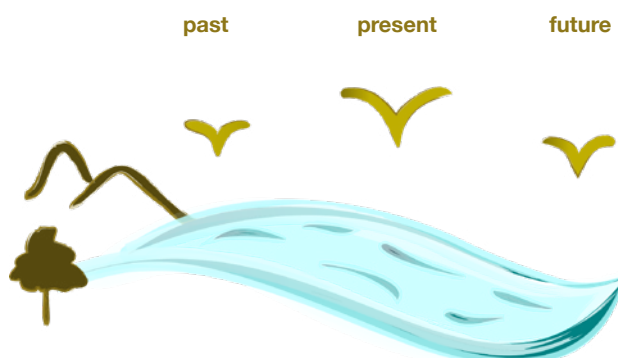
Rivers can be a good metaphor for time and the course of life. A river flows in one direction, from its source to the sea, from cradle to grave, birth to death. Our thoughts and attention are like birds above the river, flying back and forth. We remember good and terrifying things, sorrows but also happy events. Our thoughts also fly into the future, to our worries, what we fear, what we look forward to and long for.

Together, the helper and survivor visualise the river. On one bank of the river, draw symbols or write keywords that represent the survivor's good memories, the good things of the present, and what he hopes the future will bring.

On the other bank, draw symbols or write keywords that represent sad or frightening things the survivor has experienced in the past, what is stressful in the present, what makes him anxious or worried about the future.

Make sure he draws and writes some things that he longs and hopes for in the future. Encourage him to notice where his thoughts tend to travel.

This exercise can help a survivor see his life as a whole. This may in turn help him to feel that his traumatic experiences do not dominate altogether but can become just one part of his experience, alongside many other memories.



Questions to reflect on

- How are the survivors you work with affected by their experiences?
- How do they speak about their experiences, and about themselves?
- How do they react when they describe their experiences? From a human rights perspective, why is it important that survivors own their personal history?

3.4 What matters when working with a survivor

Aim. To discuss ways of communicating that build trust and create space for sharing and learning.

Male survivors of gender-based violence can often be more hesitant than female survivors to talk about their experiences. One reason for this is the prevailing stereotype that portrays men as strong. This can inhibit conversations about sexual humiliation. Men often feel fear, embarrassment, or shame and may not be willing to discuss these feelings with a helper.

“When a boy or man says that he has been abused, the helper’s immediate response is important: it touches the survivor’s security, and his willingness to share fears about his psychological well-being. A positive and supportive response will reassure the survivor.”

When a boy or man says that he has been abused, the helper’s immediate response is important: it touches the survivor’s security, and his willingness to share fears about his psychological well-being. A positive and supportive response will reassure the survivor.

Male survivors should be allowed to decide if they want to talk to a female or male helper. When this matter has been decided:

- Assure the survivor that it is safe to open up. Confirm that the conversation will be confidential.
 - Speak in terms that are accessible (taking account of the survivor’s age, education, language competence, etc.). Consider the age difference between you and the survivor. If you are younger than he is, reassure him that you have experience.
- Listen. Many survivors feel that no one understands them and that they are not taken seriously. Make sure you give him your full attention.
 - Take the time to explain the purpose of the meeting. If he is to relax and feel taken care of, it is important to explain why you want to talk to him and what you will discuss.
 - Show respect. Explain that he has the right to share (or not share) his thoughts and opinions.
 - Acknowledge his feelings. Say things like “I believe you”, or “That sounds like a difficult thing to go through”.
 - The survivor may not always be able to put into words what he has experienced. Take account of his body language and non-verbal communication (facial expressions, posture, sounds).
 - If an interpreter is present, tell the survivor that, if he prefers not to use the interpreter, he can choose other ways to communicate (drawings, diagrams, telephone interpretation).
 - If the survivor is a minor, explain that you must balance the duty to respect confidentiality and the duty to provide information. Inform him that you may be obliged to disclose information about criminal acts.
 - Do not ask for details of the abuse. If he chooses to share these details with you, listen in a supportive and non-judgmental way.
 - Assure the survivor that he was not responsible for the abuse he experienced and that it is common to feel strong negative emotions after experiencing sexual violence.

3.5 Use of stories and metaphors when working with survivors

Aim. To understand how and why it may be useful to employ stories and metaphors.

In the manual, we have used stories to describe experiences of sexual abuse and their consequences (trauma reactions). The stories describe how traumatic experiences engender strong psychological reactions. They are stories, but they are based on clinical experience.

When working with people who are under extreme strain, stories can throw light on what a survivor has experienced without obliging him to relive that experience. They describe a different person's experiences and thoughts, but in terms that are recognisable and believable.

They can also convey experiences, thoughts and feelings that are difficult to explain or discuss.

Hearing such stories about others can be a confirmation that this has not only happened to the survivor, but to others as well. It also makes it possible to say that what happened is wrong and unacceptable, that these are prohibited acts and violations of rights.

Last but not least, they show that the reactions the stories describe are "normal" reactions to abnormal events, and are expected reactions after serious abuse. The reactions are signs of pain and fear, which the survivor can discuss if he wants to.

In this way, stories (or metaphorical stories) become a way to talk about trauma, to show there is a way out, and that survivors can recover their strength and control their lives again.

Begin by inviting the survivor to simply take in the story. Make clear that he is not expected to talk about the story or himself unless he wants to.

On this understanding, helpers can explore the different dimensions that stories can express.

First, stories can allude to painful experiences but distance them, enabling the survivor to consider them without being forced to think directly about his own past.

Second, stories can describe reactions to trauma, but also in a distanced way, enabling the survivor to consider them without being triggered.

Third, stories can inform the survivor, but implicitly, that his experiences have been recognised and understood, removing the burden of having to describe them.

Fourth, stories can show that it is possible to mitigate, even resolve, post-traumatic reactions, often by explicit practical actions.

Finally, the best stories are poetic and allusive: they touch the emotions and lift the spirit but do so mysteriously and mischievously in ways that escape literal accounts.

For all these reasons, metaphors and stories enrich efforts to empathise and support survivors in their distress.

“When working with people who are under extreme strain, stories can throw light on what a survivor has experienced without obliging him to relive that experience. They describe a different person’s experiences and thoughts, but in terms that are recognisable and believable.”

Below, we present some examples of metaphors. Remember that survivors need to feel that the story or metaphor mirrors real life, and the survivor's experience. To motivate and inspire, it should reflect his culture, norms, and personality. You can change and adapt stories and metaphors to make them as relevant as possible.

The dragonfly

The dragonfly metaphor can help a survivor understand his situation and perhaps improve it. The two wings of the dragonfly symbolise the past and the future. Between the wings lies the present. The survivor can gradually become more present (here and now) and gain more control over his life and his personal resources. The dragonfly's eyes symbolise his ability to look beyond his traumatic experiences and see hope for the future. By looking ahead and remembering good memories from his past, the dragonfly can learn to use his wings again and to fly. Survivors too should be free to determine their life and move in the directions they want.

The dragonfly metaphor may be described in four parts: (1) life before the abuse; (2) the abuse; (3) when the survivor experiences triggers and flashbacks; and (4) when the survivor understands trauma reactions, learns to deal with them, and gradually gets better.

In the first part, the past may be represented by his kind grandfather, the sound of the river where he grew up, etc. The future may be represented by his desire for education, to obtain a good job, to travel, etc. The dragonfly lives in the present, between past and future.

This part shows the dragonfly in a good place. He has good memories and hopes and plans for the future. His legs are well planted on the ground, he is stable. It also shows what is taken away from him when he is abused; and that, as he recovers, he will be able to remember what has been good and will be able to plan again for the future. It is true, of course, that not everyone lived a happy life before they were abused; almost all, nevertheless, can recall good and important memories.

The second part shows the dragonfly just after he has been abused. He no longer has hopes or plans and has lost faith in the future. He no longer feels safe: his legs are no longer solidly on the ground. The dragonfly has become thinner, his wings droop.

The third part focuses on the dragonfly's triggers and flashbacks. His wings have changed. He still has no plans for the future and no longer remembers his past before the trauma incident. In this part, his feelings are hidden behind the hurt he has experienced.

Then a transformation begins. He still experiences triggers and flashbacks: bad memories flood the dragonfly's senses. When he hears someone running behind him, it takes him back to the moment when he was assaulted. But he learns how to help himself to be more connected to the present (the here-and-now).

The fourth part shows the dragonfly finally getting better. He has learned to be in the present, and to deal with his emotions and with triggers and flashbacks. His legs are closer to the ground. He can talk about past, future and present. The dragonfly is now able to fly long distances and confront the future and feels pride because he has already overcome many challenges.

The dragonfly story has a happy ending, which should be a point of discussion with survivors. Let them reflect on their own hopes for the future. They are not dragonflies, so these must be realistic.

Minefield

The minefield metaphor can be used to illustrate reactions to danger and fear. In a minefield there are dangers everywhere, but you do not know exactly where they are. When you cross it, your concentration is intense, the tension extreme. It is only when you have crossed the field and are safe again that you feel the reactions. This metaphor captures the experience and reactions of people who have lived under constant threat. While their life is in danger, they have little room to feel; but when the danger has passed, they are flooded by intense fear and other emotions.

KEY POINT



Important to remember

It is very important to choose an appropriate metaphor. Always consider the survivor's background. For example, the next metaphor of the bathing duck and the wooden raft might trigger migrants who crossed the sea in an open boat.

