



Mental health and gender-based violence

Helping survivors of sexual violence in conflict
– a training manual



The toolbox



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

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The manual can be downloaded from our Manual website
<https://www.hhri.org/gbv-training-manuals/women-manual/>

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Working with survivors of GBV

This toolbox is developed as a collection of the tools presented in the training manual *“Mental health and gender-based violence. Helping survivors of sexual violence in conflict”*. The intention is to give you a small sized, easy to handle sample from the manual that can be translated into your own language.

The training manual itself, has been developed for helpers who provide assistance and support to women who survive gender-based violence (GBV) and sexual trauma during disasters, conflicts and emergency situations, where access to health professionals with psychological or psychiatric expertise is limited.

The manual can be used in different ways. The manual is not a therapy manual, but a training manual that suggests approaches and techniques that address the psychological needs of GBV survivors. It may also supplement and deepen the understanding of health workers who already have knowledge and experience. The main purpose, however, is to be used in training of helpers, to strengthen understanding trauma and practical approaches to assistance. It may be a tool for helpers who train other helpers and for groups of helpers who need self-study materials. The manual can be read, studied and discussed, and the exercises it contains can be tested and applied in groups working with this subject matter as well as in the direct work with the survivors.

The manual explores the psychological meaning of trauma and how traumatic events affect mental health. What are the signs of severe stress? How can these be assessed and understood? How does a helper approach a woman shortly after she has been through dreadful and violent experiences? How to deal with her distress and how to create safe spaces that permit supportive dialogues? What forms of contact can help survivors to recover and heal? How can reporting of violations be prepared and handled and how can the survivor’s rights and safety be ensured?

Human Rights and Respect are key values. The principles of human rights provide a basis for understanding the suffering and finding ways to respond in a respectful and helpful way. Willingness to help and listen, allowing survivors to control their own stories, and respecting their self-determination, are important values that shape the way survivors should be approached. In addition, a helper needs to know how to manage closeness and distance, how to give positive support, and how to tolerate silence. The manual includes elements of theory but focuses on practical training techniques that directly assist survivors. We hope it may provide helpers with approaches and tools they may use to assist survivors of GBV to rebuild their lives and regain their sense of dignity.



Tools - Introduction

Aim. Getting a general idea of how you can use the toolbox

We all have a toolbox we use when we work, that we have acquired through our work. You as a helper are the most important tool. We will work on more tools and skills and practice them so that they are available in situations when we need them. Our intention is to provide tools and approaches that can stabilise survivors after they have been exposed to traumatising events, help them to deal with events that trigger traumatic memories, and teach them possible ways to regain control of their lives. Our hope is that providing the survivor with some of these tools this can enable her to use these exercises in order to help her to calm a little, even when she is stressed and experiencing flashbacks. When learned, these can be effective tools that can be used in situations where few other resources or forms of therapeutic support are available. The survivor will also know more about her own reactions. We underline the importance of activating her own resources, and also to get a better overview of her rights.

Psychoeducation as a tool refers to the process of “educating” survivors about their reactions as well as certain useful reflections about life in general. We believe it is of value to offer ways of understanding the problems. The information presented is about what constitutes a trauma, why is it so painful, what are frequent and often seen reactions to this, both psychologically and physiologically, and what is the course that trauma often takes in generic terms.

This information may provide the survivor with the knowledge and ability to deal with her problems in alternative ways. Knowledge means that the survivor understands what traumatic events may do to a person, what she may expect and is aware of the reactions she may have. We believe that the more a person is aware and knowledgeable about her problem and how it affects her life and the lives of others, the more control she can have over her life, the better she can deal with and live with her problems. Psychoeducation empowers the survivor and those close to her.

We will also look at what tools the helpers feel they have themselves, what they are lacking and what they would consider useful. What is learned in the training may be regarded as useful tools in the dialogue with the survivor as well as with the community. The metaphor of “toolbox” is being used, covering different skills and ways of talking, sitting, listening, telling a story, breathing exercises etc. This booklet is intended as a supplement to your already existing toolbox.

To empower survivors is a skill/tool. The Butterfly Woman story can be used to empower, and many other tools that we explore can help to stabilise the survivor and assist her to feel more in control and less frightened. To do this, we need to help the survivor to connect with her senses, that is eyes, hearing etc. Being aware of her senses may help a survivor to manage danger and fear. Knowing how the brain works and why we react the way we do in traumatic events can be a useful tool. Think of other tools you can add to your toolbox.

Tools – GBV in a wider context - practical guidelines

Aim. To know about different practical guidelines

Several manuals and guidelines have been developed in the field gender-based violence (GBV), its consequences, prevention and protection. This manual focuses on the mental health of survivors of trauma, especially trauma associated with GBV. The aim is to provide a practical supplement to the existing literature. GBV does not occur in isolation. Interventions to protect the mental health of survivors must take account of broader humanitarian guidance.

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

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

In addition to the IASC guidelines, helpers should be familiar with the **four protection principles**. The [Sphere Handbook](#) (2018) states that protection should do no harm, should provide assistance, should provide protection from violence or coercion, and should help people who are affected by disaster or armed conflict to claim their rights. These four principles capture the fundamental obligations associated with humanitarian response and should be implemented.

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

[Mental health and psychosocial support for conflict-related sexual violence: principles and interventions](#) (WHO 2012) is an introduction to mental health and GBV. For an extensive selection of links related to Gender Based Violence please have a look at our [thematic page on GBV](#).

