



Training Manual for Women's Empowerment (Advanced Level)

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Training Manual for Women's Empowerment

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Dedicated to the loving memory of
Winifred Valentine, our psychosocial
advisor, who died in August 2012

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Foreword

Women's Empowerment as a Catalyst for Transformation

Working with women in Liberia which began in 2008 as gender advisor to the Truth and Reconciliation Commission of Liberia and later as the Head of Mission of *medica mondiale Liberia* (mmL) were deeply profound experiences which I will carry with me wherever I go in the world. It shifted and shaped the way that I understand and engage with gender power relations. I was confronted, not only with the aftermath of a protracted conflict and the atrocities perpetrated on women, but also with the incredible resilience and innate power I encountered in the women, over and over. Many women survived the most terrible acts of physical, psychological and emotional violence I had ever encountered before. And yet they continued to strive to restore their families, their communities and ultimately, their personal sense of well-being and safety.

While I was shaken and stirred by the stories of suffering and spirit from many women, one woman's story moved me intensely to reflect on the pervasive impact of gender inequality and what it was calling me out to do. Winifred Valentine, to whom this manual is dedicated, lived through the Liberian wars, which spanned 20 years and more if you count the constant strife, which came with the first settlers in 1822. She recounted only a few of her stories as we sat outside my little apartment drinking coffee in the early mornings, sometimes going for walks through the surrounding settlement or when we travelled together to Germany to brainstorm the creation of this manual with our *medica mondiale* colleagues. Day after day, I marvelled at her still gentle nature, her faith in people and their ability to rise above what they had experienced and her commitment and dedication to the reconstruction of her life after losing absolutely everything. Most of all, I marvelled at how she was able to stand so tall and be her positive, elegant self and not sink into despair after all that she had lost, before, during and after the wars just because she was a woman.

We sat together and asked ourselves every day: "Is a shift from a system based on inequalities, especially inequality between the sexes, which leads to chronic wars, social injustice and ecological imbalance possible? And is it possible to imagine that shift being towards a system based on equality, respect and openness leading to peace, social justice and ecological balance? Is it realistic? More important, what changes in social structure could make such a transformation possible?"

These questions challenged us and the others working with us as we struggled with the impact on women of all the social ills that inequality continues to breed in and out of war – domestic violence, child abuse, sexual violence, deprivation, exclusion, unspeakable atrocities – the list goes on and is far too long. As we (feminist activists, change agents, analysts and others) worked together to find solutions, some things became clearer to me – tinkering and tailoring is not enough, nor for that matter is change. What is needed is transformation – a complete turnaround that will bring about a world where women are safe to walk the streets at night, alone. How do we make that happen? We decided that one of the keys that unlock the situation is the empowerment of women. When women realize their potential and are able to access their inner strength, knowledge and power, miracles are known to happen. This is what inspired the writing of this manual – to empower women to access what they already have but which has been suppressed, repressed and oppressed through various forms of violence.

This initiative is a vehicle to empower women in disadvantaged circumstances to overcome the systemic obstacles created by inequality. It is designed to open up a way for women to realize greater self-sufficiency and wholeness through acknowledgment and utilization of dormant, yet, innate,

strengths. It was written on the premise that when we empower women we strengthen communities and improve opportunities for a more evolved next generation. Empowering women is thus the catalyst for positively impacting the resilience and future of the community towards a transformed society.

I am reminded of the words of Laszlo, winner of the Goi and Mandir peace awards who says: “Collaboration, not competition, is the royal road to the wholeness that hallmarks healthy systems in the world. Collaboration calls for empathy and solidarity, and ultimately for love.”

I believe that in order to have that empathy and solidarity with others, we have to begin with the self. Self-awareness, self knowledge and self care are the foundations upon which one can reach out and connect with others. My hope is that the work we have done to create this manual is a step towards empowering women to find that wholeness within themselves in order to create healthy, sustainable, resilient communities and future generations for an inheritable world.

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General Introduction to the “Training Manual for Women’s Empowerment”

Why a manual on “women’s empowerment”?

And what does “empowerment” mean to us?

Current estimates from around the world suggest that as many as one in every three women has been beaten, forced to have sex, or abused; most often by someone she knows, such as her husband or another male family member. Gender-based violence is a perfidious means of perpetuating male power and control over women. It takes various forms, all of which reflect and reinforce the lack of equality women face in society no matter how old they are, to which class or culture they belong, or what income they have. It is a universal problem that damages women’s health and dignity, and reduces their sense of safety in their families and communities.

Unfortunately, it is sustained not only by violent men, but by a culture of silence and denial in communities and societies, where women and girls are expected to endure it. Gender-based violence leaves deep psychological wounds on both survivors and their children, and hinders girls and women from developing the self-esteem, creativity and independence that they need to have control over their lives. One particularly destructive form of (sexual and) gender-based violence is the widespread and systematic rape and sexual violence that happens in war and its aftermath. Our concern in this manual is directed to the numerous survivors of such atrocious acts in Liberia during its long civil war, but more so to all those women and girls who – even now the war is over – continue to suffer from various forms of gender-based violence, particularly in the South East of Liberia.

This training manual is called a “training manual for women’s empowerment” because “empowerment” is the leading idea and the “red thread” that goes through all the modules, and reflects our core vision of change. We want to address women’s and girl’s lives which are – in many ways – experiences of disempowerment, with gender-based violence being one of its strongest and most painful expressions.

This manual is the result of the work of many different people working together in both South East Liberia and in Europe. It was developed and tested with training groups in the framework of *medica mondiale Liberia*’s engagement in a two-year process of conceptualizing the content, testing it in the field, getting feedback from participants, and adjusting it accordingly.

During this process, we learnt that it is quite a challenge to convert complex concepts such as “gender” and “awareness” into useful tools for the women and girls who are at the center of our work. However, this is where these concepts are actually needed the most to foster a commitment to change. Therefore, they have to be developed and transformed to make them fit the cultural contexts where many women and girls live, particularly after a long war that devastated people’s communities and families. We hope that the material we present here will be able to respond to these needs at the level where the women and girls live, and reflect how they see their own lives and opportunities for empowerment.

This manual deals with the empowerment of women and girls and was conceived for the specific context of South East Liberia, which is one of remoteness and poverty, but also of community cohesion, with a motivation to improve infrastructural deficiencies, where women and girls are eager to progress both at individual and community levels.

However, while contexts vary and need to be taken into serious consideration in order to reach the people concerned, we believe that the manual will also speak to women and girls wherever sexual

and gender-based violence is found, and wherever the health, psychosocial, legal and economic provisions for supporting survivors are inadequate.

When we speak of empowerment, we mean a whole range of issues that the manual will deal with: from our understanding, and the experience we gained while working on this manual, we believe that everything starts with the **power** that women and girl have “**within**” them. For too long, and in too many places around the world, women have grown up believing that they are worth less than men, that they have to put up with lives of violence and injustice, that they must remain dependent in their relationships with men and in their families, and that they have come to believe in their hearts and souls that this is so: This is a woman’s life; this is how it has to be.

Having so internalized the idea that women are inferior, women sometimes tend to blame and put down other women and girls for what they have gone through, and thus follow the logic of patriarchy. Therefore, **self-reflection** is a core skill for women in order to start breaking the cycle of violence that they unconsciously help to perpetuate in their families, through the way they raise their children, and in their communities, through the way that they interact with their fellow women. This is why our first module is dedicated to self-reflection and self-care, followed by a module which reflects on **gender and gender-based violence**.

However, empowerment cannot be achieved in isolation. “**Helping**” and “**supporting**” are therefore core expressions and at the same time central tools for achieving empowerment. Helping women and girls to deal with their experiences of violence is both an act of professional support and a means of creating solidarity amongst women. We have dedicated two modules (modules 3 and 4) of this manual to helping to reinforce women’s capacity in communities, especially in remote ones where there is hardly any social infrastructure, to react to the violence – both individually and in solidarity with others.

Finally, empowerment has to do with **social change**. We cannot think of women and girls breaking the silence that surrounds the violence they are going through and assuming their rights in an environment that is hostile to change and continually forces them “back” into their traditional roles. Therefore, facilitating behavior change in communities is a crucial concept in our empowerment manual. We understand helping not only in the sense of active listening and finding solutions together but also as entailing working in communities to raise awareness and to change people’s hearts and minds.

All these different interventions need to be given a framework of **ethical principles and guidelines**, because intervening always carries risks for both the helper and the person in need of help. The manual therefore concludes with a module on the ethics of trained helpers and other staff members.

Who is the manual for?

This training manual is written for facilitators / trainers, and guides them through a process of five to six modules, each lasting between three and five days and dealing with different aspects of gender-based violence, helping and behavior change. The facilitators should ideally have been trained in all the modules themselves and be well-equipped with information on the topics at hand before they start training others. We also recommend that all facilitators / trainers should have participated in a “Training of Trainers” course before they start training others.

The training process is meant to train community volunteers / community activists (on its basic level) and counselors, reproductive health counselors, community advocates / paralegals and peace trai-

ners. The fourth module is only for trained helpers who are at a more qualified level. Some modules are also suitable for non-helping staff, including management, administration and finances, logisticians, etc., namely awareness on gender and gender-based violence (module 2), and parts of the modules on self-reflection and self-care (module 1) and on ethics (module 6).

For most of the modules, the facilitators do not have to be experts on psychology or therapy – however, in our experience the module on advanced helping skills (module 4) should be trained by an expert trainer who has a strong background in trauma and counseling. We believe in the power of women to develop awareness, knowledge and skills in an empowering training process, but we are also conscious of the dangers implied in working on trauma and advanced counseling skills with ill-equipped trainers. This can cause confusion and insecurity – and, at worst, emotional crises – for the participants.

What contents and main topics will you find in this manual?

First of all, we have **two versions of the manual**: a **basic version** to be used for community volunteers and activists who might not all be literate, and an **advanced version** that is meant for training literate participants who already do some sort of counseling or helping – called district counselors and psychosocial counselors in the *medica mondiale Liberia* team. Reproductive health counselors, community advocates and peace trainers might also benefit from the advanced version. The main differences between the two levels are the literacy skills and level of specialized professional knowledge that are required.

The overall objective of training both community volunteers / activists and more specialized helpers (both groups will be named “trained helpers” in this manual) is to provide them with knowledge and skills for working towards ending gender-based violence and for the empowerment of women.

There are **eight** parts (**seven** for the basic level):

The **General Introduction** gives an overall orientation to the manual as a whole, and to the central ideas and the core principles involved in training it.

Module 1: Module 1 is on **self-reflection and self-care**: Most women in Liberia have grown up in a culture that disrespects women, and they are disempowered by men in their families, by teachers, religious leaders, politicians and the wider society – but also by women themselves, who often reproduce the patriarchal structures they live in. Such destructive dynamics might well play a role in our communities, but they can also be a part of the relationships within our teams and with our colleagues, especially – contrary to what we might think – in organizations that work against gender-based violence, since having to deal with violence on a professional level as trained helpers is likely to have an effect on our psychological balance. So, people who wish to be empathetic trained helpers need to reflect on the extent to which these dynamics are part of their own thinking, feeling and behavioral patterns. Additionally, research and experience have also helped us to better understand the dangers of burn-out and secondary trauma that are part and parcel of working as trained helpers. Self-care is therefore important to maintain a capacity to deal with all the horror and pain that comes with this kind of work.

This first module is arranged in three sections. The first invites participants to reflect on their experiences of being women; the second is dedicated to reflecting on their abilities to be helpers while the third and last section deals with personal reflections on what qualities are necessary to be a community change facilitator.

We recommend this module for all trained helpers, but some parts can also be used to train other, non-helping members of an organization.

Module 2: Module 2 is dedicated to **gender awareness and gender-based violence** and presents the main concepts underlying *medica mondiale Liberia*'s commitment to the empowerment of women in South East Liberia. We consider gender-based violence not as a woman's destiny, or as a problem only for some unfortunate individuals; we are convinced that it is rooted in structural societal injustice that favors men over women, and has become part and parcel of the existing relationships between the sexes.

The module is arranged in three sections. The first section is dedicated to understanding the main concepts and definitions, namely sex versus gender and gender-based violence. The second and third sections deal with two common features of gender-based violence in Liberia (and elsewhere), namely domestic violence as violence between intimate partners and rape / sexual violence. The section on rape will need input from a medical and legal expert to complete the picture of what survivors need to know from trained helpers so that they can make good choices for themselves.

We recommend this module for both trained helpers and non-helping staff.

Module 3: Module 3 on basic helping skills can be seen as the cornerstone of the whole series. It is placed in the middle of the modules and presents the basic "tool" which helpers of all categories are expected to use from their first meeting with women and girls seeking help onwards – community volunteers as much as staff members, and particularly the district and psychosocial counselors. This module lasts for **four days** instead of three.

The first section is dedicated to looking at the concept of "helping" in both its traditional sense and in the contemporary understanding of many service organizations, including *medica mondiale Liberia*. It also tries to ensure that the participants understand the different roles and responsibilities of the various trained helpers within *medica mondiale Liberia*.

The second section enhances the participants' understanding of confidentiality, and builds their capacity for empathy. The third section goes through the steps on a practical level and invites the participants to experience working on them through role-plays. The final section deepens the skills that have been learnt with another round of role-playing in plenary, and offers an introduction to crisis and trauma with the help of an illustrative story.

We only recommend this module for people who are training to be helpers.

Module 4: Module 4 is called "Advanced helping skills: trauma-sensitive psychosocial counseling". It consists of 4 to 5 days (depending on how the trainers arrange the material) and is special in many ways. Firstly, it is ONLY provided to psychosocial counselors (or highly-trained helpers). And secondly, the people training this module should definitely be experts with a sound background in both trauma psychology and trauma counseling, and substantial experience of working with clients. In our experience, trauma counseling without proper training can do more harm than good. Consequently, in order to both protect clients and to save trained helpers from being overburdened, we are very careful about the contents of the trainings we offer on trauma, and about the level of expertise of the people who deliver them.

The module is arranged in four sections: The first section goes more deeply into the participants' previous learning experiences and their motivations to become counselors. It also explains when basic helping skills are no longer enough, and more advanced helping skills are needed. The second and third sections then explore those skills with the help of various role-plays. The fourth section, which contains enough material to cover at least two training days, uses the symptoms of post-traumatic

stress disorder, one of the most common disorders that can develop as a result of traumatic exposure, to explore the trauma-sensitive approach. The manual goes on to propose several key interventions that are helpful when dealing with trauma survivors, before completing the training by enabling the participants to practice what *medica mondiale Liberia* calls the “trauma-sensitive approach”.

This module should only be offered to highly trained helpers, which for *medica mondiale Liberia* would only be the psychosocial counselors.

Module 5: Module 5 deals with **facilitating change in communities**. We believe that working for the empowerment of women and girls always has a double focus. It means more than just acquiring and using the basic helping skills outlined in module 3 and the advanced skills described in module 4: it also requires practitioners to become facilitators of social change. *medica mondiale Liberia* wants to make a contribution towards changing the living conditions, policies and laws that disadvantage women and girls because of their sex.

The first section of the module is dedicated to understanding why and how to effect change in communities. The second section introduces materials that can be used to organize behavior change activities. The third section looks at collaboration and solidarity as important foundations for behavior change activities: we need to collaborate well with each other and we need to have solidarity if we wish to achieve our goals – not only amongst ourselves and other activists, but also with the women themselves.

We suggest that it is only offered to people who are going to become trained helpers.

Module 6: Module 6 concludes the manual with a discussion on **ethical principles and guidelines**: We believe that along with understanding the various steps and tools of an empowering helping process, trained helpers should also be able to reflect on right and wrong, especially when it comes to a clash of values and principles in their helping commitment.

The module is arranged in three sections. The first invites us to reflect on ethics, ethical principles and guidelines for trained helpers and other staff members of an organization that is dedicated to ending violence against women. This section should be part of a training for ALL community volunteers and ALL staff members, no matter whether they work directly with clients or are members of other departments within the organization (administration, management, drivers etc.). The second and third sections deal with specific ethical issues that reflect the commitment and work of trained helpers and should therefore be trained – in various constellations – only to these helpers.

The annex: The annex contains three parts, namely **daily recaps** that can be used every training day in the morning in order to deepen the knowledge and skills acquired during the previous training day; **daily evaluations** that should be used to close a training day; and finally a selection of **energizers** which can be used at any time to combat tiredness and a lack of concentration amongst the participants. These sections are only suggestions, and trainers should feel free to adapt or change them completely to suit the group they are working with.

How does the arrangement of the manual help facilitators to run through the modules smoothly?

The modules are composed of **different sections** (mostly containing sufficient exercises for one day), starting with an **introduction** for the facilitators that highlights some of the critical training issues that were identified during the field-testing, followed by an overview of the topic and how it is connected to the manual as a whole.

The modules are arranged in sections, and experience shows that a section equates to one training day.

Each section first states its **objectives** and then presents a number of exercises,

each with its own duration and methodology, any necessary handouts, and the steps to be followed.

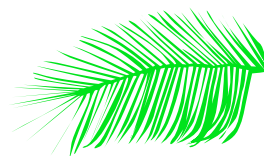
This is complimented by a series of **NOTES** to the facilitators that emphasize things that our field-testing suggests might come up during the training.

The manual is intentionally specific in describing how to complete each exercise, because we believe that less experienced facilitators might find it helpful to be guided through the exercises to avoid getting lost in the dynamics of group discussions. However, these steps are just suggestions and experienced facilitators do not have to stick to them rigidly. The exercises can always be changed where necessary, should the facilitators feel that group dynamics, or their understanding of the topic, demand something else. The way the manuals are presented here is based on our experiences from training groups in South East Liberia, but none of these exercises are “written in stone” – all training groups are different, and trainings should be fluid enough to adapt to the needs of each individual set of participants.



Flipchart symbols and boxes highlight flipcharts that the facilitators should prepare in advance. Good presentation is essential to help literate participants gain the most benefit from flipcharts, so facilitators should take great care with the way they are laid out to make sure that the core points on them can be absorbed easily.

Any **handouts** relating to a specific exercise will follow immediately after it, so that the facilitators can instantly find them. They are marked by a palm tree leaf containing the word “handout” on the right hand side of the page.



Some relaxation, breathing and imagination exercises, and case studies, are printed in italics, particularly in the basic level version of the manual. These passages should be read aloud to the participants.

Each section begins with a **recap** of the previous training day (or of the previous module, if of the group is starting a new module) and ends with an **evaluation**. We strongly recommend having these two elements every day, even if time is very limited. They provide facilitators with important information on what the participants have learned or may not yet have fully grasped. Ideas on how to conduct them can be found in the annex.

There is no **need to hurry** through the topics and risk losing the participants along the way. If the facilitators feel that the group needs more time for a certain topic or exercise, or if they feel the group needs more breaks and energizers to keep the energy level, they are at liberty to adjust the material as necessary. Facilitators should put their trust in their impressions, and also ask for feedback from the participants.

Even if the modules are logically connected, it might sometimes be necessary to **re-arrange the training material** in a way that best suits the needs of the training group. We always suggest the number of days for the modules as well as the number of hours for the different exercises in the manual, but

the timing, order and selection of exercises is at the discretion of the facilitator.

Our experience has been that **the more time is dedicated to discussions and group processes, the better the participants** will connect the knowledge and skills to their own personal processes, and thus be changed by them – which is a prerequisite for them to be able to work for change in communities.

Last but not least, we recommend making advance provision for **several refreshers**. With module 3 on basic helping (and module 4, advanced level), we even suggest several refreshers with many practical exercises (such as role-plays on invented cases, but also with cases that participants might have dealt with in the meantime).

How does the manual deal with illiteracy?

In the course of our research, we have realized that a large number of excellent training materials that are available on the topics that we chose to include here offer hardly any didactic alternatives for illiterate participants, even though this group might gain the most benefit from a profound awareness of the concepts and topics presented. As a result, we have developed two versions of the manual.

The **basic level manual** contains several ideas on how to work with illiterate participants. However, in our field-testing we usually found that even though they might not be able to read and write very well, participants still insisted on receiving handouts and written materials. We have adjusted our handouts accordingly, or introduced ways of noting down just the core points.

For training groups with no literacy skills at all, it may be necessary to abandon writing altogether. In our experience, the following alternatives proved helpful:

- ✓ **Read stories** to the participants and ask them to summarize the main points in their own words. Even if this takes a lot of time, being able to follow the story forms the basis for understanding the whole exercise;
- ✓ Include a lot of **role-plays** which illustrate the main points of the section, so that each role-play functions as a “message” to the participants. Also use them to allow the participants to try out the new skills and give ample time to the feedback rounds, so that the main issues can be memorized well.
- ✓ **Shorten presentations** as much as possible to the main points. It is better to have fewer exercises per day and less input than to overburden the participants’ capacity to concentrate. Where necessary, the time allocated to each module can be adjusted (e.g. by splitting a module into three distinct training units with a gap between them) to ensure that the participants have the time and concentration to get the full benefit of the material.
- ✓ Training sessions should be as **participatory and interactive** as possible to facilitate the participants’ own learning process. People learn better when they discover something for themselves than when they are lectured. This is true for everybody, but it is absolutely essential for illiterate or semi-literate participants.
- ✓ Work with **pictures, drawings or symbols** to illustrate the main points of the material, wherever possible. Illiterate participants will greatly benefit from images for remembering the core points.

What are our guiding principles in the facilitation process?

Be participatory!

Educational systems and methodologies in formal schooling programs across the world have often adopted authoritarian styles of providing information where pupils are disciplined, punished for wrong answers, and ridiculed in front of their peers if they fail to understand something or dare to ask questions. This might also sometimes happen in training with adults. It is always tempting for teachers or facilitators to use the training arrangements in both schools and workshops to misuse their status by resorting to disempowering teaching methods. We therefore put a special emphasis on **offering a participatory and empowering training** that promotes a constant reflection on the question of how empowerment can be an experience with multiple benefits for the participants as individuals, for *medica mondiale Liberia* as an organization, and of course for the clients who will receive help. Empowerment should be the leading vision in all of *medica mondiale Liberia*'s work and, most importantly, in training sessions based on this manual it should be the key component of the relationship between the participants and facilitators.

Our aim is to encourage a learning methodology that uses facilitators – who will still act as trainers where there are concrete inputs to be delivered – to guide the group process, encouraging participants to take an active role in the proceedings and to share their personal experiences. Through this positive role-modeling, we hope that gradually the participants will also adopt a different attitude towards the women and girls who come seeking help, and the community members whose perceptions and behaviors towards women they wish to change: namely that they have to be empowered to make good choices for a better life instead of being told from an authoritarian position what to do. That they have already the knowledge, skills and experience they need to solve the problems they are facing, and what they need from us is the space, security and personal encouragement to use them.

Thus, a participatory approach is not only about teaching methodology; it promotes a **different view on people's capacity to deal with problems**, which corresponds to our main ideas on what helping is all about. Participatory approaches are also about a **different quality of relationship** between the facilitators and the participants: a relationship of mutual respect and equality in the sense that both have the right to offer their views. So, even when facilitators are making presentations on important topics, e.g. what steps are to be followed in basic helping etc., the material in the manual is conceived in a way that it starts with the experiences, perceptions and ideas of the participants themselves.

We strongly advise facilitators to focus their attention on empowering the trainees as part of the learning process. We believe that empowerment is much more than the commitment a helper makes to assist women and girls at need in their communities; it is also the core principle within any professional community, since an organization which purports to empower women and girls while allowing disempowering relationships amongst its members loses its credibility. We believe that facilitators can be role-models of empowerment by making the training environment an empowering experience.

Facilitators should be trauma-sensitive to both the participants and themselves!

The people who participate in these trainings are likely to themselves be survivors of various forms of violence. Women who have had experiences of oppression and gender-based violence might be particularly motivated to help other survivors in order to find a meaning in what they have gone

through in their own lives. We deeply appreciate this motivation, but are aware of the potential danger that they might often be brought into touch with their own pain through dealing with the pain of other women. In our field-testing, we frequently noticed that many exercises touched our participants on a deep emotional level and drained their energy because of the stress caused by the memories that were coming up. We found it particularly important to make sure that the full details of clients' traumatic stories are not given during the training, since hearing other people's stories may remind the participants of their own trauma.

Sometimes, the violence that the participants endured in their homes and communities might still be continuing, so in order to "keep going" they may harden themselves to not feel the pain so much. But even if they are feeling relatively at peace now, they might have gone through terrible events in the past, such as war atrocities or war-rape. This hardening helps them cope with an enormous pain and grief, but it often gets in the way of their ability to develop empathy with their clients. They may expect women and girl survivors who come for help to also "pull themselves together", rather than allowing them to express their pain and have somebody empathetically share it with them. They may discourage clients from talking about symptoms that we would regard as expressions of trauma, because this might remind them of their own pain. Empathy, therefore, comes with a price: In being open to the pain of those we want to help, we also open ourselves up to our own pain. This can be a relieving experience, but it will often start with pain. It is like opening a wound in order to facilitate healing. In the training that we offer here, we try to find a balance between imparting knowledge and skills to the trainees and providing opportunities for them to share personal experiences. This balance is not always easy and will require sensitivity and patience – and the readiness to learn from mistakes.

Because facilitators are not immune to these experiences, and because we know that our helpers carry a lot of difficult experiences in their hearts, we strongly suggest that **facilitators never train the modules alone**, but always work with a co-facilitator who can both support the training process, and support any participants who become distressed during the exercises. We have removed or amended those exercises which we felt from the field-testing were most likely to provoke strong, disruptive emotional reactions, and always indicate in the manual those points where there is still a potential risk of this happening.

The facilitators might also experience stress from being reminded of their own bad memories, and so should be conscious of the **need for self-care** during the training modules, offering each other support after difficult training sessions, and also being prepared to share about their own experiences in peer supervision sessions with their colleagues.

Additionally, the manual provides instructions for several role-plays. Facilitators should be aware that role-plays can develop a dynamic on their own and can have a very powerful effect on the participants' mood and memories. To prevent negative feelings prevailing after an emotionally distressing role play, actresses should always be de-rolled once they have played their part, and the facilitators should keep a watchful eye on the participants to check whether they are coping alright or need further support. If the facilitators feel that some participants are still showing stress or pain, or are particularly withdrawn, they should take care to check on them at the earliest opportunity; by the next break at the latest.

Finally, from the very first moment of the training, any personal experiences that the participants share must remain confidential. This will also offer the participants an opportunity to experience for themselves how important it is to provide a protected space in which their clients can talk freely about what has happened to them.

Be feminist and women-centered!

medica mondiale Liberia is an organization that is dedicated to feminist principles, which means that it puts all its efforts into working for equality for women in all areas of their lives, including the right to freedom from violence and discrimination. Feminism as a guiding principle means that we work against oppressive structures and for the inclusiveness of women on all levels of society. Our efforts in this work are centered around women, and this approach is reflected in our training manual in numerous ways:

- The manual conceptually and consciously puts all our helping interventions into the **greater context of empowerment of women** to help them find their own ways of fighting to end violence against women – against both themselves and others.
- It takes the **structural and political analysis of gender-based violence** into account and wants to effect change not only on women's individual lives, but more so on the societal and communal structures that perpetuate the violence and that act to make women collaborators in gender-based violence, for instance through oppressing other women, or their daughters and daughters-in-law in the home.
- It provides a **double focus**: Community volunteers, district and psychosocial counselors, reproductive health counselors, community advocates and peace trainers are mandated not only to help women through empathetically listening to them and finding solutions together, but also to strive for behavior change in the environments where they work. Feminist helping interventions want more than just improving the lives of those women who are lucky enough to meet a helper: they want to end the structural oppression that affects all levels of women's lives.
- *medica mondiale Liberia* encourages trained helpers to **see their clients as equals** who do not need to be “saved” or “helped by force”, but who remain in control throughout the process. Women should be enabled to make their own life-choices, and to determine their own healing and problem-solving processes. Even if clients make painful decisions, such as going back to violent homes, we have to respect their decision-making and keep it at the heart of everything we do.

What is needed before starting a new module?

- ✓ A **prior participatory training assessment** of the needs of the participants is highly advised! Not all modules need to be trained for a specific target group, and sometimes it might be necessary to have a refresher on a previous module that has not been fully understood and integrated before starting on new material. In our field-testing, we always found it more helpful to slow down the process and deepen the skills and knowledge already acquired before going on to a new round of training.
- ✓ **Good preparation of the modules in advance** is a must! This entails: Getting the things that will be needed ready beforehand (a list of materials to be prepared beforehand is given at the beginning of each module); reading through the sections, making notes if necessary or marking passages; and especially reading through exercises such as the imagination and breathing exercises as well as the case studies and stories. Especially for the basic level, where these stories are often read and not given to the participants as handouts, it is very important for the learning success of the participants that facilitators maintain the ‘flow’ of the exercises, and relate the core points of the stories in a way that sounds natural, rather than

forced or wooden. Good preparation also means that facilitators should agree on who will take the lead in which parts of the sections, and most importantly taking great care to always strengthen and support each other rather than being disempowering - for instance in the way that they talk to each other and, where necessary, step in to take over sessions, since the participants will learn from the role model of their trainers as well as from the material.

- ✓ **Select an environment which is conducive to learning:** In our experience, the quality of the training venue is part of the training success. Look for a place that is conducive for the learning process, where the participants have plenty of room and an airy space to sit, preferably in a circle or semi-circle, because this helps to create a good group atmosphere. Look for a venue where the participants can enjoy a calm atmosphere that allows maximum concentration, with healthy food and restful sleeping rooms. We know from learning psychology how important the context of learning is for learning success. We should respect this and make the training an experience of psychological and physical well-being and mutual strengthening. This does not mean that we need to book expensive hotels, but that we put a lot of effort into finding suitable places for training.

We are always grateful for feedback from anyone who uses our training manual, as this helps us to constantly improve the material. Please send any comments you may have to info@medicamondiale.org.



Module 1:

Self-Reflection and Self-Care

(Advanced Level)

Section 1: Me as a woman

Section 2: Me as a helper

Section 3: Me as a facilitator for community change

Objectives of the module:

In this module, the participants will learn about

- the meaning of “self-reflection”;
- why it is important to think about the things that we have been through, both physically and mentally, and the strengths and abilities we have that help us to cope;
- the qualities, abilities and skills that a trained helper and community change facilitator needs;
- how important it is for people who help others to look after themselves as well (“self-care”).

Materials needed for module 1:

- ✓ Flipchart, newsprint, papers, markers, manila cards, masking tape, crayons
- ✓ A ball
- ✓ Perforated photocopies of the handouts
- ✓ Perforated manila folders with some sheets of blank paper and a pen for each participant to take notes and file her handouts.

Self-reflection and self-care: Introduction for facilitators

Why a module on self-reflection and self-care?

The series of modules which form the “Training Manual for Women’s Empowerment” begins with a unit on self-reflection and self-care. Self-reflection is a core quality for all helpers, regardless of whether they are community volunteers who commit themselves to working for the empowerment of women, and therefore helping survivors of violence, or highly trained counselors who might have studied at university.

Self-reflection means that I am able to look at myself and assess my behavior, feelings and thoughts. It involves thinking about myself, what made me the person I am today, and how my life experiences as a child and teenager have influenced the course of my life, my relationships and my work. It also includes becoming aware of both my strong and weak points.

Since all these things affect the way we are, they will also have an important influence on the helping relationships we form with our clients, which therapy research has shown to be the basis of any successful helping intervention. If we accept that it is the quality of these helping relationships, rather than the techniques and tools we use, which benefit clients the most, we surely have an obligation to work with and on our personality, to deal with our own difficulties, deep-seated feelings and attitudes, and to become aware of the factors that play a role in our well-being, our work, and our relationships with the women and girls we offer support to.

Both the basic and advanced versions of this manual use concrete examples to discuss why trained helpers need self-reflection, such as: a district counselor who stays in a violent marriage and feels she cannot do anything about it other than putting up with her situation. With this background experience, she advises clients who are also enduring violent relationships to stay with their husbands and not to leave them, even if the client might think otherwise. The counselor does not want to even consider leaving as an option, since doing so would force her to challenge her own decision to stay in a violent relationship. The whole helping process is therefore limited by the counselor’s inability to face her own issues.

In this case, self-reflection could un-block the helping process in the following way: the district counselor realizes that her own unresolved problems at home are making her “push” her clients into doing what the counselor thinks is right rather than letting them make their own decisions. Without such self-reflection, it is likely that some of her clients will feel misunderstood and pushed into doing things they might not want to do, and some may not come back again.

Women in Liberia have grown up in a culture that often disrespects women, and they are disempowered not only by men and cultural and societal structures (e.g. the rules of the job market, the school system, the legal system of inheritance etc.), but also by women themselves. The injustice of this social set-up towards women has been made worse by the brutal experiences that women suffered during the Liberian civil war. It is therefore likely that many women have internalized this violence and prejudice (which means: they have taken these attitudes inside themselves; they “swallowed” them into their system while growing up), and that they will come to the surface during the training of this manual.

Women have been taught that they do not have the same worth and abilities as men for so long that they have all too often come to believe so themselves, and to raise their daughters in this very same way of thinking. Such beliefs might also influence the helping process: as female trained helpers we might openly or subconsciously put down our clients, blame them e.g. for having been raped, or not believe in their ability to cope with difficult life situations. We might do these things because that is what we feel towards ourselves: we also put ourselves down for being women, blame ourselves when we encounter male violence, and do not believe in our own abilities to work for a better life.

We might also seek power over other people we work with, e.g. in our team, act out our own frustrations on each other, put each other down and unconsciously disempower each other because violence and the abuse of power have become part of the way we think, and because we are subconsciously imitating the power relations of a society in which women are mostly oppressed. In order to cope with this oppression, women sometimes become violent towards other women – or their own children. And this violence can take many forms, e.g. emotional or physical violence.

This destructive mechanism not only plays a role at the individual level, it also plays a special role within teams who actually work against the violence that is inflicted on women and girls. Although it may seem illogical, many organizations which are committed to working AGAINST violence become violent themselves, at least on an emotional level, and might even split up into factions who start working against each other.

Why is this so? From research, and the experiences of teams all over the world, we know that working with and for traumatized people creates a tremendous amount of stress, especially when that trauma is caused by violence. We as helpers and activists are always coming into contact with highly “toxic” material, especially violence, which creates a lot of powerlessness and deep pain. This violence can become so fixed in our minds and bodies that we end up unconsciously dealing with this type of stress by acting violently towards other people. We might not even be aware that we are putting other people down, not caring about their needs or exploiting them, and in doing so repeating the patterns of behavior that our clients have often gone through themselves.

Other things make this problem worse. For instance, because the problems of violence against women and girls are so big and seem endless, there is a tendency for those trying to fight it to work too hard and not to maintain a healthy separation between their work and private lives. Also, survivors of violence who have gone through a lot of pain and who seem to be very hurt, especially those who are the most powerless, often have many expectations about helpers and believe that we will not only ‘save’ them, but also somehow compensate them for all the destruction they have gone through and make their lives better. This sense of expectation can make us feel even more overwhelmed by the tasks before us.

This brings us to the second topic of this first module, namely the **need for self-care**. As Yael Danieli, an Israeli therapist working with survivors of the Holocaust, has rightly put it: “Being kind to oneself and feeling free to have fun and joy is not a frivolity in this field but a necessity without which one cannot fulfill one’s professional obligations, one’s professional contract.”¹

Research and the development of international guidelines and standards for dealing with survivors of gender-based violence have helped us to acknowledge the dangers of burn-out and secondary trauma that come with this type of work. Many activists are also survivors themselves, and while this gives them enormous strength and motivation, it means they are carrying experiences that can leave them fragile. Self-care is therefore important to make sure we are able to deal with all the horror and pain that comes with this kind of work – otherwise, we might lose hope and start having a cynical

¹ Danieli, Y. (1994). Countertransference and trauma: Self-healing and training issues. In M.B. Williams & J.F. Sommer (eds.), *Handbook of post-traumatic therapy*. Westport: Greenwood; here: p.550.

attitude towards our clients, or even develop similar signs of post-traumatic stress to those suffered by survivors. As a result, we might lose our power, energy, creativity and capacity to really make a difference in the lives of disempowered women and girls.

All these reasons – which are based both on *medica mondiale*'s experiences in other countries and on the findings of other organizations – make it clear that self-reflection and self-care are central abilities that need to be awakened and nurtured if we wish to make a positive contribution to empowerment: for other women, for our teams, and for ourselves. So we are doing self-reflection and self-care for more than just our own well-being and mental health; we are also doing it for the women and girls we want to help, so that together we can break the cycle of violence and disempowerment. And we need to protect our colleagues from internalized dynamics of violence that might be acted out in the work-place. Simply by becoming aware of these dynamics, we have already taken a very important first step in that direction.

How is this module arranged?

The module is arranged in **three** sections. The **first** invites us to reflect on our experiences of being women; the **second** considers the abilities (and problems) we have which influence our work as helpers; while the third and **last** section deals with personal reflection on what qualities are necessary to be a facilitator for community change.

The module deliberately brings these two things – helping AND organizing for change – together since *medica mondiale Liberia* firmly believes that it is important not just to help women and girls survive violence, but also to work to influence those structures within our society that make them more vulnerable to such violence in the first place.

What you as facilitators should be prepared for:

- **Prepare for “resistance”:** At the beginning many participants, especially at the basic level of the training, will find it difficult to understand the meaning and importance of self-reflection. Some might even be suspicious about the idea, thinking that self-care and self-reflection are other words for egocentrism and selfishness. People in collectivistic societies, where most people think that women should always and entirely be at the service of OTHER PEOPLE, might see it as especially negative for women to think about and reflect upon themselves and their needs. It is important to prepare for this attitude in the group, and to think of personal and other examples of why the topic is important, especially if we want to be of service to others over a long period. Do not argue with the participants, but welcome their resistance and give them ample time to discover the topic for themselves. Overcoming internalized violence is rarely done by “forcing” somebody to think differently.
- As it is the beginning of a whole training cycle, you should be aware of general **questions about *medica mondiale Liberia*'s approach** to women's empowerment and dealing with survivors of violence. Many misunderstandings might arise about the aim of helping. For example, some participants might see becoming a counselor as a chance to ‘win souls for Christ’, and so blur the distinctions between their religious beliefs and their role as a trained helper. Other ideas and motives of what is meant by helping might come up that are very different from *medica mondiale Liberia*'s basic values and understanding of the work. It is important to allow discussions on values and assumptions to take place in this first training module, for example on the questions of why *medica mondiale Liberia* only trains women, and why *medica mondiale Liberia* is exclusively focused on helping women. Try to welcome resistance, but do not get

stuck in this discussion; the participants have six modules from which to learn for themselves why it might be helpful and advantageous to focus on women. The manual will help you to find more arguments to use should these questions come up.

- Be specifically prepared for some participants to have **diverging views on “women’s oppression by men”**, as they will point out that women oppress men as well. Acknowledge that this is indeed the case, as the manual accepts on many different occasions, but explain that the severity and frequency of women oppressing men are far less prevalent and much less significant than the other way round. Some women might also express a view, based on their religious beliefs, that it is ‘the natural order of things’ for women to be subordinate to men. Again, do not expressly challenge this view, as to do so would be more likely to increase resistance, but rather welcome this different viewpoint and trust that a more balanced view will emerge as the participants progress through the training cycle.
- **Strong negative feelings and grief** are likely to come to the surface during the “Tree of Life” exercise in the first section, when the participants realize how much pain they are carrying inside themselves due to the oppression and violence they have endured. It is important to acknowledge this pain, and not to try and cover it up by offering too much consolation (e.g. saying that things will get better or that other people have endured more difficult situations), but to try and reinforce solidarity amongst the participants. Allow time for these feelings throughout the whole training. When the participants are able to consciously realize their own pain and work on their own healing, they will be better able to appreciate and to help other women and girls who might come forward for help.
- Throughout the training, be aware that there is a risk of the participants **becoming emotionally distressed by revisiting old wounds**. Remain alert for this possibility, and make sure you know how to respond should it happen. We strongly recommend that facilitators should work with a colleague who can step in when emotional help is needed and to sit with a participant in distress, helping her to not just to go through the painful memories, but also to discover her own strength in dealing with them.

What else is needed from you as facilitators:

- ✓ Please **read** the whole module and the handouts **several times**, long before the training starts. Read the case studies again and again and make yourselves familiar with the main concepts used in this module.
- ✓ Wherever you use **role-plays** – either because they are part of the exercises or spontaneously to practice a newly acquired skill – make sure that you help the participants to **de-role** afterwards, so that they do not remain emotionally stuck in their roles. De-roling can be done by getting up from their chair, touching it, and saying something like “Good bye, (name of the role), I am no longer you, I am now (gives her real name) again.” Or a similar ritual. You should perform the first de-roling yourself, and explain why it is important, so that the participants can see how it is done.
- ✓ Be aware that this module might also evoke **strong emotions in yourselves** and take up a lot of your energy. Make sure that you look after yourselves and reflect on your personal experiences during the training with your co-facilitator.

Section 1: Learning more about who I am as a woman (1 day)

Objectives of the section:

Today, we want to

- get to know each other
- understand what we are going to learn, and how we are going to learn it;
- set up group rules that we all agree to follow;
- learn about the meaning and importance of self-reflection;
- share experiences and feelings in a confidential group environment;
- think about our own life experiences as women, and about ways in which society sometimes oppresses us.

NOTE: Exercises 1 and 2 are introductory exercises, which only need to be done for module 1, but exercise 3 should be repeated each time a new training starts. The introductions for each training module will most probably take up half of the first morning, depending on when the participants arrive.

Exercise 1: Getting to know each other (45-60 minutes, depending on the size of the group).

Method: Interview in pairs / sharing in plenary

Steps:

1. After the facilitator welcomes the participants (and after an official opening ceremony, if such is foreseen), ask each participant to pair up with her neighbor. Explain that each woman should ask her partner some interesting questions about who she is, and then use this information to introduce her neighbor to the group in the plenary session. The two facilitators should also interview and introduce each other.
2. Offer the following questions (prepared on newsprint beforehand) as suggestions, but stress the fact that the participants are also free to ask any other questions that they think might be interesting, and that their colleague is ready to answer:

- What is your name and where do you come from?
- What do you like doing most in your spare time?
- What do you like about helping survivors of violence against women?
- If you became President of Liberia, what is the first thing you would change?

3. The interviews should last for 8-10 minutes, after which each pair will introduce their colleague/neighbor in plenary. Offer the following as an example of how to do this: "Let me introduce to you Sally Johnson. She comes from Zwedru. In her spare time, she likes sewing nice lappas. She likes helping survivors of violence because this gives a special meaning to her life. And if she was to become the next President of Liberia, she would begin by organizing free literacy courses for all women in rural areas."

At the end of each presentation, ask the person who has just been introduced whether she felt that her neighbor understood and introduced her well, or if she wants to add or correct something. You as the facilitators should then introduce each other in the same way. If you feel that the participants are struggling with the exercise you could do your introductions first so that they can see what they are supposed to do.

Exercise 2: Remembering names (10-15 minutes, depending on the group size)

Method: Game

Steps:

1. Explain to the participants that you are going to play a game to help them remember each other's names well. Each participant says the name by which she wants to be called – e.g. “I am Sally” - and then makes a body movement to accompany her name (e.g. waving a hand, shaking shoulders, etc.). The whole group should then repeat “This is Sally” and make the same movement that Sally did. Then move on to the next participant who says her name and shows “her” movement.
Stress in your instruction that the movement should be unique to each participant, so each person has to invent her OWN movement, and should not just repeat what other people have done.
2. Once all the participants have given their names and movements and the group has repeated them, start again with the first person, who stays silent while the group tries to remember and repeat her name and body movement. If the group gets stuck, participants can help by repeating their name or movement. This exercise helps participants to remember names, relaxes the body, and is great fun!

NOTE: Where there is not enough space for body movements, participants can take turns to throw a ball to each other, while calling out the name of the person they are throwing it to.

Exercise 3: Setting up group rules and fixing tasks (45 minutes)


NOTE: The following exercise should be repeated at the beginning of each training module, even if the participants are the same. You can keep the posters with the rules and check at the beginning of each new module whether the participants still agree to follow them, or if they wish to make some changes or add new rules.

Method: Brainstorming / discussion

Steps:

1. Explain that the group needs to give itself a framework for the training by setting up rules that all participants will commit themselves to follow. Explain that this framework is important because they are going to share a lot of personal things and therefore everybody needs to feel comfortable in the group in order to learn well.

2. Present a flipchart with the following question at the top and read it aloud:



What rules do we want to follow so that everybody feels comfortable in the group and learns well in the training?

Let's re-think the rules we usually have and find out whether in our experience they really work, and if they are actually helpful to empower us as a learning group.

3. Ask the participants to brainstorm on the question and note down their suggestions. After every rule that is proposed, ask the group whether everybody agrees that this is an important rule. Any rule that is not accepted by the majority should be dropped.
Hopefully someone will offer confidentiality as a rule, perhaps in their own words (e.g. "keeping secrets about personal stories"). If not, be sure to add it, but remember to ask if they agree that this should be a rule.

NOTE: If the participants want to set punishments for breaking the rules, explain and insist that it is important to challenge the culture of punishment in education that we might have been brought up with, and that it might make more sense to look for ways to encourage people to follow the rules, rather than finding means of punishing those who break them. Stress that, as a facilitator, you believe that the participants are mature enough to follow those rules that they themselves agree are important.

4. Explain to the participants that in order to make the training a good experience for everybody, there are certain tasks that the group members themselves should take responsibility for. Write down the following tasks and ask who would like to take care of which task on which day. So, if the training will last for more than one day, a different person should volunteer for each task on each day. If numbers are small people can volunteer for more than one task, but try to encourage everyone in the group to take charge of at least one thing.