Bathing ducks

Imagine a pool. Down in the depths, you see a duck struggling to swim to the surface. It is stuck (bad memories). You swim down, find the weeds that have entangled it, and free it (conversation, grounding exercises). The duck swims upwards. It is naturally buoyant. It will float to the surface as soon as it is "set free".

Wooden raft

Imagine a man far out at sea on a flimsy wooden raft. The waves hit him, sometimes big waves, sometimes small ones. He floats further and further out but continues to paddle for the shore with his hands. The effort is exhausting.

Now imagine that the man has oars to row with. He can make better progress and the waves are easier to handle. Imagine too that he has a friend on the raft who rows with him and shows him how to row well. Working together they gradually approach the shore.

REFLECTION QUESTION



Questions to reflect on

- Think about the dragonfly metaphor and the other metaphor stories. Do they help you to work with survivors?
- How could they be adapted to fit the situation of the survivors more appropriately? Try to find examples.

ROLE PLAY EXERCISE



Exercise. Role play. Using metaphors or stories to talk about trauma experiences.

Ask a colleague to practise how to talk to a survivor about his trauma experience without requiring him to tell his own story. Choose a metaphor or one of the five stories or another relevant experience. Remember to brush off your roles and return to being yourselves when the role play is over. Discuss how you experienced being a helper or a survivor. What worked well and what would you possibly do differently?

3.6 Using tools to help the survivors in our five stories

Aim. To show how the toolbox can be used to deal practically with the trauma reactions of survivors in the five stories. The tools are listed inside notes alongside the stories.

3.6.1 Ibrahim, 17, Afghanistan. How tools help.

Although Ibrahim is safe now, he struggles with dissociation, depression, guilt and shame, nightmares, triggers, and flashbacks.

Ibrahim

To deal with these trauma reactions, the helper can:

- Provide social support.
- Listen and be present to rebuild trust.
- Provide psychoeducation.
- Share the dragonfly metaphor and other metaphors and stories.
- Teach grounding exercises.
- Encourage Ibrahim to retake control of his history and life.
- Suggest physical activities.
- Provide access to skills and training.



When Ibrahim escaped, he arrived in a foreign country with a different culture. On top of the difficulties that he faced as a result of his abuse, he felt very lonely. He was placed in a house with other young asylum seekers. **Being with them helped him a lot.** They too had had difficult experiences and he understood that he was not alone and that his experience was not unique. **The adults in the house were present when he had bad dreams and were ready to listen to him. He began to regain trust in other people.** Finally, he decided that he was ready to talk about his worries and did so at his own pace. **The adults took time to explain to him what he had experienced and why he suffered as he did.** At first this information scared Ibrahim. He had always been told that he was responsible for everything that had happened in his life. Now **he was taken seriously, and he felt seen.**

The helper told Ibrahim that many men who have erections or ejaculate during their assault may be confused, wonder what this means, and find it unacceptable. He underlined that **having physiological responses did not in any way imply that he wanted, invited, or enjoyed the assault.**⁶⁸ It had been difficult for Ibrahim to deal with the guilt and shame he felt about becoming sexually aroused. It was **a great relief to understand that these were normal physiological reactions in such situations, which did not imply consent or willing participation.**

He gradually understood that he was not a weak person, and that he had intentionally been severely humiliated. The adults who ran the youth centre **taught him to breathe consciously and calmly when he felt afraid. He began to learn the language** – and did so quickly and without stress when **he practised with his new friends. Being able to go to school and speak the language made him proud. He had acquired some skills.** He felt stronger.

All this, of course, took time. He still experienced many afflictions, and at times felt frustrated and abandoned. The youth centre contacted the doctor to whom Ibrahim had been assigned. The doctor was friendly and listened to him, did a thorough examination, and recommended more specialised treatment. Ibrahim **went to see a helper who assisted him to process all the hurt he had felt.** He learned some **grounding exercises that helped him to stay in the present.** When the helper told him **the dragonfly story**, it appealed to him and made sense.

He particularly liked the dragonfly's transformation, when it recalled good memories from the past and flew off towards the future. Over time he became less sad and was bothered more rarely by bad memories.

After several months in the youth centre, **Ibrahim was placed in a family.** He was well received. **The family's teenage children treated him as a friend and took him to football training.** Ibrahim felt competent again because he had played football before. The sad memories retreated further, and he became happier. In addition, Ibrahim was told that his parents were safe in Turkey. This meant a lot to him, because he had often worried about them and wondered how they were. He could breathe more easily.

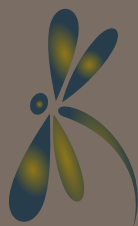
3.6.2 Louis, 45, Democratic Republic of Congo. How tools help.

Louis did not receive help until long after his abuse has ended. He was overtaken by traumatic reactions, including guilt and shame, powerlessness, amnesia (loss of memory), overactivation, depression and suicidal thoughts.

LOUIS

To deal with these trauma reactions, the helper can:

- Provide social support.
- Provide information about rights.
- Teach grounding exercises.
- Provide information on services in the municipality.
- Provide psychoeducation about nightmares and how to deal with them.
- Provide psychoeducation about guilt and shame.



After Louis escaped, he lived in a refugee camp in Morocco for more than ten years. Here he was able to make a life for himself but did not feel safe because he was always afraid of being expelled. It was a great relief when he was finally resettled in a safe country.

He was quickly assigned a place to live, and volunteers offered him assistance for the first time. **He spent a lot of time in a cafe that helpers had organised. It was a meeting place for refugees, where helpers with knowledge of mental health worked.** He met other refugees



who had also escaped torture and persecution. In a **discussion group**, they spoke of the guilt and shame they felt because of what they had experienced, about human rights, about whether they could have prevented what happened to them, whether they could have made other choices, and about violence and the abuse of power.

During these conversations, Louis revealed that in the past he had struggled with suicidal thoughts. **A helper told him that the municipality offered psychological support services.** She said: "If the problem is not life-threatening, but cannot wait till you contact your doctor, you can call the local emergency room by telephone. If you think there is any danger that you will injure yourself or take your life, call the official emergency number." Louis thanked her but decided he did not need this support.

Louis met a woman, they became lovers and moved in together. It meant a lot to him to share his life with someone who had the same cultural background, who spoke his mother tongue.

Louis was also pleased when it became possible to **start a course in the language of his new country.** The refugee consultant in his municipality also put him in touch with a kind older man who could tell many stories, and they regularly **went for walks.** Louis began to learn about the city and its culture.

Nevertheless, he felt a lot of pain where he had been mutilated. Despite several operations, the pain continued to bother him and, worse, triggered bad memories and flashbacks. One of the helpers recommended **breathing exercises** which helped a little but not enough to tip the balance. Louis slept badly and became depressed and irritable. He was given painkillers, which alleviated the physical pain, but he continued to suffer mentally. A helper taught him some **grounding exercises**, to calm him when he was tense. One that Louis began to use regularly was called **progressive muscle relaxation. He trained himself to release his tension by tensing and relaxing specific muscle groups.**

Eventually Louis **completed his language training and got a job.** This gave him a sense of achievement. In addition, **he organised a self-help group for other survivors of trauma and abuse.** He was proud to be able to help others and felt better when he shared experiences with them.

3.6.3 Kumar, 61 years old, Sri Lanka. How tools help.

After being tortured in prison, Kumar struggled with several typical trauma reactions, including numbness, intrusive memories, anxiety, restlessness, difficulty concentrating, nightmares, and triggers.

Kumar

To deal with these trauma reactions, the helper can:

- Provide information about using the Istanbul Protocol examination to document injuries.
- Provide psychoeducation.
- Discuss the 'minefield' metaphor.
- Teach grounding exercises.
- Explain the window of tolerance and teach techniques for staying within it.
- Understanding and building trust
- Acknowledge Kumar's pain.





After he moved to a safer part of his country, he went to see a doctor about the physical injuries he had suffered during torture. The doctor **conducted a so-called IP (Istanbul Protocol) examination**, which formally **documented the injuries**. Finally, someone had **taken him seriously and acknowledged the effects of his torture**. He believed this evidence could be valuable if one day he was able to bring a case to court.

One of his neighbours invited Kumar to **join a community dinner** to distract his thoughts. The dinner was **convened by a local organisation to support survivors of war**. Sometimes they ate dishes that evoked memories of his hometown, and he felt saddened. During this event, a local helper talked about the long-term effects on people of imprisonment, violence, and trauma. The helper said it can be difficult even to imagine having a normal life again. Kumar recognised himself in what the helper was describing, and they agreed to work together with what Kumar described as his most difficult trouble in daily life - a constant feeling of anxiety and restlessness.

The helper said that his symptoms were common among people who have lived in danger for a long time. Making use of the **minefield metaphor**, she encouraged Kumar to focus on the fact that he was now out of danger. **The metaphor helped Kumar to get some perspective on his situation and understand why he reacted as he did.**

To deal with his constant feelings of anxiety and restlessness, the helper gave him some instructions and taught him some simple **grounding exercises**. He was told to tell himself, for example, "I am here now, I am safe, I am out of danger and there are people around me who take care of me". **(See the Safe Place exercise in Appendix 1.)** The helper also used **the window of tolerance metaphor to explain his trauma reactions**. She suggested he should review his window of tolerance before and after performing a grounding exercise, to see if the exercise changed his activation level. She also suggested he could sit, then calmly and slowly turn his head to the left, to the right, and to the front, saying aloud what he saw. **(See the Reorientation to the Present exercise in Appendix 1.)** Kumar started to use this exercise when he felt his inner turmoil and anxiety were becoming too strong.