Tools – Human Rights approach

Aim. To understanding how human rights principles, particularly women's human rights, and the consequences of violating them can be of use in training

The 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 the survivors in terms of human rights and as a violation of rights may be creative and bring insights, and can give survivors and their helpers valuable tools. 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.

A human rights-based approach is about empowering people to know and claim their rights and strengthening the capacity and accountability of people and institutions who are responsible for respecting, protecting and fulfilling rights. This means giving individuals better opportunities to participate in the decisions that affects their human rights. It also means improve the capacity of those with responsibility for fulfilling rights to recognise and know how to respect those rights, and to hold them accountable. There are some fundamental underlying principles - these are:

- **Participation** - everyone has the right to participate in decisions which affect their human rights. Participation must be active, free, meaningful and give attention to issues of accessibility, including access to information in a form and a language which can be understood.
- **Empowerment** - means that people and societies should be aware of their rights, and that they should be encouraged to participate in the development of policy and practices which affect their lives and to claim rights where necessary.
- **Non-discrimination and equality** - means that all forms of discrimination in the fulfilment of rights must be prohibited, prevented and eradicated. The most marginalised, who often face the greatest barriers to realising their rights, must be prioritised.
- **Accountability** - requires effective monitoring of human rights norms as well as effective remedies for human rights breaches. For accountability to be effective there must be suitable laws, policies, institutions, administrative procedures and mechanisms of redress in order to secure human rights.
- **Legality** - Governments must create mechanisms of accountability for the enforcement of rights. There must be effective national and international legal measures so that the government can be held accountable if human rights standards are not met.

Think of situations in your work with survivors that does not have a Human Rights approach? How can these situations be handled differently with a Human Rights approach?

Our aim has been to present human rights in a way that seems directly relevant in the work of the helper, and explain the value of human rights approach in their daily work with survivors of human rights violations. It is about creating a possibility for the women to take back their dignity, feel that they again are worthy humans, that they can deal with the feelings of shame and humiliation and move beyond what the human rights violations, the injustice and the trauma, have done to them.

Tools – Knowledge of trauma

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

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

- The situation is overwhelming, inescapable and very frightening
- Threaten life and integrity
- Loss of control and beyond what we are prepared to deal with
- Most people will struggle with serious reactions such as intrusive memories, re-experiences, flashbacks and sleeping problems afterwards

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

A severe traumatic event often changes the way in which survivors understand the world around them. They may lose their sense of safety, and feel vulnerable and helpless. If the event involves acts of violence and the intention to hurt, trust in other people may be lost and the survivor's interrelation world seriously disturbed. Personal encounters with human or man-made violence are considered the most disturbing forms of trauma, likely to have the most lasting impact. **It is important to emphasize that the reactions that survivor experience are normal reactions to an abnormal event. The survivor is not crazy!**

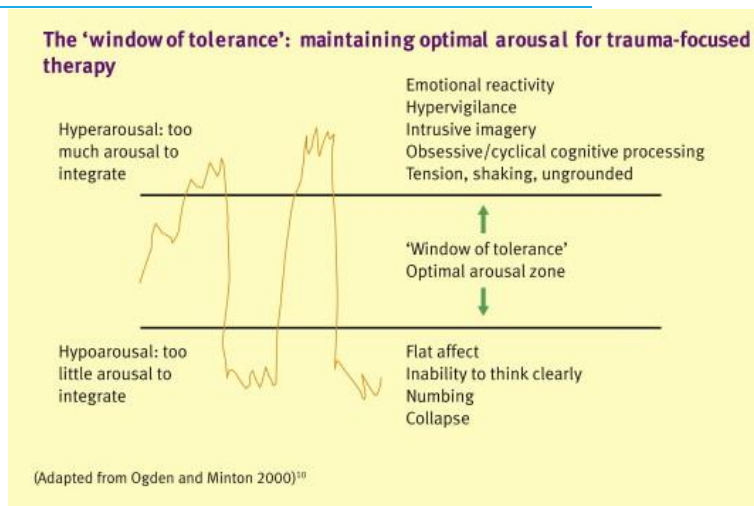
Loss of safety, control and trust commonly leads to depression (deep sadness, loss of the will to live, etc.) or anxiety. A personal encounter with violence and death may also haunt the survivor, who may painfully re-experience the event in dreams or daily life (also called intrusion). In the manual, we call the **reminders that cause intrusion 'triggers'**. Triggers, or trauma-reminders, are events or situations that remind victimised persons of their painful experiences and memories. Such reminders may elicit **trauma reactions** over and over again. They can be extremely distressing and create such anxiety that people are afraid to go out, see people, hear certain sounds or do many ordinary usual things. Flashbacks are sudden, often strong and uncontrollable re-experiences of a traumatic event or elements of that event. Survivors may feel disconnected from their bodily sensations and feel numb, or may be unable to recall traumatic memories. A state of heightened arousal is also quite usual. Survivors may be on their guard all the time, startle easily, sleep poorly, be irritable, or find it difficult to remember and concentrate (called hyper-arousal).

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

Tools – Window of tolerance

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

The window of tolerance is a therapeutic metaphor that we can use to explain trauma reactions. It is based on the idea that every person has a 'window of tolerance', an amount of arousal or feeling that she can tolerate or manage. The manual and the training provide information through which survivors can understand their trauma reactions. It also provides tools and grounding techniques that can help them to stay within their window, or return to their window when they lose control.



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

If you are above the window of tolerance, over the upper line, we say that you are hyper-activated. This means that your activation is too high. If you are below your window of tolerance, under the lower line, we say that you are hypo-activated. This means you are under-activated; your energy is too low. Traumatic memories can trigger a flight/fight response. This is a hyper-activation reaction, where the activation is extremely high, and the body is ready to flee or fight the threats. If we are frightened of something, the body reacts automatically by shutting off certain activities and reinforcing others.