- time keeper
- energizers
- welfare officer (e.g. making sure that the food is ready in time by letting the cook or caterer know when you will be taking breaks, helping visiting participants with logistic matters, etc.)
- morning prayers / reflections

In the first session of each morning, remind the group who is in charge of what for that day.

5. Finally, present the training schedule (working sessions, breaks etc.) on a flipchart that you have prepared beforehand and ask the participants what they think about the schedule, and whether the training arrangement is okay with them.
Put the posters with the schedule and the group tasks on the wall of the training hall, and keep them there throughout the training.

Exercise 4: Presenting the objectives and the overall training arrangement, and introducing Module 1 on self-reflection (45-60 minutes)

Method: Presentation / discussion

Steps:

1. Explain that *medica mondiale Liberia*'s training for different groups of helping professionals consists of several phases and write down all the phases that are going to follow later. Further explain that this first phase is dedicated to learning more about ourselves so that we can become effective helpers. Present the objectives of module 1 as stipulated on the front page of the module.
2. Highlight the fact that those people in the group who have not experienced empowerment training before might think that the topic of this module is a little unusual. They might not be used to thinking that much about themselves, and might even think that it could be 'dangerous'. To counteract this, assure them that self-reflection will help them to become better helpers, that it is a skill that can be learnt, and that the exercises they are going to be doing will help them to learn it.
3. Ask the participants to brainstorm why they think it might be important to know and understand oneself in order to help others, and collect any views that are offered. If the participants are critical about "self-reflection", for example if they assume that it is the same as being ego-centric, gently correct their view. Self-reflection does not mean that we think what is best for us is also best for everybody; quite the opposite: becoming aware of our own ideas and experiences helps us to distinguish them from the ideas and experiences of our clients.

If there is a need for further explanation, choose some of the concrete examples of the usefulness of self-reflection given below, and share them with the group. However, do NOT simply read the following examples aloud, but put them into your own words.

- A community volunteer has gone through some hard times in her life, and feels bad about her past when she grew up in a violent family. Because of this, it is hard for her to listen to the story of a woman who has gone through the same problems. Self-reflection in this case would mean: the community volunteer first needs to reflect on what happened to her and to work towards healing her own wounds before she can give effective help to someone with a similar story.
- A district counselor stays in a violent marriage and feels she cannot do anything about it other than putting up with her situation. With this background experience, she advises a client who is also enduring a violent relationship to stay with her husband, and not to leave him even if the client does not feel that this would be a good solution. Self-reflection in this case would mean: the district counselor has to become aware that it is her own unresolved problems at home that are making her "push" the client into doing what she, the counselor, thinks is right rather than letting the client make her own decisions.
- A reproductive health counselor harshly judges girls who dress in sexy mini-skirts, saying that they are provoking men into raping them. When this reproductive health counselor was a young girl, her father would beat her if she tried to put on nice clothes or make-up. Her parents were very religious and strict, and harshly judged any woman who was dressed "loosely". One day, a 14 year old girl confides in this reproductive health counselor that she was raped by her boy-friend. The reproductive health counselor considers her to be one of those "immoral girls". As she listens to the girl's story she finds it hard to put herself in the girl's shoes, and ends up

accusing her, saying: “It is not surprising that you were raped when you dress like that!” Self-reflection in this case would mean that the reproductive health counselor becomes aware of her own upbringing, and perhaps her own desire when she was 14 to feel attractive and have many admirers, which she was not able to fulfill.


Explore these examples for a while, until you are sure that the participants fully understand the value of reflecting and working on oneself.

Exercise 5: Tree of Life² (2-3 hours)

Method: Individual exercise / sharing in small groups / discussion in plenary

Steps:

1. Explain that trees have a universal meaning in many cultures and represent “life”. This exercise will use the image of a tree, and is meant to help the participants to reflect on their own lives so they can better understand how they became the women they are today. You might go outside the training room while explaining this exercise and look for a tree where you can show the roots, trunk, fruits and buds.
2. When you are back in the training hall, explain to the participants that they are going to draw a tree on paper that will represent their own personal “tree of life”. Assure them that this is a personal exercise and not a “drawing competition”, so they shouldn’t worry if they are not used to drawing or if they do not think they are very good at it. All their drawings will be good and perfect in their own way. Ask the participants not to comment on or laugh at other people’s trees, but to work on their own tree in silence during the whole exercise.
3. Draw a tree yourself on a flipchart to illustrate the exercise. Make sure that your tree does not look perfect so that the participants won’t be intimidated by your drawing skills. Then present a flipchart with the following instructions (see below) on how to “name” the different parts of their personal tree of life.

- 
- The ROOTS represent the family and community you come from and other people or things that influenced you when you were young (both good influences and bad influences).
 - The TRUNK represents everything about your life today: what you do, who you live with: your work, your family, your community.
 - The FRUITS represent all your achievements: the things you were able to achieve through your efforts (whether small, every-day achievements or big achievements). Give each one a separate fruit.
 - The BUDS represent your hopes for the future (small or big hopes).

Take enough time to make sure that all the participants understand the instructions.

4. Ask the participants to draw their tree, including all four sections (roots, trunk, fruits, buds), without writing anything on it yet. Allow some 10-15 minutes to do this and ask the participants to put down their crayon / pencil when they have finished their drawing.
5. Read the instructions for the roots again (they should still be on display on a flipchart). Go to your own tree, and put some examples of your own personal roots on it. These can be real or invented, depending on how comfortable you are with sharing, but they must illustrate the

² Adapted from: Hope, A. & Timmel, S. (1999). *Training for Transformation. A Handbook for Community Workers, Volume 2*. Practical Action Publishing: Bourton on Dunsmore; here: p.38.


point of what ‘personal roots’ are. Ask the group to do the same, and to put their crayon/pencil down when they have finished. They can either write words or draw little things according to the instructions given (e.g. for the roots, they might want to draw the house where they grew up as children, the face of a particular school teacher who they liked, etc.). For the section on “achievements” (“fruits”), stress that they do not have to look for big things, but for anything that they feel they have done well in their life, e.g. bringing up their children.

Wait until everyone has finished, and then move on to the next section of the tree (from roots to trunk to fruits to buds). Stop after each section until everyone has shown they have finished by putting down their pencil or crayon, and then give the instructions for the next section, demonstrate what they should do on your own tree, and ask them to do the same until everyone has completed the trunk, the fruits, and the buds. Make sure they have enough time for each section.

6. When they have finished, ask the participants to split up into groups of 3 or 4 and to share their drawings with each other. Remind them of the rules they committed themselves to in that morning’s exercise, i.e. that they would listen to and respect each other’s views, create an environment where people felt safe and empowered to share, etc. Emphasize that they are free to share those parts of their tree that they want to, but they are under NO obligation to share everything. Ask them not to comment on what their group members say, but just to listen and be present.

Give approximately 30-45 minutes for this exercise. Observe the groups, and if they are still busy talking after 30 minutes, allow them another 15 minutes. However, if most have already done the sharing after 30 minutes, announce that they have another 5 minutes to round up the exercise.

7. Bring the participants back to the plenary, and ask the following questions (prepared on newsprint beforehand). Allow some time to discuss each set of questions before you move on to the next.

- 
- How was the experience of drawing? What was easy? What was hard?
 - How did you feel when you shared your experience? What was easy? What was hard?
 - How did you feel when you were listening to someone else’s tree of life? What was easy? What was hard?

Invite every participant to say something about how she felt to get an idea about the level of openness that has been created so far in the group, or how much it still needs to be nurtured. Emphasize that you only want them to talk about how they FELT while they were sharing their trees; above all, they should NOT repeat any parts of the stories that their colleagues told them.

8. Ask the participants if, while they were discussing their trees, they noticed that they had had similar experiences in their lives. They might respond by giving shared experiences of being disadvantaged because of being a girl / woman, e.g. their parents choosing to educate a male child rather than them; being left alone to care for their children during the war because their husbands had run away; etc.

Summarize by saying that such common experiences of women not having the same rights, power and opportunities as the men in their families, communities and in their society can be

called the “oppression of women”: It is not only an individual problem faced by some women, but is part and parcel of the rules and structures of a most societies. The training will help them to understand not only how we can help individual women, but also how we can contribute to change in our communities so that the problems of women can one day be addressed at their very roots.

9. Close the exercise by presenting the following quotation from a South African women’s activist called Vukani Makhosikazi on newsprint. After reading it, ask one participant to read it again. Ask the participants what they think of the quotation and whether they think that it also applies to the Liberian women. Allow some time for the sharing of different opinions.

“Culture and tradition, women said, could be chains that bind people. Our traditions and culture make us believe that we are weak and inferior. Even our churches make us believe that we are weak. So our traditions and culture discriminate against us....

In our groups we can share our problems. A problem shared is a problem cut in half. When we come together to discuss our problems we also learn that talk is not just gossip but leads to action.”

(Vukani Makhosikazi, South African Women Speak)³ .

10. Conclude by explaining that one of the things that *medica mondiale Liberia* wants to achieve through its training is to build groups like this where there is a spirit of sharing and taking action against women’s oppression.

Exercise 6: Feeling happiness⁴ (10 – 15 minutes)

Method: Imagination exercise

Steps:

1. Introduce the next exercise by saying that just as bad memories can make us sad, our good memories can also make us happy. Refer to the tree of life exercise they have just completed. The following exercise is meant to encourage participants to become aware that, despite all the problems they may have lived through, they have the ability to support and console themselves, and to re-create moments of happiness in their lives.
It is an imagination exercise. Explain that “imagining” is something like creating a picture in our brain, making ourselves feel “as if we were really calm and peaceful”. Imagination exercises need some practice, so it’s absolutely okay if any participants have difficulties with this exercise. You are simply inviting them to give it a try to find out if it works for them.
2. Ask the participants to either sit comfortably or lie down on the floor. Explain to them that you are going to instruct them to remember an event, and to remember how they felt while it was happening. If they wish, they can close their eyes, or focus on one specific spot on the floor in front of them. Ask them to breathe slowly and deeply in their own rhythm.
3. Give them the following instructions:

“Remember a moment during the last month when you felt happy. It can be a very short moment. Take some time to remember this moment (PAUSE). Remember it as clearly as possible. Remember

³ Quoted in: Hope, A. & Timmel, S. (1999). *Training for Transformation. A Handbook for Community Workers, Volume 2*. Practical Action Publishing: Bourton on Dunsmore; here: p.17.

⁴ Adapted from: Müller, G. (2008). *Training Manual. Psychodrama and imaginative and creative techniques for working with traumatised clients*. medica mondiale: Cologne (unpublished document).

where you were when this moment happened and what you were doing (PAUSE). Remember what you heard and smelt (PAUSE). Remember who else was there (PAUSE). Can you see all this before you? (PAUSE). And is there a color that comes into your mind when you think of this experience? (PAUSE for some time). Now open your eyes again and come back to the room. Stretch yourself, yawn if you want, or shake off your tiredness.”

4. Give the participants enough time to come back to the plenary, and then ask how the exercise was for them. Go around the group and ask each participant how they felt about the exercise, whether they were able to find a moment, and how it felt for them to remember it. This will make sure that everybody is “back” with the group, and not lost in their imagination. Emphasize that they should NOT describe the moment they chose, but to say how they felt while they were remembering it. Was it hard or easy? Did they find a color to describe it? It is okay if they did not. It is also okay if it was hard for them to remember a happy moment.

NOTE: Sometimes, exercises like this can make people sad because they might have difficulties remembering these good moments, or sometimes the memory of the good moment comes with the grief of having lost this particular happiness. If this happens to any of the participants, reassure them by explaining that this is normal and can happen with this kind of exercise, and if they tried it again another time they might be able to recall a positive event.

5. Wrap up by saying that we can counter-balance both the weight of our “bad” memories and the difficulties we have in our work as helpers by connecting ourselves back to these life-giving, strong moments in our lives that make us happy and help us to cope with hard times. And everyone has these moments, even if they might sometimes seem very short or look unimportant.

Carry out a **short evaluation** (see annex).

Section 2: Learning more about my qualities as a trained helper (1 day)

Objectives of the section:

Today, we want to

- learn about qualities and skills that helpers need in order to support a survivor of violence;
- understand the importance of trust-building and empathy in a helping relationship;
- understand the meaning and importance of self-care in order to prevent burn-out, compassion fatigue and secondary traumatization.

Recap the previous day's training (see annex).

Exercise 1: Reflection on our experiences as women and on our own potential to be violent (45-60 minutes)

Method: Sharing in plenary / presentation

Steps:

1. Ask the participants how they feel this morning after yesterday's first training day. Remind them of the overall topic of the training module, namely to learn more about ourselves and to reflect on our own life experiences. The technical word for this is self-reflection. The previous day's tree of life exercise was a first exercise of self-reflection on how our experiences influence and shape our current lives.
2. Go back to one particular aspect of the feedback that participants might have shared regarding their tree of life exercise, namely that there had been a lot of pain in their life when they grew up. Remind them again that many of these experiences of pain and suffering have to do with the way that society in general oppresses women. Ask the participants to brainstorm on the question "how the pain of being oppressed has influenced their lives".
3. Allow some time for sharing (without writing on a flipchart). Ensure that they mention the fact that pain can motivate women to fight to overcome violence. Also, if nobody comments that pain sometimes leads women to making other people suffer, suggest it yourself. Ask them what experiences they have had in their own communities of women being violent towards other people. Remember that violence is not only physical; emotional cruelty, name calling, shunning, and any action that is intended to hurt someone can also be called violence. Ensure that they mention:
 - ✓ **Violence of women against other women** (e.g. jealousy, violence against co-wives, violence against daughters-in-law for not giving birth to boys, etc.).
 - ✓ **Violence of women against children** (severe beating and punishing; especially a problem with stepchildren, or the children of a co-wife).
 - ✓ **Violence of women against men** (both physical and emotional violence). Highlight here that even though it exists, we know from international research that not only are the numbers of

incidences very low in comparison to men being violent to women, but violence of women against men often happens as reaction to oppression: sometimes women kill their husbands because they can no longer cope with his humiliating and violent behavior. So when women are violent against men, it is mostly a reaction to the violence that they themselves have suffered from men.

4. Summarize the sharing by saying that the pain that we carry with us as women can be very powerful and can come up in moments where we are not actually thinking about it, e.g. in dreams, or when we suddenly start fighting and arguing with somebody and getting very emotionally involved, perhaps without realizing why we are having such powerful feelings. We can only heal ourselves AND we can only help others well if we become aware of and acknowledge negative feelings and experiences, and do not block them out of our memory. We can only stop this cycle of violence (i.e. of our being oppressed and thus sometimes being violent to others) by recognizing this pain and understanding its dynamics.
5. Present the objectives of today's section as stipulated above and explain that all today's exercises are dedicated to reflecting on our abilities as helpers.

Exercise 2: Helpful behavior (30 minutes)

Method: Brainstorming / discussion

Steps:

1. Narrate the story of a married woman and mother of three children called Sarah who lives in an abusive relationship with her husband. He often beats her, and threatens to throw her out of their house and keep their three children. Sarah does not know what to do; whether she should leave her husband, or what she could do to stop him from beating her. She has become very depressed and hopeless, and in the mornings feels almost too weak to get up and go to their field to dig. One day, she takes courage and visits her neighbor, a community volunteer called Zeor, to look for help.
2. Ask the participants to imagine that they were in Sarah's place. If they were Sarah, what would they expect from Zeor? How should Zeor behave and what should she do, so that the participants – putting themselves in Sarah's shoes – would feel better and more hopeful.
3. Have the participants brainstorm and note down their responses under the heading: "How can Zeor help Sarah best?" With every response that they give, first note it down and then ask the others whether they also think the same. If all the participants agree with a suggestion, put a tick next to it. If any participants disagree, put a question mark next to it. Also, if you as the facilitator realize that one of the ideas goes against the way that helping is seen in the manual put a question mark next to it, even if all the participants agree. Gently suggest that the participants may need to look again at the points with question marks once they are more acquainted with *medica mondiale Liberia's* concept of helping.

E.g. if one participant says, "Zeor should tell Sarah what to do next", write it down, and then ask the group if everyone agrees that Zeor should tell Sarah what to do, or whether there are some participants who – if they were in Sarah's situation – would prefer to find their own solution. If some people disagree put a question mark, but in this case even if all the participants agree that Zeor should tell Sarah what to do next you should still put a question mark since

telling clients what to do goes against *medica mondiale Liberia*'s model of helping.

NOTE: At this point in the training, it is more important to make sure that the participants feel comfortable with sharing, and are able to brainstorm openly without being afraid of making mistakes. So, take care to reassure the group that their understanding of these questions will change once they have worked on the model of helping, rather than making them feel that they have made mistakes that need correcting.

Allow time for (potential) controversy about “good helping” in the group since this will show the participants that people can have different views of what is really helpful.

Ensure that the following key points (below) are all mentioned, regardless of how they are expressed. However, do not explain the basic helping steps at this stage, but mention that they are fully covered in module 3. The main objective here is to ensure that the participants reflect for the first time on what THEY would need if they were in Sarah's position.

- ✓ Zeor should listen to her story and give her time to express herself.
- ✓ She should find warm words so that Sarah feels understood.
- ✓ She should not judge Sarah by saying things like “You have provoked your husband, that's why he beats you. Stop provoking him.”
- ✓ She should take her story seriously and really believe her without questioning it.
- ✓ She should not force Sarah to do anything, but should talk with Sarah about the options that she has available to her.
- ✓ She should not put Sarah in danger, e.g. by talking to her husband without her consent or calling the police.
- ✓ She should not tell anybody else what Sarah is going through.
- ✓ She should follow-up on Sarah after a short time to see whether she is better.

Exercise 3: Trust-building (30-45 minutes)

Method: Game in pairs / discussion in plenary

Steps:

1. Explain to the participants that a helping relationship is always and essentially based on trust, no matter whether it is a community volunteer like Zeor in the previous exercise, a psychosocial counselor from *medica mondiale Liberia*, or even a trained psychotherapist in the US. The following exercise will help to understand how hard trust can be, and what is needed for it to be built. It will also give an opportunity for the participants to reflect on how much they are able to trust.
2. Ask the participants to arrange themselves in pairs, choosing someone from the group that they do not know very well yet.
3. Explain that one participant will close her eyes, while the other will lead her around the room without talking. Reassure them that if the “blind” person starts to feel panicky, she can control the feeling by opening her eyes until the panic stops.

NOTE: If the participants suggest blindfolding their partners, explain briefly that this is not a good idea as the person who is being led might feel a loss of control and could potentially be re-traumatized, especially if she once had a traumatic experience in which she was not able to see what was happening.

4. Put objects around the room as obstacles (e.g. chairs, tables, flipchart), so that the leading participant will have to guide her partner around them safely. Ask the leading participant to choose her own way of leading her partner – holding hands, an arm on the shoulder etc. – anything except talking.
The facilitator should keep an eye on the time, and ask the group to switch roles after five minutes.
5. When every participant has played both roles – the one leading and the one being led – return the objects to their original positions, and then ask the group to return to their chairs and to share how they felt in the role of the person being led and the one leading. Which role was harder, and why? What makes it hard to trust? What makes it easy to trust? Make sure that all participants share their experiences with the group.
You do not have to write down the points mentioned, as this might interrupt the flow of the sharing.
6. Wrap up by stressing that trust is the essence of a helping relationship, but it needs to be given time to develop. By having “felt” for ourselves in that exercise just how dependent we can feel on a helper, we might have become more aware of how cautious trained helpers must be with trust.

NOTE: If the participants compare leading a blind person around with counseling, strongly emphasize that this exercise is NOT an image for the counseling process as such, but teaches us how difficult it is to trust somebody. Conversely, in counseling, we do not believe that a client is blind, but rather that she is in principle able to manage her life and make her own decisions if she is listened to, and given the chance to think about her problems in a place where she feels accepted.

Exercise 4: Slipping into various roles: Becoming aware of my ability to feel with others⁵ (25-30 minutes)

Method: Game / discussion in plenary

Steps:

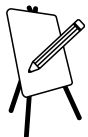
1. Explain to the participants that another quality which it is necessary for helpers to develop further is the ability to “feel with” others, and to slip into their shoes so that they can understand their pain and problems. In technical terms, this is called “empathy”. Explain further that empathy is not the same as sympathy. Present the following definitions on flipchart (prepared beforehand):

Sympathy means: feeling compassion WITH another person (e.g. saying and feeling sorry when somebody is telling you about a sad personal experience). (sym = with)

Empathy means: feeling “INTO” a person in order to understand her better so as to be able to help her (putting yourself into her shoes, imagining that you are in her place so that you can better understand what she is really going through). (em = into)

Empathy can sometimes be hard because someone else’s life experience might be very different from ours – so we will need to listen carefully and for a long time to understand it. But it can also be hard to feel “into” other people when their story reminds us of our own pain and difficulties, in which case we might avoid empathizing so that we do not feel the pain.

⁵ Adapted from: Müller, G. (2008). *Training Manual. Psychodrama and imaginative and creative techniques for working with traumatised clients*. medica mondiale: Cologne (unpublished document).



2. Explain to the group that you are going to invite them to slip into the role of certain animals, and later on people, and to walk and move and change the expression of their faces accordingly. So, if you say, “monkey”, all the participants – including you as facilitator – will try to move and look like a monkey until the next role is announced. Insist that they should not copy each other’s movements, but every participant should think of her own way to show how these animals or people move. Make sure that you as the facilitator are not the first one to start walking, but wait until about half of the participants have already begun. Stress that there is no “right” or “wrong” way of doing the exercise.
3. One by one, announce the following roles and wait until they have finished with the first before you announce the next one. You do not necessarily have to do them all:
 - Big bird
 - Dog
 - One-year old toddler who has just started walking
 - Old grandmother in the village
 - Businessman
 - Young woman in love
 - A drunkard
 - The president of Liberia

Let them walk for around one or two minutes before you switch to the next role. At the end announce that they should now walk as themselves again.

4. After returning to their seats, ask the participants which roles were easy for them and which were hard. They might respond that some of the animals’ walking styles were difficult for them because they do not know exactly how they walk; they might also talk about some of the people’s roles. Ask them whether there was a role that made them feel uncomfortable. Explain to them again that it is essential for a trained helper to be aware of what she is capable of doing and where her limits are. Good helpers are not supermen or superwomen, but people who respect their limitations. Empathy with survivors will sometimes come naturally and easily, but sometimes it will be harder to put yourself into your client’s shoes.
5. Take time to make sure that the participants properly understand and appreciate the qualities of trust-building and empathy that were raised in these two exercises.

Exercise 5: Self-care - an obligation for trained helpers (1.5-2 hours)

Method: Discussion in small groups / presentation in plenary

Handouts: Case study: Musu is getting tired;
Important concepts of self-care

Steps:

1. Explain to the participants that, with the help of a case study, they are now going to look at a topic that is important for any helper: the need for self-care. Explain that you are not going to define “self-care” for them as the participants will gradually find out what “self-care” is, and why it is so important, by themselves.
2. First, read the case story “Musu is getting tired”. Then distribute a copy of the story to

everybody and ask the participants to re-read the story to themselves. Finally, ask them to split up into groups of four.

3. Present the questions written below the case study:
 - What happened to Musu in the story?
 - What can Musu do to take better care of herself?

Ask them to brainstorm in their sub-group and to write down their main findings on newsprint. One poster should be allocated for the first question (“What happened to Musu in the story?”) and one for the second question (“What can Musu do to take better care of herself?”). Allow about 30 minutes for the discussion.

4. When the sub-groups come back to the plenary, ask them to hang their newsprints for the first question on the wall next to each other, and then get everyone to walk from poster to poster and to read the findings of all the groups (this is called a “gallery walk”). After the gallery walk, ask the participants what common things they saw mentioned on all the posters, and what differences there were in what the groups found.
5. Explain that Musu is experiencing first signs of what we call “burn-out”. You might light a candle to visualize the process as burning for too long and too much. Distribute the handout “Important concepts of self-care” and read through the first part of the text aloud (the two paragraphs: What is “burn-out” and What is “compassion fatigue?”), or ask for a participant to read each section in turn.
6. Explain that there is another risk that sometimes comes with working with survivors of violence which is called “secondary trauma”. Now continue reading the hand-out (from the paragraph called What is “secondary trauma”).

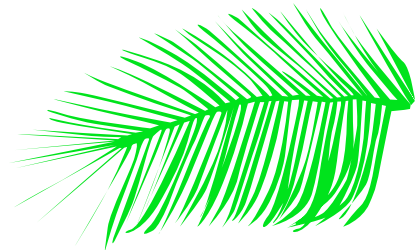
NOTE: Refer to Modules 3 and 4 for more information on trauma, if any questions come up at this stage.

7. Ensure that the participants understand what burn-out, compassion fatigue and secondary trauma are all about, and understand the difference between them, before continuing. Emphasize that they are not dangerous as long as we take good care of ourselves. If we ignore them, however, they might develop into serious mental health problems that cause a lot of stress in our personal and social life. Remind them that caring for others is a very fulfilling task - but it takes its toll.
8. Ask the sub-groups to present their findings on the second question “What can Musu do to take better care of herself?” Listen to the presentations, and then ask the participants what things they had in common. If the participants do not mention them, add the following points:
 - ✓ regular and sufficient sleep;
 - ✓ healthy diet;
 - ✓ physical exercise;
 - ✓ taking enough breaks;
 - ✓ limiting the number of hours spent working on difficult tasks;
 - ✓ having a nice time with other people;
 - ✓ talking about difficult clients with your professional colleagues (but NOT with your family or friends);
 - ✓ having ‘fun’ activities that relax her in her spare time.

Explain that this is what self-care is all about: Taking care that the stress does not get too much, and that we do not lose our energy and interest in professionally supporting others. It is something that we **MUST** do as trained helpers if we want to be and remain professional.

9. Ask the participants to name two things that they usually do in order to relax and help manage the stress of work. Note down their contributions and highlight those strategies that are mentioned most frequently.
10. Mention that as well as the strategies that they have just identified, we also have the ability to create calm and peace within ourselves just by imagining calm and peace. Repeat the exercise from day 1: “Feeling happiness”.

Carry out a **short evaluation** (see annex).



Case study: Musu is getting tired

Musu is one of *medica mondiale Liberia*'s district counselors in River Gee. She is the mother of five children aged between four to thirteen years. She always goes to church, and is a respected female leader in her community. *medica mondiale Liberia* has trained her to be a district counselor, and she is very committed to her job. She has already organized several meetings on SGBV with the elders in her community and at her church. Many women and girls trust Musu, and like to tell her their stories. So, whenever she has a community event, she stays behind for a long time afterwards to listen to the people who come to her. She even took in two girls who had been sexually and physically abused by their stepfather until a family member could be found to look after them.

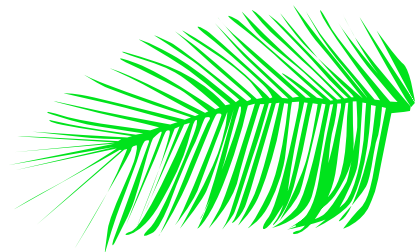
As Musu herself comes from a family with a very violent father, she desperately wants to stop gender-based violence and help her children, especially her three daughters, to grow up in a peaceful society. She feels very happy that she married Robert, a nice, gentle husband who supports her and sends their daughters to school, and thinks she has a duty to help other women and girls who were not so lucky.

Because of her additional work in the community for *medica mondiale Liberia*, she now has less time for her family and for the household. This sometimes leads to arguments with her husband who thinks that she is overdoing her SGBV work. Although Robert has always supported his wife, he complains that she is often absent-minded and looks sad and depressed when she comes home after listening to people for a long time. The children try to cheer her up, but this doesn't always work. Last time when she came home after a community meeting, she was very upset, and said: "You cannot imagine the horrible things that go on in our village. Men are beasts, they are like animals." This really annoyed Robert, and he said that she shouldn't blame all men when only some of them beat their wives. He also complained that she was always in a bad mood nowadays, and he wished she would stop working with *medica mondiale Liberia*, and be more like the happy woman she used to be.

Questions:

What happened to Musu in the story?

What can Musu do to take better care of herself?



handout

Important concepts of self-care

“Burn-out” and “compassion fatigue” are very important concepts relating to self-care, and they share many of their typical signs. Here are their explanations:

What is “burn-out”?

Sometimes, our work for survivors of violence and the stress that we feel can get too much for us, especially when we do not have enough time to rest, and there is a danger that we can get depressed, or discouraged. This is called ‘burn-out’.

Other signs of being burnt out are: losing our motivation and interest in the work we do; being unable to concentrate; feeling we are not achieving very much; feeling very tired; feeling helpless and hopeless; withdrawing from other people, even from our families and friends; being easily frustrated and irritated; having frequent headaches; sleeping problems and a lowered ability of our immune system to fight sicknesses.

Some signs of burn-out are similar to depression.

This can happen to anybody who works too much and has too little time for resting and recovering. It can also happen to community volunteers, counselors, health workers, peace trainers, and others. If somebody suffers from full-blown burn-out, she needs to be professionally treated in order to recover.

What is “compassion fatigue”?

Sometimes, trained helpers can suffer from “compassion fatigue” (fatigue = tiredness / exhaustion), which means that they can get tired of always “feeling into people” who have gone through very difficult experiences, especially if they cannot do much to change the situation and their client continues to be in distress. It takes a lot of energy to stay empathic and emotionally supportive all the time, and sometimes trained helpers become overwhelmed by this task.

We might all experience compassion fatigue from time to time in our care-giving work but luckily this does not necessarily need long treatment; just good self-care strategies.

What is “secondary trauma”?

If our work includes listening to terrible stories of violence (like community volunteers and counselors), we might develop problems that are similar to those of the person we have listened to. For example, we might find it hard to fall or stay asleep, we might not be able to stop thinking about what the client told us, or we might become afraid of men. We might even have nightmares about the events that we listened to, or find ourselves getting irritated very easily.

If we keep having problems like these for a long time and they get very bad, this is called “secondary trauma”: We may have not gone through the bad experience ourselves, but we have listened to the person who did (the person who suffered the primary trauma), and we have been traumatized by hearing their story (secondary trauma). It is sometimes also called “vicarious trauma” because we have been traumatized vicariously (i.e. at second hand), rather than directly.

Secondary or vicarious trauma is not the same as re-traumatization, which is when certain ‘triggers’ re-activate the painful feelings of the original trauma. This can even happen in a helping conversation, for instance if the client is not yet emotionally stable enough to talk about what happened, and the counselor’s questions bring back the horror of their traumatic experience.

Section 3: Learning more about my qualities as a community change facilitator (1 day)

Objectives of the section:

Today, we want to

- review what we learned about self-care;
- think about how we behave in conflicts, and how good we are at cooperating with other people;
- practice empowering ways of dealing with our colleagues in our work;
- practice giving and receiving positive feedback.

Recap the previous day's training (see annex).

Exercise 1: What did I learn from Musu's story that can help me? (25 minutes)

Method: Sharing in plenary

Material: A ball

Steps:

1. Prepare the following quotation on newsprint beforehand and read it to participants. Remind them of Musu's story from the previous training day. Ask them how they feel about this quotation and how they think it might relate to Musu's story, and with their own ideas about self-care that they might have gained in the meantime:

"Being kind to oneself and feeling free to have fun and joy is not a frivolity in this field but a necessity without which one cannot fulfill one's professional obligations, one's professional contract."

(Yael Danieli, an Israeli therapist working with survivors of the Holocaust)

2. Repeat that this training is about learning more about ourselves – which in technical words is called self-reflection – and that all the exercises are meant to help the participants to find out more about who they are.
3. Ask them to share what they felt they personally learned from Musu's story. Get them to stand in a circle, and ask for someone to begin. When that person has shared, give them a ball and ask them to throw it to someone else in the group, who should then share their thoughts and pass the ball to another person, until everyone has shared. Then share what you learned as a facilitator from the discussion, so that participants get more and more acquainted with the idea that constant learning is part and parcel of trained care-giving and helping, and that you as a facilitator are also still in a learning process.

4. After everyone has shared, present today's objective as described above and explain that today, the group will discover those skills that are needed in order to contribute to community change. Highlight the fact that **medica mondiale Liberia**'s empowerment training is not only meant to train them on various aspects of helping, but also to equip them with skills that can make them efficient community change facilitators.


Exercise 2: Thinking about our conflict behavior and behavior in groups⁶ (1.5 hours)

Method: Sharing in pairs / discussion in plenary

Handout: Animal Codes

Steps:

1. Explain to the participants that part of community work has to do with conflict. Conflict is not necessarily bad; a certain level of conflict within a group is actually normal and healthy. It is also normal that not everyone wants the same things, and that we need to negotiate and see where we can go together. If the participants struggle to see anything good in conflict, elaborate and bring examples of how a conflict can initiate positive change.
2. Distribute the photocopies of the animal codes. Explain that animals sometimes behave in similar ways to humans, as we can learn from the following exercise, which will help us to reflect on ourselves and how we behave in a group in general, and in conflict situations in particular.
3. Present each animal code in turn, and read what is written below the respective picture. Make sure that they understand how each animal is behaving, and how this is connected to the specific conflict behavior that they represent.
4. After reading the explanations below the pictures and clarifying the animals' behaviors, ask them to get together with the participant with whom they did the trust-building exercise on the previous training day and to share with each other their thoughts on the following questions on the handout (prepared on newsprint beforehand):



How do I behave when there is conflict in a group?
Which animal (or animals) behaves most like me?

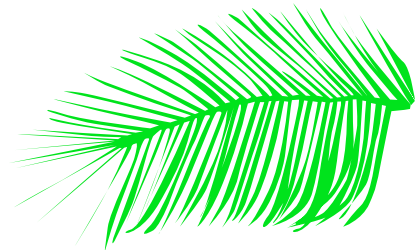
Invite them to share as much and as openly as they want and are able to, considering how well they know their partner. Also explain that everyone has a variety of ways in which they respond to conflict, and some of them may not be included on the handout. Ask the pairs to see if they can identify other ways that they sometimes behave in conflict situations that are not on the handout. Ask them to take turns at sharing so that one listens while the other talks. Allow some 10-15 minutes, depending on how lively the sharing is.

5. When both members of each pair have finished sharing, bring the participants back to the plenary and ask them how it was to share about their behavior in conflict situations. Make sure that they understand that they do not have to say which animals were most like their behavior, but rather should talk about whether they felt good or uncomfortable

⁶ Hope, A. & Timmel, S. (1999). *Training for Transformation. A Handbook for Community Workers, Volume 2*. Practical Action Publishing: Bourton on Dunsmore; here: pp.73-76.

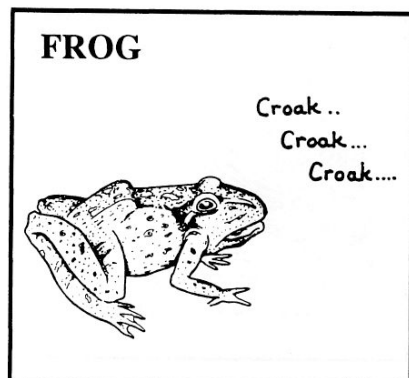
when sharing with their partner, and whether it was easy or hard to find an animal that reflects their conflict behavior best. Underline the fact that in different settings we might also have different conflict behaviors, represented by different animals.

6. Finally, emphasize that all behaviors have their advantages and disadvantages: none is better than the others. Rather, it is important that we recognize how we behave in conflict situations, what our strong points are, and where we need to extend and improve our range of behaviors.



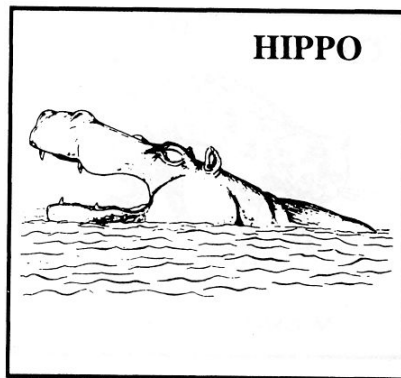
Animal Codes*

handout



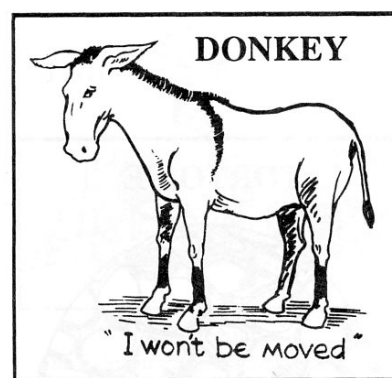
The Frog

who croaks on and on about the same subject in a monotonous voice.



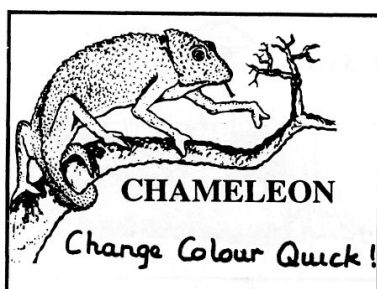
The Hippo

who sleeps all the time, and never puts up his head except to yawn.



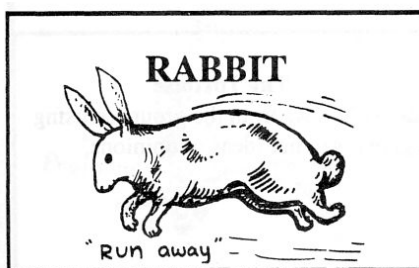
The Donkey

who is very stubborn, will not change his/her point of view.



The Chameleon

who changes colour according to the people she is with. She'll say one thing to this group and something else to another.



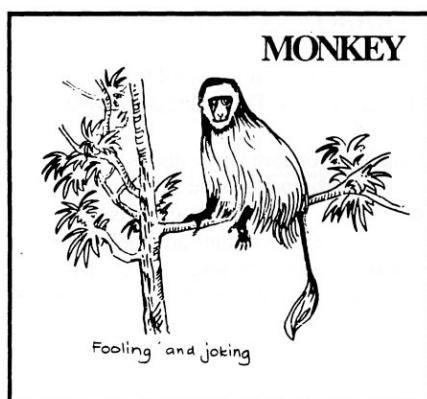
The Rabbit

who runs away as soon as (s)he senses tension, conflict, or an unpleasant job. This may mean quickly switching to another topic (flight behaviour).



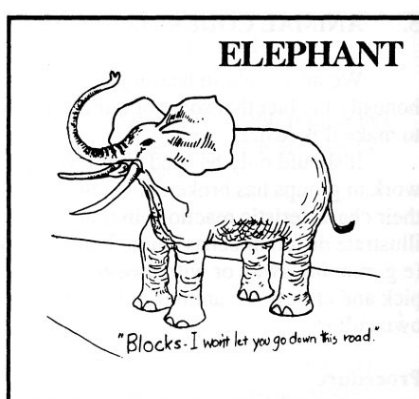
The Ostrich

who buries his or her head in the sand and refuses to face reality or admit there is any problem at all.



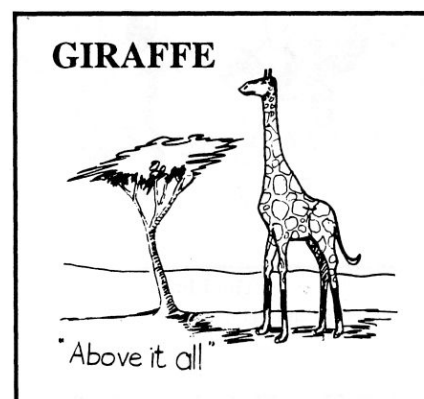
The Monkey

who fools around, chatters a lot and prevents the group from concentrating on any serious business.



The Elephant

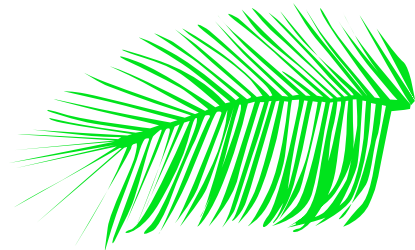
who simply blocks the way, and stubbornly prevents the group from continuing along the road to their desired goal.



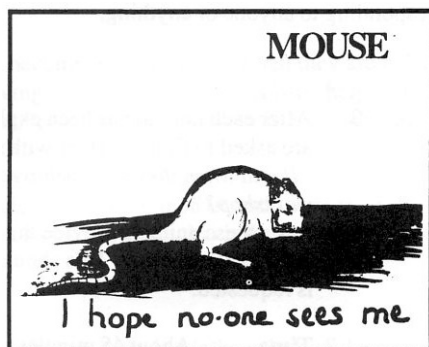
The Giraffe

who looks down on the others, and the program in general, feeling, "I am above all this childish nonsense."

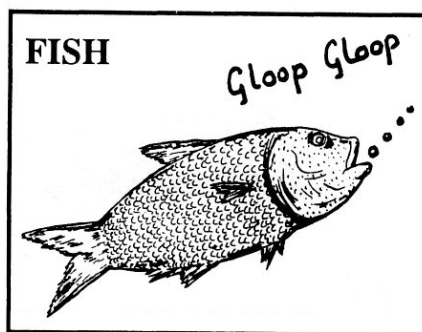
* Hope, A. & Timmel, S. (1999). *Training for Transformation. A Handbook for Community Workers, Volume 2. Practical Action Publishing: Bourton on Dunsmore*; here: pp.73-76.



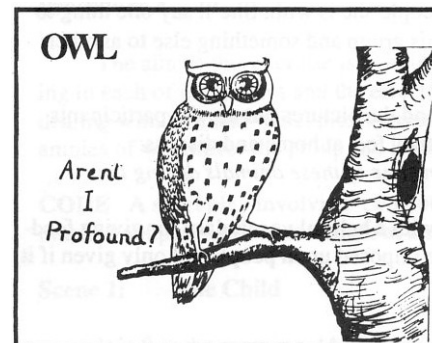
handout



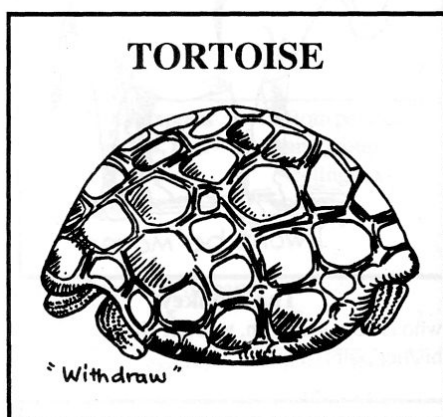
The Mouse
who is too timid to speak up on any subject.



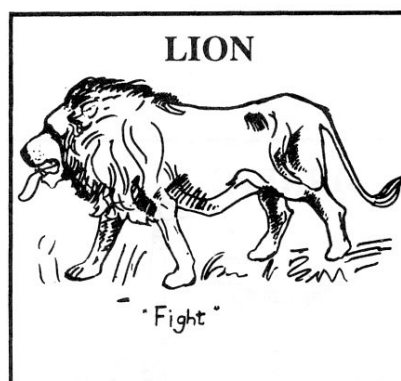
The Fish
who sits there with a cold glassy stare, not responding to anyone or anything.



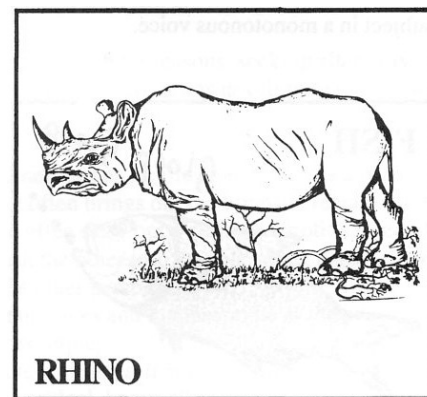
The Owl
who looks very solemn and pretends to be very wise, always talking in long words and complicated sentences.



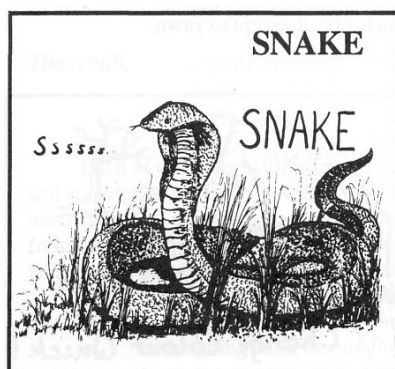
The Tortoise
who withdraws from the group, refusing to give his or her ideas or opinions.



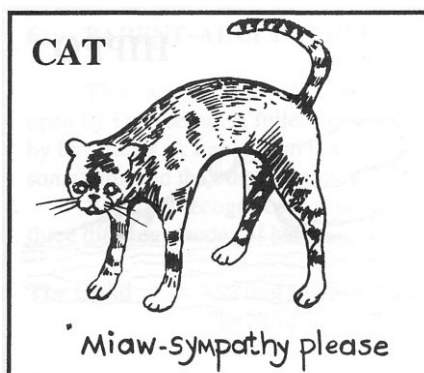
The Lion
who gets in and fights whenever others disagree with his/her plans or interfere with her/his desires.



The Rhino
who charges around "putting her/his foot in it", and upsetting people unnecessarily.



The Snake
who hides in the grass and strikes unexpectedly.



The Cat
who is always looking for sympathy. "It is so difficult for me... miaow..."

Questions:

How do I behave when there is conflict in a group?


Which animal (or animals) behaves most like me?

Exercise 3: Thinking about our ability to cooperate⁷ (45 minutes)

Method: Game in pairs / sharing in plenary

Steps:

1. Explain to the participants that working on change in communities always means cooperating with people. This exercise will help us to reflect on our ability to cooperate with others.
2. Ask the participants to pair up with someone in the workshop who they might not have interacted with very much so far. Give each pair a marker and a sheet of paper.
3. Give the following instruction (prepared on newsprint beforehand):



Both of you should hold the marker at the same time and, without speaking at all, you should draw a palava hut, a tree and a woman.
Write the name of the woman under the drawing, but do not decide her name before you start drawing.
Do NOT talk and do NOT let go of the marker.