Kumar also confided that he struggled with intrusive thoughts and feelings. At night he would wake from nightmares and hear himself shouting. When this happened, he lost contact with the here and now and experienced strong feelings of anxiety and restlessness. The helper added a new technique to the Reorientation exercise. **To keep painful thoughts in check, she suggested he should squeeze a small rock or ball to help him return to the present.** At first Kumar found this idea strange, but it worked when he tried it.

After they had talked together several times, Kumar indicated very indirectly, for the first time, that he could not overcome the feeling of guilt that he had done nothing to help others who had been abused. Mixing confirmation and psychoeducation, **the helper answered that she could understand how painful Kumar's feelings must be**, and why he might feel guilty; then **she added that those who commit abuse "know what they are doing" and are responsible for all the pain their acts cause.**

She taught Kumar different grounding exercises, ways to "ground the body", for example by sitting and feeling your feet on the ground. **(See the Grounding the Body exercise in Appendix 1.)**

Kumar went on to talk about sounds and smells and other stimuli that made him frightened. He explained that he realised these were triggers, but said he also felt lifted above the ground, and never felt completely present or at rest.

The helper explained that the injuries that caused his reactions were inflicted on purpose to break his resistance, make him talk, silence others, confess, or maybe even just scare him. Even though he had not gone into detail about his treatment, she understood he had been tortured, and **she**

emphasised that torture is one of the most serious human rights violations, that it almost always causes serious repercussions, and that it is strictly prohibited internationally.

Later, Kumar admitted that he was unable to think ahead and felt that he was standing on the spot, locked in his traumatic past. He told her that he did not believe that anything could be different, was pessimistic about life, could not concentrate, did not read, did not watch TV. She replied that these were also effects of his torture and ill-treatment. They agreed he should continue to do exercises to lower his stress level.

When the helper told Kumar that his ill-treatment was completely illegal and violated obligations that his country had promised to respect, these ideas gave Kumar a fresh perspective, a new way to interpret and respond to his experience.

3.6.4 Ali, 15 years old, Northern Iraq. How tools help.

Having lost his father and been sexually abused by his stepfather, Ali fled to a large refugee camp and from there was resettled abroad. Struggling to adapt in his new environment, he experienced several traumatic reactions, **including mistrust of others**, nightmares, flashbacks, dissociation, anxiety, and depression.

Ali

To deal with these trauma reactions, the helper can:

- Provide psychoeducation for better sleep hygiene. Also provide knowledge about guilt and shame.
- Teach grounding exercises.
- Help Ali to reassert control over his body and physical distance to other people.
- Put words to his feelings and regain influence over his own life.
- Explore the BASIC-Ph model, with an emphasis on physical activity.
- Use the metaphor of the Window of Tolerance.



Ali did not talk much, looked no one in the eye, and ate alone at the reception centre. He preferred to be in his room. At night he had nightmares, and some nights woke up screaming. He would turn on the light, calm down a little, and remain awake through the night.

A helper at the reception saw all this and **invited Ali on regular trips to chat**. At first, Ali was reluctant, but **the helper explained that daylight and movement would help him to sleep**. When he tried it, he found it was good to get out. They talked about how he could change the stories in his nightmares and do **grounding exercises, such as the Safe Place exercise (See Appendix 1.)**. When he woke at night, the exercise created a safe environment in his mind.

The **conversations went better when they walked in the fresh air rather than sat in the office**. Because Ali's personal boundaries had been invaded by his stepfather, **Ali needed to decide how close the helper should be**. When they walked, it was easier for Ali to regulate the distance from his helper.

Ali talked to her first about missing his father. Eventually, he talked about his guilt about his mother and his anxiety to know how she and his siblings were. They **decided to write a letter to his mother, to tell her that Ali was safe. Writing the letter made Ali feel less helpless.** He felt he could have some influence. He had begun to trust the helper, who learned the story of his abuse when Ali explained to his mother why he had left home.

After they had talked about what happened to him, Ali told the helper that he became nervous when someone came too close to him because it triggered bad memories. He would walk away. In the classroom, he said he often had restless legs and had difficulty sitting still. At other times he stared out of the window without being able to pay attention to what the teachers said. **To help him manage his agitation and dissociation, the helper taught him some grounding exercises.** She explained that other boys in his situation reacted the same way and that these responses to very painful experiences were normal.

The helper showed Ali the **Grounding the Body exercise (See Appendix 1)**. He pushed himself back in his chair and reminded himself that he was in the present and not in danger. They also explored **the window of tolerance**, which helped Ali understand the difference between being under- and over-activated. Slowly but surely, he became better acquainted with his reactions and began to understand why he reacted so strongly.

When the helper learned that Ali used to play football, she **arranged for him to participate in football training** with some of the other boys at the centre and gradually he began to settle into the social community. The reception centre also possessed exercise equipment and he started **weight training**, coached by members of the staff. Through these physical activities, Ali became more confident of his body. He felt he was “taking his body back”, re-owning it. Since the abuse, he had not felt that his body was his; he felt his body had been taken from him and he felt no pride or joy, or clarity about his boundaries. He **recovered the physical memory of being strong and resilient that he had before.** As he gradually regained his skills and learned to control his reactions, he began to concentrate better at school. His taste for education and hope in the future revived, which motivated him further.

Nevertheless, he sometimes had difficult periods. He alternated between feeling anger towards the stepfather and blaming himself for being too trusting. He needed advice from the helper about what he was and was not responsible for, and how to distinguish between people who wished him well and people he needed to guard against. After talking to the helper, Ali agreed what information would be passed to the housing association to which he was to be transferred, so that staff there could understand his situation and be helpful as he **worked out who he could trust.**

Ali gradually became more and more concerned about what his father and mother wanted for him. This motivated him to make a success of his schooling and integrate well into his community.



3.6.5 Rodney, 26 years, Uganda. How tools help.

After being rejected by his family, sexually abused, beaten, and persecuted because of his sexual orientation, Rodney was eventually resettled abroad but experienced a number of trauma reactions, including intrusive memories, guilt and shame, depression, anxiety and panic attacks, triggers, self-harm, and numbness.

Rodney

To deal with these trauma reactions, the helper can:

- Give Rodney information about human rights.
- Provide psychoeducation on sleep hygiene, on differentiating between the past and present, on how trauma can change one's perception of the world and other people.
- Teach grounding exercises.
- Help Rodney to build his resilience.
- Explain and explore the window of tolerance.
- Identify and explain triggers.
- Explore the BASIC-Ph model, with an emphasis on physical activity.
- Help build resilience by participating in a support group with people who have had similar experiences (psychosocial support).



Rodney now lived in a fairly large municipality close to a big city. Through friends in Uganda, he made contact with an LGBTQ+ network that helped him to meet others who were LGBTQ+. Rodney also met a helper he could talk to. He told her that already as a teenager he had felt different and alienated. He often dreaded going to school. The helper agreed that feeling left out was difficult and, **adopting a human rights approach**, explained to him that gay people have the same rights as everyone else and that every human being has intrinsic value.

Rodney realised that the helper was familiar with psychology and psychosocial support and dared to speak to her about some of his problems. He told her that he had invasive nightmares and thoughts about a gay friend who was murdered in front of him in Uganda. **The helper explained that stress from a traumatic event can often lead to sleep problems**, and that when a survivor wakes from a nightmare, dream paralysis can trigger trauma reactions because he feels that he is still caught helplessly in the traumatic event. She gave him advice on what he could do to avoid and cope with nightmares. For example, **when he wakes up at night, he can touch something that reminds him of safety** (the pillow, the bedside table, etc.). Doing these things will remind him that he is safe in the present moment.

One day Rodney was summoned for an asylum interview at the ministry of immigration. He had difficulty breathing and panicked at the thought of this interview. When he told the helper that he was scared, she gave him **a small anti-stress ball to put in his pocket**. She told him to **touch it or squeeze it if he was triggered** during the asylum interview. She also taught him some **grounding exercises to calm down and to remind himself that he was in the present and physically safe**. The aim was to keep Rodney in the present, calm enough to handle the situation and think clearly.

He told his helper that sometimes he felt completely numb without warning. The helper **explained that this might be because his body “froze” as it had when he was sexually assaulted.** Together with the helper, Rodney learned **a grounding exercise that generates energy**, called ‘**Feeling the weight of your body**’ (see Appendix 2). This exercise helps survivors who are numb to focus on the present. It activates muscles in the upper body and legs, which gives a feeling of physical strength. The helper explained that when Rodney was overwhelmed his muscles went from extreme tension to collapse; they changed from a state of active defence (combat and flight) to submission and abnormal relaxation. When he was put in contact with his strength and could control his posture, he was able to master his emotions better.