We may, for example, know that the heart is beating louder and faster and that we breathe faster. The body feeds blood to the brain, arms and legs. Muscles prepare for fight or flight, while activity in the brain shifts from the parts that help us think through complex problems to the parts that help us to respond to life-threatening situations. If it is not possible to fight or flee, for example if you are a small, unprotected child, you will rely on the most basic survival strategy that we have – to freeze. This is the same mechanism that we see in many small animals that become totally inactive when they are attacked. This is a hypoactivation reaction in which activation falls to a minimum: you shut yourself down, become what we call immobilized.

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

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

Tools – Grounding exercises

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

Stabilization - to help the survivors to return to their window of tolerance.

- An approach that helps to handle trauma-related reactions
- We want you to teach the survivor how to stabilize herself
- Grounding is a stabilization method for handling strong emotions of fear or flashbacks, when a memory 'takes over' and is experienced as if it happens here and now.

Grounding is an important therapeutic approach for handling dissociation or flashbacks, and reducing the symptoms of anxiety and panic. It is important to practice the exercises again and again until the skill becomes automatic and can be called on even during moments of distress. The aim of grounding is to take the survivor out of whatever traumatic moment she is remembering and return into her window of tolerance. Using them, the survivor can reorient her awareness, and focus her attention on the present rather than the past.

Grounding exercises can help a survivor to reconnect:

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

They:

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

The exercises focus on the five senses that anchor us to our bodies and our surroundings. We need to check whether the survivor feels different and better afterwards. This implies that we also have to do a "scan" before we start the exercise. Since every person is unique, we need to make the tools and exercises as helpful as possible by adapting them to the needs of each survivor.

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

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

Allow the survivor to decide where you (as helper) can sit, and how close you should be. Establish an escape route for her by suggesting that, if she prefers, you can continue later.

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

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

Always remember to invite the survivor to participate in a grounding exercise. Let it be an open invitation. If she does not feel ready to participate in an exercise, respect her wish.

1. Grounding the body (10-15 minutes)

This exercise can help a survivor to come down from hyperarousal and find a more balanced emotional state. It can also be used to focus survivors who are in 'freeze-mode'.

Sit on your chair. Feel your feet touching the ground. Stamp your left foot into the ground, then your right. Do it slowly: left, right, left. Do this several times. Feel your thighs and buttocks in contact with the seat of your chair (5 seconds). Notice if your legs and buttocks now feel more present or less present than when you started focusing on your legs.

Now move your focus to your spine. Feel your spine as your midline. Slowly lengthen your spine and notice if it affects your breath (10 seconds). Move your focus toward your hands and arms. Put your hands together. Do it in a way that feels comfortable for you. Push your hands together and feel your strength and temperature. Release and pause, then push your hands together again. Release and rest your arms.

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

Source: Jacobson, E. (1974). *Progressive Relaxation*. Chicago: The University of Chicago Press, Midway Reprint.

2. The Hug (5-8 minutes)

This exercise deepens and anchors positive feelings and messages. It is taken from EMDR (Eye movement desensitisation reprocessing), a trauma processing method. The method employs bilateral physical stimulation (in this case tapping), which, combined with positive spoken messages, is said to deepen and anchor positive feelings. The sentence can also be spoken silently.

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

Alternate the patting. Do ten pats, five on each side, each time repeating your sentences aloud.

3. Progressive release of muscular tension (15 minutes)

This exercise calms a survivor who is agitated.

Whenever you become anxious, your body tenses. This can generate symptoms of pain in the shoulders, neck or back, or tension in the jaw, arms or legs. To train yourself to progressively release this tension, start by intentionally tensing specific groups of muscles, and relaxing them.

Focus on the difference of feeling between the tense and relaxed state of the muscles. Practise on different parts of the body: the head, face, neck, shoulder, back, stomach, buttocks, arms, hands, legs or feet. Increase tension and hold it for 5 seconds; then release and hold for 10 seconds. Find the tempo that suits you. Increase the tension and release the tension ten times in each muscle group, with a short pause in between.

- Start by focusing on your hands. Make a fist, hold it for 5 seconds, release for 10. Notice the difference between the tense and released states. Do it once more.
- Move the focus to your arms. Pull your forearms towards your shoulder. Feel the tension in your upper arms. Hold for 5 seconds, release for 10. Notice the difference, do it once more.

- Stretch your arm out, and lock the elbow. Feel the tension in the triceps. Hold for 5 seconds, release for 10. Notice the difference. Repeat. When your arms are relaxed, let them rest in your lap.
- Focus on your face. Increase the tension in your forehead, lift your eyebrows. Notice the tension. Hold for 5 seconds, release for 10. Notice the difference. Repeat.
- Increase the tension in your jaw. Hold. Release. Repeat.
- Focus on the muscles in your neck. Bend your neck so that your chin touches your chest, turn your head slowly to the left, bring it back to the centre, bend it back, bring it back to the centre, turn it to the right, bring it back to the centre. Repeat slowly since there is often a lot of tension in this area.
- Focus on your shoulders. Lift them. Hold and notice the tension. Release. Notice the difference. Repeat.
- Focus on the shoulder blades. Pull them back. Increase the tension. Relax. Notice the difference and repeat.
- Stretch your back by sitting in a very upright position. Hold the tension and relax, notice the difference and repeat.
- Increase the tension in your buttocks. Hold for 5 seconds and release, notice the difference, repeat.
- Hold your breath. Pull your stomach in, tighten it, and relax. Notice the difference, repeat.
- Focus on your legs. Stretch them out, feel the tension in your thighs, hold and relax.
- Straighten your legs again; this time make your toes point towards you. Notice the tension in the back of your legs, and the feeling of relaxation when you release. Repeat.
- Focus on your toes, make them point downwards as far as you can. Feel the tension and release.
- Scan your whole body. Does any part still feel tense? Repeat the exercise for this part.
- Imagine that a relaxed feeling is spreading through your whole body. Your body feels warm, perhaps a little heavier, relaxed.