Allow enough time to explain the exercise properly.

4. Give the group about 5 minutes for drawing. When you can see that everyone has finished, ask the pairs to share with each other about the experience of drawing together.
5. After some 10 minutes of sharing ask the participants in plenary how the exercise was, and how they managed to draw. Each pair should show the group their drawing and share briefly about their process. When each pair has shared, ask what this exercise has taught them about themselves and their ability to cooperate with others. Why is this a good exercise for self-reflection? Whoever wants to share may share.

Exercise 4: How to put empowerment into practice amongst colleagues (1.5-2 hours)

Method: Brainstorming / discussion in plenary / discussion in small groups with role-plays

Handout: How to put empowerment into practice amongst colleagues

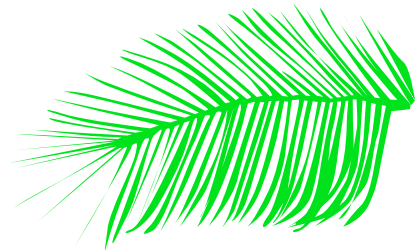
Steps:

1. Remind the participants that *medica mondiale Liberia* conducted strategic planning in 2010 and 2012 which defined its vision, mission and values. Ask if any of the participants took part in these exercises and if so, allow a few minutes for them to share the things they remember.

Explain that the people who took part in the first strategic planning identified *medica mondiale Liberia* as being guided by the value of empowerment and as being a feminist organization. Write the two words “empowerment” and “feminist organization” on a flipchart. Further explain that a “feminist organization” is an organization that puts all its efforts into working for equal rights for women in all areas of their life.

⁷ Adapted from: Hope, A. & Timmel, S. (1999). *Training for Transformation. A Handbook for Community Volunteers, Volume 2*. Practical Action Publishing: Bourton on Dunsmore; here: p.62.

2. Ask the participants how people who work for an organization that has values like these at its heart should behave towards each other. In other words: What would an empowering approach amongst colleagues look like? What can all the members of an organization do to put these values into practice, so that we not only act as change facilitators for communities, but also for our own working environment? Allow some time for brainstorming. Ensure that as well as mentioning what OTHERS (especially supervisors) should do, they should also reflect on things that THEY THEMSELVES can change. Ask them for personal examples, or give them a personal example of your own where you felt you tried to put empowerment into practice within your organization. Note down their contributions.
3. Form appropriately-sized groups and give one of the following four case studies to each group. Take as many scenarios as you have time for this exercise (at least two case studies would be helpful if you only have a little time left). Ask them to read through the case study in their groups and discuss it. Afterwards, each group should perform two role-plays, according to the instructions given below the respective case study. The first short role-play should show how the situation would normally unfold, while the second one should show how it could be resolved in an empowering way that would underline the fact that *medica mondiale Liberia* not only promotes empowerment and solidarity with survivors of violence, but also lives this approach amongst its staff members. Allow 30 minutes for the groups to prepare their role-plays. Emphasize that each role-play should not take more than 3 minutes, so each group will be performing for around 6 minutes.
4. Ask the first group to perform their two role-plays. Those who are not performing should observe, and be ready to discuss what they see. Then ask the observers what differences they saw between the two, and how they saw *medica mondiale Liberia*'s core values being put into practice in the second. Encourage the observers to suggest other ways in which this could have been done. When the discussion is finished, ask the next group to perform their two role-plays, and so on. Ensure that the players de-role immediately after the role-plays.
5. Emphasize that two points are often considered crucial for empowerment. One is the appreciation that staff members give and receive from each other and from their superiors, while the other is a feeling that everyone has a say in things, and are even mandated and permitted to take some essential decisions by themselves.
6. Wrap up by saying that we need to change the way that we interact with each other if we want to initiate change in communities. We cannot work for the empowerment of survivors of violence and be disempowering amongst ourselves. We need to practice the things that we claim to be our organization's mission amongst ourselves if we want to appear credible to people in the communities where we are working.



How to put empowerment into practice amongst colleagues

Group 1: The story of Munah and her per diems

Munah is a newly-trained district counselor with *medica mondiale Liberia*. She is a single mother with two children aged 5 and 7 years old. Her husband died a year ago and now she is in charge of the two kids and their little garden that produces just enough food to feed the family and have a little extra cassava to sell at the market to cover school fees.

Munah has always been an activist for women's rights and is glad to learn about *medica mondiale Liberia*, especially after her husband's sudden death from a heart attack. She happily applies when *medica* recruits new trainees as district counselors, even when she learns that she would not get as much money as she had hoped, since district counselors only get per diems when they go to the field. Munah joins the organization anyway, and is very active and committed during the training phases. She enjoys being in touch with women and girls and feels that this gives extra meaning to her life.

After half a year with *medica mondiale Liberia*, however, she starts feeling dissatisfied. The work as a district counselor takes up a lot of her time, and she still has the garden to look after. Her neighbor Eileen has just got a job with another NGO in town, and she earns a regular salary just from sitting in an office and working as secretary. Munah is jealous and starts thinking that, at the end of the day, nobody would mind if she claimed on her work sheet that she spent more days working in the field than she actually had. "Who would care?" she asks herself. "I am doing good work but I am a poor widow-woman who needs help. I am not taking money from anybody else. And in any case, *medica mondiale Liberia* should pay decent salaries; then I would not have to work in the garden, or go to the market, and could still feed my children."

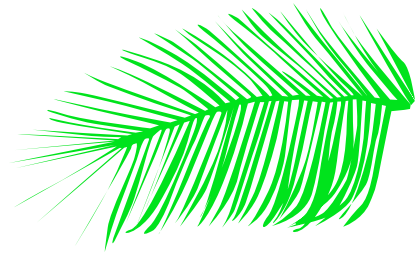
One day, Angelina, her supervisor, visits one of the villages for which Munah is responsible as a district counselor. Angelina greets the village chief and then the women leaders and asks them how the work is going, since Munah had been very active in their village. The village chief and women leaders are amazed to hear these words and tell Angelina that, on the contrary, they wished Munah would come more often as she hadn't been there for the last three months.

On her way back to the office, Angelina looks through Munah's work sheets and discovers that Munah had claimed per diems for spending three days in that village during the last three weeks. Angelina calls Munah for a meeting.

First role-play to be prepared: Play the encounter between Munah and her supervisor as you think it would happen in an organization in which the way that staff members act is in accordance with their status in the hierarchy. How would Angelina talk to Munah about the fake working days? How would Munah probably react? Continue this role-play for three minutes.

Second role-play to be prepared: Play the encounter between Munah and her supervisor Angelina again, this time showing how it could work in a truly feminist organization that wants to be empowering towards its staff, but without compromising on the zero tolerance against corruption that *medica mondiale Liberia* holds strongly as a value. Again, play this for three minutes.

Note: Both role-plays should start from the point where the case study stops; i.e. when Angelina has discovered that Munah has faked three working days on her work sheet, and has called her to a meeting.



Group 2: Interrupting the boss lady

handout

Tanneh, a Liberian woman, is *medica mondiale Liberia*'s new program manager. This is her first job with an international organization and she wants to do it as well as she can, so she thinks it is very important that her field-staff follow the general guidelines set by the management in Monrovia.

Tanneh's boss in Monrovia tells her that the way that people work in the field has been evaluated, and needs to be completely revised. Among other things, most of the community volunteers do not use the intake forms which were developed for them by a group of European consultants. Tanneh calls all the community volunteers and district counselors to a meeting so that she can introduce herself as their new supervisor, discuss these problems, and put in place a new set of rules to govern how the community volunteers and other trained helpers should work.

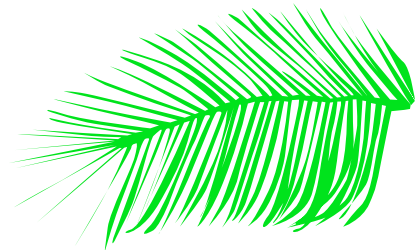
Unfortunately, Tanneh's predecessor, Jamie, advised her before she left that she should be very hard on her staff since they are stubborn, and behave just as they want to when they are in the field. Since Tanneh wants to be more successful than Jamie she decides that she must install more discipline in her colleagues to make things work well, and so she must talk to them in a strong voice, using harsh words, thinking that "otherwise, they won't get me".

At the meeting, after the general introductions are over, Tanneh brings up the problem of the intake forms straight away, and threatens her staff that if they don't start using the form properly it might have negative consequences for their job in the future. Tanneh says that she is going to check their forms every week, and report anyone who doesn't fill them in properly to Head Office in Monrovia.

Dandee a clever and quite outspoken woman, is a new district counselor, who thinks that the form is too complicated for some of her colleagues to use, especially those community volunteers who cannot read or write English well. She wants to point this out, and waits for Tanneh to stop talking long enough for people to ask questions, but she just keeps on, in an extremely loud voice, telling them how they MUST use these forms. Finally, desperate to make her point, Dandee stand up and says, loudly, "Excuse me, boss lady, but I want to say something. I don't think that these forms you are talking about are good ones, and we should try to make them simpler since some of our colleagues cannot read and write very much."

First role-play to be prepared: Start the role-play with Dandee interrupting her boss lady, and play how Tanneh might react towards Dandee in an organization that does not care much about the empowerment of their staff members or feminist values. What would Tanneh say or do in order to show who has the power and how she can use it? How would Dandee react? Play for three minutes.

Second role-play to be prepared: Again, start the role-play with Dandee interrupting her boss lady, and play how Tanneh could reaction towards Dandee in a way that would be empowering and truly feminist. How would it be possible for Tanneh, as a superior, to change her way of talking and acting towards her staff? Play for three minutes.



Group 3: The two trainers on gender

handout

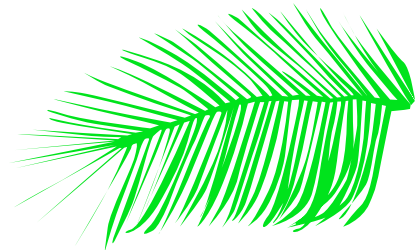
Josie and Nyono are two trainers and psychosocial counselors with *medica mondiale Liberia*. Josie has been with the organization since they started, and even worked in one of the few NGOs that provided psychosocial counseling immediately after the war. She is extremely experienced and does a good job. Nyono is new and is still trying to find her own style as trainer, but she is eager to learn and wants to improve.

Josie and Nyono go for their first training of district counselors where they facilitate a module on gender together. They shared the sessions amongst themselves. Nyono has an introductory session in which she talks about the difference between gender and sex, but during the session she gets confused when the participants ask many questions that she was not prepared for, and she starts to mix up the two terms. Eventually Josie interrupts and says, in front of the participants: “Nyono, I am sorry but it seems that you don’t understand the difference yourself, and you are talking complete nonsense.” Josie then takes over and gives an elaborate lecture on the difference between sex and gender.

After the session, Nyono and Josie talk about the day’s training.

First role-play to be prepared: Play the meeting between Nyono and Josie after the training session as you think it might happen in an organization that does not care much about the empowerment of its staff or feminist values. How would the conversation between the two colleagues probably go? Start by Josie reminding Nyono that she has to prepare better if she wants to be a professional trainer, and pointing out that she shouldn’t bring *medica mondiale Liberia* into disrepute by mixing up basic concepts. Play for three minutes.

Second role-play to be prepared: Play the meeting between Nyono and Josie again, but now portray how it might go in a truly feminist organization that wants to be empowering towards its staff. How would Josie begin the review of the day’s training, and particularly the training session on gender? Play for three minutes.



Group 4: Joyce and her niece Sarah

Joyce is a very gifted and dedicated psychosocial counselor. She has been with the organization since the beginning and is seen as something like a mother amongst the staff. When Joyce's sister dies, she wants to help the family and promises to look after Sarah, her 20 years' old niece who has always been a little bit of a "troublesome" child. Joyce wants her to train as a district counselor and because Joyce is so respected, the Head of Mission agrees to this.

However, Sarah turns out to be the wrong person for this job. She is friendly to everybody, but is not dedicated to the work. In the training, she rarely offers her opinion and always comes late. She has a problem with reading and writing and does not fill in clients' forms in a correct way. As Joyce is Sarah's supervisor, she can cover up for many of her faults, but Sarah's colleagues regularly complain about her and that she does not do her work well. When Joyce breaks her leg and has to go to hospital, Laura, another psychosocial counselor, takes over as supervisor and finds out that Joyce never follows up on clients and usually refers them directly to her aunt. Some clients have complained about this to other district counselors.

Laura respects Joyce a lot, but she does not want this to continue. She talks to the Head of Mission who has already heard about these complaints. Unknown to Laura the Head of Mission talked to Joyce about this some time ago, and at that meeting Joyce had promised that she would keep a closer eye on Sarah. The Head of mission agreed to give Sarah a second chance, but now realizes that it has not worked out. When the Head of mission next visits Joyce in hospital she tell her that she has no choice other than to dismiss Sarah to protect the organization and to maintain morale amongst the other staff.

First role-play to be prepared: Imagine what would happen in the conversation between the Head of Mission and Joyce in an organization that is not concerned about the empowerment of its staff or feminist values. What would happen? Take some time to think of a likely scenario for how the situation might unfold in the hospital when the two women talk. Play for three minutes.

Second role-play to be prepared: Imagine again what would happen in this conversation, but this time portraying how it might be in a truly feminist organization that wants to be empowering towards its staff. Take some time to think of a likely scenario to show how this situation could be turned into an opportunity for empowerment.

Exercise 5: Giving positive feedback to each other⁸ (1 hour):

Method: Game

Steps:

1. Explain to the participants that it is important for everybody to know what he or she does well. This is called giving and receiving “positive feedback”. It is also important that people who observe us or live with us tell us where we might need to improve our behavior or skills. This is called “negative feedback”. Both types of feedback are important as they reinforce our good actions, and help us to see where we need to improve. People often gossip about what somebody did or said, but do not talk directly to the person about their behavior, which does not give them the chance to work on their weak areas. Additionally, we often only criticize others for what they do not do well, without mentioning all the good things, which is bad for our morale.
2. Ask the participants how they define “gossip”. Note down their contributions. Ensure that the following are mentioned (they may say it in their own words): Gossiping means spreading rumors about someone (how they are, or how they behave) to other people. Usually we don’t even know if these rumors are true, so sometimes gossip can spread false information that harms people’s reputation in their community.

Underline the difference between gossiping (which is never said directly to the person concerned, but behind their back and serves little useful purpose) and feedback (which is said directly to the person concerned, and is intended to help them). Ask them why they think that gossip is so strong. Note down all of their contributions. Ask them whether they have ever been a victim of gossip, and how they felt when people said negative things about them. Allow some time for sharing. Make sure that the participants recognize and feel the negative impact that gossip has on people’s lives and well-being. Take some time for this step before moving on to the next one.

3. Explain that the following exercise tries to do the exact opposite of talking negatively behind someone’s back. Because we all need encouragement in our life and work, we will now think of positive things that every participant in this training group has done and write these positive things on their back. Make sure that the participants understand the following:
 - It should be something they have appreciated about somebody else, e.g. the way that they contributed in group discussions; the sense of humor that they have maintained in spite of their difficult experiences etc.;
 - It has to be true (not just something made up for the sake of the exercise).
 - It has to be clear what you mean and not be too general, e.g. DON’T SAY: You always help other people. BUT SAY: During this training, you really helped me to understand what was meant by the exercise on animal behavior)
 - It can be also a very little thing you appreciate, e.g. that you like the way somebody smiles, etc.
4. Give everybody a large piece of paper (use thick newsprint) and stick it to their backs (using masking tape). Ask the participants to help you so that everyone has a large piece of thick paper on her back, and a marker in her hand.

⁸ Adapted from: Virdee, G. (2008). *Training Manual. Taking Action on Violence Against Women in the Afghan Context*. medica mondiale: Cologne; here: p.94.

Ask them to go around and visit each participant's back and write something positive on the paper that they have observed about that particular participant, for example an ability or a certain attitude they have noticed.

5. Give enough time for all the participants to go to EVERY OTHER participant's back and write down something they think is positive about them. When everyone has finished, ask them to sit down and – while they still have the paper attached to their backs, and before they read what is written there - to share how they are feeling. Then ask them to help each other to take the paper off and to take time to read through what people have written about them. Ask if anyone would like any further clarification from the participants about the things that are written there.
6. At the end of the exercise, ask them what they felt when they read the positive comments about them, and whether they often hear positive things being said in public. Finally ask them what the Liberian culture says about positive feedback; whether it is culturally encouraged or discouraged. Allow some time for this discussion on the culture of positive feedback. Finally, invite the participants to take their feedback poster home and to read it from time to time to remind themselves of all their qualities and abilities.
7. Conclude by pointing out that sometimes it might be possible to counteract gossip about a particular person when you hear it by pointing out positive things that you know about the person who is being gossiped about, thus replacing gossip with positive information. If there is enough time, you might perform a short role-play to illustrate this.

Carry out a **training evaluation** of this module.



Module 2:

Gender Awareness and Gender-Based Violence (Advanced Level)

Section 1: Gender awareness

Section 2: Domestic violence

Section 3: Rape / sexual violence

Objectives of the module:

In this module, the participants will

- learn about the difference between sex and gender;
- understand the meaning and types of gender-based violence;
- discuss community perceptions, causes, consequences and dynamics of domestic violence;
- learn definitions and perceptions of rape and sexual violence and their physical and legal consequences.

Materials needed for module 2:

- ✓ Flipchart, newsprint, papers, markers, manila cards, masking tape, crayons
- ✓ Perforated photocopies of the handouts
- ✓ Perforated manila folders with some sheets of blank paper and a pen for each participant to take notes and file her handouts
- ✓ A means of playing the song „Coward of the Country“

NOTE: Before starting the module, arrange for a **legal and a health expert** with experience of rape cases to act as co-facilitators for the third section on rape.

Gender Awareness and Gender-Based Violence: Introduction for facilitators

Why a module on gender awareness and gender-based violence?

Module 2 presents the main concepts which underlie *medica mondiale Liberia*'s understanding of gender-based violence and its commitment to the empowerment of women. Gender-based violence is not a woman's destiny, or a problem only for some unfortunate individuals; it is rooted in structural societal injustice that favors men over women.

In order to understand these differences between men's and women's lives, it is important to differentiate between sex and gender. **Sex** refers to our biological differences. **Sex** is what we are born with: women have breasts and a vagina, men have a penis. This cannot be changed without surgical and medical interventions. **Gender**, on the other hand, is about culture and society. **Gender** is the way in which society teaches men and women how they should behave based on their sex. This can be changed as culture and society evolve over time.

Gender-based violence as a concept reflects the types of violence that are rooted in certain gender expectations, namely that when men are growing up they often learn that they are more powerful than women, that they should control them, and that violence is one way of doing this. And when women are growing up they often learn that they are less important than men, and that they have to obey them. Because they have less power than men, they are more likely to be the victims of violence. The idea of "gender"-based violence also implies that there is violence against men based on their gender, i.e. when men are ridiculed and harassed if they do not behave in the way that society expects them to.

How is this module arranged?

The module is arranged in **three** sections. The **first** section is dedicated to understanding the main concepts and definitions, namely sex versus gender and gender-based violence. The **second** and **third** sections deal with two common features of gender-based violence in Liberia (and elsewhere), namely domestic violence as violence between intimate partners, and rape / sexual violence. The section on domestic violence contains one important issue that has proven to be very helpful and revealing for participants in trainings, which is the cycle of violence in intimate relationships as described by Lenore Walker. The section on rape will need input from a health and a legal expert to complete the picture of what survivors need to know from trained helpers so that they can make good choices for themselves.

All three sections place a special emphasis on the self-reflecting aspect of the topics, i.e. they want to raise awareness of the participants' own prejudices against survivors of gender-based violence, as these are likely to reduce the effectiveness of helping interventions. Many women have learned to internalize gender images, and might also blame the victims for what happened to them. Therefore, this module wants to give valid information AND to re-shape the gender self-images that we as helpers might be struggling with.

What you as facilitators should be prepared for:

- Prepare for “resistance”: Many participants, especially on the basic level of the training, will find it difficult at first to grasp the different concepts. They might associate as many negative things with “gender” as men often do and this, again, can easily raise fears, which are often irrational, e.g. that the trainings are intended to convince women that they should leave their husbands, or rebel against them. Unfortunately, in many local communities “gender” is often misunderstood as women-only empowerment, and as discouraging cultural traditions. It is important to be sensitive to these fears and not to alienate the participants by insisting on these ideas. Women might be nervous of gender concepts because they challenge their way of life and what they believe in, so new insights have to be prepared in a sensitive way, and by acknowledging the difficulties of adopting new perspectives.
- In our experience, the topic of gender-based violence and especially domestic violence usually leads to discussions that men can also become victims of women’s violence. It is important to acknowledge that, yes, men can also suffer from violence, whether based on gender or not, and that, yes, women can also be perpetrators of such violence. However, from research all over the world, we know that most gender-based violence is inflicted on women / girls because of their inferior position in most societies. This fact – i.e. the majority of victims being female – is one of the most important reasons why *medica mondiale Liberia* has chosen to work for and with women only, but is at the same time very open to collaborating with organizations that work with men.
- Many women in the training group will have undergone violence themselves, so you have to prepare yourselves for pain coming up that will need space and time and sensitive group facilitation so that the participants can have an empowering experience of solidarity and support.
- The third section on rape / sexual violence will require input from health and legal experts. It is very important to have a good distribution of tasks between facilitators and experts and to prepare these sections together, so that it is clear who is responsible for which part. Ensure that the experts are acquainted with participatory approaches to training, and are ready to use many practical examples.

What else is needed from you as facilitators:

- ✓ Please **read** the whole module and the handouts several times, long before the training starts. Read the case studies again and again and make yourselves familiar with the main concepts used in this module.
- ✓ Wherever you use **role-plays** – either because they are part of the exercises or spontaneously to practice a newly acquired skill – make sure that you help the participants to **de-role** afterwards, so that they do not remain emotionally stuck in their roles. De-roling can be done by getting up from their chair, touching it, and saying something like “Good bye, (name of the role), I am no longer you, I am now (gives her real name) again.” Or a similar ritual. You should perform the first de-roling yourself, and explain why it is important, so that the participants can see how it is done.
- ✓ Be aware that this module might also evoke **strong emotions in yourselves** and take up a lot of your energy. Make sure that you look after yourselves and reflect on your personal experiences during the training with your co-facilitator.

Section 1: Gender awareness (1 day)

Objectives of the section:

Today, we want to

- understand the difference between “sex” and “gender”;
- think about our own gender beliefs and share some of them with the group;
- understand what “sexual and gender-based violence” means.

NOTE: The facilitator should present the overall objectives and training schedule at the start of each module, and go over the group rules again (see respective exercises from module 1). The following question should be prepared on a flipchart in advance:

What rules do we want to follow so that everybody feels comfortable in the group and learns well in the training? Let's rethink the rules we had in our last training to see if they worked well, or if we would like to amend them, add to them, or remove any.

A minimum of two hours should then be allocated for gathering the group's expectations for this module, followed by a recap of their learning experiences from module 1. Even if you are training modules 1 and 2 together, make sure you take enough time to confirm that the participants understood and can remember what they learnt before.

Exercise 1: Checking perceptions of “gender” (30-40 minutes)

Method: Brainstorming

Steps:

1. Present the objectives of today's training session (see above). If the participants ask what the word “gender” means, explain that rather than give them a definition, you will help them to discover what it means for themselves during today's exercises.
2. Ask the participants what people in Liberian communities think of “gender”. Note down their contributions on a newsprint under the heading “What do people in Liberian communities think of ‘gender’?”
The participants will probably offer a number of definitions, reflecting common (mis)conceptions about “gender”.
3. Continue by asking the participants why people are sometimes afraid of “gender”, and note down their contributions on newsprint under the heading “Why are people sometimes afraid of gender?”
Ensure that the following reasons are mentioned, regardless of how they are expressed:
 - ✓ Some people think that gender is a Western concept which is not useful in African culture or for African women;
 - ✓ Some people think it means hating men, or women refusing to marry men;
 - ✓ Some people – especially men – fear “gender” because they think it means women taking over control, while men lose their power;

- ✓ Some people say that it only offers advantages to women and disadvantages to men, e.g. in gender projects.

NOTE: If the participants only refer to men's fears, ask them if they have also come across women who are afraid of gender.


4. Explain that you will gradually work together to develop their understanding so that in future they will be able to correct some of the misunderstandings that exist around the concept of gender.

Exercise 2: Gender lifelines¹ (1-1.5 hours)

Method: Discussion in small groups / presentation in plenary

Steps:

1. Ask the participants to split up into four groups by counting from one to four: Ask the person on your left or right to count 'one', then continue around the group with the next person counting 'two', the next 'three', and the next 'four'. The next person then starts again by counting 'one', their neighbor continues with 'two', and so on, until everyone in the group has called out a number. Then, all the people who called the number 'one' will be in one group, all those who called the number 'two' a second group, those who called 'three' a third group and those who called 'four' the fourth group. Explain that in their respective groups, they will work on the cultural expectations that exist for boys and girls and men and women, which will help us to get a better understanding of what gender is all about.
2. Hang four different newsprints, each with one of the following headings, in different corners of the room:




Group 1: How does our culture think a 10 year old boy should behave?
Group 2: How does our culture think a 10 year old girl should behave?
Group 3: How does our culture think a woman should behave?
Group 4: How does our culture think a man should behave?

Ask the participants to sit by the poster for their group, and give them 15 minutes to discuss the question they have been assigned and write their thoughts on newsprint. When they have finished, stick each group's newsprints on the wall next to their question.

3. Ask the participants to move around the room and read through what the others wrote for their question (gallery walk). Encourage them to ask each other questions if they do not understand what has been written. Finally, ask the participants whether they have anything to add any of the other groups' posters.
4. In the plenary, ask the participants how they see their own gender beliefs. Do they follow the cultural and social expectations around them, and if so, how? Are there ways in which they behave differently? Allow some time for this discussion.

¹ Adapted from: Raising Voices (2004). *Rethinking Domestic Violence. A Training Process for Community Activists*. Raising Voices: Kampala; here: p.22f.

5. Ask the participants whether the cultural expectations described on the posters are fixed forever, or if they can be changed. (YES, they can!) Explain that this tells us something about gender. Finally, present the following definitions on a newsprint which you will have prepared beforehand:



SEX is about BIOLOGY and about OUR BODIES. Sex is what we are born with: women have breasts and a vagina. They can get pregnant and breastfeed babies. Men have a penis and can get women pregnant. This cannot be changed without surgical and medical intervention.

GENDER is about CULTURE and SOCIETY. Gender is the way in which society teaches men and women that they should behave, based on their sex. For example, whether girls should go to school or not, whether boys are allowed to have sex before marriage or not, and so on. This can be changed as culture and society evolve over time.

NOTE: After reading this distinction, some participants might want to discuss the question whether it is really true that sex cannot be changed. They might refer to “intersexuality” (or “intersex”) which relates to the fact that there are some people whose biological sex cannot be classified as clearly male or female. There are as well people who define themselves as “transsexual” or “transgender”, which refer to cases where a person’s birth-sex (as determined by their genitalia) is in serious conflict with their psychological gender. In practical terms, this means a transsexual might be born with the body of a man, but might spend their whole life feeling that they are a woman, or vice versa. In Western societies there are surgical operations available to remove the person’s original genitals and to artificially construct those of the desired sexual identity, but without such extremely complicated, expensive and extraordinary methods and frequently a lifelong hormonal therapy, a person’s sex cannot be changed. If this topic should come up it is good to talk about it, but try not to spend too much time discussing it as this would distract from the focus of this exercise, and weaken the importance of the distinction between sex and gender.

6. Ask the participants whether they have seen **changes in their own life time** regarding what women are supposed to do or not to do. They might mention changes during the war, where women assumed roles that had traditionally been impossible for women to fulfill. Ask them whether there are **differences between tribes** in terms of what women and men are supposed to do in their culture. They might come up with culturally varying rules regarding what food women can or cannot eat, what work they can or cannot do, and so on. Also, ask if there are **differences** in what girls and boys in the **capital** Monrovia are expected to do, as compared to girls and boys **up-country**. Finally, ask them whether their great-grandmothers could have imagined having a female president.

Use concrete example to explore the idea of “gender” a little further, stressing the fact that women’s and men’s roles, and what they are expected to do, can also change as culture and society changes.

Exercise 3: Deepening our understanding of the difference between “sex” and “gender”: The gender game² (30-45 minutes)

Method: Game

Steps:

1. Explain to the group that you are going to read out various statements about men and women, and the participants should say whether the statement reflects “sex” or “gender”. The first participant who wants to suggest an answer should indicate this by raising her hand, say ‘sex’ or ‘gender’, and then explain why she thinks so. Ask the others whether they all agree, or whether anyone thinks something different.
 - Women give birth to babies, men don’t. (Sex)
 - Little girls are gentle, boys are tough. (Gender)
 - In many countries, women are only paid half of the wages that are paid to men. (Gender)
 - Women can breastfeed babies, men cannot. (Sex)
 - In Liberia, men drive commercial trucks, women do not. (Gender)
 - In many cultures, women are not supposed to eat meat or eggs. (Gender)
 - Women cook and keep the house clean; men talk politics with their friends. (Gender)
 - Women have menstruation, men don’t. (Sex)
 - Men climb trees to collect palm oil; women don’t. (Gender)

NOTE: Wherever there is some debate or uncertainty about one of the statements above, repeat the following questions to make the differentiation clearer:

- Is it about the biological differences between the bodies of men or women?
- Or is it to do with how families, communities, culture and society teach them that they should behave, which can change over time?

For statements relating to gender, you could also give examples of other cultures where things are done differently, or highlight changes that have taken place over time, to help the participants to see the question differently. For example, until quite recently in some cases, women were not allowed to vote, but today this is seen as normal in almost all countries, and as we have seen in Liberia and other places, women can even be elected as Presidents.

Should anyone say something like “I would not be strong enough to drive a truck”, or “I cannot climb a tree, because my body does not have as much energy as a man”, challenge the participants by asking if they could imagine that there might actually be some women in the world who have the strength to do these things. Perhaps they have seen movies set in other parts of the world where women are doing these things. Challenge them by asking; “is there something about a woman’s body that makes it impossible for her to ever do that?” Since this concept is new, take time to explore the differences.

You should also stress that there are differences between individual women and between individual men. Not all women feel that they must have children in order to be “women”, and not all men believe that they have to impregnate women in order to be “men”. And: Not everyone complies with the gender-based expectations that their culture holds; e.g. not all women are submissive, and not all men are violent. Sex refers to the GENERAL biological differences that exist between males and females. Gender refers to the GENERAL expectations, beliefs and roles that women and men find in their cultures and societies.

² Adapted from: Williams, S., Seed, J. & Mwau, A. (1994). *The Oxfam Gender Training Manual*. Oxfam: Oxford; here: p.87ff.

Exercise 4: Understanding the power of gender beliefs about men (1 hour)


Method: Discussion

Handout: The Coward of the County (lyrics)

Material: A means of playing the song “Coward of the County”

Steps:

1. Explain to the participants that the following exercise is meant to show how powerful and destructive gender beliefs can sometimes be, not only for women, but also for men. This shows us that gender is not just an issue for women, but a problem faced by men as well.
2. Distribute the lyrics of the Song “Coward of the County”, and explain that this is a song recorded by a famous US American singer named Kenny Rogers. Once everybody has a copy, slowly read the text to the group and ask if they have understood it well, or if they would like you to clarify anything. If you have a way to play the song, play it, but if not, ask the participants to take turns reading the text aloud.
3. Ask the participants to brainstorm on the following question (written on newsprint beforehand).

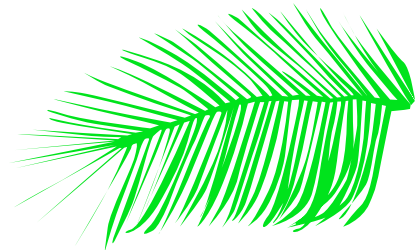
- 
- What is the message of this song?
 - How do gender beliefs about men influence the lives of the father and son in this story?
 - Identify different types of violence in the song.

Note down their responses. Ensure that the participants become aware of the fact that both the father and the son suffered from gender expectations: The father suffered because he followed the gender belief that a man should be “tough” and “get his own way”, even to the point where he went to prison because of the things he had done. The son suffered because the world he lived in did not tolerate his “new” way of “being a man”, and punished him for not being “a real man” by raping his girl-friend. He then had no way to react other than behaving as his father did and follow the traditional gender expectations of men by taking revenge on the rapists. This, however, will equally lead him to prison.

4. Ask the participants whether such a story, or something similar, could happen in a Liberian community. Ask how both men and women regard Liberian men who do not fulfill the most common gender expectations of what a “real man” should be like. Allow some time for this discussion.

Ask the participants how Liberian society would look at men who, for example, believe so strongly in peace that they are not prepared to fight in a war. Stress again the fact that gender is not only about women, but also about men. Changing destructive gender beliefs is important for both women and men’s lives, as both can suffer from harmful gender expectations.

5. If you can, play the song again to wrap up the discussion.



handout

Coward of the County

Everyone considered him the coward of the county
He'd never stood one single time to prove the county wrong
His mama named him Tommy but folks just called him Yellow*
Something always told me they were reading Tommy wrong

He was only ten years old when his daddy died in prison
I looked after Tommy ,cause he was my brother's son
I still recall the final words my brother said to Tommy
"Son my life is over but yours has just begun"

Promise me son not to do the things I've done
Walk away from trouble if you can
It won't mean you're weak if you turn the other cheek
I hope you're old enough to understand
Son you don't have to fight to be a man

There's someone for everyone and Tommy's love was Becky
In her arms he didn't have to prove he was a man
One day while he was working the Gatlin boys came calling
They took turns at Becky ... and there was three of them

Tommy opened up the door and saw his Becky crying
The torn dress, the shattered look was more than he could stand
He reached above the fireplace and took down his daddy's picture
As his tears fell on his daddy's face he heard his words again

The Gatlin boys just laughed at him when he walked into the bar room
One of them got up and met him half way cross the floor
When Tommy turned around they said „Hey look old Yellow's leaving“
But you could've heard a pin drop when Tommy stopped and locked the door

Twenty years of crawling were bottled up inside him
He wasn't holding nothing back; he let ,em have it all
When Tommy left the bar room not a Gatlin boy was standing
He said "this one's for Becky" as he watched the last one fall
And I heard him say
I promised you dad not to do the things you've done
I walk away from trouble when I can
Now please don't think I'm weak I didn't turn the other cheek
And papa I should hope you understand
Sometimes you gotta fight when you're a man

Everyone considered him the coward of the county.

(Roger Bowling and Billy Ed Wheeler)

* Yellow is a mocking term for "coward".

Exercise 5: Understanding gender-based violence (1.5 hours)

Method: Brainstorming / presentation

Handout: What trained helpers should know about gender-based violence

Steps:

1. Explain that you will now look more closely at gender beliefs that are not good for healthy relationships between men and women.
2. The two facilitators perform a role-play of a wife and her husband. The wife is shown as working all day in the house and garden while her husband spends time doing “his business” - drinking a beer at a bar, etc. In the evening, he comes home and complains that his food is not ready, to which his wife responds that she did not have money to buy food since he had not left her with any. He pushes her around and says things like “This is what I am supposed to do as a man. I have a right to spend my money as I like. My mother already warned me about you; she said that you are a lazy woman and you are harassing me all the time. You know that caring for their husbands is what women are supposed to do.” After saying this, the husband kicks his wife and lifts his hand to slap her. (STOP).
3. Ask the participants what they observed in the role-play. Did the husband have the right to beat his wife? If yes, why – if no, why not. In what ways did gender expectations about how wives and husbands should behave influence this role-play? Note down their contributions. Ask the participants whether they think that such ideas about how men and women should behave can actually lead to violence against the wife (The answer is: YES). Take time for this discussion.
4. Present the handout “What trained helpers should know about gender-based violence”, and ask the participants to read it in turns. Ask how the definitions given relate to what they have just brainstormed about the role-play.

NOTE: The discussion on gender-based violence might stir up a lot of debate. The participants might raise the point that men can be victims of gender-based violence as well as women, and that women can perpetrate violence against men, too.

It is therefore important in this exercise and presentation to stress that men can actually also be victims of gender-based violence, e.g. during the war in Liberia, when men were sometimes raped by other men, forced to rape family members, or made to watch their daughters and wives being raped. All these forms of violence are intentionally related to gender expectations: their purpose is to destroy men's sense of manhood, since they can no longer live up the gender expectations of their communities and their society.

Other forms of gender-based violence against men would be forcing men to fight in armies (just because they are men) or the fact that on a sinking ship, the women and children are saved first. The song “Coward of the County” shows a form of emotional gender-based violence against Tommy, who was called “yellow” / coward.

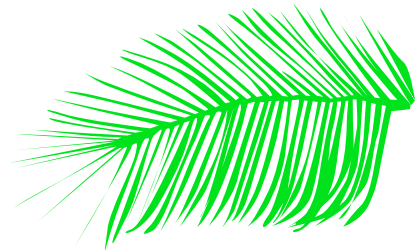
Similarly, gender-based violence against women is not only done by men; sometimes it is done by women, e.g. women oppressing their daughters-in-law for not giving birth to boys, or forcing girls to be circumcised.

Finally, some participants might ask why *medica mondiale Liberia* only focuses on helping women. As facilitator, welcome their questions and doubts as being part of a fruitful international debate on how best to work against gender-based violence. Explain that *medica mondiale Liberia* deliberately

chose an approach that works exclusively for women for one major reason: we believe that as long as we have such strong gender imbalances that favor men, we have to be partial and biased in favor of women to reduce the gap. If we empower both men and women, the gap will remain. You could use the example of a factory that employs 90% men, and 10% women. This equality would not be reduced by making sure that future recruitment is 50% men and 50% women, as the underlying inequality would still remain. Only an approach that gives women preference over men (i.e. giving most new jobs to women until a 50-50 split has been reached) would actually change the unequal labor distribution. In addition, *medica mondiale Liberia*'s expertise is in techniques and methodologies that are designed for working with women, while working with men would need a different range of skills. However, make sure the participants understand that *medica mondiale Liberia* is open to collaborating with organizations that work to empower men, while at the same time keeping its own focus on women and their experiences of inequality.

5. Ask the participants to identify the different forms of gender-based violence – physical, emotional, sexual, economic, institutional / cultural – that they saw in the role-play (Note: all forms are displayed except sexual violence and institutional violence). Highlight any that they have missed.
6. Ask the participants for other examples of gender-based violence that they may have noticed in their communities, read about in newspapers, or heard of on the radio. Discuss whether or not the examples given fit the definition of “gender-based violence”.
7. End the day with a game or a song. As a final comment, stress the heavy impact that talking about gender-based violence can have on us, and remind the group of the need to take time for self-care (relate to module 1 on self-reflection and self-care).

Carry out a **short evaluation** (see annex).



handout

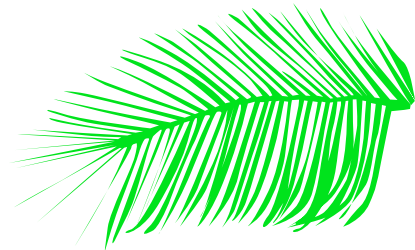
What trained helpers should know about gender-based violence

Gender-based violence means: **violence that happens because of gender**. It is violence that is rooted in the following gender expectations: when men grow up they learn that they are more powerful than women, that they should control them, and that violence is one way of doing this, while when women grow up they learn that they are less important than men, and have to obey them. Because they have less power than men, women are more likely to be the victims of violence.

Most gender-based violence is **directed against women** because they are female, which gives them less power in their relationships with men and a lower status in their community and society. This is why, in most cases, when we say “gender-based violence” we mean “violence against women”. However, we mustn’t forget that there is also gender-based violence against men.

When NGOs and the Liberian Government speak of “gender-based violence”, they want to make it clear that it is not biology which determines that most victims of this violence are women and most perpetrators are men, but the beliefs and expectations of our society regarding what men are entitled to do and what women should put up with. They also want to stress that this can change when we change these ideas about how men and women should behave.

There is also **violence against men**, which is sometimes based on gender and sometimes not, but the information we have from around the world makes it completely clear that the overwhelming majority of gender-based violence is directed at women, as a result of their lower social status. It is because of this imbalance that *medica mondiale Liberia* has decided to focus on empowering and supporting women and girls. However, we remain open to opportunities for collaborating with organizations that focus on supporting men.



handout

In Liberia, and also within *medica mondiale Liberia*, gender-based violence is sometimes called “**sexual and gender based violence**” (SGBV). This highlights the fact that the sexual violence which women are often exposed to due to their lower position in society deserves special attention since sexual violence is usually tabooed, despite the fact that rape is so prevalent in Liberia that the country has one of the highest rates of rape in the world. However, we use the term “gender-based violence” as it covers more forms of violence than just sexual, while “SGBV” usually refers specifically to rape, or other forms of sexual violence.

Gender-based violence has **different forms**:

- **Physical violence**: violence that hurts the body like slapping, pushing, kicking, peppering.
- **Sexual violence**: violence whereby a man forces a woman to have sex with him or does other sexual things against her will.
- **Emotional violence**: making a woman feel very small, disgraced, bad, embarrassed or ashamed, e.g. by cursing and swearing at her, or by completely ignoring her.
- **Economic violence**: not giving a woman the money or food that she needs.
- **Institutional / cultural violence**: women not being allowed to take part in community discussions; the Catholic Church not admitting women priests; a Muslim woman having to wear the burkha in public; some elite schools not accepting female students; etc.

Sexual and gender-based violence **happens all over the world**. In 1993, the UN adopted the ‘Declaration on the Elimination of Violence against Women’, which condemns all forms of sexual and gender-based violence occurring in the family, in the general community, and perpetrated or condoned by the state.

Section 2: Domestic violence (1 day)

Objectives of the section:

Today, we want to

- understand the meaning of domestic violence and discuss perceptions of it;
- reflect on and discuss the consequences it has for all members of the family and for the community;
- learn about the dynamics of why women stay in abusive relationships, and the cycle of domestic violence.



Recap the previous day's training (see annex).

Exercise 1: Deepening our understanding of gender-based violence (15-20 minutes)

Method: Game

Steps:

1. Ask the participants to form pairs with the person sitting next to them.
2. Read the following examples of violence aloud and ask the participants whether they consider them to be gender-based ("GBV") or not. The first pair that wants to answer the question should raise their hands. The pair that answers the most questions correctly wins.
 - A woman stealing another woman's mobile phone (not GBV)
 - A mother-in-law telling her son to beat his wife because she did not clean the house properly (GBV, mother in law as co-perpetrator)
 - Women and children being saved from a sinking ship first (GBV against men)
 - A country making military service obligatory for men, but not accepting women soldiers (can be considered GBV against men who could be drafted against their will, and can be considered GBV against women who are not allowed to join military service even if they want to because society regards them as too weak to be soldiers)
 - A physical fight between two young brothers over a toy (not GBV)
 - A woman overpowering a male robber in her house (not GBV)
 - A man overpowering a female robber in his house (not GBV)
 - A husband forcing his wife to have sex with him, although she is very tired and does not want to (GBV)
3. Emphasize again that we call something gender-based violence when it is related to the roles and behaviors that men and women are expected to fulfill: Men are expected to be in power over women, while women are expected to be submissive to men.

Exercise 2: Introduction to domestic violence: “Our experience” (1 hour)

Method: Discussion


Handout: Our experience³

Steps:

1. Explain that today the participants will get to know ONE form of gender-based violence and find out what it is all about, namely domestic violence. Present the objective as given above (prepared beforehand on newsprint).
2. Ask the participants what they understand by “domestic violence”. Note down what they say, whether their contributions are part of a definition or concrete examples. Ensure that the following points are mentioned (regardless of how they are phrased), or add them to the list:
 - ✓ It is (mostly) a form of gender-based violence: most violence is done by men against women because of the power inequality between the sexes.
 - ✓ It can happen in intimate, loving relationship (e.g. husbands-wives, girlfriends – boyfriends), in which case it can also be called intimate partner violence.
 - ✓ It causes pain and fear.

Ensure that the participants understand that child abuse – although it also happens in families – is not usually classified as domestic violence. It can be called family violence or intra-family violence.

3. Distribute the handout “Our experience”. Explain that on this cartoon, three women from a community speak about their experiences. Read what the three women on the picture say.
4. Ask the participants to brainstorm together on the questions below. Write the following questions on a newsprint prepared beforehand. Allow some 15-20 minutes for brainstorming.

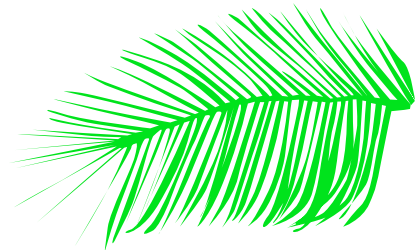
- 
- Have you ever heard the women in your communities talking like the ones in the cartoon?
 - What other things do people in communities say about domestic violence?
 - What do you think about domestic violence?

NOTE: Remind the participants of the group rules as domestic violence often causes hot debates, so they need to be careful to really listen to the opinions of everyone in their group. Act as a role model by listening attentively even to those comments where the participants hold negative views on victims.

If the participants all agree that domestic violence is bad, and even if most community members say that it is bad, challenge the participants by asking them why they think it still happens so often. Link this discussion to gender beliefs and how they generate violence.

5. Stress the fact that the ideas which exist in communities that justify domestic violence need to be tackled because they blame women for, and justify men’s violent behavior. Often these messages have already been transmitted by the time boys and girls grow up, so as adults they believe that it is normal and acceptable for men to beat their wives, while women should endure this treatment. Equally emphasize that since we all grew up in such an environment, we often learn to see it as something normal and justifiable. So, we in turn re-create the same environment in our families, and teach our children the same lessons.