The helper and Rodney used the **“window of tolerance” metaphor** to assess how well he managed to remain “in his window”. They **discussed how he could distinguish past from present, and find his way back to the present when he was triggered.**

The helper asked Rodney what triggered numbness the first time, and what triggered it today. Rodney recalled that he caught his breath and stiffened when he saw several men standing in a group on the street. They agreed this was likely to be a trigger and that Rodney would **keep a packet of strong sweets in his pocket and eat one whenever he felt triggered, paying attention to its smell and taste.**

Rodney admitted to the helper that, when bad memories surged up, he felt an urge to drink or cut himself. He felt so much shame and internal pain that he needed an outlet for these feelings. The helper **suggested alternative activities that could replace self-harming and self-shaming, and that exhausted him sufficiently to let him sleep rather than think and ponder.** She asked how he handled his inner pain in Uganda. Rodney replied that **he held his grandmother’s prayer beads, which he associated with security**, and thought of the nice things his grandmother used to say. She said “I love you no matter what.”

When Rodney and the helper became better acquainted, the helper invited him to **join a support group.** Rodney found it easier to **talk to other LGBTQ+ people who have similar experiences of abuse.** The group created a kind of **community** for him, and he realised he was not alone with his experiences and unpleasant thoughts. Through these conversations, Rodney became aware of strengths within himself.

At the same time **the group’s support strengthened him** from the outside. They **recognised that being exposed to sexual violence had changed their perception of the world and themselves** and had ruptured links to family, friends, love, and society. Rodney realised that this might be why he had problems with closeness and trusting people.

He discussed this in the support group and obtained a more positive view of himself. He was **positively surprised that he could be a support for others.**

He understood that, though he had been abused, he could find strength in himself and his surroundings, **build his resilience, and develop coping strategies.** He used this inner strength to adapt to his new life. With the tools he had learned and the support of his new friends, who accepted him for who he was, he came to believe he could overcome his challenges.

3.7 Reporting abuse and violations

Aim. To discuss reporting of sexual violence and abuse to police and judicial authorities, and also to other bodies, such as national or international human rights organisations, NGOs, inquiry missions, etc.

It is important to understand the differences between forms of reporting, because some may lead to legal investigation and prosecution, whereas others focus on documentation and information gathering. We will first look at reporting abuses to authorities, such as the police and other legal entities.

“Helpers can play important roles in a conversation about whether or not it is in the interest of a survivor to report and can support survivors to prepare their evidence if they decide to report.”

A dilemma for most people who have been abused, especially survivors of rape, sexual abuse or sexual threats, is whether to report the abuse to someone who can do something about it. The police, for example, have a specific responsibility to investigate such crimes, protect survivors, and punish those responsible.

Some survivors of sexual violence or abuse still find, however, that their allegations are denied, taken lightly, or in other ways not received as they should be. This can particularly be the case when male survivors report being sexually assaulted. In some countries, survivors who report sexual assaults are even likely to be assaulted by those they report to. This is the situation for women in many parts of the world and it is the situation for men as well.

In practice, helpers should not put pressure on survivors to report. Although reporting of crimes is a core component of justice systems and the rule of law should both enable and pursue complaints and allegations of crime, the process of taking a complaint to prosecution and through the courts can be arduous and extremely painful, especially when the crime involves intimate experiences of humiliation.

If survivors do decide to report, it is important to accompany them - assist them to prepare their case in advance, cope with any public exposure that may occur, and support them afterwards.

In many places, doctors or health centres that serve survivors will help to secure evidence by documenting signs of the abuse that has taken place. Even if evidence is secured, it is still the survivor who decides whether or not to submit a police report.

This does not always apply to children: in some countries, it is mandatory to report cases in which children have been sexually abused; and where the abuse is considered very severe, the police have a duty to investigate and, if appropriate, prosecute.

Reporting is an issue in the context of applications and interviews for asylum protection. In general, it is important to draw attention to any history of sexual violence and abuse, even if it is difficult to talk about, because this information can determine whether an asylum claimant qualifies for protection. Such information can also provide a basis for further investigation of injuries.⁶⁹

As noted, reports to human rights bodies do not have the same character as reports made to public bodies such as the police or immigration authorities. The latter may lead to prosecution and punishment. The former generally contribute to analyses that advise states, evaluate state conduct, or clarify the application and effect of international standards. Reporting of this sort can be encouraged, but it is again the survivor who decides whether reporting is appropriate.

Willingness to report should never be a condition for providing care or help. Care and reporting are separate actions that should not be confused.

Helpers can play important roles in a conversation about whether or not it is in the interest of a survivor to report and can support survivors to prepare their evidence if they decide to report.

Remember that:

- Sometimes it is important to report violent abuse to relevant authorities. Reviews or reporting must always be done with the consent of the survivor and in collaboration with him. Support the survivor through the process.
- Always discuss the risks that reporting involves. Reporting cases of sexual violence or abuse can create dangers for the survivor or for other people associated with him. Where the threat of harm is high, alternatives should be considered.
- The survivor should control his history and his life. Work with this principle, not against it.
- Remember that the main goal is to enable the survivor to have a better life and recover his dignity.
- Prioritise finding ways to help the survivor return to society, family, social networks, and daily life, as best he can.
- In asylum interviews, it is important to draw attention to any history of sexual violence and abuse, even if it is difficult to talk about, because such evidence can determine whether the survivor qualifies for protection.
- Helpers have specific legal responsibilities to report sexual abuse of minors. These vary in different jurisdictions.

3.8 Working with the family and the survivor's social network and communities

Aim. To focus on the survivor's and community's resources.

The support of families and close friends is of the utmost importance for victims of sexual violence. If possible, talk first to family members, friends, and other members of a survivor's social network – any person who the survivor trusts and agrees can be contacted. The survivor's family in particular will need information and advice. Find out what the family and close contacts think about what happened. Give them relevant information about trauma and possible reactions to it. Tell them that their support is vital for the survivor's recovery. If no family members or close contacts can be found or mobilised, seek to create a new support network of other survivors.

Interventions are also needed at the level of the community. Helpers can provide different forms of support to individuals who have suffered violence and loss; they also need to understand and prepare the situation into which boys, men and LGBTQI+ persons will return. As psychiatrist and researcher Judith Herman (1992) has noted, relationships play an essential role in recovery; a survivor cannot recover in isolation. The wider community makes an essential contribution to healing processes.

With regard to male survivors of sexual violence and abuse, a major challenge is to persuade the community to show support and respect. In many communities, the immediate response may be to stigmatise, doubt or abandon the survivor. This complicates and exacerbates his suffering and makes recovery far more difficult. Helpers should try to speak with community leaders (religious leaders, political leaders, military officials, other professional people) to explain that sexual violence is an unacceptable crime in all circumstances and that victims are entitled to help and support.

It is likely to be helpful in such discussions to draw attention to established principles of human rights, which state that in international law sexual violence and abuse are crimes from which every person is entitled to protection. Discuss these questions with community leaders, underlining that sexual violence harms the survivor but also damages society as a whole. If it is not addressed, perpetrators repeat their crimes without sanction, and continue to harm and terrorise individuals and communities.

Find out what members of the community think about what happened. Give them relevant information about trauma and possible reactions to it. Tell them that their support is vital to the recovery of the survivor. If family and community members cannot be mobilised, try to create new support networks.

When addressing sexual violence against men and boys, it is sensible to make a context analysis. Describe the community. Look at levels of poverty and vulnerability, gender relations, and the broader political and economic situation. Provide information that the community will consider relevant and valuable. Map the nature and extent of gender-based violence (GBV), as well as local responses to it. Your analysis should take account of customary law and also:

- The national legal framework governing GBV (including international commitments and national laws) and the record of the judiciary and police.
- The work of international development partners on GBV, including multilateral and bilateral agencies and international NGOs. Within the UN, UNFPA is mandated to lead on GBV.
- The work of local organisations on GBV, including human rights organisations, women's associations, and NGOs. Where they exist, associations of women's lawyers are a good source of information.

Experience indicates that the potential of local organisations and networks is rarely fully used. They understand the local context, can access contacts and resources that are not available to international agencies, and are accepted by the local population. If they are involved from an early stage, they can help outsiders to adapt their programmes in appropriate ways to local circumstances (Herstad 2009).

It may be helpful to bear in mind a few additional rules of thumb.

- Evaluate whether the community has GBV prevention and response programmes that can be scaled up.
- Find a culturally acceptable way to present information.
- Promote GBV prevention and response programmes in cooperation with local leaders and the community.
- Address impunity. Encourage the community to stand up against sexual violence and impunity. Encourage leaders and senior officials to set high standards of conduct on this issue.

3.9 Thoughts and hopes for the future

One effect of trauma is often to block ability to think about the future. Yet the present is composed of the future as well as the past. Our plans, hopes and dreams colour how we feel now. Survivors are burdened by their memories and past experiences but also by uncertainties about their migration status, economic security, personal security, and links with family. Helpers can help them to revive their hopes of the future. This is not easy when survivors are in despair, have no dreams or have dreams that cannot be achieved. The challenge is to quicken their dreams but also to make their dreams feasible and realistic.

In a perfect world, it would be possible to refer survivors for further treatment when they need it. In reality, access to mental health care in low-income countries is still extremely poor, and there is a serious shortage of mental health care workers. However, most countries have large numbers of community workers and other types of helper, who can be deployed to deliver mental health care if they have the necessary knowledge and skills. Hopefully, this manual will assist helpers to equip themselves to support survivors in their difficult situations.