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

This exercise helps survivors who are in “freeze-mode”, feeling numbed and frozen. Make yourself comfortable, with your feet on the ground. Feel and relax your body, your head, your face, your arms, spine, stomach, buttocks, thighs, legs. Choose whether you want to close your eyes or keep them open during this exercise. Listen carefully to the Trainer’s voice.

- Think of a place in which in the past you were calm and confident and safe. It may be outdoors, at home, or somewhere else. It can be a place to which you have been once or many times, which you saw in a film or heard about, or imagine. You can be there by yourself or with someone you know. It can be private, unknown to others, somewhere that no one can find without your permission. Or you can decide to share it with others. This place must suit you and meet your needs. You can constantly recreate or adapt it. It is comfortable and richly equipped for all your wants. Everything you need to be comfortable is present. It is somewhere that fits you. It shuts out every stimulus that might be overwhelming.

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

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

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

Form pairs and sit together. One of the pair should play a helper and the other a survivor. The Helper should assist the Survivor to use her senses to put herself fully in the present and feel safe.

Take turns.

- Look round you and name 3 things you see.
- Look at something (an object, a colour, etc.)

Tell yourself what you are seeing.

Name 3 things you hear.

- Listen to a sound (music, voices, other sounds).
- Tell yourself what you are hearing.

Name 3 things you touch.

- Touch something (different textures, different objects).
- Tell yourself what you are touching.

Now, notice your state of mind.

- Do you feel that you are more present in the room or less present after doing the exercise?
- Do you feel calmer or more energised?

6. 'Squeeze-hug' (5 minutes)

This exercise calms survivors who are agitated. It can also help 'frozen' survivors to concentrate on the here-and-now.

Cross your arms in front of you and draw them towards your chest. With your right hand, hold your left upper arm. With your left hand, hold your right upper arm. Squeeze gently, and pull your arms inwards. Hold the squeeze for a little while. Find the right amount of squeeze for you right now. Hold the tension and release. Then squeeze for a little while again and release. Stay like that for a moment.

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

This exercise helps survivors who are 'frozen' or numb to focus on the present.

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

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

8. Straightening the back (15 minutes)

This exercise increases a survivor's awareness that the 'state of her body' depends on her 'state of mind'.

We carry ourselves with our spines. We can react to danger by collapsing the spine, and this affects our posture. By changing our posture, we give ourselves new strength and can more easily contain and manage our experiences. We give ourselves a stronger back and reconnect with our bodily resources.

- Collapse your chest and back. Notice how it feels. Pause. How does it affect your breathing? Pause again. Be aware of your feelings and mood. Pause. Be aware of your body. Pause. Be aware of your thoughts. Now say: "I am happy!" Say again: "I am happy!" Do you feel happy? Does it feel right to say you are happy?
- Now slowly lengthen your spine until you are comfortable. Adjust and experiment until your spine feels aligned and naturally lengthened. Be aware how you feel now. Be aware of your breathing. Pause for five seconds. Be aware of your feelings and mood. Pause. Be aware of your body. Pause. Be aware of your thoughts. Pause. Now say: "I am sad!" Say several times. "I am sad!" Do you feel sad? Does it feel right to say that you are sad?

9. Square-breathing (4 minutes)

Sit comfortably. Lower your shoulders.

- Look at a square form or visualise one with your eyes closed.
- Breathe in while counting to 4. Let your eyes wander up the left side of the square.
- Hold your breath while counting to 4. Let your eyes run across the top of the square.
- Breathe out while counting to 4. Let your eyes run down the right side of the square.
- Hold your breath while counting to 4. Let your eyes run along the bottom of the square.

Repeat 4 times.

10. Breath counting (4 minutes)

Sit in a comfortable position with the spine straight and the head inclined slightly forward. Gently close your eyes and take a few deep breaths.

- To begin the exercise, count "one" to yourself as you exhale.
- The next time you exhale, count "two," and so on up to "five".
- Then begin a new cycle, counting "one" on the next exhalation.

Repeat 5 times. Never count higher than five and count only when you exhale. You will know your attention has wandered when you find yourself counting up to eight, twelve, etc.

We have here outlined several different grounding exercises. Sometimes one has to practice the exercise several times before one can master it. Survivors have different needs depending on their situation and life situation. Try optional grounding exercises to find one that seems suitable and possible for each one.

Tools – Being a good helper

Aim. Being aware of your qualities as a helper

What does it mean to be a good helper? Discover the tools you as a helper already have.