³ Williams, S., Seed, J. & Mwau, A. (1994). *The Oxfam Gender Training Manual*. Oxfam: Oxford; here: p.149.



handout

Our experience*

My husband comes home drunk nearly every night and always finds something to criticise or complain about!

Sometimes it's my cooking, sometimes the noisy children, and other times it's money. And then he starts to beat me. I can't take much more of this treatment!



I know what you mean! My husband is just the same; beating! beating! beating!

When I scream and complain, he just laughs and says that beating shows how much he cares for me. "It is a sign of love," he says! Frankly, I'd rather have less love and more peace!



Well, if beating means "love", I wonder if we can say that Margaret was "loved to death" last year when her husband beat her until she died from her injuries! How can you call that "love"?



* Williams, S., Seed, J. & Mwau, A. (1994). *The Oxfam Gender Training Manual*. Oxfam: Oxford; here: p.149.


Exercise 3: Consequences of domestic violence on women, men and children (1 hour)

Method: Brainstorming / discussion in small groups / sharing in plenary

Handout: Domestic violence⁴

Steps:

1. Distribute copies of the handout with the picture “Domestic violence”. Ask the participants what they can see in the drawing. Ask them how they see gender expectations being displayed on the poster. Refer back to those posters on the wall that offer definitions of “gender” and “gender-based violence”.
2. Ask them what might have happened before the picture that led to the wife being beaten up by her husband. Allow some time for brainstorming on potential scenarios. Explore with them whether such scenarios are common or rare amongst Liberian couples. Do they feel that the man has the right to beat his wife? Does the woman think that it is her husband’s right to beat her?
3. Ask the participants to go back to the same four groups as on the first day. Put up a flipchart, prepared earlier, with the following four questions on it. Allocate one question to each group and ask them to discuss it amongst themselves, noting down their responses on flipchart paper.



Group 1: What are the consequences of domestic violence for the woman?
Group 2: What are the consequences of domestic violence for the man?
Group 3: What are the consequences of domestic violence for the children?
Group 4: What are the consequences of domestic violence for the community?

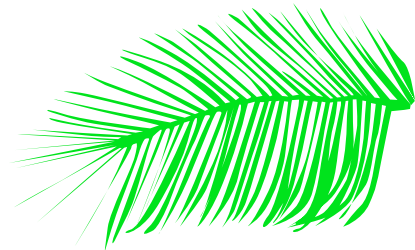
Allow some 20 minutes for discussion in the sub-groups.

4. After coming back to the plenary, ask the participants to present their findings. Ensure that the following aspects are mentioned, regardless of how they are expressed:
 - ✓ Domestic violence has short-term positive consequences for the **perpetrator**; this is why it is often so difficult for him to change: He feels powerful and strong by acting violently; it helps him regain control if someone outside the home (i.e. his boss man) has taken it from him and made him feel small. In the short term, it releases the tension that comes from fear and insecurity. But the “perpetrators” also face negative consequences in the long run: They might feel in control, but they pay a high price because they are often feared, mistrusted and even hated by their wives and children.
 - ✓ The **children** suffer not only from witnessing violence and developing fear and mistrust towards their father, but they also learn that violence is “normal”, and an acceptable way of dealing with anger, frustration and conflict. So, as they grow up, the boy might start imitating his father since he has not learned any other way for a man to cope with negative feelings other than by “punishing” others, while the girl might learn that in order to fulfill gender expectations, she has to stay with a violent husband and endure his behavior in the same way that her Ma did.

⁴ ECA-WIDNET (2002). *Women and Justice. Training Manual*. Paulines Publications: Nairobi; here: p.101.

- ✓ A **community** where a lot of domestic violence takes place is a community that loses a lot of potential to grow and be productive. People who are under extreme stress and live with fear cannot contribute to community growth as much as they could if they were able to live in harmony and without being threatened with violence.

Stress the fact that there is a vicious cycle of domestic violence that happens because children learn from their parents what it means to be a father and husband (to be in control) and what it means to be a mother and wife (to be submissive). This does not mean that everybody will be the same as their parents, but it is more likely – as international research teaches us – that boys growing up in violent homes will become violent too, while girls growing up in such homes will be more likely to accept a violent partner later on.



Domestic Violence*

handout



* ECA-WIDNET (2002). *Women and Justice. Training Manual*. Paulines Publications: Nairobi; here: p.101.

Exercise 4: Learning to take care of myself while working on emotionally demanding topics (10-15 minutes)

Method: Breathing exercise⁴:

NOTE: As facilitator of this breathing exercise, you should practice giving the instructions beforehand (by reading them aloud several times) so that you don't get stuck or need to repeat phrases, as that would have a negative impact on the participants' relaxation levels.

Steps:

1. Explain that the previous exercises might have brought up hard and painful feelings in some participants. This is normal. When we want to help others, we need to take good care of ourselves. Refer back to Musu's story from module 1. This is why it is important to learn techniques for taking good care of ourselves.
2. Explain to the participants that when people are emotionally upset, the following breathing exercise can help them to calm down. Stress the fact that breathing exercises exist in many cultures and countries. Ask them whether this is also practiced in Liberian traditional medicine.
3. Ask the participants to try the exercise for themselves by following your instructions. Here are the instructions for the breathing exercise

"Make yourself comfortable. Close your eyes if this helps you to feel more comfortable. Put your hands on your stomach and breathe slowly with your stomach, not your chest. Each time you breathe think about how your stomach is filling up with air, and then let the air out. Notice how relaxed you feel with each breath.

Each time you breathe, imagine that you are bringing energy and good feelings into your body. When you breathe out, imagine that you are getting rid of your bad feelings and nervousness.

Concentrate on each breath. In – energy and good feelings. Out – emptying your body of bad feelings and nervousness. In, out, in – good feelings, out – bad feelings. In – energy; out – tiredness. Feel how relaxing it is to bring energy and good feelings into your body, and to empty it of bad feelings.

Continue for a few minutes until you are relaxed and calm."

4. Ask the participants how they felt during the exercise. Was it possible to follow the instructions? How do they feel now after the exercise? Give some time to share in the group. Reassure them that it is okay if they found the exercise challenging – breathing in this way needs to be learnt and practiced.
5. Explain that you will come back to the exercise after the next one.

⁴ Adapted from: Kane, S. (1995). *Working with victims of organised violence from different cultures*. A Red Cross and Red Crescent Guide. International Federation of Red Cross and Red Crescent Societies: Geneva; here: p.74.

Exercise 5: The cycle of violence in intimate relationships (1-1.5 hours)

Method: Brainstorming / discussion in plenary

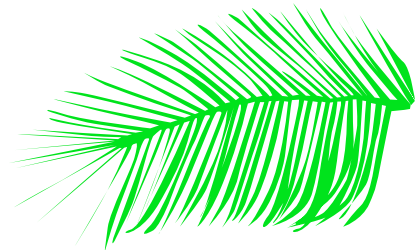
Handouts: Case study “Anna stays despite the beating”;
The Cycle of Violence⁵

Steps:

1. Ask the participants why they think that women stay in abusive relationships with their husbands. Note down their contributions. They might mention the following points:
 - ✓ They do not want to leave their children behind.
 - ✓ They have no source of income for themselves and their children other than their husband.
 - ✓ Being a “married woman” carries a higher status than being single, and they do not want to give this up.
 - ✓ They are more protected from (sexual) assault by other men if they are married.
 - ✓ They depend on their husband for access to land.
2. Explain that there are other reasons why women stay that have to do with the kind of relationship they have with their husband. Explain that you are going to explore this dynamic with a case study.
3. Distribute copies of the case study “Anna stays despite the beating”, and ask the participants to read it quietly on their own, and then to take turns reading it aloud.
4. Ask the participants whether they have ever noticed similar patterns of beating and then reconciling again amongst their friends or family members, or lived through something similar themselves. Explain that this can be called the “cycle of violence”. It was first researched by the American psychologist Lenore Walker in the 1970s, who wanted to understand and explain some of the dynamics of domestic violence in the United States.
5. Distribute copies of the handout “The Cycle of Violence” to the participants. Discuss this cycle of violence with the participants until you are sure that the concept is well understood. Emphasize again that as this cycle was researched in the US, it shows that domestic violence is not just an issue for poor countries, but is an international problem.
6. Stress the fact that this cycle is extremely strong and that it is very difficult for women to leave the abusive relationship because the “calm” phase (which is also called the honeymoon phase) is so promising for the women that they stay. Point out that despite women’s great hope that their husbands will actually keep their promise to change, this only occurs when healing from these patterns takes place, on the side of both the woman and the man. And as these patterns are often transferred from one generation to the other, it cannot easily be overcome just through will-power alone. Both women and men need intensive counseling for real, lasting change to occur.
7. For closure, repeat the breathing exercise (see exercise 4).

Carry out a **short evaluation** (see annex).

⁵ Adapted from: Raising Voices (2004). *Rethinking Domestic Violence. A Training Process for Community Activists*. Raising Voices: Kampala; here: p.63.



Case study: Anna stays despite the beating

handout

Anna lived with her husband John and her three children in a small house near the village market. When they got married, John paid the bride price to her family and from the beginning expected Anna to work hard to make up for it. He would often tell her that he had paid a good price for her so she better work and be an obedient wife, or else he would send her back.

Anna worked from early morning until late in the evening selling vegetables in the market. When she got home, she would be tired, but she still had to cook dinner for her husband, fetch water, wash clothes and look after her young children as well.

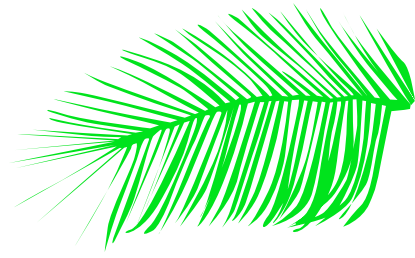
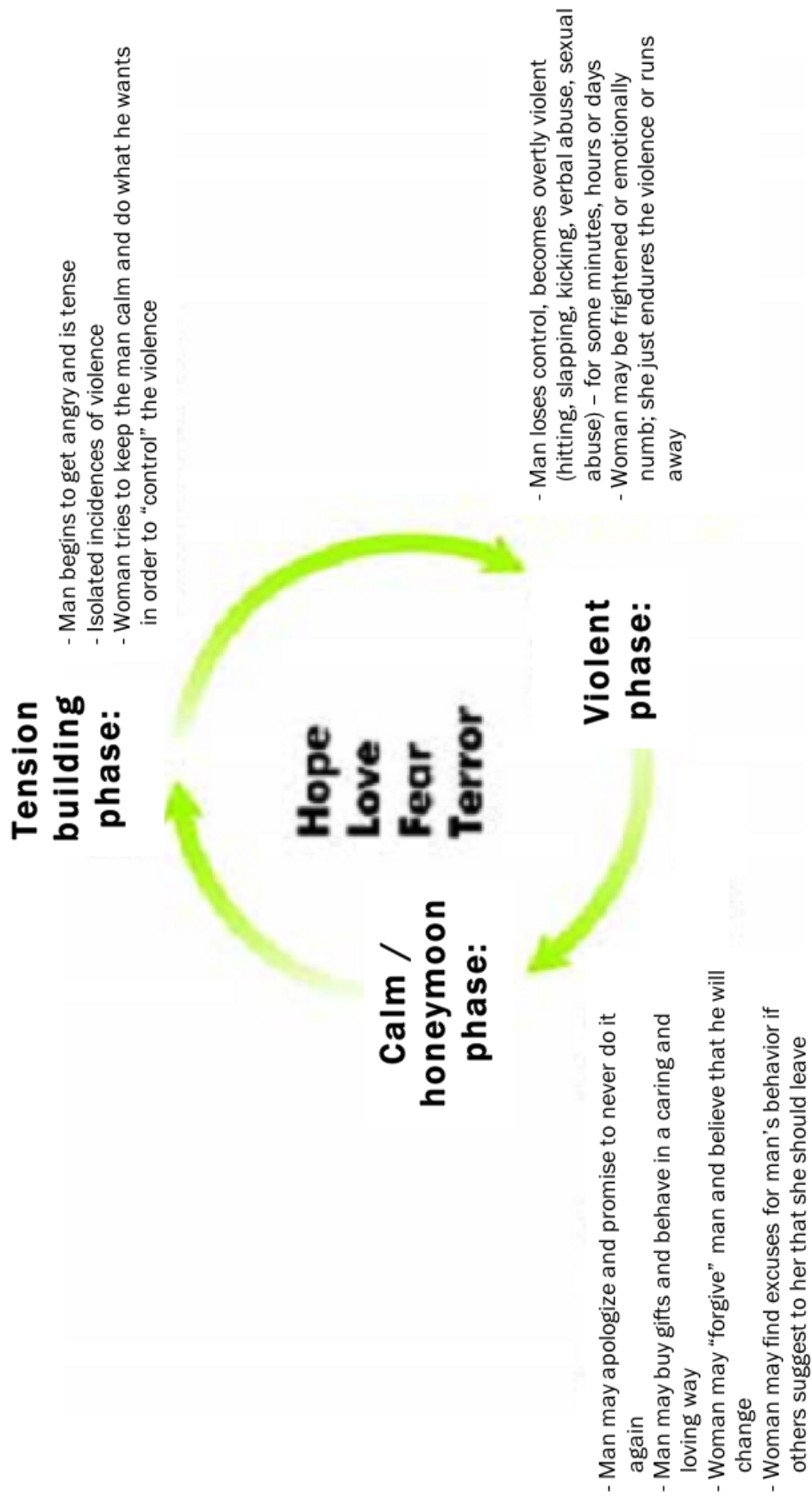
John was a charming man when their relationship started, but after the wedding and more so after the birth of their first child, things got bad: he would often take the money that Anna earned and go out in the evening and drink with his friends, and when he came home he would call Anna names, and ask why she was lying in bed and not cooking his dinner. He would push her around while she tried to explain that it was late and that she had made dinner ages ago, and sometimes he would slap her. Once it had started the slapping got worse and worse until Anna was enduring beatings that went on for hours. When she saw such a beating coming, Anna usually asked her neighbor Elizabeth to take care of her children so that they would not see her getting hurt, or be beaten themselves when they cried out.

After these bad beatings, John would usually leave the house and stay away for a day or two. Elizabeth would then come to help Anna, treating her wounds and whispering to her that she should leave John, since he was a bad husband who did not care for her.

When John came back home, he usually brought a gift, such as a new lappa, and showed remorse at his wife's bruises and swollen face. He would apologize tearfully, ask his wife for forgiveness and promise that he would never beat her again. He would say that he loved her, and had only beaten her because of the things she had done, and if she could only behave differently and not provoke him, then he would never do it again. For the next few days he would stay at home, playing with his children, being nice to his wife and even helping her with the daily work. But eventually he would start to blame her for little mistakes again, and sooner or later the violence would take its course.

Elizabeth kept telling her friend to leave her husband, but when John apologized and said he was sorry Anna wanted so badly to believe him, and would tell Elizabeth how much he loved her, and that it was her fault that he lost his temper because she did not do what he asked her to. All she had to do was make sure she behaved in the way he wanted her to, and everything would be fine between them.

The Cycle of Violence



handout

Section 3: Rape / sexual violence (1 day)

Objectives of the section:

Today, we want to

- discuss what communities say about raped women and how this influences their healing;
- learn how “rape” is defined in the Liberian rape bill;
- understand the physical consequences of rape;
- find out what trained helpers should know about the legal and physical aspects of rape.

NOTE: For this section, it would be helpful to have a legal and a health expert who work with rape cases to co-facilitate parts of the training sections. The morning session would be facilitated by the facilitators and the LEGAL expert, and the afternoon session by the facilitators and the HEALTH expert.

Recap the previous day’s training (see annex).

Exercise 1: Myths about rape⁶ (1-1.5 hours)

Method: Discussion

Steps:

1. Show today’s objectives and explain that rape is another form of gender-based violence that everybody working with women and girls in Liberia should know about.
2. Brainstorm with the participants what people in communities believe about rape. Note down their contributions. Ensure that the following perceptions are mentioned, regardless of how they are phrased:

“What people in communities often say about rape”:

- ✓ Women are raped because of the way they dress.
 - ✓ Women behave in provocative ways that make men rape them.
 - ✓ Women allow men to rape them so they can get money or nice things from them.
 - ✓ Women like to play with men too much, this is why men rape them.
 - ✓ Adults cannot be raped, only children can be raped.
 - ✓ Wives cannot be raped by their husbands.
 - ✓ Some men rape for rituals or superstitious beliefs.
 - ✓ No woman can be raped unless she wants it.
3. Ask the participants what they themselves think about these statements. In order to gather their personal views, put up three posters in three corners of the room, one with the heading AGREE, one with the heading DISAGREE, one with the heading DON’T KNOW. Emphasize again that the group rules must be followed even if there is a heated debate about the topic. Explain that it is important that we become aware of what we ourselves think about rape, because we have also grown up in the same environment and have learned to resent raped women

⁶ Adapted from: Raising Voices (2004). *Rethinking Domestic Violence. A Training Process for Community Activists*. Raising Voices: Kampala; here: p.27.

and hold them responsible for their rape. Women have even learnt to protect perpetrators by blaming the victims.

4. Pick four or five of the most powerful statements of what people say in communities about rape (see step 2) and ask the participants to stand in one of the three corners, according to their own beliefs: If they agree with the statement, they should go to the corner with the poster “AGREE”; if they disagree, they should go to the poster “DISAGREE”. If they are not sure, they should go to the poster “DON’T KNOW”. After each statement, ask the participants briefly why they agree or disagree, or what makes them unsure. Do not comment. Repeat again and again the importance of listening to one another non-judgmentally.
5. Ask the participants to return to their seats, and then ask how beliefs about rape in the communities influence women who have actually been raped. Do these beliefs make it easier to come forward and ask for help, tell somebody about what happened so that they can share their pain, or look for justice? The answers are NO. Explain that this is how a community helps to cover up injustice and protect the perpetrators.
6. Emphasize again that in order to help survivors we have to work through our own prejudices about raped women. And it is important that we become aware that we also sometimes carry these prejudices against raped women in our hearts and minds, and this blocks our ability to help them.

Lastly, present the following poster (prepared beforehand) and read it aloud to the participants. Then ask them to take turns reading the bullet points until all five have been read. Leave the poster hanging somewhere in the training hall:

It is important for all of us to understand with our head and our heart:

- The perpetrator must be held responsible for the crime, not the victim;
- No woman ever “deserves” to be raped, no matter how she is dressed or what she does; no woman ever wants to be raped.
- Wearing sexy clothes might show that a girl or woman wants to be admired by men and feel beautiful – but this never means that she wants to be raped;
- Girls and women of any age can be raped. Babies are raped, and grandmothers are raped;
- Rape is gender-based violence: Men who rape want to display their power and control over women.



Exercise 2: Definition of rape and the Rape Bill of Liberia (1 hour)

Method: Brainstorming / presentation by a legal expert

Handouts: What trained helpers should know about the legal aspects of rape and the Liberian Rape Law

Steps:

1. Ask the participants what they understand by rape. Note down their contributions. Present the following definition (prepared beforehand) and explore with the participants how it relates to their definition:



RAPE is any act of non-consenting sexual intercourse (penis-vagina or penis-anus), or any act of inserting objects into an opening of the body.

SEXUAL ASSAULT includes other non-consenting sexual acts that are not rape or attempted rape (e.g. unwanted touching, forced removal of clothes, etc.)

In both sexual assault and rape, the woman or girl does not give informed consent.

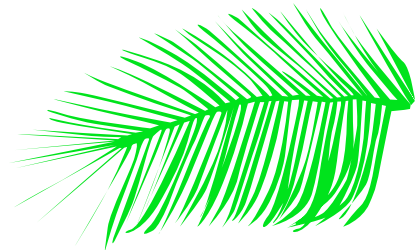
2. Ask the participants what they think 'consent' means. Note down their contributions and present the following definition on a flipchart.



CONSENT is a mutual agreement. When we say "consent", we mean "informed consent". Informed consent means that the person giving it knows exactly what he or she is agreeing to, and freely chooses to do it. This means that the person must also have the option to say "no" without suffering negative consequences.

Go through the definition with the participants and ensure they understand that simply saying "yes" does not mean that a person has given informed consent.

3. Explain that all countries have the right to define what they mean by "rape", and these definitions might vary slightly. The definition can also change within a country over time, as was the case in Liberia with the rape bill in 2006.
4. Distribute a copy of the handout "What trained helpers should know about the legal aspects of rape and the Liberian rape law". Read through the handout together. Allow time for questions and discussions.
5. Explain that all women and girls, especially in rural areas, have to know that rape is a crime, even if their communities often try to cover it up or compromise with the perpetrator if he is willing to pay something to the family of the victim. Remind the participants that most perpetrators of rape are known to their victims, and most usually come from the same family or community. Rapes by strangers are very rare, at least in times of peace.



What trained helpers should know about the legal aspects of rape and the Liberian Rape Law

When a woman or girl comes to you because she was raped, it is important to let her know, calmly and professionally, what legal options she has available. To do this effectively, you should collaborate with *medica mondiale Liberia*'s community advocates or other legal experts, as they will be responsible for guiding the woman or girl in need through the legal process, if this is what she wants to do. However, as a trained helper, you should make sure that you have the following information available:

What is rape, according to the Liberian Rape Law?

There are two forms:

- Rape is having sex or doing man - woman business by a person forcing his toto / penis (even half way) or any other object into another person's fish / vagina, rectum / anus, mouth, or any other part of the body, **without that person's consent**.
- Rape is when somebody **aged 18 years or older** has sex or does man - woman business with a person who is less than 18 years old.

What is gang rape?

When a person is raped by more than one person.

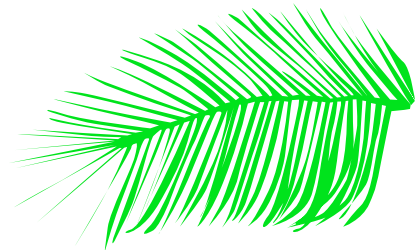
What is informed consent, and why is it important in the definition of rape?

Informed consent means that the person concerned makes a real choice to have sex with another person. Consenting means that the following must **ALL** be true:

- The person agreeing must be at least 18 years old.
- The person is not put under pressure or frightened into agreeing to have sex.
- The person is not under the influence of drugs or alcohol, unconscious, or asleep.
- The person must have the mental and physical capacity to give their consent (i.e. people who are mentally disabled cannot give consent).
- The person is not fooled by the other person pretending to be somebody else.

What is the punishment for rape, according to the Liberian law?

There are two degrees of rape, which have different punishments:



handout

1. First Degree Rape is

- rape of a minor (a person under 18 years)
- gang rape
- aggravated rape, which is when the victim suffers permanent disability or serious bodily harm, or is threatened with a gun, knife or other weapon.

The **maximum punishment** for first degree rape is life imprisonment, the minimum punishment is left for the judge to decide.

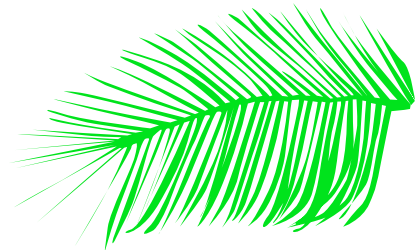
2. Second Degree Rape is:

rape (other than gang rape) of somebody older than 18 years old where the survivor does not suffer permanent bodily harm, and is not threatened by a knife or a gun.

The **maximum punishment** for second degree rape is 10 years imprisonment, the minimum punishment is left for the judge to decide.

What is important for a survivor of rape to know and understand?

- The first and most important thing you should do as a trained helper is offer to go with her to **hospital**. Explain that being examined and treated is very important and could help her, even though she might feel ashamed or be afraid about the consequences.
- Advise her **not to bathe** until she has been examined and not to throw away the clothes she was wearing during the rape, especially not her underwear. If she wants to go to court – even if she does not decide this until later – it is extremely important that she keeps the evidence, as this will be very useful during a trial.
- **Do not try to force her** to start legal action, or go to the police. It is essential that she feels in charge of deciding what the next step should be, and it is important for her healing that she does not feel forced into another thing that she does not want to do - even if you believe that you know what is best for her!
- **Explain to her calmly** that she has the right to take action against the perpetrator, if this is what she wants. Assure her that all decisions will be hers to make, but that she will not be alone at any point. Remind her that all rape cases are held “in camera” (behind closed doors), which means that the public and the press are not allowed to attend.
- If she **decides to begin legal action**, carefully explain the following steps to her:



handout

STEP 1: The woman or girl who was raped goes to the **POLICE**, who carry out a preliminary hearing and prepare a charge sheet. They will ask her questions, try to find evidence, and send her to hospital if she has not been there already. The police must keep all information confidential.

STEP 2: The police will order the **arrest** of the alleged perpetrator (i.e. the one who has been accused of carrying out the rape) and put him in detention for up to 48 hours, where he will be asked questions. During this time, other police officers will look for witnesses, gather evidence, and visit the place where the rape took place.

STEP 3: When the police have finished questioning the alleged perpetrator and collecting evidence, they will write a **report** and charge him with rape. He will then be sent to the **MAGISTERIAL COURT**.

STEP 4: The magisterial court will issue an **arrest warrant** and send the case to the “big court”: the **CIRCUIT COURT**. This must be done within 72 hours.

STEP 5: The Circuit Court will send the file to the **COUNTY ATTORNEY** who will read through it and then arrange a meeting with the victim (or the victim and her parents, if she is under 18), where he or she will ask them about the crime. He / she will also have meetings with the witnesses.

STEP 6: After this process the County Attorney will draw up an **indictment**, which is a formal written accusation against the alleged perpetrator. This is then sent to the **GRAND JURY**, which is a group of people from all parts of the community.

STEP 7: The **Grand Jury** will ask the victim and witnesses about what happened, and then decide whether or not the case can go to court. If they decide that it can they will sign the indictment as a “**true bill**”. A True Bill means that they believe the accusation against the rapist can be proven.

STEP 8: The case file will then be **filed in court**, and the court will inform the accused perpetrator of the file. He will either hire a lawyer, or the government will provide one. The victim is represented by the State through the office of the County Attorney. The victim will be called as a witness.

STEP 9: When the case is being **tried in Court**, it will be heard by the County Attorney, the Defense Lawyer, and the “**PETIT JURY**”, which is made up of 15 people. After listening to the case for up to 42 days, the jury will discuss the facts privately in a special room.

STEP 10: If they come to the conclusion that the alleged perpetrator did rape the victim, they will announce a “**guilty verdict**”. If they come to the conclusion that he did not rape the victim, they will announce a “**not-guilty verdict**”.

STEP 11: If the jury returns a “guilty” verdict, the **JUDGE** will give a **final judgment and sentence** five days later.

Be aware: If the accused is found guilty they may announce, through their lawyer, that they wish to lodge an appeal, which will be heard by the Supreme Court of Liberia.

Exercise 3: “Is this rape?” (45 minutes)

Method: Discussion

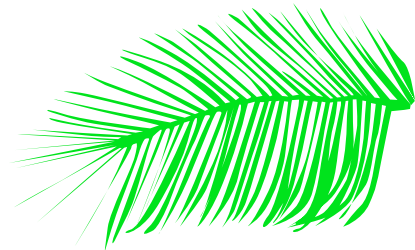
Handout: Case studies “Is this rape?”

Steps:

1. Cut the case studies into different pieces of paper with each slip of paper containing one case study. Distribute the slips to different participants who will read them one after the other to their fellow participants. After each story is read, ask the participants to reflect on whether the story represents a rape case or not. Whoever wants to give her view can do so. Ask the others if they agree with this view. Ask them why they think it is a rape case (or why not). When the participants give their views, ensure that they take into consideration the definitions of “rape” and “informed consent” given above. (Note: From a legal perspective, they are all rape cases; some for more than one reason (e.g. statutory rape because the victim is under age and being tricked or coerced in some way)).

Take time for discussions. These case studies might raise a lot of debate in the group and it is important to allow this debate to happen. It is likely that several of the participants will struggle to accept that all the case stories are about rape.

2. Summarize that rape is not always associated with heavy physical violence, but it means “using force” in order to have sexual intercourse with somebody. This force can be psychological force and can refer to coercion or pressure, threats, or the promise of giving a weaker person something that they need (like in the first case of the refugee woman). It is also rape when the person is not informed about what is happening and has no free choice.
3. At the end of the exercise, give everyone a copy of the handout with all the case studies.



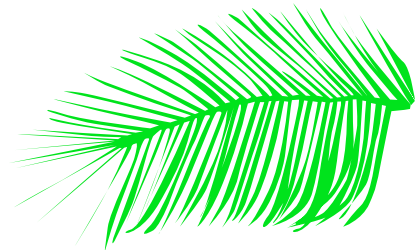
Case studies: Is this rape?

Case study 1: A refugee woman with three children approaches an armed soldier at a checkpoint. The woman has been separated from the rest of her family and community. The soldier asks the woman for some money for letting her through the checkpoint. The woman explains she has no money and nothing of value to offer. The soldier tells the woman that he will let her through if she has sex with him. The woman agrees.*

Case study 2: Dedeh is fourteen and comes from a poor family. She is eager to go to school because she wants to become a medical doctor, but her Dad says that it is pointless to educate girls, and that only the boys of the family should go to school. Dedeh's neighbor Abdul, a friend of her father, hears about Dedeh wanting to go to school and approaches her while she collects firewood. He talks nicely to her, saying that she is a good, intelligent girl who should go to school. Dedeh breaks into tears, telling him that her father does not want to spend the money on her. Abdul pretends not to have known about this and promises to help her. She should come back tomorrow to the same place, then they could talk more about how he can help her. Dedeh is confused, but her wish to go to school is so strong that she comes back the next day and meets Abdul, who says that she is a beautiful girl and that he would like to help her in return for some love. He claims that he has fallen in love with her and would like to show her that love by giving her the money for school fees. He starts touching her and kissing her and pulling up her dress. Dedeh is confused and embarrassed but does not know what to say. Abdul gives her an envelope with enough money to pay for her next term. Dedeh does not know what to say when Abdul talks sweetly to her, and promises that he will keep helping her as long as she has sex with him. Although she is a virgin she finally agrees - holding the money in her hand the whole time.

Case study 3: John and Jane are married and have five children. Jane has a lot of work to do at home with her children and the big garden in which she grows vegetables to sell at the market. She is tired in the evening after all the work. When her husband comes home from the bar, she is often already in bed with her kids sleeping next to her. John then comes and says he wants to have sex with her since she is his wife. When she says she is tired, he accuses her of having a boyfriend, so Jane has finally stopped complaining and in order to not wake up her children and let her husband do "his business" in order to keep the peace.

* Adapted from: Vann, B. (2004). *Training Manual/ Facilitator's Guide. Interagency & Multisectoral Prevention and Response to Gender-Based Violence in Populations Affected by Armed Conflict*; here: page 2-6. Retrieved December 2012 from http://www.rhrc.org/resources/gbv/gbv_manual/full.pdf



handout

Case study 4: Mary and Emmanuel, who are both fifteen, go to school together. They like each other. Last week, Emmanuel bought a nice lappa for Mary from money he had earned when helping a shop keeper nearby to unload some deliveries. Mary is flattered by Emmanuel's behavior, so she promises to share a soda with him at the nearby bar after school.

They enjoy chatting with each other while drinking the soda and Emmanuel keeps touching her hands. When they go home, he takes her hand in his and then puts his arm around her. Then he starts kissing her. Mary enjoys his gentleness, but when it gets too much for her, she pushes him away and says that she does not want to continue. Emmanuel insists and says that girls always say no when they mean yes and since she has accepted to go for a soda, this means that she agrees to make love with him. Mary is totally shocked and does not say anything when Emmanuel continues undressing her and finally forces her to have sex with him.

Case study 5: Hassan, 18 years and Jasmina, 15 years are neighbors. Jasmina has no family since all were killed during the war. Hassan is a very nice boy, and starts taking her home from time to time to his family. They like Jasmina a lot since their family has only boys, and no girls. Jasmina and Hassan fall in love with each other and enjoy touching and kissing each other. After a while, they are having sex. Jasmina agrees to this as she wants to get married to Hassan as soon as possible and be part of his wonderful family.

Case study 6: Fatmata, 21 years, was abandoned by her mother because she was born mentally handicapped. She lived with her Grandmother until her grandmother died, and since then she has been living on the streets of Monrovia. People laugh at her torn clothes and the way she talks, and some people say that she is bewitched. Others, out of mercy, give her some food. As she is mentally handicapped, she does not understand what is going on when three men give her some food and tell her to come with them to a place where there is more food. Once they reach an empty house, they first give her food which she eats with great pleasure since she is very hungry and the food is tasty. Then they start touching and undressing her. They end up having sex with her, one after the other, while Fatmata is staring at them.

Exercise 4: Giving support to each other through the massage train⁷ (5-10 minutes)

Method: Game

Steps:

1. Explain to the participants that after this emotionally demanding input, it is necessary to take good care of ourselves. The following exercise will help them to relax and support each other in a playful way, which is important since helpers do very emotionally draining work, and need to support each other.
2. Ask the participants to form a massage train by standing in a circle with their hands resting gently on top of the shoulders of the woman in front. Explain that their task is to gently massage the person's neck and shoulders, constantly checking whether they feel comfortable, and that the massage is not hurting them. The train can gently move forward (walk slowly in a circle).
3. After a few minutes, ask the participants to turn around and massage the person who was massaging them.

Exercise 5: Physical consequences of rape, and what needs to be done from a medical perspective (45-60 minutes)

Method: Brainstorming / presentation by a health expert / buzzing

Handout: What trained helpers should know about the physical aspects of rape

NOTE: The facilitator facilitates the discussions of this exercise, while the health expert will provide the necessary technical information. Please read the instructions thoroughly in advance to know who covers which parts.

Steps:

1. **To the facilitator:** Draw a map of a human body on newsprint. Ask the participants to brainstorm on the question: What consequences can rape have for the body of the survivor? Write the consequences on the places in the body-drawing where the consequences will be felt (i.e. if someone suggest a broken arm, write this on the arm of the drawing).


Ensure that the following points are mentioned – even if in non-technical terms – and add them yourself if necessary:

- ✓ serious injuries: bruises, broken bones, internal bleeding (even including the possibility of dying from this bleeding)
- ✓ unwanted and early pregnancy
- ✓ infant mortality (if the woman happens to be pregnant)
- ✓ infections
- ✓ disability
- ✓ STIs including HIV / AIDS
- ✓ pain all over the body
- ✓ feeling pain when having sex
- ✓ menstruation problems

⁷ Adapted from: Rooth, E. (1995). *Lifeskills: A Resource Book for Facilitators*. Macmillan: Swaziland; here: p.88.

2. **To the health expert:** Comment or add to the list provided by the participants, and explain the first medical steps that should be taken after a rape. Stress how important it is to administer the drugs that prevent pregnancy and lower the risk of an HIV/AIDS infection in the first 72 hours after the rape. Highlight the fact that the drug to combat HIV/AIDS (called PEP) has side-effects that the hospitals which distribute them do not always explain fully and clearly to the women and girls in need. Use concrete examples of women and girls who have been victims of rape (without giving the real names of the clients) that you know through your work to try and dismantle some of the common perceptions that people have concerning rape (e.g. age, provocative dressing etc.). Allow time for questions and answers.

3. **To the facilitator:** Prepare a flipchart with the following heading:



How should a trained helper behave towards a survivor of rape / which attitudes should she have towards the survivor?

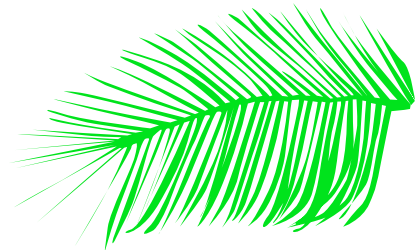
Ask participants to buzz with their neighbor on this question for about 5 minutes.

4. When the buzzing is over, ask the participants what they came up with and note down their responses: The first pair starts by giving their first point, then the second pair adds another point to the list, then the third pair, etc. Keep going around the group until all the pairs have given their points.

Ensure that the following aspects of trained helpers' attitudes towards survivors of rape are mentioned, no matter how they are phrased:

- ✓ Approach the woman / girl with an accepting attitude and re-assure her that what happened was not her fault.
 - ✓ Do not adopt a blaming or investigative style, such as asking questions like "Why did you not scream when he raped you?", or "Why did you go there? You know how dangerous it is!"
 - ✓ Believe her story.
 - ✓ Assure confidentiality, especially if the woman / girl tells you the perpetrator's name.
 - ✓ Do not force her into taking actions by saying "you must go to the hospital", or "you must go to the police". Offer to accompany her to the hospital and the police, if this is what she decides to do.
5. Distribute the handout "What trained helpers should know about the physical aspects of rape." Go through it with the participants.

NOTE: If the participants find it difficult to grasp the main ideas on the attitudes needed to help a survivor of rape, perform a role-play at this point in which the two facilitators act out a typical conversation showing how a "good" trained helper should act. The participants should then describe how they saw the qualities being put into practice in the role-play, and what they learned from it.



What trained helpers should know about the physical aspects of rape

When a woman or a girl who has been raped asks you for help, you as a trained helper should be aware of the following:

You should:

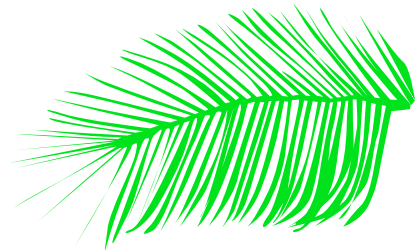
- ✓ offer professional and non-judgmental **information** on the options for medical treatment;
- ✓ **offer to accompany** the survivor to the hospital and stay with her, and **ensure** that she is attended to by a trained and – if possible – female health worker;
- ✓ be with her and **support** her throughout the process of medical treatment by **following up** on her in the first few weeks after the incident and encouraging her to go back to the hospital for any further appointments;
- ✓ **collaborate** with health personnel within *medica mondiale Liberia* and within your area of operation.

You should NOT:

- undertake medical examinations or administer drugs;
- ask questions about her health status;
- make assumptions about what happened.

What should you know to act professionally when dealing with the physical aspects of rape?

- Rape is a brutal experience in which the victim **totally loses control** over her body. Therefore, you need to be very careful about how you talk to her.
- **Threatening** her or trying to force her to go to hospital if she does not want to – even if you believe you are doing this in her best interest – will NOT help her, but will **make her trauma worse** and make her even more resistant.
- So when you talk with her,
 - assure her that **she is in control** of what will happen to her next, and that you are there to assist her in making good choices for herself;
 - explain to her that it is **normal** after such a terrible experience that she would prefer to withdraw and wash herself and get some rest rather than talking about it and seeing a doctor; however, both for short term medical reasons and, in the longer term, to help if she decides to take legal action, it is important to get medical help as soon as possible.
- The **first 72 hours** – 3 full days – **are crucial** for an effective medical intervention: Gently ask her exactly when the incident took place. The precise time is critical because within the first 72 hours of a rape there is a very good chance that she can be treated effectively to prevent her getting pregnant or being infected with HIV/AIDS.



handout

- So if she is **within this 72 hours** time span, and if there is a realistic chance of getting all the relevant medical treatment in your area in time, **explain to her calmly but clearly** that she has a very good chance of avoiding being infected with HIV/AIDS or getting pregnant if she goes to hospital straight away so that the drugs can be administered before the 72 hours have passed.
- If she is **beyond the 72 hours**, or if there is **no health center** nearby where these drugs are available, do not mention that the time for administering PEP and EC (the drugs that prevent HIV infection and pregnancy) has already expired. This is likely to scare her and make her feel desperate. Still **encourage her to go to hospital** so that her physical injuries can be treated, Sexually Transmitted Diseases prevented, and vaccinations given against tetanus and Hepatitis B.

The following medical treatments are most usually offered by hospitals after rape:

- **Post-Exposure Prophylaxis (PEP):** this prevents an HIV infection, but treatment must be started within the **first 3 days (72 hours)**, and the survivor must continue taking the anti-retroviral drugs for 28 days.

PEP is not a treatment for HIV / AIDS, and cannot stop a person who already has HIV from developing AIDS.

- **Emergency contraception (EC):** this is usually a pill which will stop a pregnancy from occurring if it is taken within the first 3 days (72 hours).

An EC will have no effect if it is taken after 72 hours, or if the woman is already pregnant. An EC will not harm the baby in any way if she is already pregnant, and it will have no effect on her ability to get pregnant in the future.

- **Treatment / antibiotics** for the prevention (or treatment) of sexually transmitted diseases
- **Vaccinations** against Tetanus (“lock jaw”) and Hepatitis B (“yellow jannah”)
- **Treatment** of wounds and broken bones (fracture setting), **including pain management**

Exercise 6: Preparing the homework: Listening survey about “gender”⁸ (15-20 minutes)

Method: Presentation

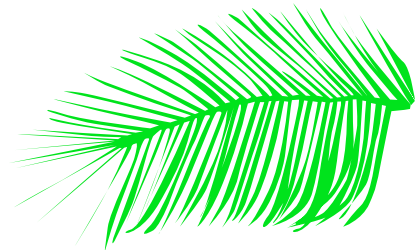
Handout: Instructions for the listening survey

Steps:

1. Explain to the participants that at the end of the module they will be set a homework task that is supposed to be completed before coming back for the next module. This homework will be a listening survey.
2. Ask the participants to work together in pairs with someone who lives close to them. Give them the following instructions for a listening survey that should be done within the next 2-4 weeks.
3. Ask them to prepare this survey by getting together with their partner, reading through the instructions (handout) and dividing the tasks (who will listen where). They should also agree on the date on which they will meet again.
4. They should then do the actual listening, which they do on their own, and then meet with their partners at the agreed date and time to combine their results.

Carry out a **training evaluation** of this module.

⁸ Adapted from: Hope, A. & Timmel, S. (1999). *Training for Transformation. A Handbook for Community Workers, Volume 4*. Practical Action Publishing: Bourton on Dunsmore; here: p.79f.



handout

Instructions for the listening survey* (homework module 2):

A listening survey is different from traditional surveys in which researchers decide beforehand what they want to find out about, and prepare precise questionnaires to get the information. In a listening survey, the team listens carefully to unstructured conversations around them in which people feel relaxed, and where they talk about the things which concern them the most.

Listening surveys on “gender” are also done by listening quietly in informal situations in which women can talk freely. It is about active listening on the following issues:

What are women

- worried about
- happy about
- sad about
- angry about
- hopeful about?

The listeners should NOT ask questions or try to carry out interviews, but simply listen to what women are talking about regarding of the feelings mentioned above.

The listening can take place at informal places - at the market, on buses, at washing places, at health clinics, at church events, or anywhere in your community. Concentrate on listening carefully; you can record your observations later.

The next objective is to distribute the tasks (who will listen where?) between you. You should do the listening individually and record your findings. You should then meet after two weeks, share your insights, and write down what you have learnt. Arrange a time for your team to meet. Each team will present its findings at the next training, where we will evaluate them together.

Be aware of the following: This type of listening survey provides listeners with lots of insights into what the “real issues” of women are. It is amazing how many new themes are discovered by listening surveys - even by people who think they already know their community quite well!

* Adapted from: Hope, A. & Timmel, S. (1999). *Training for Transformation. A Handbook for Community Workers, Volume 4*. Practical Action Publishing: Bourton on Dunsmore; here: p.79f.



Module 3:

Basic Helping Skills:

Offering initial support to a survivor of gender-based violence (Advanced Level)

Section 1: Introduction to basic helping

Section 2: Understanding basic helping skills

Section 3: Practicing basic helping skills

Section 4: Basics about crisis and trauma

Objectives of the module:

In this module, the participants will

- learn about the meaning of “helping” in *medica mondiale Liberia*’s approach, and the role of the different key players in case management;
- understand and practice the steps of basic helping for survivors of gender-based violence;
- be introduced to crisis and trauma.

Materials needed for module 3:

- ✓ Flipchart, newsprint, papers, markers, manila cards, masking tape, crayons
- ✓ A map of South Eastern Liberia
- ✓ Perforated photocopies of the handouts
- ✓ Perforated manila folders with some sheets of blank paper and a pen for each participant to take notes and file her handouts.

NOTE: If possible, it would be helpful to invite a representative of the respective counties’ SGBV task force for the third section of this module.

Basic Helping Skills: Offering initial support to a survivor of gender-based violence: Introduction for facilitators

Why a module on basic helping skills?

Module 3 on basic helping skills can be seen as the cornerstone of the whole series. It is placed in the middle of the modules and presents the basic “tool” which trained helpers of all categories – community volunteers as much as staff members of *medica mondiale Liberia*, and particularly the district and psychosocial counselors – are expected to use from their first meeting with a woman or girl in need onwards. Basic helping skills are the foundation of any further in-depth helping intervention, and in this manual these five skills – or steps – are named as follows:

- Active listening
- Assessing danger and needs
- Giving information
- Making an action plan together
- Following-up.

These steps are accompanied by an equally basic attitude, namely **empathy** (i.e. feeling “into” the person who is being listened to), and the principle of “keeping secrets”, which in technical terms is called “**confidentiality**”. All these elements are not only presented, but also practiced along with exercises and especially role-plays.

The underlying concept of basic helping – which is also the foundation of the advanced skills in module 4 – is that no matter who meets a woman or girl in need first, all key players of the joint helping intervention that *medica mondiale Liberia* offers have to follow these same steps, whether they are a community volunteer or a psychosocial counselor.

To ensure a smooth collaboration between all services, enabling the survivor to have access to all necessary and helpful information, it is also vital to install safe and functional mechanisms for **case management**, and this will be another core topic of module 3. Case management is understood here as a helping process whereby different services work together very well and professionally, so that the woman or girl in need is best taken care of. This not only includes collaboration amongst the services available within *medica mondiale Liberia*, but also with other service providers and with the SGBV (which means: sexual and gender-based violence) task force.