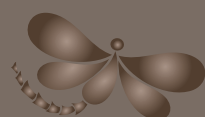
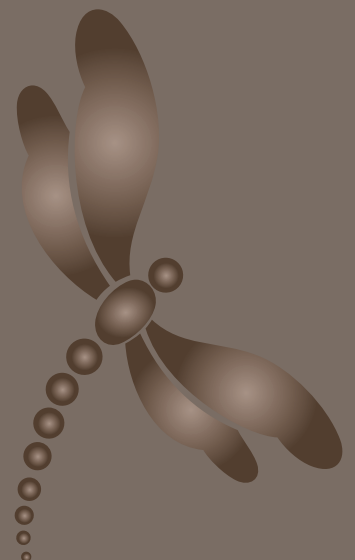
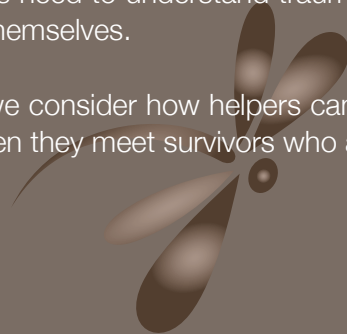
4. How to help the helper



This section focuses on helpers. In 2.2. we discussed how to be a good helper. The most important instrument in the “toolbox” is the helper. If helpers do not function well, other tools will be difficult to use. It is crucial therefore that you are aware of the wear and tear that make your role challenging, and take steps to ensure that you can function optimally.

Working with people who have experienced severe trauma is emotionally challenging, for professionals as well as friends and family. Their stories, mental suffering, and desperation can cause helpers to feel confusion and distress. Like survivors, helpers need to understand traumatisation and trauma reactions to be able to protect themselves.

In this section, we consider how helpers can manage the stresses to which they are exposed when they meet survivors who are affected by trauma.



4.1 Boundaries and demarcation

“Working with people who have experienced severe trauma is emotionally challenging, for professionals as well as friends and family. Their stories, mental suffering, and desperation can cause helpers to feel confusion and distress. Like survivors, helpers need to understand traumatised and trauma reactions to be able to protect themselves.”

The experience of many male survivors of sexual violence and abuse is that others have fundamentally violated their personal boundaries. This can also affect their relations with helpers.

In some cases, survivors rebuff assistance. They may be rude, aggressive or dismissive and give the impression that they do not want help. Keeping people at a distance is often a form of self-protection. It can also be a way to avoid disappointment, or express an unconscious desire to punish others for the cruelty they have experienced.

For other survivors, their abuse can lead them to misread their own and others' boundaries. When they meet a helper, they may be excessively demanding. They may require helpers to be available in their free time, for example, or ask for personal information. In some cases, they may be over-obedient and self-effacing; or give an exaggerated impression of helplessness and take little responsibility for tackling their problems.

It can be difficult to cope with these behaviours. When they feel rejected, some helpers may be dismissive and critical in return, while others may be over-accommodating and apologetic. When boundless demands are made or survivors appear helpless, some helpers will set very strong boundaries while others will do all that they can, and more than they should, to help. Crucially, helpers' reactions are often influenced by their own experiences and background.

It is important to try to look past the survivor's dismissive behaviour or lack of boundaries to understand why he acts as he does. Is he afraid? Does he think this is the only way to obtain help? Does he know what healthy boundaries are? As noted, it is important to set your boundaries and understand your limits, and seek support from colleagues and supervisors. Saying yes to everything is not positive. You may end up wearing yourself out to help others.



Questions to reflect on

- What are your best qualities in the work you do with male survivors?
- How can you know that you are providing good care or support?

4.2 Secondary trauma

Secondary trauma is a specific challenge for helpers. Survivors' memories, experiences and ailments can undermine helpers' own mental health. In this sense, reactions to trauma can be described as contagious. This is called secondary trauma. It can develop in helpers who meet traumatised people and who do not process their own feelings and reactions.

Interpreters are equally at risk of secondary trauma. Even experienced interpreters can occasionally be emotionally overwhelmed by difficult stories. Helpers are advised to take care of interpreters' well-being and to reassure both the survivor and the interpreter that it is painful for both to hear a survivor's experiences.

4.3 Compassion fatigue

Empathy is vital to the work of all helpers; but it is not an inexhaustible resource. If helpers constantly give without replenishing their resources and strength, they start to feel empty and tired. They feel exhausted, demotivated, demoralised, and hopeless. They may start to have sleep problems, somatic difficulties, and drink or take drugs. They may even come to feel that their own problems, needs and well-being are less important and do not deserve attention. If they become less available emotionally to their family or friends, their personal relationships may falter, causing loneliness. In the end, they are no longer able to carry out their role as a helper.

4.4 Warning signals that may occur after a long period of being a helper

Here are some warning signals that may occur in helpers. In many cases, they appear over time, which can make them difficult to detect. Experiencing just one of these signals does not indicate that you are at risk of developing compassion fatigue or secondary traumatisation, but a combination of them might do so. Pay attention if you or other helpers with whom you work:

- Lose their ideals and become cynical.
- Feel unvalued or betrayed by their organisation.
- Lack energy or are excessively tired.
- Exaggerate their significance or their importance.
- Display heroic but inconsiderate behaviour.
- Neglect their safety and physical needs (no breaks, no sleep, long hours, etc.).
- Show suspicion of their colleagues and managers.
- Display antisocial behaviour.
- Lack concentration, are inefficient.
- Have difficulty sleeping.
- Consume too much alcohol, tobacco or drugs.

Helpers are often in a hard situation. They must push themselves but also take care of themselves, which can be difficult to balance. They risk secondary trauma when they listen to survivors' experiences, particularly if they have been abused themselves or have experienced torture, threats or prolonged stress. Despite their efforts, they may at times struggle to deal with their emotions, have relationship problems, find it difficult to make decisions, experience physical pains or illness, feel hopeless, think their life has no meaning, or suffer a collapse in self-esteem. Early recognition and awareness are crucial to preventing burnout. Helpers need to develop strategies for coping that pre-empt secondary traumatisation. Sections 4.7 to 4.9 provide more information on what helpers can do to protect themselves and on what managers can do to protect volunteer and professional helpers that they manage.

At the same time, helpers would not do this work if it did not have positive effects. One of these is vicarious resilience. Many helpers feel that witnessing the extraordinary resilience of trauma survivors changes how they react and behave, not only at work, but as people – that it has helped them to handle their own sorrows and challenges.

4.5 Prevention of secondary trauma and compassion fatigue

“All helpers who work closely with survivors should regularly step back to assess their emotional state and review whether they need to protect themselves from secondary traumatisation and compassion fatigue.”

Early recognition and awareness are essential to prevent helpers from suffering secondary traumatisation or compassion fatigue. Even large institutions sometimes fail to take care of their employees because managers are not adequately trained to detect and identify symptoms, are not ready to intervene early, or have poor follow-up procedures. These problems are particularly acute for helpers who work alone in small municipalities, lack access to larger networks, and have few resources and little support. All helpers who work closely with survivors should regularly step back to assess their emotional state and review whether they need to protect themselves from secondary traumatisation and compassion fatigue. Individuals must learn to foresee risk while they are still able to take control of their situation. Organisations should develop procedures and practices for detecting when helpers need extra support or a break, and make sure that helpers know they are entitled to ask for such support.

4.6 What can the helpers do themselves?

Fortunately, what works for survivors can also work for helpers. If symptoms of secondary traumatisation or compassion fatigue occur, the tools that help survivors can often assist helpers. Helpers should try to recognise their own reactions and understand what has caused them. If helpers are haunted by stories they have heard, or feelings of fear and insecurity, they can use grounding exercises to remind themselves that they are safe. Helpers need to discover their strengths and sources of resilience. What helps *you* to put your work-related thoughts aside? What helps *you* to rest your body and mind? What activities inspire you and put you in a good mood? In addition, it is important take care of yourself: to eat well, sleep sufficiently, see friends and family, exercise, etc.

Tips for handling warning signs:

- Acknowledge that you are not reacting in normal and predictable ways.
- Consciously try to relax.
- Talk to someone you feel comfortable with.
- Express your feelings in other ways than talking: draw, paint, play music, pray.
- Listen to people you love and think about what they tell you.
- Take care of yourself.
- Exercise, do yoga, meditate.
- Go for walks, preferably in nature.
- Do grounding exercises.
- Review the BASIC-Ph coping skills in Part 3.



Questions to reflect on

- How do you know that your work is affecting you in a negative way?
- What good things have you done to restore or maintain your mental health?

4.7 What can the workplace do?

Aim. To raise awareness of managers' and employers' responsibilities.

Employers that address and pay attention to compassion fatigue and secondary traumatisation can forestall and prevent them. They can create space for colleagues to discuss and provide mutual support to each other. As noted, they should establish procedures and practices for detecting symptoms of secondary traumatisation and burn out and intervene early to address them.

It is essential to establish strong peer support arrangements between staff and within management. Peer support encourages openness and transparency, makes it possible to detect and respond to symptoms of secondary traumatisation, and increases awareness and knowledge. Holding structured debriefing discussions is another useful preventive tool that can help colleagues to process and reflect. More generally, the employer is responsible for putting in place a safe and positive working environment.

Vicarious traumatisation and compassion fatigue are more likely to occur in organisations that make high demands on their employees, do not regulate and manage workloads, and expect employees to work in isolation without feedback from colleagues. The workplace should provide feedback and support, good supervision, and opportunities to practise and learn. Helpers need frameworks that help them to take care of themselves and each other.