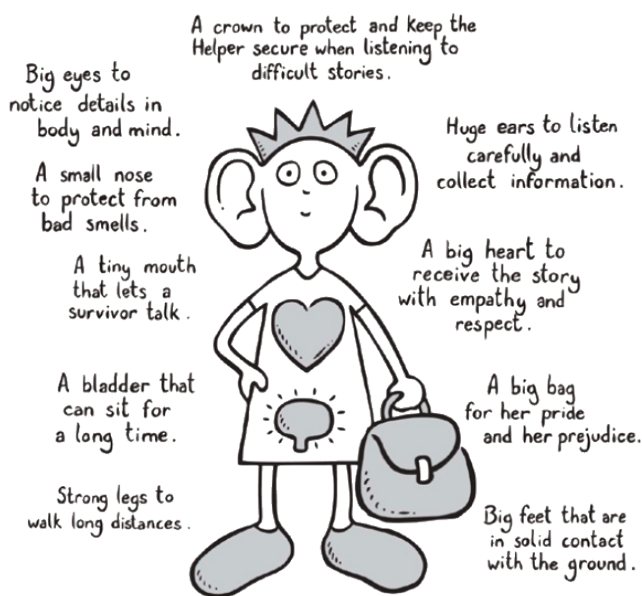
Consider the following questions:

- What are the qualities of a good helper in your context?
- Do men and women help in different ways?
- What can you say about yourself as a helper?
- What do you do when you meet a survivor who is overwhelmed by emotions – by sadness, shame, anger, anxiety or numbness?
- Is it sometimes difficult to help a survivor? What makes it difficult to help?

When working with survivors

- Listening, respecting and acknowledging painful reactions
- Communicate that you «see» her
- Let the survivor own her “own” story
- Create safe place
- Stabilizing by being here and now oriented
- Grounding exercises
- Relaxation and energising exercises
- Psycho-educational approaches

The good helper in DR Congo



Tools –Taking care of yourself as a helper

Aim. Being aware of secondary traumatization and why/how to take care of yourself

Taking care of yourself as a helper

Talking to survivors of trauma also affects the helper. For all helpers, empathy is an essential aspect of good help. This is also a source for compassion fatigue, vicarious traumatization or secondary traumatic stress (STS). How are helpers to manage their own stress? Early recognition and awareness is crucial to be resilient to these symptoms. Awareness of this is important for workers in areas of conflict and disaster, and in extreme environments such as these, people may be more vulnerable to secondary traumatization. We also know that professionals under this kind of stress may be at risk to perform less efficiently and not perform as they would normally do. Even large organizations that have the resources and knowledge about this particular kind of stress may have reduced capacity to deal with or take care of the affected personnel. As for local helpers, there may often not be any support or resources at all to deal with this. On HHRI's thematic page for helping the helpers we have gathered links that can be useful for all persons engaged in this kind of important but heavy work.

Warning signals that can occur after a prolonged period of time on a job.

- Wounded ideals and cynicism
- Feeling unappreciated or betrayed by the organization
- Loss of spirit
- Grandiose beliefs about own importance
- Heroic but reckless behaviours
- Neglecting one's own safety and physical needs (not needing breaks, sleep, etc.)
- Mistrusting colleagues and supervisors
- Antisocial behaviour
- Excessive tiredness
- Inability to concentrate and Inefficiency
- Symptoms of illness or disease
- Sleep difficulties
- Excessive use of alcohol, tobacco or drugs.

It is important to **develop strategies to cope** with situations that might cause vicarious trauma-reactions. What helps you to take your mind off your work or your thoughts? How can you rest your body as well as your mind? Does an activity inspire you or put you in a better mood? If you find it useful, you can also use the grounding techniques that you teach survivors. Helpers who have been personally exposed to GBV have additional reasons to be stressed. At the same time, their experience can give them a special understanding of the hardships and vulnerability of survivors, and this should be recognised and valued. Like survivors, helpers need support groups. If possible, meet regularly with other helpers to discuss your experiences and feelings, or do things together. If there are too few helpers in your area to create a support group, find friends and other people you trust with whom you can share your feelings without breaking the confidentiality of the survivors you are helping.

Tools – Dealing with troubled sleep and nightmares

Aim. Helping the survivor to deal with bad dreams and nightmares, to gain better sleep

Stress from a traumatic event can often lead to a variety of sleep problems. When the body is overstimulated, and the brain is flooded it can keep you awake. Some people are also afraid to fall asleep because they are afraid of having nightmares. During **dream sleep**, a person is not physically able to move his or her body. This is called dream paralysis. In **deep sleep**, by contrast, we are able to move. When trauma survivors wake up from a nightmare, dream paralysis can trigger trauma reactions, because the nightmare replays the trauma, and their paralysis reminds them of being trapped in a helpless state during the traumatic event. When this happens, a survivor can enter a frozen state, connected to our passive defense system, which is both extremely frightening and makes it harder still for her to end the paralysis.

We have suggested different forms of support that are available to survivors who have nightmares. Add your suggestions to this list.

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

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

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

Choose things that make you feel safe and in the present

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

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

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

Make your plans carefully during the day

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

Establish routines when you awake from nightmares

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

Every survivor needs to find something that is useful for her.

Tools – Knowledge of support in reporting-process, pros and cons

Aim. Helping the survivor to deal with mental health issues that can appear during the reporting process, and support her in the evaluation of the pros and cons of reporting

Sometimes it will be important to report violent incidents to relevant bodies. It is also vital to ensure that help and care are provided, regardless of reporting. Care and reporting are two separate activities and must not be mixed. This said, helpers may play important roles in a discussion about whether a survivor should report or not and in helping her prepare if she decides to do so. Always start this process with the consent of the survivor, and in collaboration with her. Here are a few best practice rules when a survivor decides to describe her experience formally. Make sure to consider the possible risks involved in reporting.

Before reporting

- What reporting means and implies, including risks.
- Explore the outcome, hopes and her fears.
- Never put pressure to report if she is not ready or willing.
- When ready ensure all implications.
- Identify issues that can trigger and prepare for them
- Practice grounding exercises she can use if triggered during the reporting.
- Make sure she realizes that the outcome may not bring a result that benefits her.
- Prepare her for the possibility that retelling her story may re-traumatize her.