The module also introduces the topics of **trauma and crisis**, and offers basic insights into the special needs of people who have gone through terrible events. However, the main objective of this section is to present a basic introduction to trauma (with the help of a story and a personal approach), while at the same time trying to avoid working therapeutically on the participants’ own pain. Only psychosocial counselors will deal with trauma in its strict sense (i.e. working on unbearable symptoms like sleeplessness or being constantly on the alert and having recurrent intrusive images), and this will be a central topic in module 4. Experiences in Liberia, and also in other places where *medica mondiale* has been active, show that actually TREATING traumatized people needs special training, and these helpers have to be professionally supported. However, BEING HELPFUL to traumatized people and contributing to them feeling better and finding their own solutions to the burning issues that they have to deal with in the aftermath of trauma, is something that ALL helpers can do.

How is this module arranged?

This module is special in that the training lasts for **four days** instead of three. While it is strongly recommended that there are two facilitators for all modules, this is an absolute necessity for these particular four days, as they would place too high a burden on a single facilitator.

The topics will unfold as follows: The **first** day is dedicated to looking at the concept of “helping” in both its traditional sense and in the contemporary understanding of many service organizations, including *medica mondiale Liberia*. It also tries to ensure that the participants understand the different roles and responsibilities of the various trained helpers within *medica mondiale Liberia*. The **second** section enhances the participants’ understanding of confidentiality as a key principle in helping, and builds their capacity for empathy. It also explains what the basic helping skills are all about with the aid of a story and pictures which portray the five steps. The **third** section goes through the steps on a practical level and invites the participants to experience working on them through role-plays. A representative of the SGBV task force will be invited to join the training at this point to give input on the various services that are available to women and girls undergoing gender-based violence in Liberia. The **final** section deepens the skills that have been learnt with another round of role-playing in plenary, and offers a basic introduction to crisis and trauma with a focus on post-traumatic growth which is embedded in the palm tree story.

What you as facilitators should be prepared for:

- **Helping is difficult:** Listening, rather than giving advice or jumping straight to offering solutions, is a big challenge for almost all helpers. It is even reinforced by communal ideas that helpers – in a traditional set-up – are people of authority who must know best what a person in need should do. The core assumption that *medica mondiale Liberia* wants to promote, namely that helping means empowering women and girls to find their own solutions and make their own choices, might cause considerable confusion amongst participants who may keep reverting back to the “old pattern” of giving advice. It will need a lot of role-playing and good feedback for the participants to integrate these new skills and to understand why it might be more empowering for a client to find her own solutions.
Also encourage the participants to **try different approaches to achieving the goals of the helping steps:** e.g. what questions could be asked to assess safety in step 2 that sound caring rather than intimidating to the person playing the client? In step 4, how can a helper assist the client to make an action plan without being too guiding? How can the helper invite the client to come back, or offer to visit her, without sounding too intrusive in step 5? And in general throughout the helping process: How can the helpers reach their clients not only on an informational level, but equally and importantly on the level of their feelings, so that the helpers are also supporting them emotionally?
- **Stick to the rules of feedback:** The second section starts with an introduction to feedback. These rules are important for the process of role-playing as this will naturally entail giving feedback about those areas of a performance that you feel could be improved. Ensure that you as facilitators also integrate these rules into your way of training, and make sure that other people’s feedback always follows these rules.
- **Trauma** is usually a topic that arouses a strong emotional interest amongst the participants. Most people in Liberia have been exposed to it, either directly through undergoing traumatic experiences themselves or indirectly through having relatives who are still suffering from the consequences of war and violence. The methodology used in the story of the palm tree tries

to balance the destruction (the “stone”) with the potential to grow in the face of adversity (the “water”). It tries to make sure that introducing the participants to the topic of trauma for the first time is done safely, so that you as facilitators do not have to deal with participants becoming unstable, crying, or undergoing flashbacks as a result of your presentation. However, it might be that the story itself is enough to bring back bad memories, and this may lead to strong reactions amongst some participants. Both yourself and your co-facilitator should ensure you are prepared for this by closely observing how the participants are reacting while you are working on the story, by planning in advance what you will do if a participant starts crying (i.e. which of you will sit near the participant and talk to her, or take her out of the room, so that the crying does not become “contagious”), and by making sure that your facilitation emphasizes the part of the story that focuses on **growth**, highlighting the fact that our being able to participate in this training shows that we have survived whatever heavy stones have been placed in our lives: that life has proven to be stronger than destruction.

Should the participants start showing a tendency to want to tell their personal stories, gently explain why you want to limit their sharing and insist that they should only give the “names” of these “stones”, without relating the story itself (see instructions of the palm tree story). Keep asking what gave them the strength to continue their lives (thus again focusing on the water part).

Why is this important? Although many people think that it helps to just “talk it out” until they automatically feel better, we know from research on trauma therapy that **talking can only be healing in a safe environment** where the person who is sharing her story has actually learned how to deal with the strong emotions that will surface while she is telling it. If talking just happens spontaneously, it can be destructive rather than healing. Therefore, keep explaining that it is important not to go too deeply into traumatic stories, so that the participants don’t start feeling flooded or over-burdened with their past experiences.

What else is needed from you as facilitators:

- ✓ Please **read** the whole module and the handouts **several times**, long before the training starts. Read the case studies again and again and make yourselves familiar with the main concepts used in this module.
- ✓ Wherever you use role-plays – either because they are part of the exercises or spontaneously to practice a newly acquired skill – make sure that you help the participants to **de-role** afterwards, so that they do not remain emotionally stuck in their roles. De-roling can be done by getting up from their chair, touching it, and saying something like “Good bye, (name of the role), I am no longer you, I am now (gives her real name) again.” Or a similar ritual. You should perform the first de-roling yourself, and explain why it is important, so that the participants can see how it is done.
- ✓ Be aware that this module might also evoke **strong emotions in yourselves** and take up a lot of your energy. Make sure that you look after yourselves and reflect on your personal experiences during the training with your co-facilitator.

Section 1: Introduction to basic helping (1 day)

Objectives of the section:

Today, we want to

- share the results from our “gender listening surveys”;
- learn about the meaning of “helping”, and the differences between traditional helping and *medica mondiale Liberia*’s approach to helping;
- learn what the different helping professions within *medica mondiale Liberia* do and what case management is all about.

NOTE: The facilitator should present the overall objectives and training schedule at the start of each module, and go over the group rules again (see respective exercises from module 1). The following question should be prepared on a flipchart in advance:

What rules do we want to follow so that everybody feels comfortable in the group and learns well in the training? Let’s rethink the rules we had in our last training to see if they worked well, or if we would like to amend them, add to them, or remove any.

A minimum of two hours should then be allocated for gathering the group’s expectations for this module, followed by a recap of the learning experiences from module 2. Even if you are training different modules together, make sure you take enough time to confirm that the participants understood and can remember what they learnt before.

Exercise 1: Reviewing the homework from module 2: “Gender listening survey”¹ (1.5 hours)

Method: Brainstorming / discussion in small groups / presentations

Handout: Abraham Maslow’s theory of human needs

Steps:

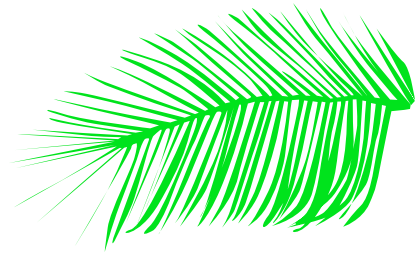
1. Explain to the participants that the basic helping skills module will be dedicated to introducing a range of skills, of which the most important is listening. Explain that this skill was central to the gender listening survey exercise, which they will look at first. Then present the rest of today’s objectives.
2. Ask the participants to share with the group how well they liked the gender listening survey. Allow some time for sharing, without noting down their contributions.
3. Explain that each group will present the results of their listening survey using a model developed by Abraham Maslow, an American psychologist, which tries to explain human needs. Maslow studied people’s motivations, and concluded that human needs could be arranged in a hierarchy. His theory suggests that until people have met their most basic needs, they are unlikely to be strongly motivated to meet needs from higher levels.

¹ Adapted from: Hope, A. & Timmel, S. (1999). *Training for Transformation. A Handbook for Community Workers, Volume 4*. Practical Action Publishing: Bourton on Dunsmore; here: p.79f.

4. Explain that just as when you go up a ladder you need to climb on every rung, in life you need to satisfy your basic needs first, before you can move on to ‘higher’ ones. Draw a pyramid and explain that in some models, this hierarchy is also illustrated as a pyramid, where the basic needs occupy more room than the higher needs. Distribute the handout “Abraham Maslow’s Theory of Human Needs” and go through it together, explaining the different kinds of needs.

Emphasize that Maslow’s model, which was developed in the USA, does not necessarily have to work in Liberia and discuss with the participants whether they feel that the model fits the Liberian context or if they would identify different categories or a different order of needs.

5. Ask the listening survey teams to take some time to rearrange their findings in their teams according to Maslow’s hierarchy of needs, and then present them to the group on a poster. Tell them to leave room on the poster for needs they have identified that do not fit easily into Maslow’s categories. Allow some 15 minutes for this.
6. Ask the teams to present their findings in turn. After the presentations, ask what they personally learned about women’s concerns in their communities that they might not have known before. Ask them how easy or hard it was to just listen to women’s feelings and concerns during informal conversations, without asking questions. Highlight the fact that it is a real challenge to “only” listen, without intervening and without channeling the process of talking too much by asking questions. Even trained helpers usually have a tendency to believe that they already “know” what their clients are concerned about. Hopefully, however, this exercise will have shown them that simply listening can reveal new and sometimes unexpected information that they would probably not have gotten if they had asked questions or taken part in the conversation.
7. Explain that this present training module will deepen both their listening ability and other core skills that they need to best support women and girls who have been exposed to gender-based violence.



Abraham Maslow's theory of human needs*:

handout

Abraham Maslow was a well-known and influential American psychologist who studied many things, including people's motivation. In the 1950s he suggested that there are universal needs, which all human beings share, and that these needs can be understood in terms of a hierarchy, which means that some of our needs are "higher" than others, while some are more basic.

Maslow's hierarchy of needs is most often displayed as a pyramid, but can also be visualized as a ladder which every human being can climb (see below). The lowest level is made up of the most basic needs, while the more complex needs are located at the top. Once the lower-level needs have been met, people can move up to the next level of needs. Maslow argued that people are less likely to be interested in abstract, "high" concepts such as personal growth until their more basic needs such as food and water (physical needs) and security have been met. Maslow believed that our personalities 'grow' as we go higher up the ladder, and he emphasized how important this growth is if we wish to develop our full potential as human beings.

These are the categories of needs that Maslow first identified:

Physical needs: these include everything that is essential for our physical survival, such as water, food, air, shelter and clothing, and also sexual reproduction to ensure that the human race continues. Without our physiological needs being fulfilled, we would simply not be able to survive.

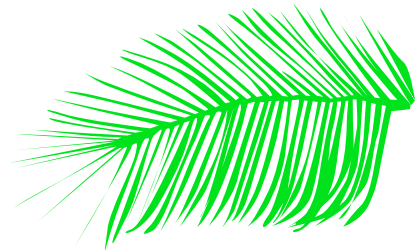
Safety and security needs: these include aspects such as immediate safety from physical danger (from other people, animals, war, natural disasters, etc.), economic and health security, and also the psychological safety of living amongst people with whom we feel secure and protected, and do not have to be afraid.

Both physiological and safety / security needs can be called basic needs.

Love and belonging: We all need to be loved and to feel 'part of something'; that we belong somewhere. Relationships such as friendships and loving interactions with partners and families help us to fulfill this need, as does involvement in social, community or religious groups.

* Adapted from: Hope, A. & Timmel, S. (1999). *Training for Transformation. A Handbook for Community Workers, Volume 1*. Practical Action Publishing: Bourton on Dunsmore; here: p.55.

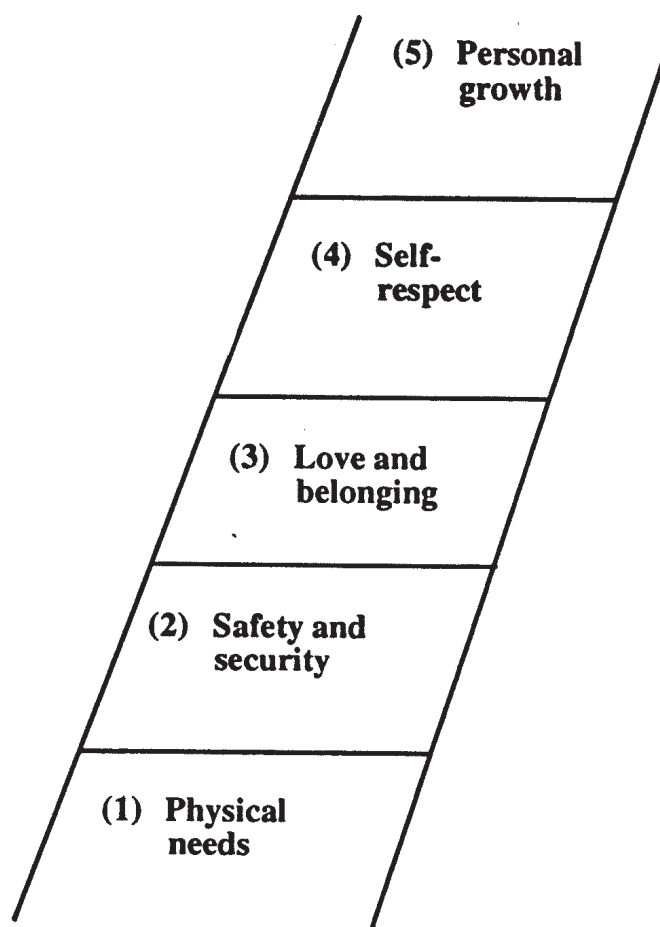
The version presented here corresponds to Maslow's first concept as published in Maslow, A. (1954). *Motivation and Personality*. Harper and Brothers: New York. Maslow constantly adapted and enlarged the list of needs in the course of his work.



handout

Self-respect: According to Maslow, our sense of self-respect and dignity strongly depends not just on feeling loved and having somewhere we belong, but also on our sense of independence and self-confidence, and a belief that we can actually make an important contribution in the world. Therefore, participation in professional activities, achievements in education, and personal hobbies all play a role in fulfilling this need. Those who are able to satisfy their need for self-respect will feel confident in their abilities. On the other hand, those who lack self-respect can easily develop feelings of inferiority towards others.

Personal growth: The need for personal growth stands at the top of Maslow's hierarchy of needs: he believed that when people are able to use all their talents and capabilities to the full, they will have achieved their maximum potential as human beings. At this point, they have become the best that they can be. Maslow believed that only very few people will ever reach this highest level.



Exercise 2: Traditional and contemporary helping / counseling (1-1.5 hours)

Method: Brainstorming in plenary / role-plays in small groups

Handout: Models of helping

Steps:

1. Explain that today's training is about what helping means in both the traditional sense, which the participants are probably most familiar with, and in the sense that NGOs like *medica mondiale Liberia* talk about, which in this manual we will call the contemporary approach.
2. Brainstorm on the question "What does 'helping' mean?". Ask the participants to give their contributions verbally to the group, and ask your co-facilitator to write each thought individually on a small manila card.
3. Ask where a woman would usually go for help if she is being badly beaten by her husband. Let the participants brainstorm on the people who are traditionally responsible for helping in cases of gender-based violence and note down their responses. Agree on which TWO people or institutions are mentioned most often, according to the traditions in the South East of Liberia.

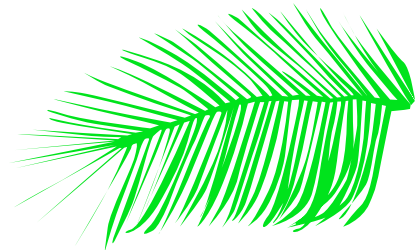
NOTE: This might be controversial as the cultural set-up has changed a lot in recent times and it might be difficult to determine what 'tradition' actually is. If so, highlight this as an important learning opportunity, since it shows that 'tradition' and 'culture' are always evolving.

4. Ask for four volunteers to perform two separate role-plays showing a wife who was beaten by her husband asking for help. In each role-play, one person will be one of the two persons or institutions that were identified in the previous step (e.g. town chief, traditional birth attendant, elders, the father's sister, etc.), and the other will be the wife who was beaten. Give the pairs (i.e. one 'helper' and one 'wife') 15 minutes to prepare their performances, which should show how they think this meeting would unfold in their communities. They can use things in the room (such as desks) or change their clothes to make the play more realistic, if they wish.

While they are preparing, ask the other participants how they think the two 'helpers' would react to the wife's needs. Make two posters, each headed by the name of one of the people/institutions chosen to be the helper, and write the participants' comments on the appropriate poster. Once they are ready, cover them so that the actors cannot read them while they are performing.

5. Allow the first role-play to be performed for about 5-10 minutes, and then ask the participants to summarize what they have observed and how that particular person was trying to help the wife. When they have finished, uncover the poster on which the participants had brainstormed the likely outcome of this particular helping interaction, and compare their ideas with what was shown in the role-play. Then repeat this procedure for the second role-play. De-role the actresses after each role play.
6. Once the role plays have been done, ask one participant to play the wife again while you as facilitator play the role of a helper following the *medica mondiale Liberia* model (active listening, being empathetic, not giving advice, but exploring options together etc.). De-role after the role-plays.

7. After this last role-play, ask the participants what differences they observed between this and the other two role-plays. Note down their contributions. Draw a line on a flipchart, dividing it into two halves. On one half, write the heading “traditional model of helping”, and on the other half write “contemporary model of helping”. Write their contributions from the three role plays on the poster under the appropriate heading, then distribute a handout on “models of helping” showing the table below.
8. Go through the manila cards that the participants produced in step 2, and ask the group whether they fit more into the traditional or the contemporary model of helping. Fix the cards onto the half of the table where the participants feel they belong.
9. Ask the participants where they see advantages of one model over the other. Summarize (or clarify) the discussion by explaining as follows:
The main advantage of the **contemporary** model of helping (in the sense of counseling) is that the client is empowered to find her own solution, which enhances her self-esteem and gives her back a sense of control over her life.
The main advantage of the **traditional** model of helping is that it is fast and often gives the person what they actually came looking for: quick advice.
10. Stress the fact that in traditional set-ups, people usually expect the helper to work in that traditional way and since they are used to being told what to do by authority figures, they might be put off by being asked questions about what THEY want. This is one of the major challenges that must be faced when implementing this new approach towards helping. Stress the fact that the traditional model has its own value and importance, but if we believe in the empowerment of women and girls to overcome oppressive structures, then we also have to change our approach to helping.



handout

Models of helping*

| Traditional model of helping | Contemporary model of helping (used in psychosocial programs like <i>medica mondiale Liberia</i>) |
|---|--|
| <ul style="list-style-type: none">• It tells someone what to do. The helper does most of the talking.• An authority figure gives advice.• It teaches rules / expectations of the society. <p>The most important objective is: To protect the traditions and well-being of the group / community.</p> | <ul style="list-style-type: none">• It helps someone to find out what she wants or needs to do for herself.• The client does most of the talking.• Clients develop their own solution.• It tries to build the client's self-confidence. <p>The most important objective is: To empower the person who has the problem.</p> |

* Adapted from: Sampa-Kamwendo, A., Syamujaye, T. Brakarsh, J. (1999). *Trainer's Manual for Psychosocial Counselling of Children*. Children in Need Network. Retrieved December 2012 from http://www.childtrafficking.com/Docs/ecpat_trainer_guide_1.pdf.

Exercise 3: Understanding the role of *medica mondiale Liberia*'s different helping profiles and the meaning of case management (1-1.5 hours)

Method: Brainstorming / presentation

Handouts: What is case management in *medica mondiale Liberia*'s approach?
Trained helpers in *medica mondiale Liberia*

Steps:

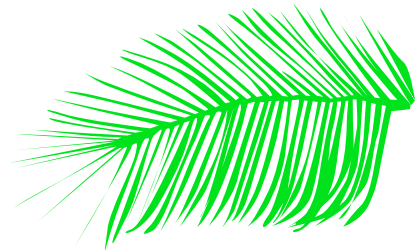
1. Explain to the participants that it is important to understand the approach to helping that *medica mondiale Liberia* decided to offer to survivors of gender-based violence, and what *medica mondiale Liberia* expects from staff and community volunteers.
2. Ask the participants what different kinds of help a survivor of gender-based violence might need. Suggest examples to stimulate the group discussion (e.g. a girl who was raped by her neighbor; a wife who was beaten by her husband), and note down their contributions.
3. Explain that many GBV (or SGBV) programs use the following approaches to helping survivors meet their needs.
 - medical
 - legal / justice
 - psychosocial / counseling
 - socio-economic

Discuss how the needs mentioned by the participants fit into these categories.

4. Ask the participants if they have ever heard about "case management" in relation to women and girls who have been exposed to gender-based violence, and what they think it means. Let them brainstorm, and note down their contributions. Then distribute copies of the handout "What is case management in *medica mondiale Liberia*'s approach?", or prepare it on flipchart beforehand, and see how it relates to the definitions that the participants offer.
5. Ask the participants what they think about this definition. Ask them to quote examples in which they think case management happened (even if only to a limited extent). Make sure that they understand that the client should remain in control of the process and that nobody else should make decisions for her, even if key stakeholders in the helping process might have different ideas about what she needs.
6. Explain that case management is also an important principle of *medica mondiale Liberia*'s helping response. All helpers, regardless of their job title, are meant to work together and to coordinate their efforts so that the help they offer can be holistic (that means: whole, taking care of all the survivor's needs).
7. Ask the participants what groups of helpers they are aware of within the *medica mondiale Liberia* structure, and what they think their tasks are. Note down their contributions, and add to them by explaining the different helping profiles of the *medica mondiale Liberia* project, and how they are linked with each other. Prepare a diagram showing the different groups, with arrows depicting the relationships between them, and use it to help ensure that the participants understand what everyone's role is. Finally, give them a handout "Trained helpers in *medica mondiale Liberia*" with the information given below.

8. Explain that the next day will be dedicated to the first steps to be taken in helping a survivor. All the professional groups mentioned and all members of *medica mondiale Liberia* – whether they are community volunteers, district counselors, reproductive health counselors or community advocates or peace trainers - should be familiar with these basic helping skills, since survivors do not always meet the same person or group first.
9. You might close this introduction with the “Broken Telephone” game. This offers a ‘fun’ introduction to good listening skills, which are a prerequisite for effective helping – see annex.

Carry out a **short evaluation** (see annex).



handout

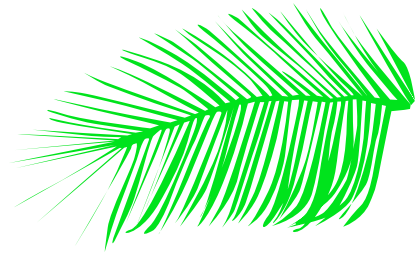
What is case management in *medica mondiale Liberia's* approach?

A woman or a girl affected by gender-based violence might need different services. She might need medical treatment. She might want to go to court to have the perpetrator punished for what he did. She might need to talk to somebody about her fears and sleeping problems. She might need material support. Not every survivor's wants or needs are the same, but all these services should be available to her and she should have all the information she needs on how she can access them. Only the woman / girl in need can take decisions on what she wants. We should NEVER force her into anything that we think would be best.

Case management is the name of a helping process where all these different services **work in professional harmony**, so that the client receives the best possible care. For this process to operate effectively we need to have good planning, follow the guidelines we have for our work, and cooperate not just with fellow *medica mondiale Liberia* staff members and community volunteers, but also with other NGOs and the county's SGBV task force.

Sometimes, there might be complaints about other service providers doing the wrong things, or not doing what they are supposed to. *medica mondiale Liberia's* trained helpers are advised to report such complaints to management, but not to share them with other people. It is important to be aware that service providers in the field need to have a good relationship with each other for smooth case management.

Since the different services need to share information about the woman or girl to help her as much as possible, it is alright to talk about what happened to her with other professionals involved in her case (e.g. the doctor, the county attorney, the social worker), but we have to ask for her permission first. This is very important and you should use the *medica mondiale Liberia* **consent form** to record this permission. Explain what the form is for and what it says, ask the questions it lists, tick the relevant boxes if the client agrees, and then ask her to sign the form. If a survivor can't read or write she can use her thumbprint to sign the form, but in every case the form must be read and explained until the helper is sure that the survivor has properly understood its contents. As long as the woman / girl gives informed consent, case management discussions will not violate the principle of confidentiality since the people involved are professionals who will not gossip about the case.



Trained helpers in *medica mondiale Liberia*

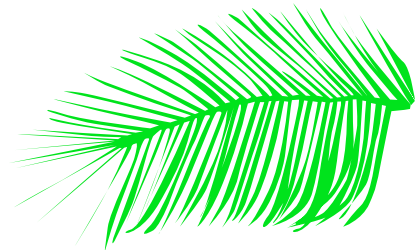
handout

Support Groups (SGBV support groups): These groups exist in many communities, even in quite remote areas, and are founded by people who want to show solidarity for women and girls who are exposed to gender-based violence. Since their members are community activists and trained community volunteers, these groups are often the first to identify cases of gender-based violence or to be contacted by women or girls seeking help – thus they can be seen as focal points in communities. The groups meet regularly and discuss issues related to gender-based violence in their communities and organize community awareness events. With various forms of awareness raising, they often get key community players such as the elders on board to find solutions in difficult cases.

The **community volunteers** live in the communities where they work and are part of the support groups. They give initial support to the client, and offer them all the information they need to decide what they want to do next (“supportive counseling”), while raising the client’s awareness on matters surrounding gender-based violence. They make referrals to the district counselors and, if there is no reproductive health counselor or community advocate available, they go with the woman / girl in need to the health center and the police station. They also help to set up and facilitate women’s group meetings.

The **district counselors** are in charge of more than one site, namely a whole district, and move from village to village to support the women who live there. They support women and girls who have been exposed to gender-based violence by offering counseling (“supportive counseling”) over a longer term. They also help the community volunteers and – at times - organize support group meetings. They do community awareness raising and hold meetings in communities. They escort survivors to clinics and to the police station. They make referrals to other helping institutions and follow-up on clients. They are responsible for keeping the psychosocial counselors informed about the situation in their communities.

The **psychosocial counselors** also offer counseling, but are trained to a higher level than the district counselors (“psychosocial counseling”). They help the district counselors with difficult cases. They train community volunteers, support group members and district counselors and follow up on their work in the field. They are in charge of the safe house.



handout

The **reproductive health counselors** help survivors to assess their options for medical assistance, and are present during medical examinations if the woman or girl wishes. They follow-up on medical cases, and also conduct trainings and awareness-raising activities.

The **community advocates (paralegals)** help the women / girls who have been victimized to know and understand their legal rights, and accompany them if they want to go to court. They explain the legal process to the client, and help them to prepare for it. They follow-up on gender-based violence cases that are referred to them, e.g. by the police. They also offer trainings and awareness raising activities. They train and work closely with the police and courts.

The **peace trainers** mainly offer training and support to help deal with conflicts that affect the whole community. They are part of the prevention of violence program, work with the team on awareness raising and with the community to set up peace committees, and train the community members on how to deal with family and communal conflict.

Section 2: Understanding basic helping skills (1 day)

Objectives of the section:

Today, we want to

- learn about positive and negative feedback, and helpful rules to follow;
- learn why it is important to keep secrets when helping;
- further develop our understanding of empathy;
- learn the different steps of basic helping.

Recap the previous day's training (see annex).

Exercise 1: Introducing feedback rules (1.5 hours)

Method: Brainstorming / role-play / presentation

Handout: Feedback Rules

Steps:

1. Present today's objectives.
2. Continue by explaining that learning isn't only facilitated by the trainers, it also comes from the group members practicing and evaluating the exercises and role-plays together. Today, the participants will practice helping in role-plays and give each other feedback, so it is necessary to agree on good rules for doing this.
3. Write the following phrase on a flipchart:

"Positive" feedback means saying positive things about somebody.

Explain that this is what the group did in the exercise in module 1 where they wrote on each other's backs.

4. Present a flipchart (prepared beforehand) with the following text and put it on the wall:


"Negative" feedback means feedback on those points that need improvement. This kind of feedback can be painful, so we have to think about how we can offer negative feedback in a supportive way."

5. Write the following question on another flipchart:

In what manner should negative feedback be given so I can accept it without feeling bad about it?

Allow some time for brainstorming, and note down the group's responses.

6. Present a flipchart with the following golden feedback rule (prepared beforehand) and see how it relates to what that the participants have just shared. Hang the rule on the wall next to the group rules as a reminder for the role-plays:



Golden Rule for Feedback: Make positive suggestions on how a person can improve in such a way that they don't feel hurt, but empowered to do better next time.

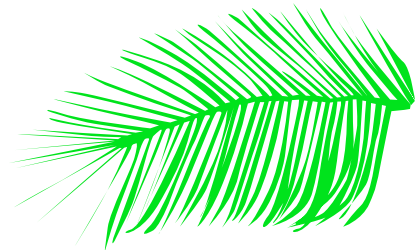
7. Present a role-play in which the two facilitators talk about the day's training. One facilitator criticizes her colleague harshly, saying that she talks too much in the sessions, that she is too intimidating towards the participants, and that she "always" interrupts with her own lectures when the participants are discussing things.

Ask the participants how they felt about the dialogue. Is this how people they know tell someone what they are doing wrong, or do they think this style is actually quite rare? How would it feel for the person who was "showered" with criticism? Ask them how the criticizing facilitator could have given better feedback to her colleague. Let them try out different wording of the same "content", so that the participants "hear" themselves giving feedback in a constructive way.

8. Distribute the handout on feedback. Ask the participants to read through it in turns and discuss together how these rules relate to what the participants brainstormed earlier.
9. Take enough time for the participants to fully understand what these rules mean. Discuss ways in which feedback is provided in the Liberian cultural context. Ask them whether a person's social status affects how they are given feedback (e.g. if the person receiving feedback is older, more educated, wealthier, etc. than the person offering it). Allow some time for discussion.

NOTE: In some cultures, intermediaries might be used to convey messages to the person concerned. Ask how, in this case, the rules should be adapted to include a third person – the intermediary – in the feedback process.

10. Finally, encourage them to try giving feedback to the trainers, so that they can practice their feedback skills.



handout

Feedback Rules

Golden Rule for Feedback:

Make positive suggestions on how a person can improve in such a way that they don't feel hurt, but empowered to do better next time.

How can we follow this rule when we GIVE feedback?

- Do not force your feedback on somebody; offer it as a gift and accept it if they decide not to follow your advice:
“I would like to tell you my impressions about the training session you facilitated today. Would you like to hear them?”
- Start with positive feedback, because there is always something that was done well and that should also be recognized and appreciated:
“I liked the way you presented the training objectives at the start of the day. You made the participants excited about what was coming next.”
- Be specific and do not generalize when giving negative feedback (instead of saying “you ALWAYS speak too much and interrupt participants...”, frame it in a specific way. Additionally, say what YOU think and take responsibility for your feedback – do not say things like “the group thinks” or “other people also think...”. Always use “I” messages:
“In the session on listening skills, I felt that you were talking too much and interrupting the participants quite often, and this meant that they were not able to give you their ideas properly.”
- If possible, give suggestions on how to improve, but do not feel upset if the person decides not to follow your suggestions:
“Perhaps, you could just give brief introductions and then allow the participants to share their views. Your input could then come bit by bit and not too much at one go.”

How should we RECEIVE feedback?

- Feedback is an opportunity to learn how to do things differently. Everybody has strengths and weaknesses. It is not meant to attack you as a person, but to help you improve.
- Listen attentively to the feedback you are given and ask questions if you have not properly understood what the person was saying. Listen to both positive and negative feedback – make sure it is not just the negative points that stick in your mind.
- Do not argue if a person tells you that she FELT bad about what you did. Feelings are personal. It does not mean that everyone felt like this. You don't have to defend yourself or explain why it was not your fault. The person is just sharing what she feels.

Exercise 2: “Keeping secrets” and other principles that should be followed in order not to do harm when helping³ (1-1.5 hours)

Method: Discussion in plenary and in small groups

Handouts: The story of Sarah;
Case studies of helpers

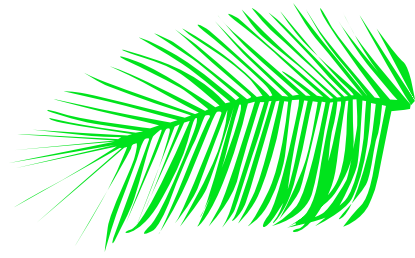
Steps:

1. Explain to the participants again that in the course of the next two days they will learn more about the attitudes and skills of a helper. They will also hear about those things that should be avoided when helping because they can cause harm – and a story will illustrate this second point.
2. Distribute copies of the following story about Sarah. Ask one participant to read the story to the group.
3. Ask the participants what happened in the story, and what they think about Sarah’s aunt’s helping behavior. What was good and what was bad in what the aunt did? Note down their contributions.

NOTE: If any participants suggest that it may have been the perpetrators who leaked the “secret” by boasting about their crime, acknowledge that this could be the case, but insist that it is more probable that the aunt – without necessarily wanting to create harm – told about the secret.

4. Ask the participants whether things like this (people breaking secrets) happen in their communities. Ask them why people do not keep secrets, and what motivates them to reveal other people’s painful or intimate experiences. Allow some time for discussion and note down the points that are mentioned. If they do not mention it, add that sometimes the burden of listening to a painful story can be too much for someone, so they might instinctively try to ease this burden of carrying somebody’s secret by sharing it with somebody else.
5. Ask them what helpers can do if they feel overburdened. Ensure that participants mention:
 - ✓ Self-reflection
 - ✓ Case management, after getting client’s permission to get colleagues involved
 - ✓ Coaching, peer coaching (always keeping clients’ identities secret)
6. Stress the fact that keeping secrets can be called “confidentiality” and is a very important attitude for a helper. For survivors of gender-based violence, it can even be a question of survival because if confidentiality is compromised, perpetrators might take revenge on their victims for having shared what happened, or – as in the story of Sarah – victims might become outcasts and lose their homes.
7. Ask the participants to split into four groups. Explain that you will provide each group with a different case study about helpers in communities, and that they should discuss whether the way that the helpers behaved can be considered right or wrong, and why they think so (see hand-out “Case studies of helpers” below). Allow some 20 minutes for these discussions.

³ Adapted from: Women’s Rights International and The Women’s Health & Development Program (1998). *Violence against Women in War. Workshop 1: Raising Awareness of Violence Against Women: A Manual for Training Certified Midwives in Liberia*. Retrieved December 2012 from http://www.womens-rights.org/Publications/CM_Wkshp_1.pdf.

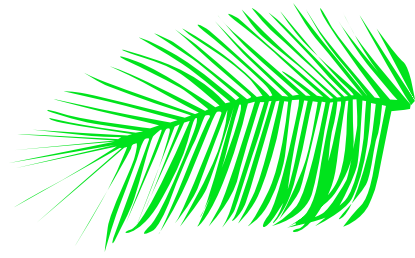


handout

The story of Sarah

Once there was a beautiful girl called Sarah, who lived with her mother in the South-east of Liberia. For some years, her village had been in conflict with a nearby village whose people were from another tribe. One day, a group of men from that village attacked Sarah's people. Everyone scattered, and Sarah found herself on her own in the bush, where she was caught by a group of three enemy fighters, who all raped her.

When things settled down, she went to her aunt for help. Her aunt made her some medicine, and told her that everything would be alright. A few days later, however, Sarah heard people in the village talking about her rape. She was confused as to how this gossip had spread, as only her aunt had known about it. The gossip grew worse, until she was forced to leave the village because of the shame and disgrace that she felt.



Case study on helpers

First case study: Siah is a nurse at the general hospital. She sees a lot of women after they have been beaten by their husbands or boyfriends. One of these women, Dekontee, has already been hospitalized twice in the last month. When she comes for the third time, nurse Siah calls her neighbor who is a policeman, and tells him that he should warn Dekontee's husband never to do this again.

Second case study: Wannie is fifteen and has just been raped by her neighbor. She talks to Juah, a community volunteer in her neighborhood. Juah advises her to do nothing but to keep quiet, because the neighbor is a rich, powerful man and nobody will believe her. That evening, Juah visits this neighbor and threatens that if he does not pay the necessary fee to the family of a raped girl, she will report him to the police. Two days later, strangers set Juah's house on fire.

Third case study: Jawloh, a widow of 27 years, was raped by her uncle Abdullah who pays the school fees for her two little sons. She is desperate and talks with her friend Jane, a trained district counselor of *medica mondiale Liberia*. Jane listens for a long time and tells her what needs to be done after rape in terms of medical examination. Jane tries to help Jawloh decide what to do next. Finally, Jawloh tells Jane that she does not want to do anything, not even go to hospital, because she does not want anybody to know what has happened, and she relies on uncle Abdullah for the education of her sons. Jane accepts Jawloh's refusal to take any action, even though she feels very bad about it. She promises to be at her side whatever she decides and points out that Jawloh can always change her mind.

Fourth case study: Kukuor is a dedicated district counselor. One evening, she talks to a school girl called Fatuma who has just been sexually assaulted by her headmaster and is in great pain. Kukuor is so upset with all the violence that she listens to every day that, when her neighbor Munah asks her why she looks so sad, she bursts into tears. Full of anger and sadness, she tells Munah the story that she just heard about the cruel headmaster. As there is only one school in the village, Munah immediately knows who Kukuor is talking about.

Exercise 3: Developing the quality of empathy: “I fear”⁴ (45 minutes)

Method: Game

Steps:

1. Another very important attitude that we discussed in the first training module is the willingness and ability to feel “into” somebody else. As explained then, this is called “empathy”, and the following exercise is meant to develop this further.
2. Distribute a small piece of paper and a pen to every participant. The papers should all look the same. Ask each participant to write down something that they are afraid of in life. Explain that they should only mention ONE single fear, even if they have several, and it should only be ONE phrase, e.g. “I am afraid of being lonely” or “I am afraid of illness”. It should be a REAL fear, not something they make up for the game. Ask them not to write down their names on the papers, just the fear. Also ask them not to repeat the fears that you used as examples.
3. When everybody has finished writing, collect the pieces of paper in a container. Stir them around, so that the papers are mixed. Then ask each participant in turn to take one piece of paper from the container. If it is the one they wrote, they should put it back and take another one. If some participants share the same fear and someone takes a card with their fear written by someone else, they should also put it back and try to get one with a different fear.
4. Once everyone has selected a fear, go round the participants and ask them to read the fear written on the card they have just chosen, to imagine that it is their fear, and then to explain to the group how they might feel about if it were their fear. E.g. if somebody has written “I fear illness”, the person who picked the paper might explain as follows: “I fear illness. I often worry about what would happen if I fell ill. My two little children don’t have any relatives because they all died during the war, including their father. We are poor, we do not have much money to go to a hospital and get treatment. So if I become really ill, it would be a disaster for me and my children.” For this exercise, it is important to imagine what this fear actually meant to the person who wrote it, and to try and put yourself in their position. The others should just listen without commenting.
5. When everybody has presented, ask the participants how they felt when they had to put themselves into the shoes of somebody else and “feel” their fear. Was it hard or easy? What was hard and what was easy? Did they actually manage to “feel” like the person who wrote the respective fear? Allow some time for discussion in the group.
6. Ask the participants how they felt when their fears were read out and explained by somebody else. Ensure that they do not say which fear they had written – unless they want to – but just to share how it was when somebody else read and explored it.
7. Finally ask them why this quality of putting oneself in someone else’s shoes – which is what they have just practiced – is important when helping someone. Make sure the participants mention that empathy, i.e. putting oneself in someone else’s shoes helps us to better understand her problems and needs better, and with an “insiders” perspective, which again will make our help more effective. However, also mention that it is difficult as a trained helper to always fully understand what somebody else is going through.
8. End with an energizer that makes people relax after this demanding exercise.

⁴ Adapted from: Rooth, E. (1995). *Lifeskills: A Resource Book for Facilitators*. Macmillan: Swaziland; here: p.87f.

Exercise 4: Introduction to the steps of “basic helping”⁵ (45-60 minutes)

Method: Presentation

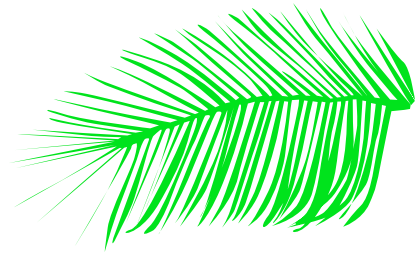
Handouts: Kanda’s story;
5 pictures: First step: Active listening; second step: Assessing danger and needs;
third step: Giving information; fourth step: Making an action plan together; fifth step:
Organizing a follow-up

Steps:

1. Explain to the participants that when women or girls who have been exposed to gender-based violence come for help, there are five steps which the helper should follow to guide the process, which are called “basic helping steps”. Explain that you will give them copies of a story about Kanda, a woman who seeks help from a trained helper, and say that you will show them five pictures which explain the five steps. Promise that after the group has read the story together you will answer any questions they have, so that everyone understands exactly what is happening.
2. Read the story together and ask the participants to summarize it.
3. Then distribute copies of the first picture and ask them what they can see on it. Summarize that the first and most important step in helping is to listen to the story well. Ma Juah is portrayed on the picture as listening attentively to what Kanda is telling her.
4. Now, distribute copies of the second picture and again ask the participants what they can see and read. Explain that after listening well and getting the “full picture” of the story, it is important to start a process of looking at the different options that Kanda has. Assessing dangers and needs is very important for taking a good decision, and so it can be seen as the second step in helping.
5. Next, distribute copies of the third picture, then the fourth and finally the fifth. Always start by getting the participants’ initial ideas about what they see and how they understand this step, and then briefly explain what this part of the process is all about.

Carry out a **short evaluation** (see annex).

⁵ The following steps are adapted from: International Rescue Committee (2003). *Gender-based violence Program. Sierra Leone: Prevention and Response Training Module: Facilitator’s Notes*. IRC: New York; here: p.20.



handout

Kanda's story

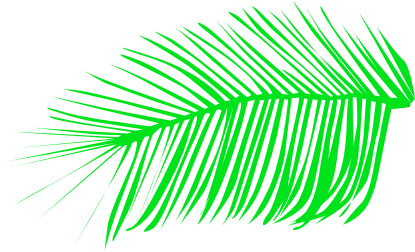
Kanda and Gerald have been married for three years. In the first few months of marriage Gerald was kind and caring, but a year after the wedding, when their first child was born, he started coming home late and complaining about almost everything that Kanda did in the home: the way she looked after the house was careless, the food she prepared was tasteless and mostly cold, the fact that their first son cried a lot was her fault, etc.

Recently, Gerald has started drinking a lot with his friends at the nearby bar. When he comes home he usually wakes Kanda up and forces her out of bed to cook him a fresh meal. He pushes her around until one night she falls on the floor and hits her head, which starts bleeding heavily. After that night, he stopped her from leaving the house and even from visiting her family who live nearby.

Now when she visits the market, which is the only place she is allowed to go, he threatens to punish her if she comes home late. But even if she comes home in time and does everything he wants her to do, he always finds a reason to abuse her, either by insulting her or by kicking or pushing or even beating her for little things.

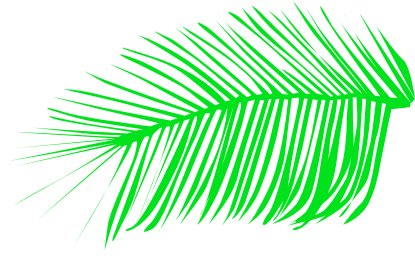
One night, the beating and kicking is so bad that he breaks a bone in her chest. Kanda has problems breathing, and out of total terror she takes the baby, leaves the house and runs to her sister's place nearby. The next morning Kanda is still fearful and full of pain, so her sister suggests that she sees a community volunteer from *medica mondiale Liberia* in the nearby village, Ma Juah, who is known to be very committed to her work and a good listener.

First step: Active Listening



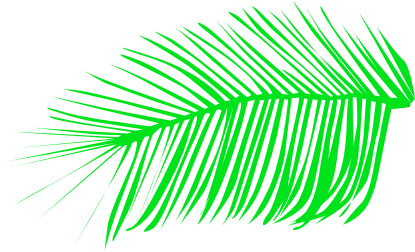
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Second step: Assessing danger and needs



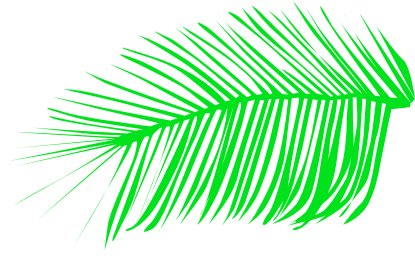
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Third step: Giving information



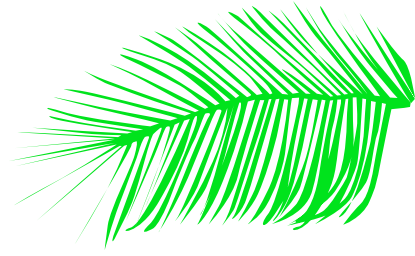
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Fourth step: Making an action plan together



handout

Fifth step: Organizing a follow-up



handout

Section 3: Practicing basic helping skills

Objectives of the section:

Today, we want to

- review what we have learned about the steps of basic helping;
- start practicing them.

Recap the previous day's training (see annex).