“Investing in helpers’ health has positive organisational effects, because helpers do a better job when they are well.”

Managers should regularly discuss the work situation with staff. After reviewing helpers’ workload with them, managers should take steps to reduce overload and increase control and support where needed. Investing in helpers’ health has positive organisational effects, because helpers do a better job when they are well.

If workplaces do not support helpers sufficiently, they can help themselves by forming support groups, where they can meet to discuss their experiences, obtain support, or simply do something nice together. If there are too few helpers in an area to set up a support group, helpers may find it helpful to contact friends and other people they trust. They should remember to share without breaching their duty of confidentiality to survivors.

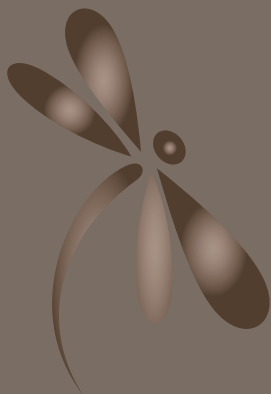
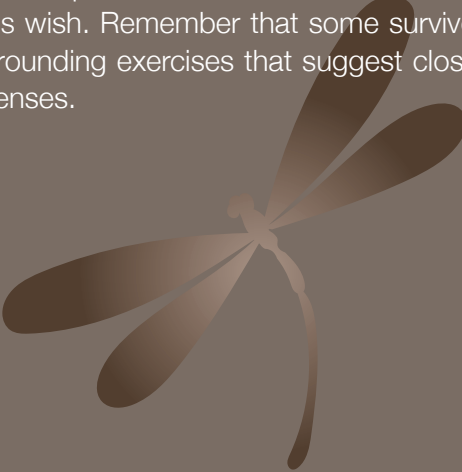
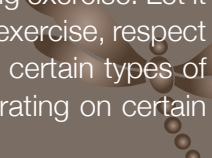




Appendix 1 . Exercises

In this section, we have gathered the different exercises, including grounding exercises, that are mentioned in the manual. This makes it easier for you to find and use them. Grounding is an important therapeutic approach for handling dissociation or flashbacks, and reducing the symptoms of anxiety and panic. It is important to practice exercises again and again until the skill becomes automatic and can be called on even during moments of distress. The aim of grounding is to take the survivor out of whatever traumatic moment he is remembering.

Always remember to invite the survivor to participate in a grounding exercise. Let it be an open invitation. If he does not feel ready to participate in an exercise, respect his wish. Remember that some survivors might be triggered by certain types of grounding exercises that suggest closing one's eyes or concentrating on certain senses.





4.8 The way forward

Aim. To summarise guidance for helpers.

Below are some of the basic principles described in this manual. It can be helpful to keep them in mind when working with survivors.

- Sexual violence is a human rights violation and must be understood in those terms.
- Traumatic events cause grief and pain, and often generate overwhelming trauma memories that survivors are not able to control.
- Intrusive memories influence both the present and the future.
- Reactions in connection with traumatic events should be understood as survival mechanisms.
- Trauma reactions can be recognised and identified.
- Recognise the value of your knowledge and expertise when you work with survivors.
- Some steps are especially important when approaching a survivor of traumatic abuse or violence.
- Ask if he will accept help and say that it is his choice whether he wants to talk or not.
- Facilitate in a way that reassures the survivor that you are there with them.
- Never be intrusive and always keep a respectful distance.
- Talk to the survivor in a respectful and “non-pushy” way. Talk generally about his experience or tell one of the five stories from this manual.
- Always make sure that the survivor continues to accept your presence.
- Communicate your understanding of his situation and experience. Where you can, carefully explain possible reasons for or ways of understanding his reactions.
- Provide specific and practical forms of help, if you can, such as accompanying or referring him to a nurse or mental health specialist.
- Before you arrange for him to tell his story, make sure you can be present to follow up afterwards.
- Help the survivor to breathe calmly; help him to do exercises from the manual.
- Make sure the survivor receives the health care he needs.
- Make use of the skills you have learned.

Exercise 1: Safe Place

This exercise can help survivors to calm down, subdue overactivation, and find a more balanced emotional state.

While doing this exercise, you can choose to keep your eyes open or closed. (1) Think of a place that makes you feel calm and safe. It may be a place you've been to, or a place you've seen in a film, or heard of. It can be at home with yourself or with someone you know, or a place in nature. You can also create a place in your imagination. (2) The place must suit you and your needs. You can constantly adapt it. No two people are alike: this is *your* place. (3) It is a private place that no one else knows about or can find without your permission. You choose it and you decide whether you want to share it with others or not. The place should shut out all the stimuli of the present that are overwhelming and should be comfortable and richly equipped for all your needs. Everything is here that you require to be comfortable. (4) Visualise this place in your imagination, and imagine that you are there. Take time to imagine it in detail: its colours, shapes, smells, sounds. Imagine the sunshine, feel the wind and the temperature. Notice what it is like to stand, sit or lie there; feel how your body is in contact with it. Feel what it's like when everyone is safe, everything is fine. In your safe place you can see, hear, feel, smell and feel exactly what you need to feel safe. (5) You can go to this place whenever you want and as often as you want, and just by thinking about it you will feel safer and calmer. (6) You might want or need more than one place. Work on this step by step. Notice what each memory or emotion needs.

Note. Some male survivors might find it more useful to imagine an activity they like that comforts them to think about, instead of a place; for example, playing a game of football or walking their favourite hiking path.

Exercise 2: Distinguish past from present

This exercise can help survivors to calm down and deal with overactivation.

- Recall a mildly unpleasant incident, when you were a little anxious, restless or ashamed. What do you notice in your body? What happens in the muscles? What happens in the stomach? How does your breathing change? Does your heart rate accelerate or decelerate? Do you become hotter or colder? If there are changes in temperature, do they occur everywhere or in specific parts of your body?
- Now turn your attention back to the room you are in. Notice the colour of the wall. Notice details of decoration. What is the temperature? What do you smell?
- Does your breathing change when your attention changes?
- Now try to pay attention to your current surroundings while remembering the mildly unpleasant event. Can you keep your attention on where you are physically now, while remembering the event?
- End this exercise with your attention focused on your current surroundings.

Exercise 3: Handle flashbacks by being attentive

This exercise can help survivors to calm themselves and deal with overactivation.

[Example]

Right now I feel _____ (Insert the name of the feeling you have, often fear).

My sensations are that I am _____ (Name three bodily sensations.)

I remember _____ (Give one source of trauma, give no details.)

At the same time I look around at where I am now: in _____ (Write the current year).

In _____ (Write your location now).

I can see _____ (Describe things you see now, in the place you are in).

Therefore I know that _____ (name the trauma again) is not happening now.

Exercise 4: Progressive muscle relaxation

This exercise can help survivors to reduce their overactivation and find a more balanced emotional state.

When you are scared or anxious, your body becomes tense. This can cause symptoms such as pain in the neck, shoulders, back, tight jaw, tension in the arms and legs. To train yourself in progressive muscle relaxation, tighten specific muscle groups and then release them. Focus on the feelings of tension and then the feelings of relaxation in each muscle group. You should exercise one part of the body at a time: head and face, neck and shoulders, back, abdomen, pelvis, arms and hands, legs and feet. Find your pace.

Instruction.

- Sit or lie down in a place that is quiet and feels safe. Make sure you will not be disturbed. Tighten and release the tension in each muscle group twice. Allow a short pause between each cycle. When tightening a muscle group, hold the tension for approximately five seconds and relax for approximately ten seconds.
- Start by focusing on your hands. Tighten your fists, feel the muscles tighten for five seconds, and relax for ten seconds. Notice the difference between tension and relaxation. Do the same thing again.
- Turn to the arms. Pull your forearms towards your shoulders. Feel the tension in the muscles of your upper arms for five seconds, then release; relax for ten seconds. Notice the difference between tension and relaxation. Repeat.
- Tighten the triceps (the muscle on the underside of the arm) by stretching your arm straight out and locking your elbows. Feel the tension in the triceps (five seconds), then let go, relax your

arms. Focus on the difference between tension and relaxation. Repeat. When your arms are slack, just let them lie next to you, or let them rest on your armrests.

- Concentrate on the face. Tighten the muscles in the forehead by raising the eyebrows as high as you can. Feel the tension in your face and eyebrows, hold and release. Concentrate on the difference between tension and relaxation. Repeat.
- Open your mouth as wide as possible. Hold. Relax. Repeat.
- Focus on the muscles of the neck. Bend your head to your chest. Turn your head slowly to the left, return to the centre line, then put your head back as far as it will go. Return the head to its normal position. Then bend your head to your chest again. This time, turn your head to the right, return to the centre line, then put your head back as far as it will go. Return the head to its normal position. Because the neck often concentrates a lot of tension, repeat this exercise slowly and thoroughly. Throughout, notice the difference between tension and relaxation.
- Focus on the shoulders. Raise them, as if to touch your ears. Hold and feel the tension, and let go. Notice the sensations of tension and relaxation in the shoulders. Repeat.
- Focus on the shoulder blades, pull them backwards as if they could touch each other. Tense them and relax them. Notice the difference. Repeat.
- Stretch your back by sitting very upright, tightly, then let go. Relax. Repeat, focusing on the different experiences of tension and relaxation.
- Tighten your buttocks. Hold and then release the tension. Repeat.
- Hold your breath. Pull in your stomach, tighten it, let go. Repeat and feel the difference in the stomach.
- Focus on the legs. Stretch them, feel the tension in the thigh muscles, hold, and then relax. Feel the difference between tension and relaxation. Repeat.
- Straighten your legs and point your toes back towards you. Feel the tension in your legs; then feel the relaxation when you let go. Repeat.
- Finally, focus on your feet. Point your toes down as far as you can, and feel the tension in the muscles of your feet. Tighten and release. Notice the different sensations when you tighten and relax the muscles in your feet.
- Now do a mental scan of the whole body, and look for tension that is left. If a muscle group is still tight, return to this area again.
- Now imagine that relaxation spreads throughout your body. The body may feel warm, a little heavier, safe, relaxed.