During reporting

- Ensure that someone trusted is with the survivor.
- Encourage her to use grounding techniques for staying in the present moment.
- Make sure the environment is as safe as possible, and that support is available.
- If a helper can be present to support the survivor when she makes her report, she should:
- Agree a stop signal with the survivor, because this will help the survivor to hold her boundaries.
- Let her tell her story in general terms (headlines) to avoid triggers.

After reporting

- Find a good process of closure for the survivor.
- If possible, ensure that people are available to talk through the event.
- Help her to ask for information about the continuation of the case.
- Plan and make arrangements for the following days, shelter and safety etc.

Using the best practice rules, discuss the advantages and risks of reporting, which almost always requires survivors to describe her trauma, sometimes in detail. Ask the survivor to consider what the helpers can do:

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

Tools – Use of metaphors and symbols

Aim. To understand how and why we can use metaphors and symbols

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

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

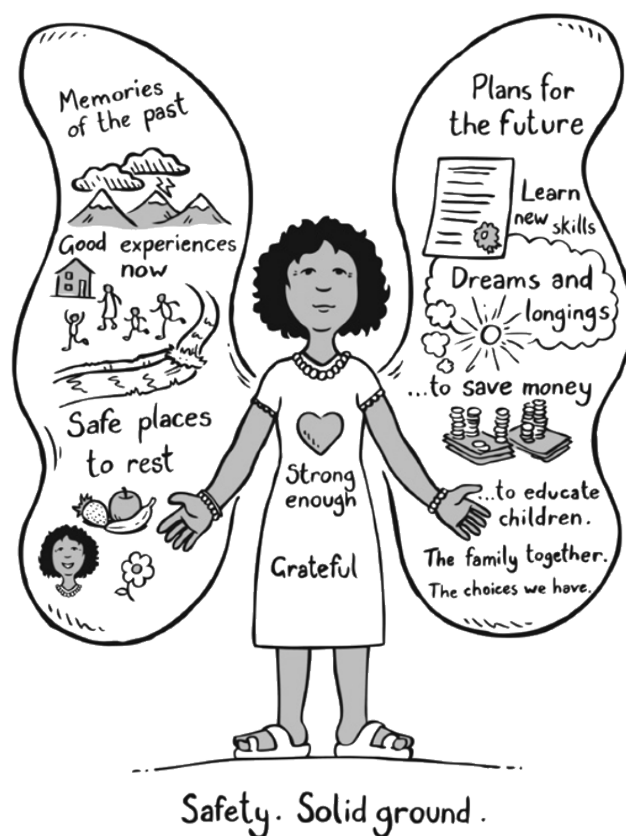
In this training, we use a single metaphorical narrative to describe the experience and consequences of GBV. We explain the course that trauma takes in generic terms through the story of the Butterfly Woman; it remains a story but at the same time it is clinically accurate.

You may want to use alternative metaphors. But the important aspect is that the story is used to convey experiences, thoughts and feelings that may otherwise be difficult to explain, and that, through hearing the story of another person's experiences and thoughts, the listener may recognize what she hears and be able to identify herself with the other. It may confirm that these things happen, as others may have denied such event. It is also a way of saying that what happened is absolutely wrong and unacceptable, these are prohibited acts and a violation of rights. And last but not least, it is a way of saying that your reactions are not "abnormal" or "wrong", that they are signs of pain and fear, and that they may be spoken about if she so wishes. The metaphorical story is a way of telling what may happen in the course of trauma, and that there are ways out, and that she may once again feel her strength and be in control of her life. The helper may use the story in different ways, but inviting the person to listen, in a calm and confident way, and allowing the person to listen, and not talk unless she wants to, is also very important.

Tools – The metaphor of the Butterfly woman's story

Aim. To learn how to use the story as a way of communicating the trauma

The manual uses the metaphor of the butterfly woman. A made-up story about a woman who is raped by soldiers is presented. Her experiences, her life before the rape, her reactions and thoughts are presented. Furthermore, the story contains descriptions about the way in which she sees herself afterwards, reluctantly asks for help and then slowly proceeds in her life through a lot of difficult steps. By presenting this story all through the training, a trauma story is communicated, including descriptions of reactions that are frequent after such violence, and also what are considered good steps in a helping process. Ways the helper approaches the survivor, and what is said and suggested to her, are also reflected in the story, which ends in her going back to her family and community.



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

The story is a key element to understand the training. It will be useful to have the story in your native language when you are talking with the survivor. Notice what happens in the five focus areas **heart, body, mind, breathing and her feelings**. It is highlighted in bold throughout the story. This is a single metaphorical narrative to describe the experience and consequences of GBV. We explain the course that trauma takes in generic terms through the story of the Butterfly Woman; it remains a story but at the same time it is clinically accurate.

The Butterfly woman's story

Starts on page 43

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

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

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

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

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

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

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

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

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

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

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



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

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

She could not rest. She **saw** the soldier's eyes, **heard** their laughter, their breathing and their words. Their **smell** filled her lungs. She was **sweating, crying** in rage and despair. She could not find shelter and

scanned the green hillsides all the time for soldiers. All her dreams and wishes evaporated. Her mind became **invaded by worry** and she had difficult, strange thoughts about herself. Was she **going mad**? She **felt shame** and **rage** and **deep sorrow** at the same time.