Exercise 1: Active listening (first step) (2 hours)

Method: Brainstorming / role-plays in small groups

Handouts: Active Listening;

First step: Active listening (already distributed in section 2)

Steps:

1. Present today's objectives and explain that this will be a day for practicing real skills
2. Ask the participants why listening is essential in the helping process, and note down their contributions. Ensure that the following points are mentioned (regardless of how they are expressed), or add them to the list:
 - ✓ simply being listened to already relieves the speaker's feelings of stress and isolation,
 - ✓ it makes the speaker feel understood and valued,
 - ✓ it helps the helper to understand the story: not only what happened, but also how the person needing their help is feeling,
 - ✓ it helps the helper to develop empathy, so that she can feel "into" the person she is listening to.
3. Ask what kind of questions a helper should ask that will support the listening process, and write down their contributions. Ensure that the following points are mentioned (regardless of how they are expressed), or add them to the list:
 - ✓ Open-ended questions: questions that help the person in need to elaborate more (the opposite would be closed questions, which are questions to which one can only respond with "yes" or "no");
 - ✓ Questions that guide the talking;
 - ✓ Questions that help to get the facts (When? How? What?), so that the helper can fully understand the situation;
 - ✓ Questions that DO NOT intimidate the person talking (e.g. Do not ask questions like "Why did you not do...?");
 - ✓ Relevant questions – and not questions that are asked out of curiosity.

4. Distribute the handout on “Active Listening”, and go through the text together. Ensure that the participants understand the concept well.
5. Invite the participants to form groups of three: one will play the role of Kanda, one the role of Ma Juah, and one will observe the role-play. The observer will silently watch how the listening unfolds and how questions are posed, and write down her observations for discussion later. The groups should only play the first part, where Ma Juah is listening to Kanda’s story and getting a full understanding of what happened.

NOTE: Explain at length that they should only LISTEN attentively and ask relevant questions so that they get a full picture of the situation Kanda is in, and should not move on to any of the other steps, even if they feel tempted to.

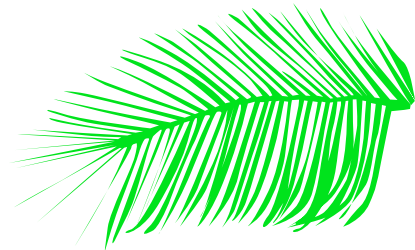
When the participants have formed groups with Kanda and Ma Juah sitting opposite to each other and the observer sitting to the side, read the story again or ask somebody to do it. Allow some 15-20 minutes for the first round of the role-play. If you decide to go round and listen to the role plays, tell the group that you will be doing this before they start, so that you do not disturb the action, or make them feel insecure. Do not interrupt the action; all feedback will be given later.

6. When the participants come back to plenary, first ask those who played Kanda how they felt in the listening process. Take some time to explore their feelings and views. Then ask those who played Ma Juah how they felt in their role as listener. Finally go from group to group and ask the observer to give her feedback on the listening process. With each group, go through the following questions which you will have put on newsprint in advance, so that the participants can remember the flow well:
 - First: what was well done in the listening process that you liked?
 - Second: what could still be improved?

Make sure that both positive and negative aspects are mentioned – you can also refer to the feedback rules.

NOTE: Ensure that feedback is given to the LISTENING PROCESS, not to Kanda as a client. Stress again and again that clients are allowed to be the way they are and don’t have to follow guidelines. The point of the exercise is how well the helper listens, and not the client’s performance.

7. After the feedback round, ask the participants who played Kanda and Ma Juah to de-role. Ask the whole group what they felt they learned in this role-play, no matter whether they learned it from their own role, what observers said, or what other groups shared with each other. Note down their contributions under the heading “What I learned about listening as a helper”



Active Listening *

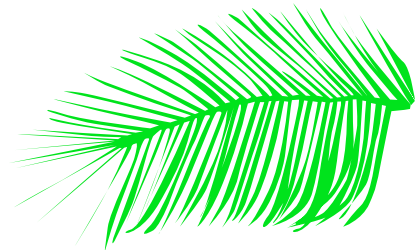
Active listening is a crucial skill for good helping, as it provides a basis for trained helpers to really understand a client's problem and helps the client feel understood and valued. At the same time simply being listened to can ease a client's feelings of stress and isolation.

We call it 'active listening' because it involves more than just passively hearing the words that are spoken; it means listening to the feelings behind those words, hearing both what is said and what is not said, observing and reading body language, asking the right questions, and slipping into the shoes of our client through empathy. Active listening is actually hard work!

What active listening means: The “Dos” of active listening

- ✓ Phrasing your questions as **invitations** to speak (“What would you like to talk about?”, “Would you like to tell me what happened?”);
- ✓ **Asking open-ended questions** (questions which encourage the client to talk, rather than just giving yes/no answers; “how do you feel about your mother now?”, rather than “do you still like your mother?”);
- ✓ **Encouraging** the person to **describe or clarify** what happened without forcing him/her to talk about details that might be too painful (‘what do you mean exactly?’, “when did this happen?”, “Can you explain that again?”, “What do you mean by ...?”);
- ✓ Attempting to place the **story in sequence** (“What seemed to lead up to this point?” “So when did this happen?”);
- ✓ **Allowing silences** to play their part in the conversation;
- ✓ Showing that you accept the client's story (“yes”, “hmm”, “I hear what you are saying”...);
- ✓ **Using reassuring body language** to demonstrate attentive, careful interest (looking at the person as you speak with him/her, nodding, leaning towards them. However, remember that there may be differences in the way that body language is interpreted. In some cultures, for instance, seeking eye contact or leaning towards a person may be considered inappropriate!);
- ✓ **Giving recognition** (“It takes courage to tell me your story”);

* Adapted from: Inter-Agency Standing Committee (IASC) (2010). *Caring for Survivors of Sexual Violence in Emergencies. Training Pack: General and Psychosocial Modules*; here: Handout 4.3.3.



handout

- ✓ **Repeating or restating** what the person says to check whether you fully understand what they meant (“It sounds to me as if you are feeling helpless right now”, “You mentioned that you feel very frustrated.”)
- ✓ **Reflecting feelings** (“It sounds as if you are feeling angry about that...”)
- ✓ **Exploring** (“Could you tell me more about that?”)
- ✓ **Offering emotional support** (“I understand that you must feel very sad...”)

“Listening roadblocks”: The Don’ts of active listening

- ✓ Lack of privacy or inadequate facilities (a noisy room, interruptions from other people, answering your mobile phone);
- ✓ Asking leading questions (“Are you worried about being pregnant?”);
- ✓ Asking ‘why’ questions: they often put the respondent on the defensive and might sound accusatory (“Why didn’t you tell anyone? Why did you go there?”);
- ✓ Guessing what the person is saying or jumping into conclusions after a few sentences;
- ✓ Not letting the person finish his/her sentence;
- ✓ Using inappropriate body language or not being aware of your body-language (tone of voice, looking away from the person, crossing your arms, ‘hanging’ in your chair, being distracted...);
- ✓ Making assumptions about the person: even if you don’t express these explicitly, the person will pick it up (thinking: ‘it was her fault’, thinking ‘she must be a prostitute, what do you expect?’...);
- ✓ Talking about yourself rather than listening, or introducing your own feelings instead of focusing on what the speaker is saying (‘this once happened to me as well’, ‘I feel very angry when you tell me this’...);
- ✓ Touching the person inappropriately.

Exercise 2: Assessing danger and needs (second step): Local strategies to create safety (30 minutes)

Method: Buzzing groups / plenary discussion

Handout: Second step: Assessing danger and needs (already distributed in section 2)

Steps:

1. Invite the participants to look at the copy of the second helping step and ask them why assessing danger might be important. Note down their contributions.
2. Ask the participants to discuss with their neighbor how women like Kanda can be helped to make themselves safe. What options does Kanda have around her if she feels she is in danger? Who can protect women suffering from domestic violence from harm? Allow some 5 minutes of buzzing, and then ask what they came up with. Note down their responses. They might quote those institutions or family members who are traditionally asked to intervene. Give information on *medica mondiale Liberia*'s safe house in Fishtown, if this is applicable.
3. Ask the participants what they think about the safety of rape survivors in communities. What experience do Liberian communities have of police corruption when rape is reported? What local mechanisms are developed by survivors so that they can feel safe? Let the participants brainstorm on these mechanisms and note down their contributions. Stress that the existence of such local strategies is important information for helpers, as they might be able to suggest some of them to the survivor.
4. Summarize the exercise by pointing out that while one of the major needs of a woman or a girl who has experienced violence might be protection she might also share other needs with you, e.g. for medical or psychosocial care, or for socio-economic support. Therefore it is very important to know what services are available in the community or nearby – which is the topic of the next exercise.

Exercise 3: Giving information (third step) (1-1.5 hours)

Method: Discussion / presentation from SGBV task force of the respective county (if available)

Handout: Third step: Giving information (already distributed in section 2)

Material: A map of South East Liberia


Steps:

1. Look at the third picture, in which Ma Juah provides information on the services that are available. Explain that since all helpers should know what help a woman or a girl who has been exposed to gender-based violence has access to, this exercise will be done together with a resource person from a group of organizations that are specialized in coordinating help. Introduce and welcome the representative you have invited from the SGBV task force (if present).
2. Display a large map you prepared earlier of the South Eastern region of Liberia, where the participants will be working, showing the main towns and villages of the region.

Refer to the input on “case management” the day before and repeat the different needs that a survivor might have:


- medical needs
- psychosocial needs
- need for justice / access to the legal system
- socio-economic needs

3. Ask the participants to brainstorm on all the organizations or institutions they know of in their locality that try to assist women and girls affected by gender-based violence. Write this information on the table below (prepare the table on newsprint in advance). Where the participants are not sure of something, put a question mark next to it.



| Name of the organization or institution | What type of services do they offer? (medical, psychosocial, legal, socio-economic) | Who is their target group? | Where is their office and in which areas do they offer their services? |
|---|---|----------------------------|--|
| | | | |

4. First, ask the representative of the SGBV task force (if present) to comment on and add to this table. Then put up a newsprint showing the following questions, and ask the representative to spend a maximum of 20 minutes responding to them. If there is no representative of the SGBV task force available, you will have to provide this information yourself, so make sure you are prepared for this.

- 
- Which organizations are part of the SGBV task force?
 - What role does the task force play and how does it function?
 - In what way does the task force help survivors of sexual and gender-based violence (give anonymized cases)?
 - How can community volunteers collaborate with the SGBV task force?

Invite the participants to ask questions, and to discuss the SGBV task force. As facilitator, ask the representative to explain how the task force would respond in the case of Kanda and Ma Juah: where could Kanda find help, and what kind of support do survivors of domestic violence usually ask for most? What information could Ma Juah give her?

Exercise 4: Making an action plan together (fourth step) and organizing a follow-up (fifth step) (1 hour)

Method: Brainstorming / role-play

Handouts: Fourth step: Making an action plan together
Fifth step: Organizing a follow-up
(already distributed in section 2)

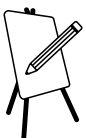
Steps:

1. Ask the participants what they can see in the picture portraying step 4. What is Ma Juah's response when Kanda asks her what she should do? Why is it necessary to make the action plan together, instead of the helper telling the survivor what to do? Note down the responses of the participants. Ensure that the following points are mentioned (regardless of how they are phrased), or add them if necessary:
 - ✓ It should be the client who determines what she wants to do. The helper has to respect the wishes of the client: if Kanda decides to go back, she should not be pressured to leave her husband (even if the helper thinks this would be best).
 - ✓ It is important to look at the advantages and disadvantages of every option.
 - ✓ It should include a plan to ensure her safety.
 - ✓ The helper should also help to put the action plan into practice, e.g. by making referrals to other organizations.
2. Ask the participants to get back into their role-play groups. This time the observer will play the role of either Kanda or Ma Juah, while the participant whose part they took will become the observer. Ask them to continue the role-play from where they had stopped before. Kanda and Ma Juah now plan the next steps together. Ma Juah has given her all the information she needs about available services, now Kanda has to make up her mind what she wants to do next. Ask the participants to experiment with ways that Ma Juah and Kanda could develop an action plan together. Give them some 10-15 minutes for the role-play.
3. After coming back to the plenary, ask each group what decisions Kanda arrived at, with Ma Juah's help.

NOTE: If any groups report that Kanda has decided to leave her husband, remind them that it is unlikely for a survivor to reach such a decision so quickly. It usually takes much longer, and leaving a violent husband is more likely to be the result of a long counseling process rather than the first part of helping. Encourage them not to rush the process, and explain that it is good not to be too fast with decisions that will affect the rest of a woman's life.

Ask the people who played Kanda how they felt in the process. Take some time to get their feelings and views. Then ask those who played Ma Juah how they felt in their role. Finally go from group to group and ask the observer to give her feedback. Go through the following questions (prepare them on newsprint before) with the whole group:

- Was the process guided by Kanda's wishes and needs? Did the helper respect them, or did she push for anything?
- Did they speak about a safety plan for the future?
- What did the observers notice that was done well? What did they think would need improvement?



4. Summarize by saying that whatever they planned as a next step, helpers need to make an appointment for follow-up (show picture 5) so that the helping process is continuous.
5. If there is enough time, ask the participants to switch roles, and go through the whole role-play again. Explain that even if they think it is strange to work on the same case twice, this repetition will help them to remember the main issues. And since you have explained so many things, it will be much easier the second time round.

Carry out a **short evaluation** (see annex).

Section 4: Basics about crisis and trauma (1 day)

Objectives of the section:

Today, we want to

- review and practice basic helping steps;
- learn more about people's needs in crisis situations;
- learn about the reality of pain and suffering (trauma) and our capacity to grow in spite of it.

Recap the previous day's training (see annex).

Exercise 1: Practicing basic helping steps (1.5-2 hours)

Method: Brainstorming / role-play / discussion

Handout: Wannie's story: Role-play for basic helping skills

NOTE: The handout should **ONLY** be given to the actress playing Wannie. The volunteers playing the district counselors have to find out about the story through asking questions in the role-play.

Steps:

1. Present today's objectives and explain today has two main objectives: to strengthen the participants' basic helping skills by practicing them with a new role-play, and then to start learning about two other important concepts, namely crisis and trauma.
2. If you did not do so during the first recap of the day (see above), have a short recap on the steps of helping that you introduced yesterday by showing the five pictures of Kanda and Ma Juah again, and asking the participants to brainstorm about the essential parts of each step.
3. Explain to the participants that they will now practice the basic helping steps in a role-play in which a community volunteer asks her colleague, the district counselor, for help with the case of a young woman called Wannie who is afraid for her life, and the life of her children, because of her violent husband. Do not say any more about the case at this stage. Ask for two volunteers to play the role of the district counselor. Tell them that the first volunteer will start the role-play, and then at some point you will interrupt and ask the second volunteer to take over as the district counselor.

Ask for a volunteer to play the role of Wannie. Give her the handout with her instructions, so that she can start to prepare for her role.

4. Additionally, three participants will observe the role-play: One observer will listen to the dialogue and observe how the basic helping steps are followed, one will watch the body language of the helper, and one will watch the body language of the woman in need.

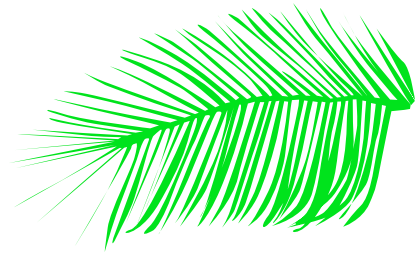
5. Explain the following **methodology** to the role-players: The first district counselor will start. She will not know Wannie's story; only that her community volunteer finds the story quite difficult to deal with and that Wannie is in real fear of her life and that of her children. She will therefore go through the listening process and follow the basic steps of helping.

You as facilitator will interrupt and "freeze" the role-play if you feel the district counselor appears insecure or stuck, or needs some help in order to follow the steps. The actors will stay in their positions while you make some suggestions on how they could continue, or discuss with the group what they observed. Be very gentle with your feedback and make it as constructive as possible: Start with the positive things that you observed, and then look at what the district counselor is doing that can be improved. E.g. say things like "I saw how you were listening attentively to Wannie and that was very good. But then I felt you jumped very fast into giving advice. Perhaps you could carry on asking questions about her situation for a bit longer to get a fuller picture of where she lives and how she lives and where she can get support from. Make sure that you really understand everything before you move on to looking for options together."

The district counselor can also raise her hand and interrupt the role-play to ask the facilitator a question if she feels she is stuck, or things are getting difficult, or she is unsure what to do next. If she does this, the action should freeze until her problem has been resolved. For instance, she could raise her hand and ask; "How should I go on from here? I think I have heard enough of her story, but how do I move to the next step, assessing the danger she is in?"

Regardless of who interrupts the role-play, you should only let it continue when you are sure that the district counselor is confident about what to do next. Make sure of this by asking; "Are you ready to continue the role-play now? Do you feel you know how to go on with the helping process?"

6. After some time – a good point to stop would be after the first steps of listening and assessing dangers and needs – change the person playing the district counselor for the second volunteer, and continue the role play from the point where you stopped it.
7. The whole role-play should last around 30-40 minutes. Don't forget to de-role the actresses. At the end, evaluate the role-play by first asking the observers what they observed, and then the whole group what they thought. Also ask the two women playing the District Counselor which of the steps they found especially difficult. Ensure that you follow the feedback rules, so always start with something positive.
8. If time allows, go through the helping steps again and repeat the essential parts of each step. You could refer to the role-play they have just done to illustrate some of the points.



Wannie's story: Role-play for basic helping skills

handout

NOTE: These instructions are ONLY to be given to the actress playing Wannie. She is free to invent details or to change the story a little bit in the course of the role-play if she cannot remember all the pieces of the story below. It is important that she plays her part as naturally as possible.

You are Wannie, a 28 year old woman. You have been married to Abraham for five years now and you have two children: Samuel aged four, and Gabriel aged two and a half.

Your marriage with Abraham has not been the best, but somehow you have managed to put up with the harsh words he occasionally uses to you and the children when he is unhappy with something you have said or done. Sometimes, when you ask him for money, he pushes you around, even if it is for important things like clothes or medicine for the children. Once or twice he has slapped you in the face. You tell yourself that overall he is ok, even though he tends to drink most of the family's money, and you suspect that he meets with other women.

Over the last few months, however, things have changed for the worse. He spends the small money you have earned from selling things you grow in the garden, and your friend and neighbor Mimi has told you that lately she has seen him in a nearby bar spending time with a young and attractive woman.

Now, Abraham doesn't always come home at night, and when he returns in the morning he looks like he has drunk a lot the night before, and he smells differently. You can feel a great pain in your heart whenever you look at him until finally, when he comes back in the morning after another of these nights, you pluck up all your courage and ask; "Abraham, are you seeing another woman? Do you have a girl-friend?" And then, in a firm voice, you add; "I want you to stop. You are spending all our money on her. If you don't stop, I will leave you."

At first Abraham just looks at you, but then you see his anger rising and he clenches his fists until he hits so with such force that you are knocked flying and hit your head against the floor. You can feel blood coming from a cut on your face, and you hear him screaming at you; "Who are you to tell me what to do and to threaten me? You are nothing! I can do what I want with you, bitch". As you lay helpless on the floor he keeps kicking you, while screaming bad names at you. You realize that your two children are watching from the doorway, and are crying helplessly. You beg him to stop, but he doesn't listen and carries on kicking you until your whole body hurts, you are bleeding in several places, and are in a state of complete shock. As you lay there in agony he puts his face, distorted with anger, close to yours and says, with a voice as cold as ice, that if you ever say such things again he will take away your children and bring them to his family, and you will never see them again as long as you live. You are terrified that he is likely to kill you and the children if you try to run away.

After he leaves, your neighbor Mimi comes round and cleans your wounds. She calls a community volunteer, who is a friend of hers, who listens carefully to your story and then decides to ask her colleague, a district counselor, to come and help. The role-play will be about you meeting the district counselor and telling her what has happened.

Exercise 2: Understanding the special needs in crisis and emergency situations (45 minutes)

Method: Brainstorming / buzzing

Steps:

1. Explain that helping can be especially challenging because often the first time survivors of violence contact helpers is in a crisis situation: i.e. the beatings at home have become so violent that they are frightened they might be killed; they have just been raped or sexually attacked, and they are in a state of panic; etc. These types of crisis are called ‘traumatic crises. Traumatic crises can also be called “emergencies” and need a special approach, since clients in such situations are usually emotionally very upset, panic easily, and need immediate help.
2. Ask the participants what words they use in their communities for “crisis” and “emergency”, and how they would explain them to an outsider who didn’t understand them. You might add that “crisis” is a Greek word and means “turning point”: So; a crisis is the point where a situation has the potential to change completely – either for the worse or for the better.
3. Ask the participants whether they have ever seen somebody or themselves in such a crisis situation. Let them share some of these situations with the group. Ask them not to tell the whole story, but just to name what happened, like giving the title of a story, but not the story itself (i.e. “a friend of mine was raped, and came to my door asking for help”). Explain that there will be space for personal sharing later in the training day with the help of a story, but at this particular moment it would probably be too upsetting emotionally.
4. Ask the participants how a survivor who has just escaped such a situation is likely to behave, feel and think. Let them brainstorm for some minutes and write down their answers. Ask for details, such as how a person in crisis breathes (calmly or rapidly), speaks, how her heart beats, etc. Ensure that the following points are mentioned (regardless of how they are expressed):
 - ✓ They are confused, can’t think clearly, talk a lot or talk incoherently.
 - ✓ Some behave as if they were paralyzed and cannot talk at all.
 - ✓ They may be agitated, nervous and panicky.
 - ✓ Others may seem totally numb and absent-minded.
5. Ask the participants to work in pairs with their neighbor. They should both try to imagine how they would feel if they were in a state of shock (empathy exercise), and to buzz with each other on the following question: What would they need from a helper if they were in a state of shock? How should the helper behave in order to be helpful? Note down their contributions under the heading: “What should a helper do and how should she behave when somebody is in crisis?”

Allow some three minutes for buzzing, note down each pair’s responses, and add the following points if they have not been mentioned yet:

- ✓ Stay calm and give her time to talk.
 - ✓ Help her to calm down (Ask the participants how people do this where they live? What strategies do they use?).
 - ✓ Only ask short and relevant questions so that you get to know the story.
 - ✓ Believe her story and validate her feelings by saying things such as “It must have been very scary for you”.
 - ✓ Give necessary and applicable information about the next steps, and what is likely to happen in the next few days. Decide together on the next steps to be taken.
 - ✓ Ensure her safety / assess the danger she is in.
 - ✓ Connect her to relevant, available services: family, community, agencies, etc.
 - ✓ Follow-up on the case soon.
6. Stress the point that helping in a crisis usually means helping in the first days or first few weeks after the crisis situation occurs. This type of helping is not a long-term process, and is not “counseling” or psychotherapy. However, what happens in these first moments or days is extremely important for the survivors, and can even save their lives.

Exercise 3: Breathing exercise to help somebody calm down (15-20 minutes)

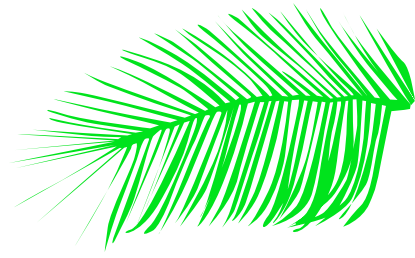
Method: Breathing exercise in pairs

Handout: Breathing exercise⁶

Steps:

1. Explain to the participants that they can use the breathing exercise that they practiced in module 2 to help someone who is emotionally upset to calm down. Repeat the exercise for the participants, so that they can remember it.
2. Ask the participants to pair up with the person they just did the buzzing with and to do the breathing exercise together. One should give the instructions (see handout) while the other does the exercise. After a while, the pairs should swap roles so that both have the chance to practice giving the instructions.
3. After the exercise, ask the participants how they felt when giving the instructions and when receiving them. Let the participants understand how this exercise can help to calm down a person who might be quite upset. Remind them that breathing or relaxation exercises might not work for everybody, so it’s ok if someone has problems with the exercise. We need to be attentive to what works for us individually, and not to assume that what works well for us will always work for our clients in the same way.

⁶ Adapted from: Kane, S. (1995). *Working with victims of organised violence from different cultures*. A Red Cross and Red Crescent Guide. International Federation of Red Cross and Red Crescent Societies: Geneva; here: p.74.



handout

Breathing exercise*

Make yourself comfortable. Close your eyes if this helps you to feel more comfortable. Put your hands on your stomach and breathe slowly with your stomach, not your chest. Each time you breathe think about how your stomach is filling up with air, and then let the air out. Notice how relaxed you feel with each breath.

Each time you breathe, imagine that you are bringing energy and good feelings into your body. When you breathe out, imagine that you are getting rid of your bad feelings and nervousness.

Concentrate on each breath. In – energy and good feelings. Out – emptying your body of bad feelings and nervousness. In, out, in – good feelings, out – bad feelings. In – energy; out – tiredness. Feel how relaxing it is to bring energy and good feelings into your body, and to empty it of bad feelings.

* Adapted from: Kane, S. (1995). *Working with victims of organised violence from different cultures*. A Red Cross and Red Crescent Guide. International Federation of Red Cross and Red Crescent Societies: Geneva; here: p.74.

Exercise 4: Introduction to trauma and post-traumatic growth: The palm tree story⁷ (1.5-2 hours)

Method: Sharing in plenary

Handouts: The story of the palm tree⁸
What trained helpers should learn from the palm tree story

Steps:

1. Explain that instead of telling them what “trauma” is, you will read them a story and then discuss it together to see how it relates to women’s lives in general, and probably also to their own lives.

Slowly read the “The story of the palm tree” (see handout). Pause from time to time while reading, and when you have finished distribute copies of the story and ask the participants to take turns to read each paragraph aloud. Then ask how they liked the story and what touched them most. It is unlikely that all the participants will feel happy with the story’s solution. Some might share feelings of sadness that the stone didn’t disappear completely. Explain that this is what trauma recovery is all about: not erasing the stone, but reaching water. And as helpers, we can’t take away what happened, but we can support people in finding their water.

2. On a flipchart, draw a simple sketch of a palm tree with a stone on top of it, and some roots. Make sure the stone is big enough to write words inside the stone. Explain that the stone represents all the experiences that hurt women, or make them feel sad and desperate. Ask them to name the stones that they, or other women they know, have felt in their lives, and then ask them to walk over to the flipchart and write the name inside the stone in the drawing.
3. Then draw a blue stream of water at the bottom of the picture, so that it is just out of reach of the roots. Ask the participants what the “water” in women’s lives where they live is: What gives them strength to grow despite the stone? What helps them to heal? They can also name their own sources of “water”. Ask them to get up, come to the flipchart and write their contributions in the middle of the stream.
4. Explain that in the story of the palm tree, we can see two things that the stone does:
 - It creates pain and leaves a wound that does not disappear. In technical words, such wounds are called “trauma”.
 - It gives an opportunity to grow – and some people manage to become stronger after terrible times, just as the palm tree grows into a big tree. Such growing can be called “post-traumatic growth”. Post means ‘after’, so - after the trauma, there is the potential to grow. However, this growth cannot be “made” or forced on somebody.

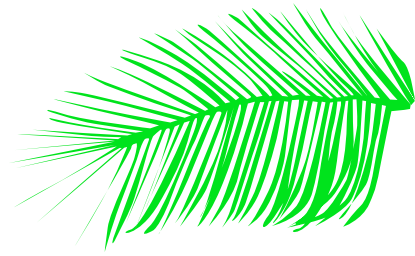
Distribute the handout on “What trained helpers should learn from the palm tree story” and go through it together by inviting the participants to take turns to read paragraphs of the handout aloud.

5. Wrap up with a song and a dance that portrays that pain AND growth are both part of women’s experiences in life. OR: Read the story of the palm tree again as a way of closing.

Carry out a **training evaluation** of the module.

⁷ The original of this story’s version and the sharing exercise were developed by Simone Lindorfer and first used at Uganda Catholic Social Training Centre, Kampala.

⁸ Adapted from: Lindorfer, S. (2005). “Sharing the Pain of the Bitter Hearts” – *Liberation Psychology and Gender-related Violence in Eastern Africa*. LIT Verlag: Münster, here: p.415f.



handout

The story of the palm tree*

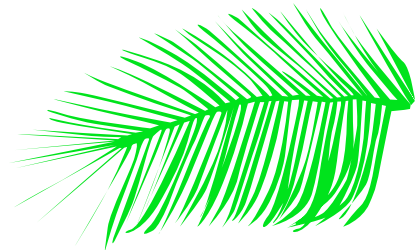
Long, long ago there was a young palm tree who lived in the desert. She loved life, and looked forward to experiencing everything that came her way. She felt joy in each sunrise as the first rays of sunlight touched her branches, she was happy when birds came to rest in her shade as the day grew hotter, she danced in the desert winds that blew through her leaves, and she listened with a grateful heart to the silence of the night. She thanked God for the gift of being alive.

One day a man passed by. He had run away from a nearby town where people had cheated him, and now he boiled with anger as he crossed the pitiless heat of the desert without food or water. In his fury he resented the youth and happiness of the palm tree, and shouted at her; “Hey, you, palm tree, why should you be so happy when I am so miserable? If I have to suffer, then you will suffer, too”. On saying that, he picked up a big, heavy stone and slammed it down on top of the tree’s trunk. The palm tree could hardly breathe as she watched the man running away, still grumbling about his life.

For a moment she was completely still, feeling nothing other than numb, confused and deeply shocked. But then the pain started; it began to fill her heart, spreading from top of her trunk to the smallest twig at the tip of her longest branch. It was an overwhelming pain that left her unable to feel anything else. She felt her heart break and in her desperation she cried long and loud but there was nobody to hear her; the desert was silent, and the dark night was the only witness to her suffering.

For a long time she did nothing, hoping every minute, every hour, every day that the pain would finally stop. She was both sad and angry; her life had been so beautiful, so full of promise, and it had been twisted into this painful and unjust existence. She did not want to suffer any more, and after some time she decided to try and do something to end the agony. If she could only move the stone ... She took a long, deep breath and tried to push it away, but it wouldn’t move. She tried again, gathering all her strength, but she could not move the stone a hairsbreadth; it remained in place, its weight still crushing down upon her. She kept trying, over and over again, her strength ebbing away as she grew more and more tired, until she finally realized that she was incapable of pushing the stone away and she gave up.

* Adapted from: Lindorfer, S. (2005). “Sharing the Pain of the Bitter Hearts” – *Liberation Psychology and Gender-related Violence in Eastern Africa*. LIT Verlag: Münster, here: p.415f.

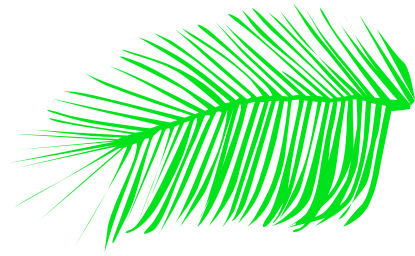


handout

That sense of hopelessness grew within her, and for a long time she couldn't see any way of fighting the pain. She wanted to live, yes, but if life promised nothing other than this pain, why bother to endure it? Why should she wake up in the morning if nothing but desperation waited for her? She no longer felt pleasure in the sunlight, the bird-song, the evening breeze; she began to hate life, and wanted to die. "If life is only pain", she cried to the desert silence, "then I don't want to live any more". Overwhelmed by these feelings of helplessness, she drifted off into sleep.

But when she woke up the next morning, she knew that something had changed. At first she didn't know what it was, but then she realized she could feel cold, nourishing water coming up through her roots into her trunk, soothing her and easing the pain. She tried to understand what was happening, and then she realized – the weight of the stone, as it had been crushing her, had also pushed her deeper into the earth, until finally she had reached an underground stream. Its restoring powers gave her a moment of renewed hope, and she felt strength coming back into her branches. Although she could still feel the stone, as heavy as before, she was once again able to feel the power to grow pulsing inside her. After a time of grief that had seemed endless, this was the first moment of joy she had known and it filled her heart until it felt as if it would burst.

The water continued to nourish the palm tree, and enabled her to grow until she became one of the biggest trees in the desert. All the while she carried the stone, it's weight always there, sometimes hurting more and sometimes less, until she learned to accept it as a part of herself, and embrace the stone with her leaves as if she were protecting her most vulnerable, most painful part. Despite the stone, she learnt to feel joy again, and to feel happiness when birds came to rest in her lush, inviting branches, and people sheltered beneath her from the sandstorms that ravaged the desert. Once again, she felt deeply grateful for the gift of her life.



What trained helpers should learn from the palm tree story: handout

The story of the palm tree shows two things:

1. The stone creates **pain and suffering** that cannot easily disappear. In technical terms, this form of pain is called “**trauma**”. Trauma means “wound”, and it describes wounds in the hearts and minds of people who have undergone extremely painful experiences. Such experiences are events in which somebody’s life is threatened or they are physically injured, or when people suffer real risk of being hurt. These are called **traumatic events**, and they cause extreme fear, helplessness and horror.

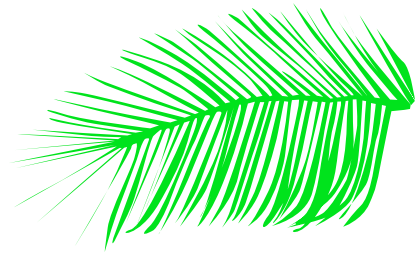
There are **typical signs of the trauma** which results from traumatic events, and these are more or less the same across the whole world, such as nightmares, sleeping problems, always being on the alert, concentration problems, constantly thinking of the experience while wanting to forget all about it; feeling isolated from your peers since nobody can really understand what you have been through; feeling lonely as if you have been ‘marked’ in a way that makes you an outsider.

2. But the story also teaches us that **growth is possible**, since the tree grows into a big tree even with the heavy stone: Despite all the pain and wounds caused by traumatic experiences, some people manage to become stronger, and to be more aware of their strengths and the value of life. This can be called post-traumatic growth. However, this cannot be forced upon somebody.

When people suffer from this sort of wound in their personal lives or in their relationships, they often find **ways to cope** with the problems they bring; e.g. they learn what to do when they cannot fall asleep easily.

Many people also become better by themselves, once they are given social support and the help that they need, or simply spend some time feeling rested and secure.

However, there are some people suffering from trauma who do not get better even if they try hard. These people might need **special counseling** from experts such as *medica mondiale Liberia*’s psychosocial counselors.



handout

However, what you can do as a trained helper which will always be helpful is the following:

- ✓ **Acknowledge** the pain with words such as “This was such a difficult experience for you.”
- ✓ **Assure her** that she can trust you, and that she is safe with you.
- ✓ **Explain** that whatever she might be feeling is a normal reaction to a very un-normal situation, and that almost everybody who has gone through such an experience will have the same problems afterwards.
- ✓ **Refer** her to trained helpers with special knowledge of trauma counseling, and explain why you are referring her.



Module 4:

Advanced Helping Skills: Trauma-Sensitive Psychosocial Counseling

NOTE: For psychosocial /
senior counselors only !

Section 1: Reviewing our experiences and motivations, and deepening
our knowledge on helping

Section 2: Introduction to advanced helping skills /
psychosocial counseling

Section 3: Practicing psychosocial counseling

Section 4: The trauma-sensitive approach in psychosocial counseling

Objectives of the module:

In this module, the participants will

- reflect on their personal motivations for joining a helping profession;
- learn the difference between basic helping and counseling;
- deepen their understanding of counselors' attitudes;
- practice counseling skills;
- develop their understanding of trauma, while learning about its symptoms
- and study how to help traumatized people through the trauma-sensitive approach.

Materials needed for module 4:

- ✓ Flipchart, newsprint, papers, markers, manila cards, masking tape, crayons, pins or blue tack
- ✓ Perforated photocopies of the handouts
- ✓ Perforated manila folders with some sheets of blank paper and a pen for each participant to take notes and file her handouts
- ✓ Newsprint with the center of a flower on a stem
- ✓ Cut-outs of five flower petals (same color, manila paper)
- ✓ Cut-outs of four larger petals (same color, manila paper)
- ✓ A5 paper

Advanced helping skills: Trauma-Sensitive Psychosocial Counseling: Introduction for facilitators / trainers

Why a module on advanced helping skills: Counseling and the trauma-sensitive approach – and why this for psychosocial counselors only?

Module 4, consisting of four to five days (depending on the trainers' arrangement) is special in many ways. Firstly, it is ONLY provided to psychosocial counselors. And secondly, the trainers for this module definitely should be EXPERTS with a sound background to trauma psychology and trauma counseling and with working experience with traumatized clients.

Why? It has been our experience that dealing with traumatized people not only in the sense of helping them to stabilize again and assisting them with their everyday problems, but also specifically dealing with their symptoms, needs special expertise and should only be done by thoroughly trained helpers. Trauma counseling, if not properly understood and done, can actually do harm to people and cause re-traumatization. It is ethically unacceptable for us to not only risk the psychological stability of deeply suffering women and girls, but also to overburden volunteers or staff members of *medica mondiale Liberia* with a responsibility and with experiences that they might not easily be able to cope with afterwards. Short-term workshops to train “trauma counselors” is, in our view, a deeply dangerous endeavor and absolutely not in accordance of our professional standards.

According to *medica mondiale Liberia*'s approach, the whole empowerment training is arranged in such a way that community volunteers are trained in basic helping skills (basic level), and district counselors are trained in basic helping skills (advanced level), however, with regular refresher seminars. Thus, only psychosocial counselors are trained in advanced helping skills and the trauma-sensitive approach, and clients where trauma-related skills are needed should be referred to them. Be aware that *medica mondiale Liberia* does NOT allow its psychosocial counselors to train other people based solely on the contents of this module. However, it is completely all right for them to READ the module as if it were a text book, so that they can learn more about the subject.

As the trainers for this module MUST be highly professionally trained and advanced in their capacity to deal with the topics presented here, this module and its introduction want to only provide a framework and do not go into detail into issues of facilitation.

The trainers must be aware that their participants might have been through traumatic experiences themselves, and the exposure to this training module might trigger reactions that need trauma-sensitive responses. The inclusion of an expert co-trainer for this module is therefore highly recommended.

How is this module arranged?

The module unfolds itself in the following steps: The **first** section will more deeply enter into former learning experiences and of motivations of the participants to become counselors. It will also explain when the line between basic helping is crossed and more is actually needed than “just” the first intervention steps as described in module 3. The advanced helping skills are presented in form of a flower that consists of four petals / skills: Advanced listening, summarizing and reflecting feelings; looking for resources and reinforcing resilience; exploring options for problem-solving; practicing the trauma-sensitive approach. The **second** and **third** section then explore one after the other these

skills with the help of role-plays. The **fourth** section that offers training materials to cover at least two days wants to go in detail into the trauma-sensitive approach. It will present the symptoms of the post-traumatic stress disorder as one of the most common psychological disorders developing after traumatic exposure. It wants equally to propose several key interventions that are helpful when dealing with trauma survivors and finally, it enables to practice the trauma-sensitive approach.

Additionally, we recommend that refresher training take place at least within the following six months after receiving module 4.

Section 1: Reviewing our experiences and motivations, and deepening our knowledge on helping (1 day)

Objectives of the section:

Today, we want to

- review our previous experiences of helping and find out where we need to learn more;
- reflect on our motivation for wanting to be counselors;
- understand the difference between basic helping skills and counseling, with the help of Kanda's story and the flower of helping.

NOTE: The facilitator should present the overall objectives and training schedule at the start of each module, and go over the group rules again (see respective exercises from module 1). The following question should be prepared on a flipchart in advance:

What rules do we want to follow so that everybody feels comfortable in the group and learns well in the training? Let's rethink the rules we had in our last training to see if they worked well, or if we would like to amend them, add to them, or remove any.

A minimum of one hour should then be allocated for gathering the group's expectations for this module, followed by a recap of the learning experiences from module 3 on basic helping skills. Even if you are training different modules together, make sure you take enough time to confirm that the participants understood and can remember what they learnt before.


Exercise 1: Reviewing our experiences with basic helping / counseling (1 hour)

Method: Individual reflection / sharing in plenary

Steps:

1. Explain that it will help to find out where the participants might need more practice and instruction if we start by looking back over their previous experiences. Remind them of the basic helping skills for every trained helper that were introduced in module 3. Since some of the psychosocial counselors might have also been through some other trainings, ask the participants to reflect individually first and then share in plenary on the following three questions (prepared on newsprint before):

Question 1: What things have you learnt during *medica mondiale Liberia's* trainings, or those of other organizations, that might help you in your counseling practice?



Question 2: What can you do well in basic helping / counseling? Where are your strong points as a trained helper/psychosocial counselor? Think of one “success story” where you have been able to help a client. Be aware that when you share your case, you should change the client’s name in order to maintain confidentiality.

Question 3: Are there any problems that you come across quite often during counseling where you might need some more help? Where do you feel that you need to improve (this can be either acquiring new skills or gaining more knowledge)?

Allow some 20 minutes for individual reflection. Invite them to write down their responses in their notebooks, if they wish.

2. After some 20 minutes of individual reflection, ask the participants to share what they thought during their individual reflection in plenary. Start with the first question and ask the participants to share. Note down their contributions. Where responses are given more than once, tick the respective point. When all the participants have shared, go to question 2 and then 3 and do the same.
3. Compare their specific needs with the material that will be covered in module 4 and, if necessary, allocate time for additional topics.

Exercise 2: “What do I get out of it?” Becoming aware of what motivates me, and what might make it harder for me to help people (1-1.5 hours)


Method: Brainstorming / discussion in pairs / discussion in plenary

Handout: “What do I get out of it?” (Cartoon)

Steps:


1. Explain that you want to start this new training module with a reflection on what motivates us to help others through counseling, and what difficulties we might have when we try to do so. Tell the group that, while technical counseling skills and methods are important, scientific research has proven that one of the most important factors in counseling is the relationship between the client and counselor. The personality of the counselor therefore plays quite a large role in counseling. So, while we must learn technical skills, it is perhaps more important to develop our ‘counseling personality’, and our ability to establish a good relationship with our client.
2. Distribute copies of the handout “What do I get out of it”. Ask two participants to sit in front of the group like the two women in the cartoon and to read the dialogue aloud.
3. When they have finished, ask the participants what they think this cartoon is all about. Make sure that they mention things like “what motivates people to help”, “the pros and cons of helping people through counseling”, and “how we might benefit from helping”. Ask the group what motivations the two women in the cartoon discuss for becoming a counselor, and note down their contributions.

4. Ask the participants to separate into pairs and to discuss the following two questions (prepared beforehand on newsprint):



Why did you choose to become a counselor? What do you “get out of it”?

NOTE: Highlight here that they should focus on emotional rather than economic gains, while acknowledging that professional helpers should get a decent salary for their work).



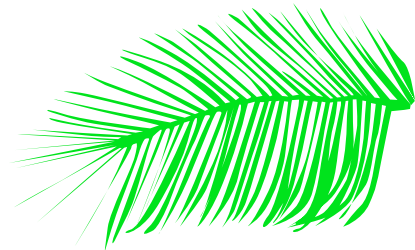
Are there any kinds of cases that you personally find difficult to deal with, and which take a lot of your energy? Why are they difficult for you?

NOTE: Highlight that everyone has some clients who are harder to work with than others, but that you are interested here not in particular individuals who are difficult, but in ‘types’ of cases which are always more difficult for a counselor to look at objectively, e.g. because she becomes too personally involved, or they remind a counselor too much of her own situation or problems).

Allow some 20-25 minutes for sharing in pairs.

5. When the group returns to the plenary, ask the participants to present the things that their colleague has shared with them. Ensure that everyone listens to the presentations without judging anyone.
6. Thank the participants for their readiness to share. Wrap up by saying that it is very important for counselors to always be aware of the things that make us want to do this kind of work – because while motivation gives us the energy we need to follow such a demanding vocation, it might also be something that we need to work on. For instance, in the cartoon, one woman said that it would not be good if we were motivated by the wish to feel “big” and to have power over our clients.

It is also important to know which clients we find especially difficult to deal with, and to acknowledge that working with some clients can make us nervous, sad or angry. Remind the participants of the need to be self-aware and that, as was stipulated in the very first module, good counselors are counselors who know their limits and acknowledge them.



What do I get out of it?*

handout

Two psycho-social counselors talk to each other...

I first thought about doing counseling when I visited my aunt in Fishtown and met a district counselor who had been working at *medica mondiale Liberia's* Women's centre for two years. I could see how many problems the women there were having, and I thought how wonderful it would be to help them.

Yes! But it's very hard work, too...



I'm learning that fast! And sometimes I get so frustrated I want to scream!

It's so difficult when things go badly for your clients, no matter how hard you try to help.



Yes, like that woman who always goes back to her husband, even though he is really violent, because she is so afraid he would kill her if she tried to take the children and leave.



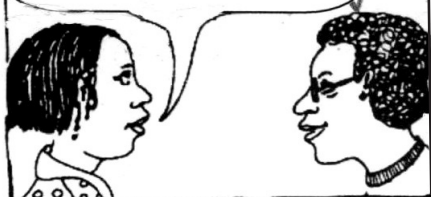
It's never easy to be working as helper. I still remember those lectures we had on burnout and secondary trauma when we were doing our training with *medica mondiale Liberia*. But of course we also get some good things from the work we do.

Good things for ourselves?

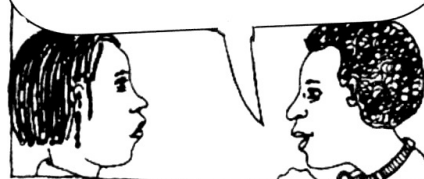


Yes. Aren't there times when the work you do makes you feel really good?

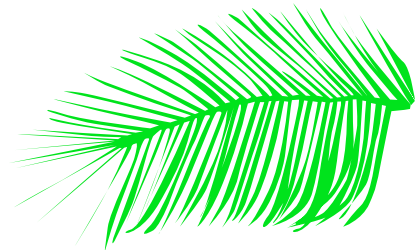
Of course, especially when I feel I've really helped to make someone's life better. But I would hate to think that I only do it because I get something out of it.