Exercise 5: Attentive presence

This exercise can help survivors to calm down and anchor themselves in the here and now.

- Sit in a comfortable position. Sit with your back straight and let your shoulders relax.
- Choose whether you want your eyes open or closed. If you have your eyes open, try to let your gaze focus approximately half a metre in front of you.
- Notice how the body feels against the surface: feet on the floor, thighs against the seat, etc.
- Notice your breathing. Feel your breath enter and leave your lungs. Choose whether you want to focus on the air in your nostrils or the air in your lungs. Breathe in; breathe out.

- Keep your attention on your breath and follow it in and out.
- Notice what thoughts are flowing through your head. What feelings do you have? Acknowledge the feelings. What are your bodily sensations right now? Feel for any tension or discomfort.
- Every time you notice something else entering your consciousness, notice it (“greet it”), and kindly but firmly bring your attention back to your breath.

Try as well as you can to see your thoughts as mental events, perhaps by naming them. Accept all thoughts, images and feelings that arise. Try not to push any thoughts away or become involved in them. Leave them alone and concentrate on your breathing. If your attention is distracted one hundred times, your only task is still to return to your breathing. If you have thoughts like “I can’t do this very well” or “this was weird”, notice them and return your attention to your breathing. If you need the help of a picture, imagine that your consciousness is the sky and that thoughts, feelings and sensations are clouds moving across it. For some, it will be difficult to focus on breathing. It is possible to choose another focus, such as looking at an object, listening to a sound, or repeating a specific movement (for example, walking).

Exercise 6: Squeeze hug

This exercise soothes people who are upset. It can help a survivor who is in a state of ‘freeze’ (numb) to concentrate on the here-and-now.

Cross your arms in front of you. With your right hand hold your left upper arm. With your left hand hold your right upper arm. Gently squeeze and pull your arms inwards. Hold the clamp for a while. Find the correct pressure for you right now. Hold the tension and let go. Then squeeze again for a while, and release. Stay there a moment.

Exercise 7: Reorientation to the present

This exercise is helpful for a survivor who is a state of ‘freeze’ (numb).

The helper assists the survivor to use his senses to re-orient himself in the present and feel safe. The helper says:

- Look around and name three things you see.
- Look at one thing (a thing, a colour, etc.). Tell yourself what you see.
- Name three things you hear.
- Listen to a sound (music, voices, other sounds). Tell yourself what you hear.
- Name three things you can touch.
- Touch something (different textures, different objects).
- Tell yourself what you know. Notice your state of mind.
- Do you feel that you are more present in the room or less present after doing the exercise?
- Do you feel calmer or more energetic?

Exercise 8: Grounding the body

This exercise can help a survivor to subdue his overactivation and find a more balanced emotional state. It can also help a survivor who is in “freeze mode” to re-enter the tolerance window.

Sit on a chair. Feel your feet touch the ground. Tread the ground with your left foot on, then your right. Do it slowly: left, right, left. Do this several times. Feel the contact of your thighs and buttocks with the seat of the chair (5 seconds). Notice if your legs and buttocks now feel more present, or less. Slowly extend your spine and notice if it affects your breathing (10 seconds). Move your attention towards the hands and arms. Clasp your hands together. Do it in a way that feels comfortable for you. Clasp your hands and feel their strength and temperature. Unclasp them, take a break, and clasp your hands again. Release and rest your arms.

Now focus on the eyes. Look around the room. Find something that tells you that you are here, in this room. Remind yourself that you are here-and-now, and that you are safe. Notice how this exercise affects your breathing, presence, mood and strength.

Exercise 9: Feel the weight of your body

This exercise helps survivors who are in “freeze mode” to focus on the present. It activates muscles in the upper body and legs, which gives a feeling of physical strength.

When we are overwhelmed, our muscles often go from extreme tension to collapse; they change from a state of active defence (fight and flight) to submission. The muscles become abnormally relaxed (hypotonic). When we are in contact with our own strength and can control our posture, it is easier to master our emotions and cope with reactions to previous experiences as well as feelings of being overwhelmed.

- Make yourself comfortable in a sitting position.
- Place your feet on the ground and feel the sensation. Pause for five seconds.
- Feel the weight of your legs. Feel that sensation for five seconds.
- Raise your feet gently and slowly, left foot then right foot, left, right, left, right.
- Feel your buttocks and thighs where they touch the seat of the chair. Feel the sensation for five seconds.
- Feel your back against the back of the chair. Stay in that position and notice the difference in how you feel.

Exercise 10: Noticing and reducing anger using “the window of tolerance”

The anger and frustration of survivors is often caused by real and inescapable problems. Not all anger is misplaced; often it is a healthy, natural response to difficulties. In many instances, the most helpful thing to do is not to focus on finding a solution to these, but on how to manage the problem.

Here, the “window of tolerance” can be useful (see section 3.3.1). All people have an area or window where they are in balance, where their state of mind allows them to be present, concentrate, and learn new things. If the person is above the window of tolerance, we say he is overactivated. This means that he cannot cope.

What helps a person to control his anger and return within the window varies from one individual to another. If a survivor tends to become angry, work with him on visualising the “window of tolerance”. Plan with him what he can do to get back into the window.

For example, he can:

- Remove himself from the situation and go for a walk or a run, to change his mental and physical state.
- Slowly count backwards from 10 and focus on his breathing.
- Do a grounding exercise (for example exercise 4, Progressive muscle relaxation).
- Have a squeeze ball ready to channel his negative energy.

Exercise 11: Worry time

When a survivor has spoken about frightening experiences, he may feel worried and anxious afterwards. To a survivor in this position, you can give the following advice:

It is not always possible to forget all worries, but you can schedule a worry-time - for instance between 5.45 and 6 pm. Whenever a worrying thought arrives, notice it and say to it: “Hello, I know you are there, I will attend to you, but you have to wait until 5.45”. Alternatively, seat each of the worrying thoughts and feelings you have around a table. In turn, invite each one to express its concern. When you have listened to what they have to say, you review what they have said. You decide what you can dismiss and what might be useful. Then you end the meeting and go on with your day.

Exercise 12: The river. Create a coherent narrative.

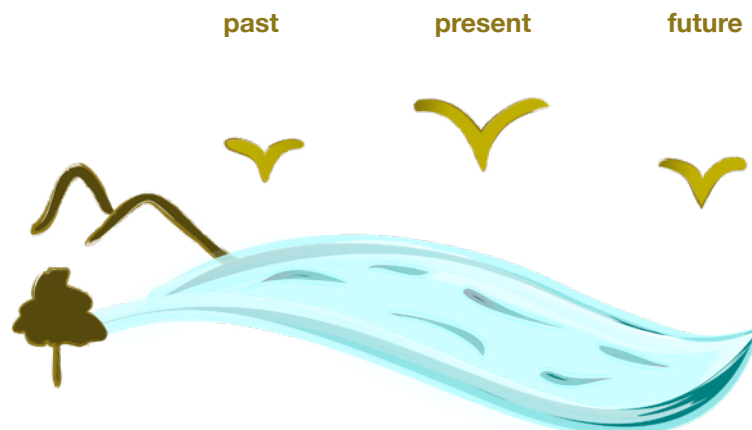
Rivers can be a good metaphor for time and the course of life. A river flows in one direction, from its source to the sea, from cradle to grave, birth to death. Our thoughts and attention are like birds above the river, flying back and forth. We remember good and terrifying things, sorrows but also happy events. Our thoughts also fly into the future, to our worries, what we fear, what we look forward to and long for.

Together, the helper and survivor visualise the river. On one bank of the river, draw symbols or write keywords that represent the survivor's good memories, the good things of the present, and what he hopes the future will bring.

On the other bank, draw symbols or write keywords that represent sad or frightening things the survivor has experienced in the past, what is stressful in the present, what makes him anxious or worried about the future.

Make sure he draws and writes some things that he longs and hopes for in the future. Encourage him to notice where his thoughts tend to travel.

This exercise can help a survivor see his life as a whole. This may in turn help him to feel that his traumatic experiences do not dominate altogether but can become just one part of his experience, alongside many other memories.



Appendix 2. Further reading

In this appendix we provide more information that could be relevant for the reader. We describe the difference between therapy and psychosocial work and some common disorders that develop after serious and stressful experiences,⁷⁰ and discuss how to work with interpreters.

Therapy versus psychosocial work

Aim. To clarify the relationship between psychosocial support and psychotherapeutic treatment.