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

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

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

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

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

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The helper started to tell the Butterfly Woman about the health centre. She described what kind of place it was, and told her that many raped women had come there. Inviting the Woman to stay at the health centre, the helper took some clean clothes and gave them to her.

The Woman cleaned herself and put on the clean clothes.

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

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

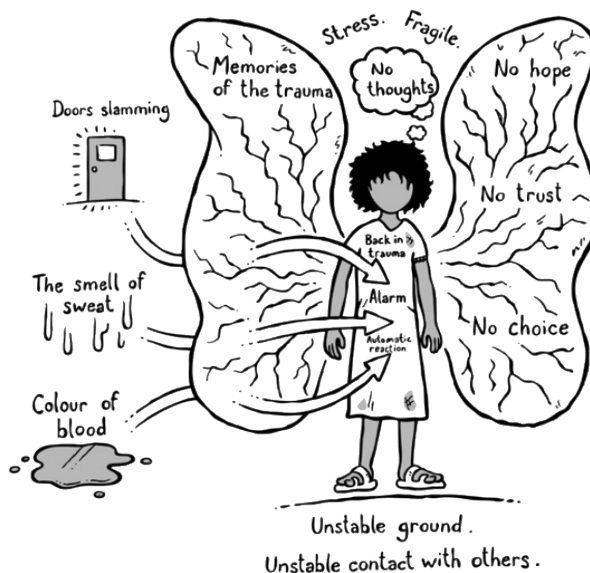
The Butterfly Woman said that she was doomed and destroyed. The helper asked how long she had felt that way, and she replied that it all happened after the terrible incident. She also said she had lost her family because of this. The helper asked her to **say how her suffering affected her thoughts,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

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

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

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Soon after she arrived at the health centre, the Butterfly Woman had to go to the hospital because she had suffered injuries during the rape. She knew that the nurses and doctors wanted to heal her but, as soon as she had to lie on the bed and spread her legs to be examined, **horrible memories from the rape returned**. Suddenly she thought the doctor was the soldier who had raped her. She tried to flee. The memories flooded her thoughts and body and she could not separate them from what was happening to her now at the hospital. A wise nurse repeated the Butterfly Woman's name over and over again in a calm and strong voice. She said: You are in the hospital now, you are safe now, it is [Wednesday, March 12 2024]. We are here to help you. The tone of her voice and what she said helped the Butterfly Woman to **return to the present**. She realised that she was at the hospital receiving help, and she managed to calm down.



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

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

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

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

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

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Many objects and situations could **evoke memories** of the rape. Some states in her body would bring the memories back. When she menstruated, for example, the pain in her stomach and the sight of her

blood reminded her of the rape. A yellow cloth (she wore a yellow dress when she was raped) instantly recalled the memory of herself bloody in her yellow dress.

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

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

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

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

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

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

The helper praised the Butterfly Woman's good work. She said that our **senses are gateways that connect us to the present**. When we focus our senses on what we are seeing, hearing, tasting and touching, what we feel becomes our reality. So it is important to **open our senses and focus our**

attention on things that remind us that we are safe that now and here we are safe. We call this a grounding exercise because it gives us ways to ground ourselves in the present moment.

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

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

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

The helper demonstrated the exercise to the Butterfly Woman.

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

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

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

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The Butterfly Woman asked the helper for advice. She said: What will become of me? Am I going insane? Is my life destroyed forever? She described her state of mind. I feel so alone. It is dark inside.

My heart and spirit are asleep. I have **bad thoughts, nightmares**, and I am afraid of everything. I get angry and yell at people. I do not recognise myself.

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

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

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

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

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

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One day the Butterfly Woman needed to talk about the rape. She wanted to report it and get help from a lawyer. She wanted the men who had raped her to be convicted for what they had done. The helper told her that it could be **very triggering** to talk about the rape. She wished **to prepare** the Butterfly Woman, so that she could do what she wanted without **dissociating or becoming overwhelmed**. She said: It is most important to tell the story in headlines. Avoid details, **because details are a strong trigger and will awaken the trauma memories again.**

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

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

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

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The Helper promised that she would be there when the Butterfly Woman talked to the lawyer and made her report. She also made plans with the Butterfly Woman to arrange closure afterwards

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

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

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Slowly the Butterfly Woman **regained her strength**. She acquired confidence in the skills she had learned and was **not so worried about being triggered**. She managed to ground herself quite quickly when it happened.