Look, we all have many different reasons for doing the work we do. And of course, you shouldn't do counseling just for the things that YOU get out of it. But if we didn't feel happy in what we do, we would burn out much faster. Good counselors know their own needs!



* © Illustration: Colleen Crawford Cousins; the text was adapted from: Taylor, J. & Stewart, S. (1991). *Sexual and Domestic Violence: Help, Recovery and Action in Zimbabwe*. A. von Glehn and J. Taylor: Harare (in collaboration with Women and Law in Southern Africa); here: pp.273f.



handout

But sometimes you meet people who became counselors because they like feeling big and important, and telling people what to do with their lives. They like the power they have when people follow their advice.



Sadly that's quite a common reason for people doing it. And also, I've met counselors who just tell their clients to join their Church and to pray hard to Jesus. These things are not what counseling is about. It can really be dangerous if counselors are not aware of what is motivating them.



But you still think it's okay for us to get something out of helping other people? That we should feel good when we do this kind of work?



Of course we must, because otherwise we wouldn't be able to carry on. But the important thing is to be aware of our own needs and not to let them get in the way of helping our clients, which is the main reason why we are doing this.



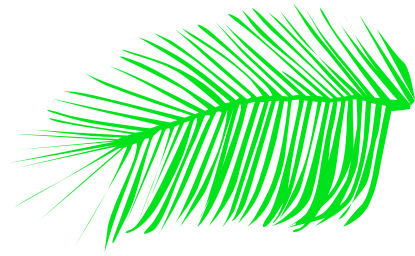
Exercise 3: When we need more than basic helping skills (45 minutes)

Method: Brainstorming

Handout: Case study: Things are getting worse with Kanda

Steps:

1. Distribute the handout with the story “Things are getting worse with Kanda” and read through the story together.
2. Ask the participants to look through the story again and to identify all the problems that Kanda presents which make Ma Juah believe that she needs to call in Munah. Note down their contributions.
3. Ask the participants why they think that Kanda was a little hesitant about having another person involved.
4. Finally, ask them what needs to be done so that Kanda feels okay with Munah and is able to trust a new person. Note down their contributions.
5. Summarize by saying that counseling is a long-term process in which we use basic helping skills to respond to a client’s most important and immediate needs, but where listening to our clients and helping them to make decisions takes much more time. We will work on the differences between short- and long-term helping in the next exercise.



Case study: Things are getting worse with Kanda

handout

Kanda comes back to see Ma Juah after some weeks with the news that Gerald keeps abusing her, and is now threatening that “If you go and see that old witch Ma Juah again, I’m going to go and beat her up”.

Kanda complains that she is feeling more and more depressed these days and that after Gerald attacks her, whether physically or verbally, she turns to alcohol to help her “carry on”. She can’t sleep properly and is constantly terrified of Gerald’s violent outbursts. Her eldest son, who is six years old, has started wetting his bed again, and has become very clingy. Kanda is afraid that if she leaves Gerald he will kill her, but if she stays she may die anyway, either from fear or because one day he might beat her to death.

Ma Juah suggests that Kanda may need more time to make decisions about her life and to be healed from these violent wounds that block her so much. However, she also explains that this healing can only take place once she feels safe. Ma Juah asks Kanda for her permission to call Munah, a psychosocial counselor, for help. Kanda is not sure about this, and does not understand why Munah should become involved. Ma Juah explains that Munah has more training in counseling than her and will keep the whole story a secret, and encourages Kanda to open up to her. Once Kanda is reassured about this, they arrange to meet Munah in two days’ time.

Exercise 4: The flower of helping: Basic and advanced helping skills (45 minutes)

Method: Presentation

Handouts: The flower of helping;
Different concepts of helping

Steps:

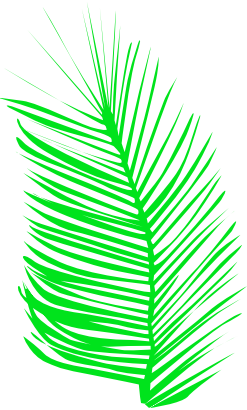
1. Highlight that advanced helping skills – counseling skills – are necessary for situations where basic helping is not enough. As we saw with Kanda's story, there are certain situations where more skills are needed. However, this does not mean that we do not need basic helping skills at all; they are the basis of any first intervention with survivors of GBV, and are of great help to many of the women and girls who come to *medica mondiale Liberia* for support. Not everybody needs long-term counseling over several sessions; some women and girls just need someone to help them see where to go for more support, and to explore what other options they have.
2. Present the picture of the flower of helping (Handout). Explain that a flower is a strong image for life and beauty, and represents the possibility for clients to blossom and grow in their lives - despite all the problems they encounter. Helping skills try to help people to bloom like flowers, and to develop their full potential.
3. Before the training starts, prepare a flipchart with just the centre of a flower on its stem with some leaves, but without petals (see handout), and cut five petals for the flower, all the same color, from manila paper. Show the petals to the group, and explain that they represent the five basic helping skills. Take each petal in turn, write the skill that it represents on it, and show the group the specific picture of Ma Juah talking with Kanda that represents this particular skill (see module 3). Then ask the participants what things they remember as being important with regard to this skill (remind them of the role-plays they carried out in groups of three). Repeat this procedure for each of the skills, and take enough time to recap all the essential elements of each skill, referring to module 3 as necessary.
4. Prepare four more petals in a different color beforehand and show them to the group, explaining that there are four more advanced helping skills that they will learn in this module. These four "petals" will enrich the flower and make it more colorful and strong. Explain that you will fix each petal to the flower as they become more familiar with them during the exercises to come.
5. Finally, name the petals of the advanced helping skills:
 - Advanced listening: listening, summarizing and reflecting feelings (petal 1)
 - Looking for resources and reinforcing resilience (petal 2)
 - Exploring options for problem-solving (petal 3)
 - Practicing the trauma-sensitive approach (petal 4).
6. Distribute the handout "Different concepts of helping", Ask the participants to read through it at the end of the training day, and to come back with any questions they have on the next day.

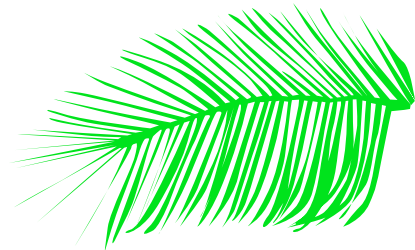
Carry out a **short evaluation** (see annex).

Flower of helping



handout





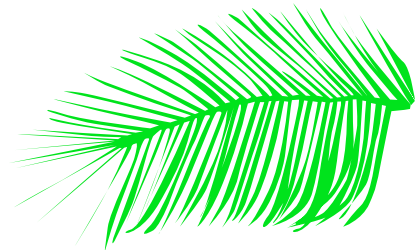
Different concepts of helping

There are different ways to help people. Some forms of helping require professional training, others just need a healthy amount of “common sense”, and someone with an open ear who listens well and attentively. In any case, every form of helping is based on good LISTENING. Here is an overview of a variety of helping interventions.

Basic helping (or: supportive counseling) addresses a client’s immediate needs. It forms the basis of any helping activity. A trained helper listens attentively to a client’s problems, finds out their immediate dangers and needs, works with the client to explore the various options available, and helps them to decide what they want to do next. Basic helping is usually the first intervention any helper undertakes during the very first contact with a client.

Psychosocial counseling (or simply: counseling) requires advanced helping skills and is a longer process that goes beyond the first contact. When a client’s problems do not improve, and a persistently difficult life situation causes ongoing emotional stress, helpers need to do more than just look at immediate needs. (Psychosocial) counseling therefore addresses the client’s needs on a deeper level, through a process of non-judgmental listening and unconditional positive regard for the client. (Psychosocial) counseling takes place over several sessions, with the long-term aims of empowering the client to develop the capacity to deal with her problems, enhancing her decision-making process, and supporting her through emotional problems. It aims to build a person’s ability to continue living in a healthier way and / or find solutions to complicated problems through listening carefully, reflecting feelings, and summarizing and exploring options.

Trauma-sensitive psychosocial counseling is a specialized form of counseling that tries to specifically address the problems arising from post-traumatic stress, such as nightmares, constant startled responses, or sleeping problems. It requires special training not only in psychosocial counseling (advanced helping skills), but also expert knowledge on trauma dynamics and treatment methods. In *medica mondiale Liberia*, trauma-sensitive psychosocial counseling should only be practiced by trained psychosocial counselors.



handout

Psychotherapy and counseling are terms for helping that are often used interchangeably. We can summarize the main DIFFERENCE as follows: "counseling" is generally used to describe a relatively brief treatment that is mostly focused on a particular symptom or problematic situation, and wants to increase the client's problem-solving capacities. "Psychotherapy", on the other hand, is generally a longer-term treatment which focuses more on gaining insight into the whole of a client's personality, her past, and how this has influenced her way of being today. There are different schools of psychotherapy that offer different techniques. However, in practice, there is a big overlap between psychotherapy and counseling: some therapists also provide counseling in specific situations, while a counselor might also sometimes touch on psychotherapeutic issues. In any case, psychotherapy needs a lot of training and substantial self-reflection and is a form of helping that is rarely available in developing countries.

Psychiatry is another field of helping in the area of mental health. Psychiatrists go to university first to study general medicine, and then to specialize in the subject of psychiatry. So, psychiatrists are medical doctors who treat conditions such as schizophrenia (patients who hear voices or see things that do not exist, etc.) and other mental illnesses. They are allowed to prescribe medicine to treat their patients. In some cases, they combine medication with other forms of therapy. Psychiatric care is often quite limited in developing countries.

Giving advice is a form of helping that is very directive. An advisor can be a layperson who gives an opinion on whether our shoes match our skirt, or whether we should have our hair long or short. It can also be a professional with expert technical knowledge who suggests technical solutions to a problem, e.g. President Ellen Johnson Sirleaf's technical experts who recommend drilling for oil in the Atlantic Ocean.

Mediation is a peace-building technique and a form of peaceful conflict resolution. It helps conflicting parties to find solutions for their conflicts with the help of a neutral, impartial third party (called a mediator) who makes sure that all parties have an equal chance of being heard and to say what they need and want, and that everyone's views are considered as equally valid. Just like a counselor, a mediator does not impose his/her own solutions for the conflict, but helps the parties to find their own solution. He/She therefore must be accepted by all conflicting parties. This method only works if all the conflicting parties accept the mediator, and agree to the mediation process.

Section 2: Introduction to advanced helping skills / counseling

Objectives of the section:

Today, we want to

- review attitudes (the dos and don'ts) of helping;
- practice the advanced helping skills of listening, reflecting feelings, and summarizing.

Recap the previous day's training (see annex).

Exercise 1: Reviewing attitudes in helping: dos and don'ts (1.5-2 hours)

Method: Discussion in pairs / discussion in plenary

Handout: Dos and don'ts of counselors' attitudes and behaviors

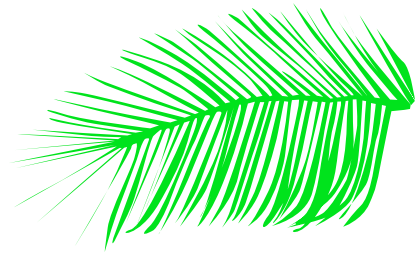
Steps:

1. Explain to the participants that the following exercise is meant as a review and is intended to broaden their general attitudes of how trained helpers should approach survivors of gender based-violence. Remind them again of the fact that it is not the techniques that a trained helper or a counselor uses that make the interaction most helpful, but the relationship between counselor and client, and the way that she interacts with the survivor. If a counselor is judgmental and "big-headed" towards the survivor, then no matter how much training she has had, her efforts will be in vain.
2. Ask the participants to form pairs. Cut the handout "Dos and Don'ts of counselors' attitudes and behaviors" into slips as described on the handout and distribute the slips evenly amongst the pairs. For example, if there are eighteen slips of paper and six pairs of participants, each pair will be randomly given three slips.
3. Ask the pairs to discuss what is written on their slips with the following instructions (prepared beforehand on newsprint):

Explain to the group, in your own words, what is meant by each DO or DON'T, and give an EXAMPLE of how a counselor might put that particular DO or DON'T into practice. You could perform a short role-play or just recite your example, but make sure that the group can see how a counselor would include that DO or DON'T in their work.

Allow some 20-30 minutes for preparation, depending on how many slips each pair has to work on. Explain to them that each pair can present their findings in either written or spoken form.

4. After coming back to plenary, ask the participants to present what they have found, either written or spoken. Go around the circle asking each pair to present ONE attitude (i.e. one of their slips of paper), and continue going round the group until all the slips have been explained and presented. Ensure that each pair covers both elements – an explanation and a concrete example. Clarify where necessary.
5. At the end, distribute the handout.



DOs and DON'Ts of counselors' attitudes and behaviors

handout

Note for facilitators: Cut these pieces of paper into slips and give one to each pair. Ask the pairs to explain what the “Do” or “Don’t” written on their slip of paper means, and to give an example of how a counselor could put it into practice:

DO ensure and respect the confidentiality of everything you are told by the survivor.

DON'T press the survivor to tell you the details of what happened to her.

DO believe and acknowledge the survivor's feelings.

DON'T minimize the violence.

DO make referrals to other community services if the client agrees.

DON'T refer survivors to services that will not provide confidential, respectful and quality care.

DO help the survivor to plan for her safety.

DON'T ignore the survivor's need for safety.

DO acknowledge the injustice that was done to the survivor.

DON'T blame the survivor.

DO provide the survivor with information about what you and others can do to help her.

DON'T tell a survivor what to do.

DO practice empathy with your client.

DON'T risk burn-out from working beyond your limits.

DO show that you are concerned about the client's well-being.

DON'T try to save the survivor by solving her problems for her.

DO ask questions that help the client to elaborate on her situation, and that help you to have a better understanding of what her problems are all about.

DON'T ask questions that sound like an interrogation, and that force the client to defend herself.


Exercise 2: Advanced listening skills: listening, summarizing and reflecting feelings (1.5 hours)

Method: Buzzing / discussion in small groups / discussion in plenary


Handout: Listening to feelings and summarizing what the client has said in your own words¹

Steps:

1. Explain to the participants that they will now learn more about advanced listening skills, which is the flower of helping's first petal. In order to help them understand the exercise properly, distribute the handout "Listening to feelings and summarizing". Read through the text together, and then answer any questions the group might have.
2. Explain that they will now start to practice with an exercise that will be in two parts. First they will brainstorm on two examples that have already been prepared (see below), and then they will split into groups of three and work on a personal example.
3. Show the following two examples on a flipchart (prepared beforehand), then divide the group into two halves (each half will work on one of the examples) and ask the participants to buzz in pairs on how best to summarize the statement they have been assigned to.



Example 1: I don't know what came over me. I was so vexed with my husband telling me that there was no money left and that I could not send our son to school this semester that I could not think about anything else anymore. When my little daughter broke the two cups by knocking them together, I suddenly slapped her so hard that she flew against the wall and cried so badly. I felt so sorry afterwards. It was not her fault, little baby!



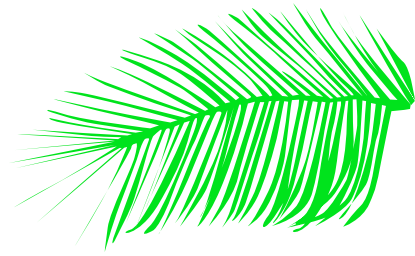
Example 2: If my boyfriend leaves me now that I am pregnant, I really don't know what I am going to do. My parents say they won't accept another hungry mouth to feed. They will throw me out of the house. I would rather die than go through this. If I had only known what kind of man he was, I would not have let him do man woman business with me.

Allow some 10 minutes for the buzzing and then ask the pairs to give their suggestions. Write down their summaries and discuss the differences between them. It should become apparent that a summary is a selection that the helper makes of everything that the client has said, based on what the helper believes to be the most important points. Remind them to end their summary by asking the client if it was correct.

4. Explain to the participants that now they have found good summaries for these examples, they will work on a personal example. They should form groups of three in which one participant will share a problem with the counselor, while the third person will observe. The problem should not be really big, emotionally overwhelming or very complicated; just an everyday problem, e.g. a short argument, or something small that went wrong. This will help them to practice listening skills without being distracted by the size of the problem.
5. Explain to the participants once again that the counselor should listen to the story carefully, paying particular attention to the feelings that the story-teller shares, and then summarize it in her own words and reflect the client's feelings back to her. In other words, she will suggest a name for how the story-teller feels.

¹ Compiled from: Sterling, C. & Lazarus, R. (1995). *Teaching Lay-Counselors: A Manual for Trainers*. Child Guidance Clinic / University of Cape Town: Cape Town; here: Topic 5 (Reflecting) and 6 (Summarising).

6. Now ask the participants to take about ten minutes to work through the process of the client telling the problem and the counselor summarizing and reflecting her feelings. The counselor should ask the story-teller how she feels if she did not talk about her feelings voluntarily.
7. After the first round of listening and summarizing is over, ask the participants who played the story-teller how they felt while they were being listened to, and having their stories summarized and their feelings reflected. Then ask the counselors and finally the observers what was done well, and what could be improved.
8. If you have enough time, change roles and repeat the exercise with new problems (the observer becomes the counselor, the counselor becomes the story-teller, and the story-teller becomes the observer). You can also carry on with the exercise in the morning of the following training day in the form of a recap.



Listening to feelings and summarizing what the client has said in your own words*

handout

When you, as a counselor, listen to a client, you begin to build up a picture in your mind of how they are feeling, and how they see their problem. However, this is YOUR picture, and it is good to keep checking with the client whether your understanding of her feelings and problems is right. If it is, this will make the client **feel understood and relieved**. If it is not, you can correct your picture. This will then be a strong foundation on which you can come up with options together.

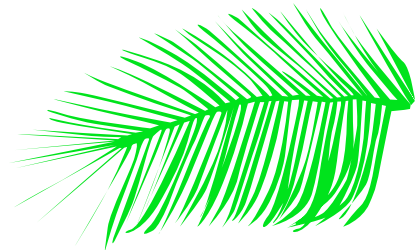
Even though many people in African and other cultures are not as used to talking about their feelings as most people in the Western world, where these counseling approaches were developed, those feelings will still be there, and will be very strong, and we cannot really help somebody unless we manage to reach these feelings and acknowledge them.

Acknowledging feelings means naming and validating them: (re)assuring your client that it is okay for her to feel the way she does. As counselors, we also need to validate feelings that may seem very negative to us, such as anger and a deep desire for revenge, or even feeling desperate enough to consider suicide. In such cases, it is vitally important NOT to make moral judgments, such as saying “You should not feel so angry with your father; he is your father, so you have to respect him”. Validating means showing that you understand the feeling, without judging it, for instance by saying “I can understand that you feel very angry with your father, and that you even want revenge for what he did to you.”

This is also important with suicidal thoughts. Never say things like “Stop thinking of suicide; it’s a sin”, but rather validate the deep desperation behind such words by saying something like: “You must feel so desperate about the whole thing if you are thinking of suicide.”

So, when we listen, we should **not only listen to the words**, to the different problems being talked about and to the flow of the story, but we should also listen to the **feelings that are being expressed behind** all this talking. And we must take care not to focus only on what the client is saying; feelings are sometimes hidden in gestures, in the way that somebody sits or looks at you, or in the tone of her voice. For example, if a client just stares to the ground and sits with a bent back, this might reflect desperation and hopelessness. We have to listen carefully to both what is said and what is not said.

* Compiled from: Sterling, C. & Lazarus, R. (1995). *Teaching Lay-Counselors: A Manual for Trainers*. Child Guidance Clinic / University of Cape Town: Cape Town; here: Topic 5 (Reflecting) and 6 (Summarising).



handout

When we **reflect back these feelings to our client**, we should be careful since we are not experts explaining to them how they feel, and what makes us sad will not necessarily make everyone sad. What we are therefore trying to do is to make sure we have understood correctly, while offering the client the opportunity to explore her own feelings further. So, instead of saying things like “You are scared because of your mother’s death”, it would be better to cautiously suggest something like: “It seems that you are scared because of your mother’s death. Is this how you feel?”

People are different and they feel differently – we should never assume that we know exactly what the client feels unless she tells us. And be aware that her understanding of what she feels may change as she explores her feelings further during your sessions: she might start off by saying that she feels sad, but while talking to you and exploring her feelings, she might realize that underneath the sadness she is also deeply angry.

When we **summarize** what we have understood from listening to our clients, we should not repeat what she said word by word like a parrot, but should try and **put the story into our own words**. Summarizing gives the client a sense that someone else has really listened to her point of view and has really gotten the whole story. When you summarize, make sure that you check at the end whether what you said was correct. You should also be very careful not to add to the story or interpret it in your own way. Sometimes, we might hear a story that reminds us of something similar, and then we might tend to think that the stories are the same, but no story is ever 100% the same as another, no matter how closely they might resemble each other.

You can introduce summarizing by saying things like: “Let me see whether I have understood you well: you said that ... and this story seems to make you very sad ...” OR “I hear you saying that ... and it sounds like you are very sad about it ...” You should then finish your summary by saying things like “Is this what you told me?” OR “Do you feel I got your problem?” OR “Is the way I summarized what you said correct?”

Exercise 3: Practicing listening to feelings and summarizing (1-1.5 hours)

Method: Role-play / discussion

Steps:

1. Explain that now the group has done this personal sharing and listening exercise, they will practice advanced listening skills using Munah and Kanda's story as a case study. Ask the participants to take the handout with Kanda's story, read through it again, and try to put themselves into her shoes.
2. Explain to the participants that they are going to do a similar role-play to the one from the previous day where one participant shared a personal problem. They will start the role-play at the point where Ma Juah has introduced Kanda and Munah to each other and left the stage. Munah now starts the listening process.
3. Ask for two volunteers, one to play Munah and one Kanda. The other participants will be observers. Ask half of the group to observe Munah and the other half to observe Kanda. Ask Munah to listen really carefully to Kanda's story, to summarize it in her own words, and then to reflect her feelings and validate them. At this stage of the role-play, they do not have to come up with other interventions, but just allow themselves to listen and try to be aware of the feelings BEHIND the words they are hearing. You will have to make this point very clear to the trainees as they are likely to go through all five helping steps as soon as they step into the counselor's shoes.

NOTE: If there are four or less people in your training group, let one participant take Kanda's role, while the rest of the group all play the part of Munah and practice listening, reflecting and summarizing. The person playing Kanda stays in her role until all the 'Munahs' have had a chance to practice the skills.

Alternatively, the person playing Munah can appoint two "co-counselors" to support her. Munah can then interrupt the role-play whenever she feels 'stuck', and ask her two colleagues to give their thoughts on what she should do next. As the trainer, you should make sure that the co-counselors give their opinions in a non-judgmental way, i.e. without harshly criticizing Munah's counseling, but rather focusing on what could be done better. It is then up to the person playing Munah to decide whether or not to follow the suggestions she has been given.

4. Allow some 10 minutes for the role-play to unfold. When it is over, use the rules of feedback that were given in module 3 to evaluate how it went. First ask the person playing Kanda how she felt in the role-play, then ask the counselor playing Munah. Then ask the observers and co-counselors what they thought.

First, ask what things they liked or thought were done well in the listening process, then ask what they thought could still be improved.

Make sure to ask everyone if they thought that Munah managed to summarize Kanda's experience and reflect her feelings accurately.

Carry out a **short evaluation** (see annex).

Section 3: Practicing counseling (1 day)

Objectives of the section:

Today, we want to

- learn about resources and how to reinforce our clients' resilience;
- learn the steps of problem-solving.

Recap the previous day's training (see annex).

NOTE: Whatever style you decide to use from the chapter on recaps, ensure that you include the flower of helping and that you ask the participants what they remember of the differences between basic and advanced helping skills.

Exercise 1: Looking for resources and reinforcing resilience (petal 2) (2-2.5 hours)

Method: Individual exercise / presentation

Handout: What helps people cope with difficult experiences in life?

Material: Pieces of A5 paper; six pieces of poster paper

Steps:

1. Explain that today will be dedicated to exploring more of the petals of the flower of helping.
2. Give each participant a marker and three pieces of A5 paper, and ask them to brainstorm on the following question (written on newsprint beforehand):

When you think of people in your community – or about yourself – who remained strong and positive even when they went through very difficult experiences, what do you think helped them (or you) to cope better than others?
Think of the three most important factors that helped them to cope better, and write one on each of the three pieces of paper.

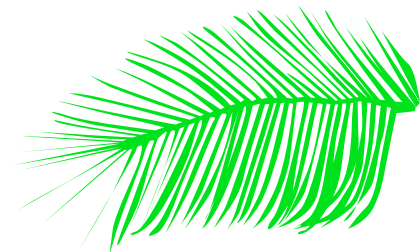
3. Ask the participants to do the exercise on their own, in silence, and when they have finished to lay their three pieces of paper on the floor in front of them with the writing facing down so that nobody can read what they have written.
4. When everyone is finished, ask the participants whether they have ever heard the word “resilience” and, if they have, what they think it means. Note down their contributions.

Present the input on resilience, coping and resources (see below; either present it first on a flipchart or distribute immediately the handout with the text).

5. Now ask the participants to turn over their papers and see how they relate to what the flip-chart / handout says about resources, coping and resilience.
6. Take six pieces of poster paper, write the name of one of the different resources on each as a heading, and hang them spaced out around the walls of the training room. Ask the participants to decide which of the posters they think each of their pieces of paper refers to, and to stick them on the respective poster. Where they are not sure, they can ask the group to decide together. It is possible that some of their techniques fit in more than one category.
7. Summarize that it is important to assist people in finding these resources, as they will help them to continue growing despite their difficulties. Also, realizing that they still have resources gives a sense of strength and control to people who feel that they have been very disempowered: this will help them reconnect to the things that were able to stay intact despite all the problems they faced.

Finally, add the second petal “Looking for resources and reinforcing resilience” to the “flower of helping”.

8. Ask the group how a counselor could discuss with Kanda the different resources she might have. Note down their contributions and add the following examples, if the group does not mention them:
 - What are your dreams about the future? (probing into MENTAL resources)
 - Who supports you the most in your family? Do you have a best friend? (probing into SOCIAL resources)
 - Can you earn your own income? What kind of income-generating training have you had in your life? (probing into ECONOMIC resources)
 - Do you like sports or physical activity? Do you like dancing? Can you relax your mind when you work really hard in the field? (probing into PHYSICAL resources)
 - Do you believe in God? Do you feel better when you pray? (probing into SPIRITUAL resources)
 - Are you able to feel joy, even if just for a few moments? Do you feel close to your children or to other people in your life? (probing into EMOTIONAL resources).
9. Summarize by saying that even though these resources might seem rather small, they are sources of water (refer to palm tree story) that help a person who has been wounded by terrible events to re-create a sense of safety and manageability in her life: even by asking the questions, you will remind your client of those things that are positive and life-giving in her present situation – and this will definitely empower her!



What helps people cope with difficult experiences in life?*

handout

Resilience is something that we all have. It means the capacity to overcome difficulties and adapt to changes and problems. A resilient person is someone whose strengths are greater than their problems and suffering. Resilience depends on the **characteristics of the person her/himself** (e.g. people who have a high self-esteem and are optimistic about life can generally recover from difficult situations more easily than others; people who have been traumatized as children are often less resilient than those who had a happy childhood) and on **outside factors** (e.g. social support reinforces resilience; on-going insecurity lowers it).

Coping means: all the efforts that people make to help themselves master stressful events. Some strategies are active and are meant to solve the problem at its root. E.g. if a woman is scared that she might be raped again, she might buy herself a strong padlock for her door or she might avoid going to places where she feels insecure unless she is with someone who can protect her. Other coping strategies do not involve being active, but are used when the person concerned wants to change their feelings about the event: this woman might also tell herself that she should not worry too much, as the perpetrator will be arrested and cannot harm her again. She might also tell herself that it was not her fault and that she did not do anything wrong to provoke the rape. Both types of strategies, active and emotional, help us to master stress. Although active problem-solving strategies are usually better for coping, sometimes there is nothing we can do other than to work on our feelings about a certain situation.

People's ability to be resilient and to cope also depends on their access to resources. We usually identify **six different categories of resources***:

- **Mental (or personal) resources:** e.g. a person's intelligence and capacity for dreaming of a better life;
- **Social resources:** e.g. the social support of family members, neighbors and friends;
- **Economic resources:** e.g. economic well-being, access to an income, to land, owning a house;
- **Physical resources:** e.g. a person's bodily strength and physical health; the ability to enjoy physical movement;
- **Spiritual resources:** e.g. faith, prayer, religion, belief in human values;
- **Emotional resources:** e.g. the ability to have strong feelings and to share them with others, the ability to feel better after crying, the ability to quickly calm down again after feeling upset.

* Adapted from: medica mondiale (2011). *Training manual for health professionals: A trauma-sensitive approach*. medica mondiale: Cologne; here: p.35f.

Exercise 2: Reinforcing “mental resources” through imagination exercises (15-20 minutes)

Method: Imagination exercise²

Steps:

1. Explain that when people in Liberia hear the word “resources” in relation to coping they are most likely to think of economic or material things. However, as we saw in the previous exercise, these are only one group of resources. We also have power “within” us that can help us get better or even heal from traumatic wounds. Remind them of the exercise in module 1 where they remembered a moment in their lives when they felt happiness; the next exercise also tries to remind us of our inner power, and can be done with clients during the counseling process.
2. Ask the participants to make sure that they are sitting comfortably. Ask them to close their eyes or lower their gaze and just listen to their breathing.
3. Give the following instructions:

"Imagine that there is a source of light somewhere outside your body. (PAUSE) You allow this light to enter through the top of your head. The light is moving to a particular area in your body – a part of your body that really needs light. (long PAUSE) When the light has settled in this part, imagine it taking on a certain color. This color feels very comfortable and warm to you. (PAUSE) The colorful light is now spreading out and slowly starting to cover the whole of your body. Imagine your body shining with light and feeling warm and content. See yourself bathed with this light and feel peace and love coming from your heart. Stay with this feeling for some time (long PAUSE). Keep this feeling deep inside you and realize that whenever you want, you can return to this light (PAUSE)."

When you feel you are ready to come back to the training room, imagine slowly centering this light in your heart. When you have stored it there, open your eyes and let yourself come back into the room."

4. Ask the participants how they felt during the exercise and how they feel now. Make sure that everyone says something to check that everybody is “back” in the room and not lost in difficult feelings. Some participants might want to share their experiences.
5. You can repeat the exercise again whenever you feel that it is appropriate, or close the day with it.

Exercise 3: Exploring options for problem-solving (petal 3) (1-1.5 hours)

Method: Brainstorming / presentation / role-play

Handout: The seven steps of problem-solving³

Steps:

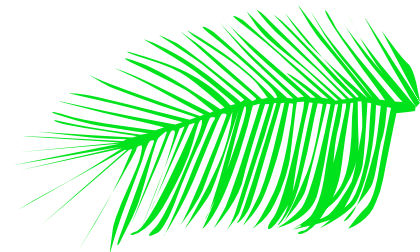
1. Explain to the participants that one important “ingredient” of counseling is helping clients to solve their problem(s). Clients will often start feeling better simply because someone is really listening to them, acknowledging their pain, and giving them space to express everything they are feeling. But sometimes our clients need more than this.

² Adapted from: *medica mondiale Afghanistan (2009). Training Manual: Exercises for relaxing, energising, connection* (internal use only).

³ Compiled from: Sterling, C. & Lazarus, R. (1995). *Teaching Lay-Counselors: A Manual for Trainers*. Child Guidance Clinic / University of Cape Town: Cape Town; here Topic 7 (Problem solving).

2. Ask the participants to think back on the problems they noticed when they looked at Kanda's story on the first day. Explain that when a client has as many problems as this, it is important to choose the most critical and urgent one to be solved, and not to work on all of them at the same time.
3. Ask the participants to discuss which problem Kanda would say was the most urgent, if we asked her, and to give their reasons for their choice. Make sure they understand that no matter what they think is the most urgent one, we must always check with Kanda which one SHE thinks is the most important for HER, and that this is the one we should work on.
4. Put the third petal "Exploring options for problem-solving" on the flower of helping. Present the following steps for the problem solving process (prepared on newsprint and later distributed as handouts). Explain that problems can sometimes seem so big that we don't even know how to begin solving them, which increases our feelings of helplessness. However, we, as counselors, can offer our clients a process which will help them to work through their problems, and hopefully start to identify possible solutions. We do this by working through seven distinct steps which break the problem down into manageable 'chunks'.
5. After presenting the seven steps on newsprint, ask the participants how they would introduce each step to their client in the counseling process. In other words, what questions could they ask that would help their client to work through this particular step? How could they frame their questions? Our role as counselors is to guide our client through the steps of the process (NOTE: guide, rather than lead), and we need to develop a 'feel' for how to ask questions in such a way that we encourage our clients to think through their problem to a solution. Note down some of their ideas.
6. Working in the same groups as for the 'Kanda and Munah' exercise earlier, the participants will now prepare and perform a role-play to demonstrate the seven steps of problem-solving. This time one of the "co-counselors" will be the counselor, while the other becomes a co-counselor who might be asked for help whenever the counselor feels she is stuck or wants more input. Explain that this role-play starts after all the listening has been done and Kanda asks what she can do now.
7. Allow the role-play to unfold for some 10-15 minutes. Afterwards, ask the participants for their feedback and add your own points by going through the seven steps one after the other (and discussion in how far the role-play has followed these steps). Ensure that the rules of feedback from module 3 are followed.

Carry out a **short evaluation** (see annex).



The seven steps of problem-solving*

1. Summarize all the problems your client narrated to you in the course of the listening process – whether they are emotional, physical or material. **Check** whether you understood her properly.
2. Ask your client which of all these problems she feels is the **most urgent one** to be resolved first. Allow her time to think about the question.
3. Ask your client **what she has already tried** to solve her problems. Why does she think these attempts did not succeed? Did anything work at all, even if it didn't completely solve the problem? Is there any way that she could improve these strategies?
4. Ask your client **what possibilities she thinks she has RIGHT NOW**. If your client is too desperate to think of any options, you can brainstorm together. If you have any relevant information that might be of help for her, offer it. Try between you to identify at least three alternatives that she might consider.
5. Ask her which of these options **looks the most feasible**. Look at the **advantages and the disadvantages** of each option.
6. Once the client chooses the option **which seems best for her**, you can work together on the next **steps to be taken**. It might be helpful if you break down the overall strategy into small, manageable steps.
7. Fix a date for your client to **come back** so you can look together at what has happened in the meantime, and how well her new strategies worked.

Be aware: If the client **cannot think of any options at this time**, or doesn't believe that the ones you have brainstormed together might work, she might see this as a(nother) failure, which could add to her sense of helplessness. **Reassure** her that **it is not always possible to find good options straight away**, that you can work on this again together later, and that just by starting to try and solve it she has taken a big step forward.

* Compiled from: Sterling, C. & Lazarus, R. (1995). **Teaching Lay-Counsellors: A Manual for Trainers**. Child Guidance Clinic / University of Cape Town: Cape Town; here Topic / (Problem solving).

Section 4: The trauma-sensitive approach in psychosocial counseling (2 days)

Objectives of this two-day section:

In the following two days, we want to

- recap what we know about trauma;
- learn how to help a traumatized person through counseling;
- learn some exercises to help our clients manage strong feelings and emotions;
- share with each other the things we can all do to help ourselves recover from feelings that might overwhelm us after trauma;
- practice the trauma-sensitive approach.

NOTE: The content of the following exercises is meant to cover around two days of training. Trainers are free to arrange the two days accordingly and to decide where to set the break between them. It is advisable to start the second day by recapping the topics covered on the first day.

Recap the previous day's training (see annex).

Exercise 1: What is trauma and what are the signs of trauma? The trauma-sensitive approach (fourth petal) (2-2.5 hours)

Method: Presentation / discussion

Handouts: What is trauma?
 What happens in our body and brain during traumatic events?

Steps:

1. Put the fourth petal on the flower of helping, and explain that today the participants will learn about the trauma-sensitive approach.
2. Ask the participants what they remember about trauma from module 3, and which pieces of information they thought were the most important. How would they explain trauma in their own words, without using the “technical words”? Remind them of the palm tree story, and note down their contributions.

Make sure that they understand the difference between “trauma” as a **result** of certain experiences AND “traumatic events” or “traumatic stressors” as **causes** of trauma. Drawing a diagram “Traumatic events -> Trauma”, where the arrow indicates that it is the event which leads to the trauma, can help to illustrate this.

3. Ask the participants to suggest words that people in their communities use for trauma, and agree on which term the group would like to use. Brainstorm on the signs of trauma that they might have noticed in their communities, and note down their responses. They may mention more signs than those which are usually considered to be typical signs of post-traumatic stress

⁴ Compiled from: Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. Norton: New York.

as identified in the common definition of “Post-traumatic Stress Disorder”, which is absolutely fine, given the number of inter-cultural expressions of trauma.

Also write down signs that might be arising from problems in the relationships within families or communities.

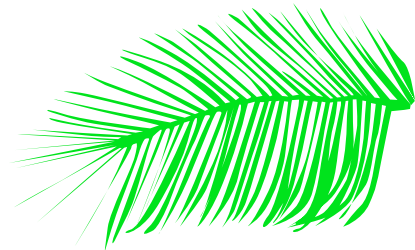
4. Explain that the following signs on the handout are often displayed by survivors of traumatic events who are suffering from something called “Post-traumatic Stress Disorder”. Stress the fact that all these signs are normal reactions to abnormal experiences, and are shared by many people who have gone through painful events. Some people are able to recover from these problems after a while, but others carry on suffering for longer.

Warn the participants that this exercise might remind them of some of their own experiences with trauma and might therefore be a little upsetting emotionally. They can do some deep breathing during this exercise if it gets too much.

5. Distribute the handout “What is trauma?” and go through the text by asking the participants to take turns in reading. Pause for a moment after each part. Ask the participants to always look at the picture first, and then read what is written below it. After going through the pictures and the texts, ask them: Have they ever heard people in their communities talk about these signs? Have they experienced what is portrayed on the pictures themselves? Which signs are the most common ones? Allow some time for discussion.

NOTE: Be aware of the energy level in the group, and either take a break or use one of the self-care exercises if you think that seeing the pictures and talking about difficult experiences is becoming stressful for the participants.

6. Explain that all the signs presented in this exercise can be seen as examples of our brain and body trying to “understand” what has happened.
7. Take time for the participants to fully understand the theory behind trauma. Answer any questions they might have. Emphasize that it is important for us to understand why traumatized people sometimes seem to feel as if they are being threatened at this precise moment right now, even though the actual traumatic incident is over; their anxiety levels are so high because they constantly go through the memories of the images and don’t feel that it is over and that they are now safe.
8. Finally, distribute the handout “What happens in our body and brain during traumatic events?” Ask the participants to read through the handouts again after the training session.



What is trauma?

Trauma means “wound” and it describes wounds in the hearts and minds of people who have undergone extremely painful experiences. Such experiences are events in which somebody’s life is threatened or physically injured, or when people suffer real risk of being hurt. These are called traumatic events, and they cause extreme fear, helplessness and horror.

Examples of traumatic events are “man-made disasters” such as war, torture, rape, domestic violence or murder, and “natural disasters” such as accidents, earthquakes, landslides or floods.

There are typical signs of the trauma which results from traumatic events, and these are more or less the same across the whole world.

Despite all the pain and wounds caused by traumatic experiences, some people manage to become stronger, and to be more aware of their strengths and the value of life. However, this cannot be forced upon somebody.

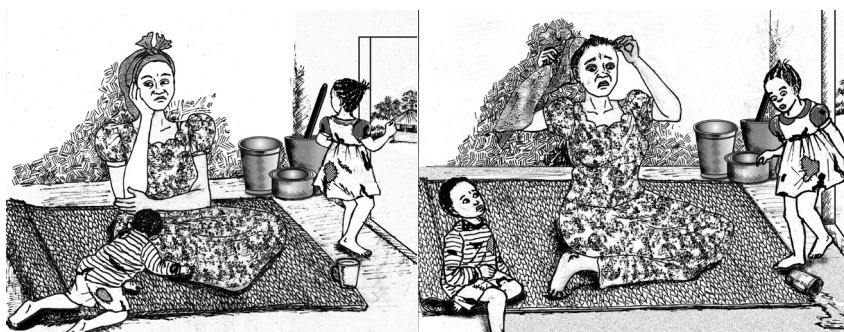
Here are some of the most common signs of trauma:

The body is always on alert (increased arousal):

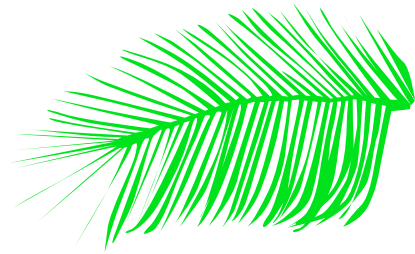
The survivor acts as if the world is dangerous and she cannot relax because she must constantly be prepared for danger.



Sleeping problems



Problems in managing tension and frustration



handout



Exaggerated startle response



Watchfulness



Problems concentrating and remembering

Painful memories of the event come back (Intrusion):

A survivor cannot get the event out of her mind. It is as if she keeps playing the event over and over in her head in order to try to grasp what happened.



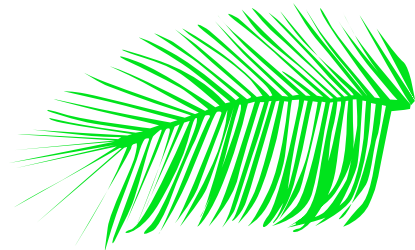
Nightmares



Flashbacks



Thinking about the experience all the time



handout

Avoiding thinking and talking about it (avoidance)

A survivor tries to forget and get away from things or people that remind her of the frightening event. She might deliberately try to block out certain thoughts or may have even forgotten some parts of what happened.



Avoiding feelings, activities, places or people associated with the traumatic event.

Feeling numb (numbness):

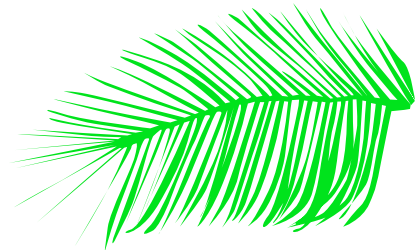
A survivor might lose interest in things that she once liked and isolate herself from other people. She may feel totally alone or even not feel anything anymore. Some survivors have expressed this as “feeling dead inside”.



Little interest or participation in activities which once brought joy



Feeling lonely / loss of interest in relationships



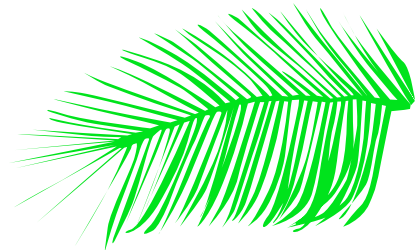
handout



Finding it difficult to feel anything



Thinking that one does not have a future



handout

What happens in our body and brain during traumatic events?*

When we are confronted with a serious threat to our life, our whole body and especially our brain makes use of our “survival” functions: we go into the “fight-or-flight” mode. Our body produces lots of hormones that make us able to run faster (if we want to flee) or be stronger (for fighting back).

When these hormones circulate inside us, those parts of our brain that record images and body sensations are very active, but other parts that record the logical order of events and that put a beginning and an end to a story are very passive. Because of this, the information is not stored in that part of the brain which enables it to sort our experiences into a logical, chronological order. It can therefore happen that an event which takes place in the present will trigger a memory of something that happened in the past, and we might start to recall unspeakable images from that earlier time, and even believe that the thing we are remembering is actually happening now; our brain is unable to recognize that this is only a memory of something that happened long ago.

Something else that happens inside our body when we can neither fight nor run away (e.g. during rape) is that we “freeze” both physically and emotionally: we hardly experience any pain, and it feels as if the things that are happening are not real. We may even feel as if we are watching everything from a distance.

One trauma researcher, Mardi Horowitz, suggests that our brain reproduces traumatic images in flashbacks and nightmares because we cannot “store” these experiences easily as memories, and so we cannot integrate them into our normal life. We are able to absorb and later remember most of the things that happen in our lives, and then carry on with the normal business of living, but traumatic events are so threatening and produce so much horror inside us that our brains cannot process them. Our brain cannot find a good place to store these horrible memories so they stay ‘present’ and keep coming back uninvited.

* Compiled from: Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. Norton: New York.

Exercise 2: Deepening the understanding of trauma (30-45 minutes)

Method: Game

Steps:

1. Read out the following statements, and after each one ask whether it is true or false. Ask those participants who volunteer an answer why they think the statement is right or wrong, ask if anyone agrees and why, and then tell them the correct answer.

True or false?

- *War and violence can be considered traumatic events. (True)*
- *Most people recover from traumatic violence with the help of social support, namely loving and caring families and communities (True)*
- *Women who were raped during the war forget these things after some time. (False)*
- *Men are never traumatized, only women are. (False)*
- *Rape is one of the most seriously traumatizing events. (True)*
- *Only experts can help traumatized people, never community or family members (False)*
- *Young children can also be traumatized, even if they do not talk about it. Sometimes they act out in play what they have gone through. (True)*
- *People who have nightmares of terrible events that they have gone through or suddenly re-live the horror (flashbacks) are bewitched. (False)*

NOTE: This last point (on witchcraft) might be a controversial point - in the local belief system, it might be true. Allow time for discussion. Ask them what people in their communities do when they have nightmares and flashbacks.