Psychosocial support helps to keep families and societies functioning during emergencies (disasters). It prevents the development of mental disorders immediately after disaster situations and in the long run. In the context discussed here, psychosocial support includes measures that protect people in difficult life situations from painful thoughts or threatening situations and improve their mental health and quality of life.

Psychosocial support measures and interventions are offered to individuals, families and community members by professional health workers, civil society volunteers, therapists, and public health and social services.

Psychotherapeutic treatments include psychiatric or psychological interventions and methods (which usually take the form of meetings) led by therapists, trained health professionals, psychiatrists, or psychologists. Therapy, or psychotherapeutic help, is considered necessary if survivors have developed evident, painful or troublesome symptoms that amount to a “mental disorder” (meaning diseases and conditions that affect thoughts and emotions). Mental disorders often impair a survivor’s ability to function and reduce his quality of life. Often, but not always, they lead to changes in behaviour. The causes of mental illness are usually complex, and often include a combination of hereditary and environmental factors. Mental disorders can develop as a result of extreme physical or mental strain,⁷¹ or after severe trauma.

Interventions and methods have been developed for children, adolescents, and adults; therapists can also work with groups. Psychotherapy aims to “improve the individual’s well-being and mental health, to resolve or reduce bothersome behaviours, beliefs, obsessive-compulsive symptoms, thoughts or emotions, and to improve relationships and social skills”.⁷²

Therapy will usually continue at regular intervals over a period of time. Its progress depends on the establishment of a therapeutic alliance between the therapist and the survivor.

Common disorders that develop after serious and stressful experiences

Part 2.4 it reviewed common reactions after traumatising events. Below we present the most frequently occurring forms of disorders that develop after serious and stressful experiences.

Acute stress response

The WHO defines acute stress response as “a transient disorder that develops in an individual without another visible mental disorder, in response to exceptional physical and mental stress, which will usually subside within hours or days” (ICD-10). After a traumatic (stressful) event, humans will typically show a variety of behaviours. Immediately, they may be in a “foggy state”, unable to concentrate or focus. They may feel that what has happened is not real, and behave as if nothing has happened. If the sensory impressions are too overwhelming, they may become disoriented and not know at once where they are.

Later, they may withdraw into themselves, dissociate (see section 2.3.6), or become “as if anaesthetised” or in a dream state. They may also enter a state of panic and want to flee or escape. They may show signs of anxiety or fear, develop a rapid heartbeat, sweat, become dizzy, vomit, tremble, have breathing problems, or be in pain. Headaches, abdominal pains and aching muscles are common. Some people do not remember what happened.

An acute stress reaction may contain some or all of the crisis reactions mentioned above. The reactions are often referred to as “mental shock” (that occurs immediately after a traumatic event), or “combat fatigue” (after war experiences).

Severe symptoms usually subside after a few weeks, and many people recover without suffering persistent or long-term (mental) harm or long term effects.

Anxiety

A survivor may experience anxiety alongside other trauma symptoms. Traumatic events usually trigger anxiety, panic and fear. If the anxiety becomes more marked than other symptoms, survivors are described as struggling with an anxiety disorder. Characteristically, reactions to threats or triggers are both intense and disproportionate.

If a survivor becomes anxious for no apparent reason and without being in danger, it is important to try to find out why. If the anxiety is an effect of past traumatic events and subsequently caused by a trigger, appropriate procedures must be adopted. Anxiety that has no visible cause can seem unreal, and may disturb not only the survivor but his milieu.

Depression

Depression occurs frequently alongside other symptoms after traumatic events, especially in the first months. It is often exacerbated if survivors experience feelings of guilt, or are rejected by their family and social networks, which often occurs after sexual abuse or rape. If depression is severe, it can induce suicidal thoughts and attempts to commit suicide. To alleviate their suffering, some survivors adopt coping strategies, such as self-harm. If the depression is severe, targeted treatment is required (that does not focus only on trauma).

Post-traumatic stress disorder (PTSD)

The WHO states that this condition “occurs as a delayed or prolonged response to a stressful event or situation (of short or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost everyone” (ICD-10). PTSD can start as an “acute stress response”, followed by a full PTSD disorder. However, survivors may sometimes show few or no symptoms for several weeks or months immediately after the traumatic event. Others may exhibit acute stress, then be stable with almost no problems or symptoms, but nevertheless develop PTSD.

If an individual already has a background of emotional instability, vulnerability or insecurity, or has a mental illness, and does not receive support from family or the community, the reaction to new traumatic events can be very serious.

However, pre-existing factors do not predict the development of PTSD. In most cases, those suffering from it will get better and stabilise; but the condition can also become chronic. In the worst cases, it can lead to lasting changes in personality.

Complex PTSD

Many consider that the above description of PTSD does not fully describe the experience of survivors of very serious trauma. They consider that a distinct diagnostic category should describe the reactions of survivors of long-term, complex traumas. However, such a diagnosis has not yet been included officially in the diagnostic catalogue ICD-10.

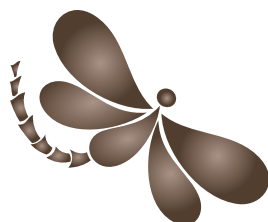
“Complex PTSD” can develop after chronic, persistent, long-term trauma situations, including persistent violence, prolonged neglect, mental and physical abuse over time (not least in childhood), or abusive situations that include multiple rapes. Exposure to combat or captivity over a long period of time can also cause the condition.

In such cases, the emotions of survivors are out of balance. They may alternate between states of intense emotion, depression and hypersensitivity. However, they may not be aware of their emotions or states. They may switch from one state to another without control, and their milieu often does not understand the background to these changes.

Their concentration and ability to focus may be impaired. They often respond in a narrow, limited way to threats. They are impulsive and do not consider consequences. In many cases, their ability to function socially and emotionally is impaired. They do not trust themselves or others, and constantly expect and prepare for rejection. They generally have low self-esteem, to the extent of “hating themselves”. This often leads to self-harming behaviour, and can lead to chronic thoughts of suicide. All the “common” symptoms of trauma disorders may appear, but they may be less pronounced and distinct than in (for example) PTSD.

Persistent personality changes after catastrophic events

The effects of violent trauma can last for years and can lead to changes in personality. ICD-10 has a separate category for such changes: “persistent personality changes after catastrophic events” (F-62). Acute stress symptoms may no longer be obvious (but may be present to a significant degree), but the survivor is permanently in a state of desperation and depression. The survivor feels he has changed and will often appear to others to have changed. According to the WHO, a person with this disorder may be characterised by “a hostile or suspicious attitude towards the world, social withdrawal, feelings of emptiness or hopelessness. The survivor experiences a chronic feeling of being on the edge, as if he is constantly threatened and alienated. Post-traumatic stress disorder can precede this type of personality change and PTSD symptoms may still be visible.”



Appendix 3 Contributors

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Helen Christie is a clinical psychologist and former director of the East and South Regional Centre for Child and Adolescent Mental Health – Research and post graduate centre (RBUP). She has worked extensively on sexual abuse of children and on patients with late effects, including adults. She has also worked with traumatised refugee children in Norway, and children in war zones. Helen has written numerous articles and books on trauma, sexual abuse and resilience. She was a co-author of the manual 'Stabilisation and Skills Training in Trauma', and two MHHRI Manuals on 'Mental Health and Gender Based Violence: Helping Survivors of Sexual Violence in Conflict' and on "Children exposed to sexual violence in war, conflict, humanitarian crisis and low resource communities. A mental health manual for helpers". She has run different trainings on gender-based violence, in support of traumatised children and family guidance programmes around the world.

Doris Drews is a specialist in psychiatry, with many years of experience in therapy of severely traumatised clients. She currently works as chief physician and team leader for an emergency team at a psychiatric outpatient clinic in Oslo. In addition, she has taught as well as worked as an expert on trauma and stabilisation of traumatised people. Doris is a co-author of 'Mental Health and Gender Based Violence: Helping Survivors of Sexual Violence in Conflict'.

Harald Bækkelund is a clinical psychologist and researcher associated with the National Knowledge Centre on Violence and Traumatic Stress (NKVTS) and Modum Bad. He has extensive experience of working with both survivors of trauma and perpetrators of violence. He has provided trauma training and guidance for many years and has trained assistants working with survivors of sexual violence in the Democratic Republic of Congo.

Sara Skilbred Fjeld has a master's degree in Psychology from the University of Oslo and has worked as a research assistant at the Department of Media and Communications, where she was involved in EU Kids Online, a research project that examined online security risks and online opportunities for European children. She has also been involved in a research project of Norwegian Social Research (NOVA) on domestic violence. She is one of the authors of the non-fictional book 'Det nådeløse arbeidslivet – Hvorfor vi blir utbrente og hvordan arbeidslivet kan bli den beste utgaven av seg selv', which is based on a qualitative research project about what causes stress and burnout at work.

Elisabeth Ng Langdal has a Cand. Polit degree in Social Geography from the University of Oslo, with a focus on health and developing countries, and an intermediate degree in anthropology. She also has a bachelor's degree in media and communication from the University of Oslo. She has been the General Manager of MHHRI since 2008. In addition to running MHHRI's resource database on the consequences of human rights violations on mental health, she was co-author of 'Mental Health and Gender Based Violence: Helping Survivors of Sexual Violence in Conflict' and "Children exposed to sexual violence in war, conflict, humanitarian crisis and low resource communities. A mental health manual for helpers"

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