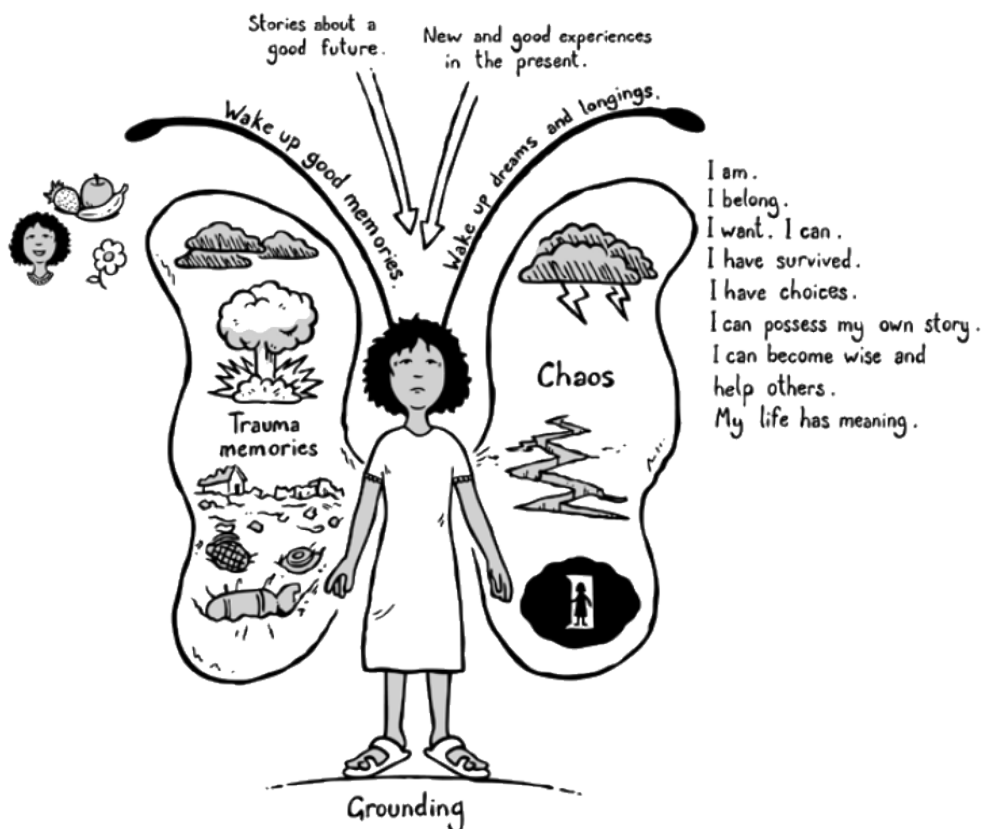
Still, **one area in her life overwhelmed her with sadness and despair**. She tried not to think about it because it **gave her so much pain**. One day the helper brought it up without her asking. The helper said that it was time to try to talk to her husband and family, to see if it might be possible to reconnect with them.

When the Butterfly Woman heard the helper, she immediately saw an image of her husband with angry and frightened eyes, his mouth open, yelling that she should leave. She saw her crying children, and it tore her heart. She **started to tremble and cry** but managed to **ground herself and come back to the present**.

She and the helper continued to talk about a possible reunion. The helper **calmed her** by saying that they would proceed step by step. Some of the helpers visited the village to talk to her family and other villagers. The Butterfly Woman derived great support from another woman from her village, who had also been raped and rejected by her family. They supported each other and reminded each other to use the coping skills they had learned. They were encouraged to talk about good memories of the village, so the **bad memories would lose some of their strong grip on their bodies and minds**.

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When they visited the village, the helpers found out first whether resource people in the community could support a survivor. They were referred to the village chief and the priest. The helpers **explained trauma and trauma-reactions** and said that a raped woman is not to blame for what happened to her. The chief and the priest understood the women were suffering and that they were not to blame. They agreed to protect the raped women in their community and wanted to assist the helpers to talk to the women's families.



When they talked to the Butterfly Woman's family, the helpers explained that she had been traumatised and had suffered and had recovered. They told the family that she had learned new skills, like sewing, that could help the family survive. The chief said that raped women were wounded in a way that could be compared with the wounds of soldiers in the war. He said that the community would support the Butterfly Woman and help her **not to feel ashamed**.

While the Butterfly Woman was staying at the Centre, the helpers had made several visits to her family and community. It had been difficult. The children had frequently asked for their mother, but her husband had not allowed the children to mention her name, let alone see her. After some time,

however, he changed his mind and said that he wanted to see his wife again. In this, he was supported by the rest of the family.

The Butterfly Woman too had reached a point where she was ready to meet her husband. And she had longed to see her children for many weeks.

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At last, the time came for the Butterfly Woman to visit her family. She was **very nervous and had a hard time concentrating**. Together with the other woman from her village, she had worked hard to recall good memories from the village, so the bad ones were not so strong.

The helper warned her that the village and its surroundings would be very triggering. She said: Use everything you have learned about grounding. Once you are grounded, there is one more strategy that can be of great benefit. That is: **actively see how the present moment differs from when the trauma occurred. You know that trauma-reminders trigger trauma-reactions**. If the river starts to trigger a trauma-reaction, actively try to see how the river now is different from the river then, by examining it closely, and by telling yourself that it is now peaceful, the soldiers have gone, and so on. When you **actively orient yourself** and see that it is safe, this will help you to see what has changed in the village, and you will be able to separate past from present. You will give yourself a new experience that will soon become a **good new memory, strengthening you and your connection with the present and sending past memory back to the past**. This will also tell you that the danger is over. When you detect differences, you can say them out loud to yourself.

The Butterfly Woman felt prepared to go back to the village to meet her husband and children.

With a helper, she decided to go.

Making a good ending

- Explore the notion of 'success' and allow the group to construct a suitably realistic ending.
- To clarify the many challenges that may arise for a survivor when she returns to her community, and what kinds of assistance can make her return easier or more successful.
- Be aware that some women may be marginalised and rejected by their families or community.
- And that some women will not wish to return to their old life.

Keep in mind

Every case and every survivor are unique

A helper must think for herself and always use her own imagination and judgement when she decides what stories to tell, what advice to give, and what grounding exercises to use.

Important to ask yourself certain questions:

- What resources can the survivor draw on, in herself and in others?
- Will I (or other helpers) see her regularly or just a few times, or only very occasionally?
- As a helper, how much do I know about her situation? Do I know enough?
- If I ask her to trust me, am I in a position to sustain that trust?
- Am I in a sound position to advise her?
- As a helper, am I promising too much? Can I sustain the help that I am offering?
- Can I sustain the help that I am offering?

And never refrain from asking advice from others, from professionals or other persons trained or experienced in working with individuals exposed to traumatic events, and to refer persons to other care providers when this seems necessary, and available.