2. Give additional explanations if necessary.

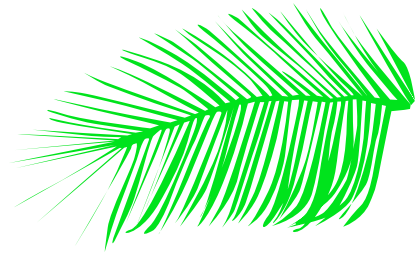
Exercise 3: How can I help a traumatized person through counseling? (1 hour)

Method: Brainstorming / presentation / plenary discussion

Handout: How can I help a traumatized person through counseling? The trauma-sensitive approach

Steps:

1. Write the following question on a flipchart: “How can I help a traumatized person through counseling?” Ask the participants to brainstorm on this question and note down their contributions.
2. Distribute the handout “How can I help a traumatized person through counseling”. Ask for volunteers to read each of the guidelines on the list aloud. Then ask the participants to pick one of the guidelines and explain what they think it means in their own words, and relate it to the things they brainstormed in step 1. Ask them to formulate a concrete phrase or sentence as an example of what they could ask or tell a survivor, showing how the respective guideline can be used in a counseling conversation. Ask them to give examples of an intervention they could do where one of the guidelines is followed. Correct gently and add further explanations as necessary. Continue until the group has discussed each of the guidelines.
3. Explain that you will now explore some of these guidelines in depth.



How can I help a traumatized person through counseling? handout

The trauma-sensitive approach

A trauma-sensitive approach is especially sensitive to the needs of people who have been exposed to violence, trying to stabilize them enough to regain their sense of safety and control, while reducing stress levels and avoiding re-traumatization. The trauma-sensitive approach can be for all types of intervention, but is particularly useful in the field of psychosocial counseling.

1. Look for all the things that can bring back her **sense of safety**: in her personal life, in her family and in her community. Nobody can recover from trauma unless they feel safe!
2. Offer **information about healthy and helpful strategies for coping** with distressing symptoms of trauma, e.g. breathing exercises etc.
3. Offer a **name for her suffering**: Trauma is a wound that violence leaves on our hearts and minds; it is not a sign of witchcraft or bad demons.
4. **Acknowledge her pain**: “This was a very painful experience.”
5. **Explain that her symptoms are normal**: “It is normal that you feel disturbed. Most people feel just the same as you do after such events.”
6. **Help her to identify the triggers that bring back bad memories, and suggest ways in which she might control them**: e.g. if somebody has nightmares about the war after they watch violent movies, explain that violent movies could be a trigger, and suggest that they stop watching them. Offer psycho-education: Explain in your own words as much as you can about why she is going through these problems.
7. **Look for positive things** in her current life; anything and everything that gives her strength and courage (resources).

Exercise 4: Muscle Relaxation Exercise (30 minutes)

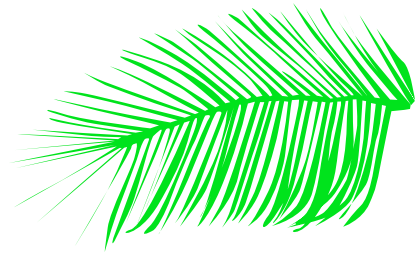
Method: Relaxation exercise

Handout: Muscle relaxation exercise (Instructions)⁵:

Steps:

1. Ask the participants whether they, or any women they know, either because of terrible events or in their “normal” lives, have ever experienced pain in their body. You are not referring to the pain we feel when we physically hurt ourselves, i.e. when we cut our hand, but having the sensation of pain without a direct physical cause. Allow some time for sharing.
2. Explain (and repeat) that during life-threatening events, we tend to tense our body automatically – which is a healthy reaction as it energizes our muscles in order to make us better at fleeing or fighting. However, once the life-threatening situation is over, this tension might stay with us and, little by little, cause pain and aching muscles. Our body can keep this tension for a long time, in which case we have to help our body to realize that the situation is over and that the tension is no longer necessary, and in fact is keeping us from feeling well and strong.
3. Introduce the following exercise as one way of learning how to release that tension in a controlled way.
4. Ask the participants to sit on their chair and to listen to your instructions. After having gone through the whole exercise, ask the participants to share their experiences during the exercise. How do they feel now, AFTER the exercise? How did they feel when they were tensing and relaxing parts of their bodies? Did they feel any kind of pain in their body while doing this?
5. After sharing, distribute the handout with the instructions and ask the participants to break up into pairs and read through the exercise together, then take turns to guide each other through the stages.

⁵ Adapted from: *medica mondiale Afghanistan (2009). Training Manual: Exercises for relaxing, energising, connection* (internal use only).



Muscle relaxation exercise (Instructions)*:

handout

Sit in a comfortable position on a chair. I want to invite you to enter into a state of deep relaxation by guiding you to first tense and then relax specific muscle groups in your body.

Please close your eyes and concentrate fully on your breathing. Breathe in through your nose and out through your mouth. (PAUSE) It is important that you feel how the air enters your body, reaches into the lowest parts of your lungs, and then leaves again through your mouth. (PAUSE) After you have breathed this way for several minutes and your breathing has become more regular, follow my instructions:

- Let us start with your forehead: Frown. Now raise your eyebrows as high as you can for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Now let's go to your eyes and nose: Close your eyes as tightly as you can for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Let's now concentrate on your lips, cheeks and jaw: Draw the corners of your mouth back and grimace for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Now let's go to your hands: Stretch your arms in front of you and clench your fists tightly for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Now your forearms: Push your arms out onto an invisible wall and press your hands against it for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Let's go to your upper arms: Bend your elbows. Tense your biceps (the muscles in your upper arms) for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Let's concentrate on your shoulders: Lift your shoulders up to your ears for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Let's go to your back: Arch your back away from the chair. Do this for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Now it is time for your stomach: Tighten your stomach muscles for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Let's concentrate on your hips and buttocks: Tighten your buttocks for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Let's go to the thighs: Tighten your thigh muscles by pressing your legs together as tightly as you can for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Now the feet: Bend your feet toward your body as far as you can for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).
- Finally your toes: Curl your toes under your foot as tightly as you can for 10 seconds (PAUSE FOR TEN SECONDS). Relax (PAUSE).

* Adapted from: *medica mondiale Afghanistan (2009). Training Manual: Exercises for relaxing, energising, connection* (internal use only).

Exercise 5: Symptom management: What everybody can do to recover from overwhelming feelings after trauma (1-1.5 hour(s))

Method: Discussion in small groups / sharing in plenary

Handout: Coping strategies for post-traumatic problems

Steps:

1. Explain to the participants that you are now going to work on the second guideline of the trauma-sensitive approach (see above) and explore coping strategies for various symptoms. Highlight the fact that people who have gone through very difficult traumatic experiences always try to do something in order to feel better and less stressed – they usually do not wait for a trained counselor to come along and help them.
Some of these strategies are healthy, but others can be destructive. For example: people who cannot sleep or are worried that they might dream of atrocious events may resort to drinking alcohol in order to relax and fall asleep. Many people might go to a witchdoctor or a traditional healer to get rid of symptoms that they see as signs of bad spirits. Underline that it is important for counselors to be aware of destructive strategies, and to be ready to offer healthier ones in their place.
2. Ask the participants to form four groups (prepare the questions below on newsprint beforehand) and to share with each other on the following question:

Group 1: What do you do when you are woken up in the night by a NIGHTMARE? How do other people you know get back to sleep?

Group 2: What do you do when you are overwhelmed by strong images of a terrible event that took place in the past, but which feels as if it is happening now (FLASHBACKS)? What do other people do in such cases?

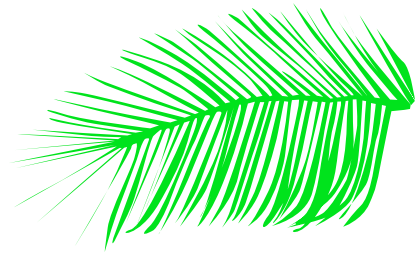
Group 3: What do you do if you CANNOT FALL ASLEEP because you find it hard to relax and are afraid that memories of a terrible event could come back? What do other people you know do in such cases?

Group 4: What do you do if you feel TENSE IN YOUR BODY and are always expecting danger? What do other people you know do in such cases?

Allow some 20-30 minutes for group discussion, and ask the participants to write their ideas on newsprint.

3. When everyone is back in the plenary, each group should briefly present the strategies they have identified. The observing groups can ask questions or add other strategies if they wish.
4. After the participants have finished discussing each of the four symptoms, present any points that might have been missed (see handout “Coping strategies for post-traumatic problems”) before moving on to the next group. At the end of the exercise, distribute the handouts.





Coping strategies for post-traumatic problems

handout

Symptoms that occur after traumatic events can be seen as very normal reactions to events that are not normal. We can think of these symptoms as ways in which our brain and body try to come to terms with the fear and horror that we have lived through. The good news is that we can learn to manage these symptoms! Here are some of the best practices that are used around the world to do just that.

What can a traumatized person do when suffering from flashbacks?

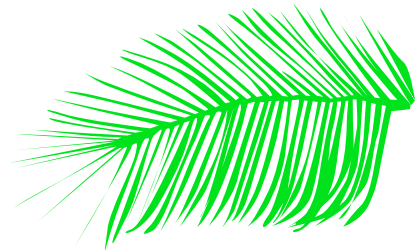
A flashback occurs when the memory of a traumatic event intrudes into the present, and makes a person feel as if the thing they are remembering is actually happening right now. A flashback is a sudden and strong recollection of the traumatic event, and is usually accompanied by overwhelming feelings of fear. Flashbacks can be triggered by a sound, a smell, a color or any other sensory experience that is in some way similar to the original traumatic experience. We call these things that remind us of traumatic events “triggers”. These triggers “drag” us into the past and make us helplessly repeat our experience, and feel as if it is happening right now.

What you can do:

1. When you feel that a ‘trigger’ might be starting to affect you, or traumatic images are getting strong, **try to get “out” of the flashback before it overpowers** you by finding a **way to reaffirm your connection to the world around you**: Try as hard as you can to re-orient yourself in the present by looking at the things around you and focusing your attention on those concrete things that you can see, such as flowers, trees, buildings, or people. Try to feel how hard the earth beneath your feet is. Focus on where you are now, and say to yourself: “This is not happening now. It is over. I am safe here. This is a memory. It is different to what I went through before.”

Other ways of re-orienting yourself include the following:

- Blink your eyes hard;
 - Change the way you are sitting or standing;
 - Breathe deeply;
 - If you are sitting down, get up and walk as quickly as possible around the space you are in; Shake your body vigorously;
 - Name objects in your environment aloud; say “over there is a tree; there is a table”, etc.
 - Say your own name loudly: “I am ...”;
 - Wash your face with cold water;
 - Stamp your feet on the floor.
2. Think about those things that can **trigger** these strong images: Ask yourself: What were you doing just before the flashback occurred? What did you hear / see / smell that might have triggered the images into coming back?



handout

These techniques are not intended to stop the triggers from having an effect (you do not ‘recover’ from their cause as you do from, say, a bout of malaria), but to learn how to manage them and to control the reaction and fear that they bring out in you, and so avoid the ‘slide’ into a flashback that they might otherwise lead to. It is impossible to avoid triggers, but it is extremely important – and perfectly possible – to master the way that you “react” to them. By learning to recognize triggers when they occur, and by having mechanisms in place that help you to cope with their effects, you can minimize their influence.

What can a traumatized person do when suffering from nightmares?

Nightmares are similar to flashbacks: they are also expressions of traumatic memories in which you may dream about all or part of the traumatic experience. And similarly to flashbacks, it is important that when you wake up you try to instantly re-connect to the present moment and to the place where you are. It is important for your brain and your body to understand that all these feelings of fear belong to something that is already over! You might do the following:

What you can do:

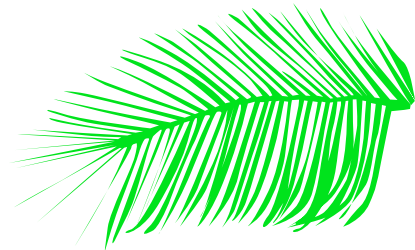
- When you are woken up by a nightmare, put on the light / a candle, get up for a moment, move around, drink a cup of water, wash your face and tell yourself things like: “This was just a nightmare, it is not reality. The dream was the past, not the present. It is over. I have survived. I am safe here.”
- You can also calmly tell yourself before going to bed that you might have a nightmare and feel afraid, but that you will wake up from this nightmare and always tell yourself that this is not your present.
- Some people calm themselves down after a nightmare by reading something before going back to sleep, praying, or doing breathing exercises. Others describe their nightmares to someone that they feel comfortable with (their spouse, a friend, etc.).

What can a traumatized person do when suffering from sleeping problems?

Many survivors of trauma have problems falling or staying asleep. Sleeping problems are often the most persistent signs of trauma.

What you can do:

- Before you go to bed, do not expose yourself to violent thoughts or images (i.e. don’t watch violent films or TV programs, or talk about horrible things with other people) as such stories and pictures can contain trigger-images that could surface while you are asleep.



handout

- Get enough exercise during the day to make sure that you are physically tired at night-time.
- Pray or practice relaxation exercises (e.g. breathing exercises) before going to bed.
- Choose a regular bedtime. Don't sleep a lot during the day, even if you are tired, so that you are tired at night. Keep regular sleeping habits, so that your body 'knows' when it is supposed to be asleep.
- Don't drink alcohol.
- Avoid sleeping pills, unless they are prescribed by a doctor. The sleep that they induce is different from normal sleep, and might stop your brain from processing traumatic experiences in a healthy way while you are asleep.

What can a traumatized person do when suffering from being tense and hyper-vigilant all the time?

Some people who have gone through life-threatening experiences store this terror and fear in their bodies: they are tense all the time, as if they are expecting bad things to happen again at any moment, for which they need to be prepared. Although this is a survival technique that can help to protect us when danger is threatening, it starts working against us when the danger is passed. Staying tense and hyper-vigilant for a long time causes a lot of pain and tension in the body and makes us nervous and irritated. What can you do to release this tension?

What you can do:

- When thoughts about the event keep coming back all the time and make you tense, you can try to stop them by saying loudly or even yelling "STOP".
- Practice getting rid of tension physically: do sports, or work out your tension by digging or some other vigorous physical activity.
- Try relaxation, singing or breathing exercises whenever you feel tense.
- Try bathing with warm/hot rather than cold water, as this can have a soothing effect for your body and relax your muscles.

Exercise 6: Grounding exercise (30 minutes)

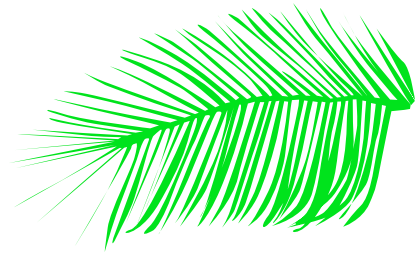
Method: Grounding exercise / sharing in plenary

Handout: Grounding exercise⁶

Steps:

1. Explain that grounding oneself in the “here and now” is a very helpful strategy to use when a traumatic memory comes back and drags a person into the past. Connecting to our body and to the earth beneath us also helps to physically calm ourselves down: to relax our tense muscles, to calm our heart when it is beating wildly, and to slow our breathing and take deeper breaths. All these things are signs of our body preparing itself to face danger, but as we saw when we were discussing trauma earlier, these reactions belong to a situation that is over. This exercise can help to “tell” our body that it is over and that we are now safe.
2. Read out the instructions to the participants one by one. When you have finished the exercise, ask the participants to share how they felt and what impact the exercise had on them. Then let them split up into pairs, distribute the handout, and ask them do the exercise with each other.

⁶ Adapted from: Cheryl Rainfield, quoted in: *medica mondiale* (2010). *Dealing with Violence against Women and Consequences of Psychological Trauma. Resource Manual for Health Professionals*. medica mondiale: Cologne; here: p.102.



handout

Grounding exercise (Instructions)*

"Take a few minutes to notice what is around you (PAUSE). You can fix your eyes on a point in front of you if you wish (PAUSE). Use as many of your senses as you can. Feel the chair you are sitting on with your hands. Notice what it feels like. Notice how your body feels, sitting on something (PAUSE). Is what you are sitting on hard or soft? Is your body feeling stiff, or does it ache anywhere? If so, move around a little until you are comfortable.

Now breathe in the air around you. Can you smell anything? This room, food, nature? Feel the temperature of the air on your skin, whether there is any breeze. (If your eyes are closed, open them now). Look at something in front of you. Really pay attention to the details of whatever you are seeing; to the things that make it what it is. Notice its color, its shape, what it is made of. Listen to the sounds around you. Without speaking, see how many of these sounds you can give names to. Feel your feet resting firmly on the ground. Feel your chest rise and fall with your breath. Take time to really notice things, to experience them through your senses, and you will find yourself connecting back to your body and your self."

* Adapted from: Cheryl Rainfield, quoted in: *medica mondiale* (2010). *Dealing with Violence against Women and Consequences of Psychological Trauma. Resource Manual for Health Professionals*. *medica mondiale*: Cologne; here: p.102.

Exercise 7: Practicing the trauma-sensitive approach in counseling (1-1.5 hours)

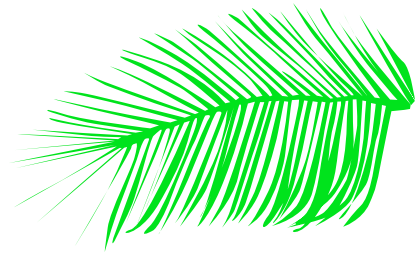
Method: Brainstorming / role-play / discussion

Handout: Case study: Ellen's story

Steps:

1. Read the story from the handout "Ellen's story" to the participants.
2. After the story, ask the participants which traumatic events Ellen was confronted with (some are mentioned in the text, but there might be others that can be assumed, given the situation during the war). Note down their contributions.
Then ask the participants to name all the signs of post-traumatic stress that they noticed in the story, and note down their contributions.
3. Invite the participants to work through a role-play of Ellen's first meeting with a counselor at the women's center. One will play Ellen, the other a counselor, and the rest of the group will be observers. To prepare for the role-play, send the person playing Ellen out of the room to get ready for her role by putting herself into Ellen's shoes, and ask the rest of the participants what they think will be important in Ellen's counseling process.
The person playing the role of the counselor is always allowed to take a break during the counseling if she feels stuck and ask the others, or you as trainer, for advice on how to continue the process.
4. Allow the role-play to continue for about 30 minutes (including any breaks for peer advice), and ask the group for their feedback when it is finished. Ask which of the guidelines the counselor used. Remind the participants of the rules for feedback as stipulated in module 3. Don't forget to de-role the actress who plays Ellen after the role-play.
5. Conduct a last relaxation exercise with the trainees or give it another positive closure.

Carry out a **training evaluation** of this module.



Case study: Ellen's story

Ellen is a mother of three living children. During the war, she suffered horrible things: her first-born son Sawea, who was thirteen years old, was killed by rebels in front of her eyes. Afterwards, she was gang-raped by five men and left bleeding in the bush. Luckily, she was found by some neighbors who were running away, and they took her with them. She was eventually reunited with her three other children, who were staying with her sister, but her husband Abdul was missing. When the fighting stopped, she went back to her home village and started looking for Abdul. After four months of fearful waiting, she got a message from the Red Cross that he was alive, but in a refugee camp in Guinea. After waiting for another four months, he came back. Both Ellen and Abdul were happy as they each thought that the other was dead, but they did not talk about what had happened to them. Both had changed. Both looked sad. But they wanted to forget. They focused on working their cassava field and raising their children. They said: let us forget what has happened and get on with our lives.

At the beginning, this strategy worked well and they were able to get on with their lives. However, after a short time, Ellen started having nightmares. She always saw her son being killed in her dreams and woke up screaming. Abdul always tried his best to help her come back to her senses. They went to a witchdoctor who said that a bad spirit was haunting her, and her son would not be able to find peace until it left. He performed certain rituals, which seemed to work at first, but after some time the nightmares came back again.

Abdul never asked Ellen whether she had been raped during the war, but since he came back she startled whenever he touched her. She remained tense during sex and sometimes her eyes stared at him as if he was an enemy. When he tried to ask her questions about this, she denied that there was a problem, saying that she was just tired from hard work.

When Ellen and Abdul went to the market place to sell their cassava, they usually had to walk past the place where she had seen her son killed and had been raped. She would run past the spot as fast as she could, and afterwards sweated and cried. Finally, she refused to go to the market place anymore. Soon, she started to avoid groups of people and constantly turned her back on people, e.g. when she was in church, as if she was afraid that she might see one of her torturers again.

Nowadays, things are getting bad at home. Abdul has started losing his patience with Ellen's "crazy" behavior and calls her a mad woman who is good for nothing. Ellen is desperate. She does not want to tell him what happened as she feels ashamed and fears that he might leave her and the kids.

Ellen recently heard the news that there was a new NGO in Fishtown called *medica mondiale Liberia*. They offer counseling services in a center for women and girls. She wants to go to see them to talk with one of their counselors about her crazy feelings, and her wish to get her old life back.



Module 5:

Facilitating Change in Communities (Advanced Level)

Section 1: Why and how do people change their behaviors and attitudes?

Section 2: Organizing for change in communities

Section 3: Collaboration and solidarity

Objectives of the module:

In this training, the participants will

- learn what communities can do to stop violence against women;
- learn how people change their behavior and how to deal with resistance in communities;
- learn how to create and implement activities for behavior change in communities;
- understand the need for community change facilitators to cooperate well together and develop solidarity amongst each other to help them continue their work when they meet resistance.

Materials needed for module 5:

- ✓ Flipchart, newsprint, papers, markers, manila cards, masking tape, crayons
- ✓ 200 straws
- ✓ Sellotape
- ✓ Perforated photocopies of the handouts
- ✓ Perforated manila folders with some sheets of blank paper and a pen for each participant to take notes and file her handouts.

Facilitating change in communities: Introduction for facilitators

Why a module on facilitating change?

Working for the empowerment of women and girls means more than just acquiring and using the basic helping skills outlined in module 3 and the advanced skills described in module 4: it also requires us to become **facilitators of social change** and to examine and change the social structures which ensure that women continue to be victimized.

medica mondiale Liberia has been aware of this double focus from the very beginning of its involvement in Liberia, and has responded to it through lobbying and advocacy work at both national and regional levels. *medica mondiale Liberia* wants to make a contribution to changing the living conditions, policies and laws that disadvantage women and girls because of their sex. We believe that gender-based violence is deeply rooted in social and cultural patterns that contribute towards this oppression and suffering, and we are privileged to join a Liberian movement that is so passionately dedicated to changing women's lives – from the President, Her Excellency Ellen Johnson-Sirleaf, down to grassroots activists.

In both its basic and advanced versions, this module aims to create awareness amongst all trained helpers on how to work for social change by initiating activities on all levels that promote behavior change in communities. Its two main aims are to **raise the participants' awareness on principles of behavior change**, and to develop **concrete and practical tools and methods** through which communities can become more involved in the struggle against gender-based violence.

The basic level for community volunteers focuses on how to change people's attitudes in neighborhoods or within the families of survivors of SGBV on a one-to-one basis. The advanced level is intended to initiate creative thinking on different approaches towards changing attitudes in communities through campaigns and awareness-raising activities. Both levels put a special emphasis on **collaboration and solidarity** amongst volunteers and staff, because this type of work needs a lot of courage and persistence, which are easier to find when our colleagues support us. Since change usually encounters **resistance**, module 5 also focuses on how you can consciously prepare yourself to meet and hopefully overcome opposition.

How is this module arranged?

The **first** section of the module is dedicated to understanding why and how to effect change in communities. The **second** section is practical, introducing materials that can be used to organize behavior change activities. Finally, the **third** section looks at collaboration and solidarity as important foundations for behavior change activities: we need to collaborate well with each other and we need to have solidarity – not only amongst ourselves and other activists, but also with the women themselves. Changing behavior starts with ourselves; with reworking our own deeply-rooted attitudes and prejudices about the survivors of SGBV.

In order to link this module to the basic helping skills, and to strengthen our understanding of them, every training day will start with the role-play from module 3 about Ma Juah and Kanda. We know from our training experiences that refreshing our listening and helping skills is essential to using them successfully.

What you as facilitators should be prepared for:

- **Resistance** is not only an issue concerning those “others” in communities who do not want change; it is also something that community volunteers and other trained helpers experience within themselves from time to time. Getting involved in social change activities means making ourselves visible, and this carries the risk of being criticized and rejected by the community. It is important for you as facilitators to always probe into this dynamic and encourage the participants in this training module not only to learn tools for behavior change activities, but also to reflect on “How can we deal with resistance?”

This resistance amongst the participants might also be revealed through the things they bring up during the training, for example the **argument** which often recurs about **men sometimes being victims and women sometimes being perpetrators**. Rather than just trying to convince them on a cognitive level, try to also validate the fears that WE ALL have when it comes to change in communities, so that they feel empowered to work through these fears within themselves and to conquer them. WE ALL fear that our position in our marriages and families might be endangered by these changes. WE ALL fear repercussions from powerful people. WE ALL are in some way dependent on structures and institutions that do not want these changes to occur.

Therefore, the fundamental principle that change is something from which **everybody can benefit** should be reinforced again and again – for the communities, but also for the participants.

What else is needed from you as facilitators:

- ✓ Please **read** the whole module and the handouts **several times**, long before the training starts. Read the case studies again and again and make yourselves familiar with the main concepts used in this module.
- ✓ Wherever you use role-plays – either because they are part of the exercises or spontaneously to practice a newly acquired skill – make sure that you help the participants to **de-role** afterwards, so that they do not remain emotionally stuck in their roles. De-roling can be done by getting up from their chair, touching it, and saying something like “Good bye, (name of the role), I am no longer you, I am now (gives her real name) again.” Or a similar ritual. You should perform the first de-roling yourself, and explain why it is important, so that the participants can see how it is done.
- ✓ Be aware that this module might also evoke **strong emotions in yourselves** and take up a lot of your energy. Make sure that you look after yourselves and reflect on your personal experiences during the training with your co-facilitator.

Section 1: Why and how do people change their behaviors and attitudes? (1 day)

Objectives of the section:

Today, we want to

- do a recap on the five helping steps (module 3);
- learn what communities can do to stop violence against women;
- find out how to facilitate changes of attitudes and behavior in communities.

NOTE: The facilitator should present the overall objectives and training schedule at the start of each module, and go over the group rules again (see respective exercises from module 1). The following question should be prepared on a flipchart in advance:

What rules do we want to follow so that everybody feels comfortable in the group and learns well in the training? Let's rethink the rules we had in our last training to see if they worked well, or if we would like to amend them, add to them, or remove any.

A minimum of two hours should then be allocated for gathering the expectations of the group for this module, followed by a recap of the learning experiences from the previous module (for the specific recap of module 3, see below). Even if you are training different modules together, make sure you take enough time to confirm that the participants have understood and can remember what they learnt before.

NOTE: Every training day of module 5 should begin with a half hour role-play of the story of Ma Juah and Kanda to help the participants to deepen their knowledge of basic helping practice.

On the first day, do a longer recap (1-2 hours) of the “basic helping skills” module and reflect the participants' own experiences of helping in their communities (if they have gathered any in the time since the training started).

In order to do this recap, the participants should form groups of three as in module 3 and repeat the Kanda and Ma Juah role-play, following the steps of helping. This time, however, the same people should perform the whole role-play from start to finish, covering all five of the steps. Refer back to the feedback rules and formula used in module 3. Put the golden rule of feedback poster back on the wall.

For the psychosocial counselors, an additional recap of module 4 might be needed.

Exercise 1: Analyzing opportunities for and resistance to change in communities (1-1.5 hours)

Method: Brainstorming / discussion in plenary

Steps:

1. Explain to the participants that in order to help survivors of gender-based violence, it is important not only to assist individuals and offer them support, but also to change attitudes and behaviors in families, communities and societies, so that women have better living conditions, better services and a more caring environment - and in that way, violence against women will eventually be reduced. Remind them that this work as **change facilitators** will be an integral part of their community work as trained helpers.
Present the objectives of the module as shown above, and the objective of today's section.

2. Put a newsprint on the wall with the following question that you prepared earlier:

What can communities do to stop violence against women?

Invite them to think of activities that they remember from "16-days of activism" campaigns in previous years, or similar community events. Note down each contribution, and ask the other participants whether they agree. The following points should be mentioned, regardless of how they are expressed:

- ✓ Community and religious leaders, elders, politicians and other powerful people can publicly speak out against violence against women;
 - ✓ The community can organize protest marches against violence against women;
 - ✓ The community can lobby for health and legal services to be provided for women who have suffered from gender-based violence;
 - ✓ Local radios can spread messages against gender-based violence, and explain where women can find help;
 - ✓ Programs in schools can educate boys and girls about gender-based violence and teach them good relationship skills.
3. Ask the participants which of these activities they think is the most popular in rural Liberia. Ask them why people especially like the activities they have mentioned (e.g. posters or songs could be popular in places with high levels of illiteracy, while areas with high levels of poverty might prefer t-shirts with printed messages). Highlight that although special events might initially seem more attractive, effective awareness-raising doesn't have to cost money or need a lot of organizing: it also happens when you talk to a neighbor about her attitude towards survivors of rape.
 4. Explain to the participants that while change facilitators need to know about methods and tools that work well in communities, they must also consider sources of resistance in communities. Ask the participants whether they have ever come across reactions in their communities which showed that some people or groups of people are resistant to the changes that such activities might bring (e.g. during the 16 days of activism or other campaigns), and how did they show their opposition (e.g. a husband stopping his wife from joining a march)? Which people in communities are most resistant to such activities? Allow some time to share examples of resistance.



5. Ask the participants why they think that people in their communities –sometimes even women themselves – do not want to take part in activities that break through the silence that surrounds violence against women, or that suggest change. Note down their contributions. Ensure that the issue of fear of change is given ample consideration: resistance comes not just from men who fear that they might lose their authority if women become more powerful, but also from women who are frightened that such changes will challenge their position in their family and community. So, some women might prefer things to remain as they are, especially if they cannot imagine any way for a man and woman to be together other than the violent relationships that they at least know.

Allow time for the participants to share their views or even give their own testimonies. Where appropriate, ask them about their own fears and blockages regarding change or add – as facilitator – an example of your own that reflects this fear.

6. Summarize by saying that we have to be considerate towards these fears, take them seriously and not to work directly against them, but rather to help both women and men to see and feel that change will benefit everyone. So, our strategies need to underline how everybody can benefit from change.

Exercise 2: How do communities change their attitudes and behavior? (1.5-2 hours)

Method: Discussion in small groups and in plenary

Handouts: Eating Holy Roots;
Behavior Change;
tentatively: The road to change - the steps we take and the barriers we break¹

Steps:

1. Read the story on “Eating holy roots” to the group and then distribute the respective handout. Read together through the questions on the handout below the story and ensure that the participants understand them well.

Underline when giving the instructions that the activities that they design should be specific and describe concrete interventions for concrete target groups (e.g. instead of using words like “we want to raise awareness”, ask them to be specific: whose awareness will they raise? Awareness on what specific aspect? How will they do it? ...).

2. Form sub-groups of 3-4 people. Give them some 30 minutes for this discussion in their small groups. After coming back to the plenary, ask the groups to present their findings (prepared on flipcharts).

When all the groups have presented, compare their findings. What is similar and what is different in what they decided? How will they try to convince people? What will they do to deal with potential resistance?

3. Distribute the handout “Behavior change” and read through it together with the participants. Ensure that they understand all the essential points

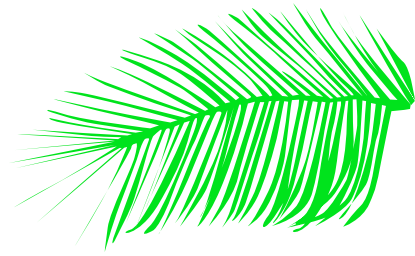
¹ Inspired by: Raising Voices (2003). *Mobilising Communities to Prevent Domestic Violence*. Raising Voices: Kampala; here: p.15.

4. Ask the participants to stay in the groups they formed for the “holy roots” exercise and look at their ideas again to see whether they would like to add anything, now they have analyzed what is important for change in communities. The groups should add these new thoughts to their flipcharts.
5. Ask what the root-eating tribe exercise taught them about facilitating change in communities in general. What similarities or differences do they see between behavior change in the communities to end violence against women, and behavior change to resolve the problem of eating the holy roots. What do they think is more difficult to change: The health behavior of the tribe or the attitudes towards violence against women in Liberian communities? Why do they think so?

Ensure that they mention the issue of power: everyone in the tribe benefits from the change in health behaviors, but when gender power is challenged, men are likely to be afraid that they will lose power, so they might not be easy to convince and may resist the change. But women also fear change sometimes, if they believe it will adversely affect their position in their families. Therefore, it is vital that we show men how non-violent behavior is actually much more powerful and better for their lives, and women how much better it would be to live free from the fear of violence.

6. If time allows, you may want to wind up the exercise by distributing the handout “The road to change – the steps we take and the barriers we break” and explaining that change always goes in phases and never occurs without encountering “barriers” on the way. You could use examples from the previous discussion on the “holy roots” exercise to illustrate these barriers.

Carry out a **short evaluation** (see annex).



handout

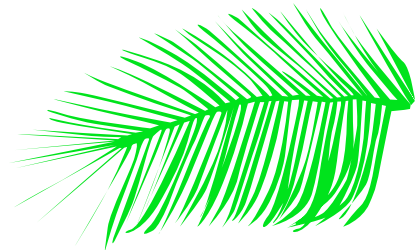
Eating holy roots

A small tribe lives in a very remote area of a distant country that is not Liberia. People of this tribe eat the roots of a certain tree that is traditionally considered holy, and believe that they must do this in order to become strong and live a long life. While these roots are not dangerous if one eats only a little, they become poisonous if one eats a lot, and especially if one drinks them with banana wine, or any other sort of alcohol. So people – especially after community events where a lot of alcohol is offered – get very ill and some eventually die in great pain. When this happens, people of this community think that it is their God's will and that the deceased must have done something wrong to deserve this fate of an early death.

You are an expert team from Liberia. You know about this problem of the roots of this tree and you want to help people change their behavior so that less people will die in the future.

Get together in groups of 3-4 participants and brainstorm on the following **tasks**:

1. Design 4-5 concrete activities that you would carry out in order to help the community change their behavior.
2. Why do you think that these activities will actually help?
3. Can you foresee any ways in which the people of the tribe might react negatively to your work? What would you do in order to counteract this resistance?



handout

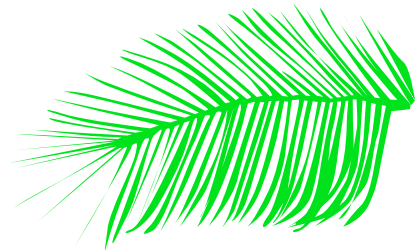
Behavior change

People change their behavior and maintain these changes:

- **when they have all the necessary information to make a really informed decision, and when this information is provided in a way they understand well;**
Note: Sometimes people just do not know the consequences of and alternatives to the ways they behave since they have never had their awareness raised.
- **when they see that the problem is something that touches their life and they are concerned about it;**
Note: We all tend to be more active if the issue at stake is something we are directly touched by, e.g. if I have a sister or a daughter who was raped and I can see and feel how painful it is for her, I might be more likely to join in activities to stop violence against women.
- **when they believe that they actually have the power to change the situation;**
- **when they get support from other people who share their view and are also prepared to change their behavior;**
Note: When powerful people and opinion leaders in communities have the same views, and better when the government shares them, since they can pass laws to enforce the changes in behavior that we want.
- **when they believe that they will actually benefit from the change, and that the new behavior is much better for themselves and / or others.**

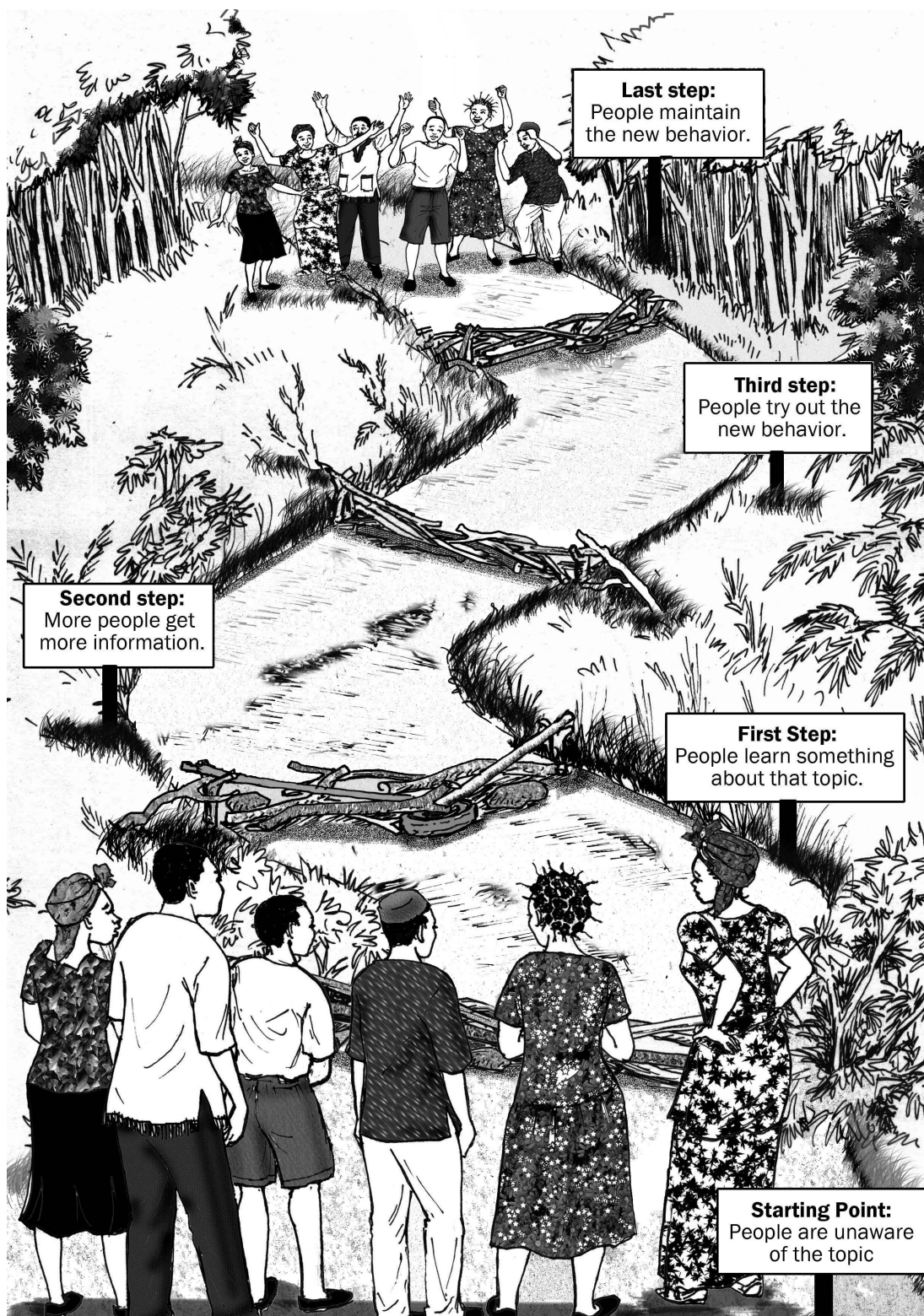
Therefore: When we want to facilitate change in communities, we have to make sure that:

- people get **all the information** they need in order to make informed decisions;
- the things we do carry the **message** that this issue is important and essential for THEIR lives, as well as ours;
- our activities and messages underline the fact that people have the capacity and the possibility to **effect change**, and that only through THEIR behavior a situation can be changed for the better;
- we form **networks of support** and get powerful people on board to show that there are many of us who believe in change. We support each other. We are strong.
- our campaigns always show the **potential “fruits” of change** for the life-quality of the people whose behavior we want to change, and help them to see how they will actually benefit from the changes.



The road to change:
the steps we take and the barriers we break

handout



Section 2: Organizing for change in communities (1 day)

Objectives of the section:

Today, we want to

- learn what is important when we plan activities for behavior change in communities;
- get to know different methods and evaluate them for our own community settings.

Recap the previous day's training:

As a way of recapping, start the day by repeating the Ma Juah and Kanda role-play, swapping roles within the group (30 minutes).

Then recap the content of yesterday's training (another 15-20 minutes) (see annex).

Exercise 1: How to organize an activity for behavior change in communities? (1.5-2 hours)

Method: Plenary discussion / discussion in small groups

Handouts: Awareness raising material (5 pictures)²;
Guidelines for planning an awareness raising activity for behavior change³

NOTE: To prepare for this exercise, analyze the material beforehand and note down what you would say in response to the question if you were a participant, so that you can add points to the discussion that might not otherwise be mentioned.


Steps:

1. Go back to the results of yesterday's brainstorming exercise: "What can communities do to stop violence against women". Ask which of the activities that they mentioned do they remember having seen or heard themselves? What is the first thing they think of when they remember it? It can be a message on a poster or a T-Shirt; an art performance or song with a compelling text; or a personal presentation by somebody they liked listening to. Note down their contributions.
2. After collecting their ideas, ask them why they think that the things they have just mentioned have stayed so well in their minds. What was it that they liked or that touched them so strongly that they can still remember it? Note down their contributions. Analyze in detail what makes messages / materials so powerful that we remember them well, and actually change our attitudes or even our behavior as a result.
3. Ask the participants to split up into groups of four people and to look at one of the following different materials from Uganda in their respective group. You should first choose which of the materials you give to which groups. It might be the same material for ALL groups, or you might choose a DIFFERENT one for each group. Explain that these materials were designed to work across the whole of Africa, and then ask if they think such ideas would work in rural South East Liberia. Ask

² These materials are available on the homepage of Raising Voices Uganda: see http://www.raisingvoices.org/women/communication_materials_posters.php

³ Inspired by: International Rescue Committee (2003). *Gender-based violence Program. Sierra Leone: Behavior Change Communication Training Module: Facilitator's Notes*. IRC: New York.

them to look at the materials, analyze how they are used and the places where they are intended to be displayed (they will have to look at the headings of the posters for this). Ask them to discuss the following questions in their groups (questions prepared beforehand both on a flipchart and as a hand-out):

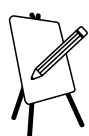
- 
- What is the message of the material?
 - Who does the material want to reach (which target group)?
 - What does it want to change (which attitude or behavior)?
 - How do you personally like it? How would Liberians in rural areas like it?
 - What would you change on the drawing or with the message of the material so that it fits the Liberian context better?

Allow some 30-45 minutes for discussion in their small groups.

4. After coming back to plenary, each group should do a brief presentation on their findings and their responses to the questions. Round this up by stressing that when you are developing this kind of material it is very important to present your message in a way your target group can relate to, so they feel it is “their” situation that is being talked about. To make the material relevant to our audience we usually have to adapt things that were produced by other people / regions / cultures / countries, and not just copy them.

As facilitator, make sure that the presentations do not go on for too long, and suggest breaking for an energizer in between if you feel that the participants’ attention is lagging.

5. After the presentations are over, you might show those materials that were not used in the exercise, as this might still stimulate the participants’ creativity in the coming exercises.
6. Finally, explain that it is important to follow certain guidelines when you are planning an activity to raise awareness for behavior change to make it effective. Present the following guidelines (prepared on flipchart in advance):

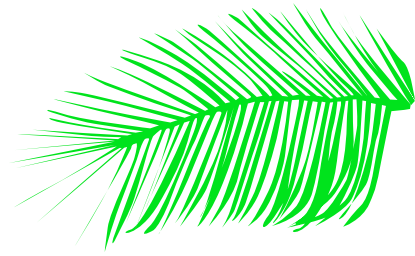
- 
- Think carefully about exactly what you want to achieve with your activity!
 - Give a positive message explaining what you want people to understand, rather than threaten them!
 - Think carefully about who you want to reach with your message! E.g. elders, local politicians, men in general, young people, etc.
 - Think carefully about different ways that you can put your message across: e.g. a radio program or written material, etc.
 - Think about how you can be sure that you have really reached the people you wanted to, and that they understood your message!

NOTE: Explain what a “positive” message means in more detail: instead of saying “Husbands who beat their wives should go to prison”, which is a negative message, you might achieve a more positive response from your audience with the message “Real husbands don’t beat their wives. Real husbands care.” Allow time to discuss these guidelines. Do they make sense to the participants? What might happen if they are not followed? Allow some time for reflection. The participants might offer examples of times when activities were not effective because some of the guidelines were not followed. You might also want to share your own experiences, or experiences that your organization might have had, that did not work out so well.

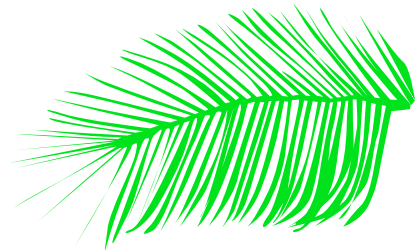
7. At the end, distribute the handout “Guidelines for planning an awareness-raising activity for behavior change”.

A poster at the beauty saloon

This poster is hanging next to the mirror of a beauty saloon in a small town in a rural area, so women look at it when they come to have their hair plaited.



handout



handout

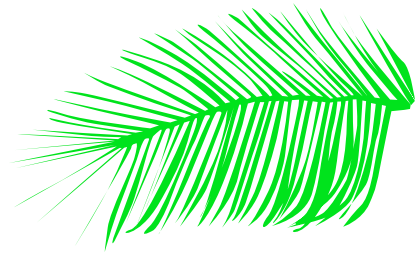
A poster for the “Man of the Year Award”

This poster is hanging everywhere in a district capital. The yearly “Man of the Year” Award asks ordinary members of the public to propose men who have shown exceptional qualities of gender equality and justice, or who are engaged in outstanding activities to stop violence against women. The winner will get a prize and will be celebrated at the beginning of the 16 days of activism. This year, the motto of the contest is: “Do you have the courage to change?”



A picture printed on lappa cloth

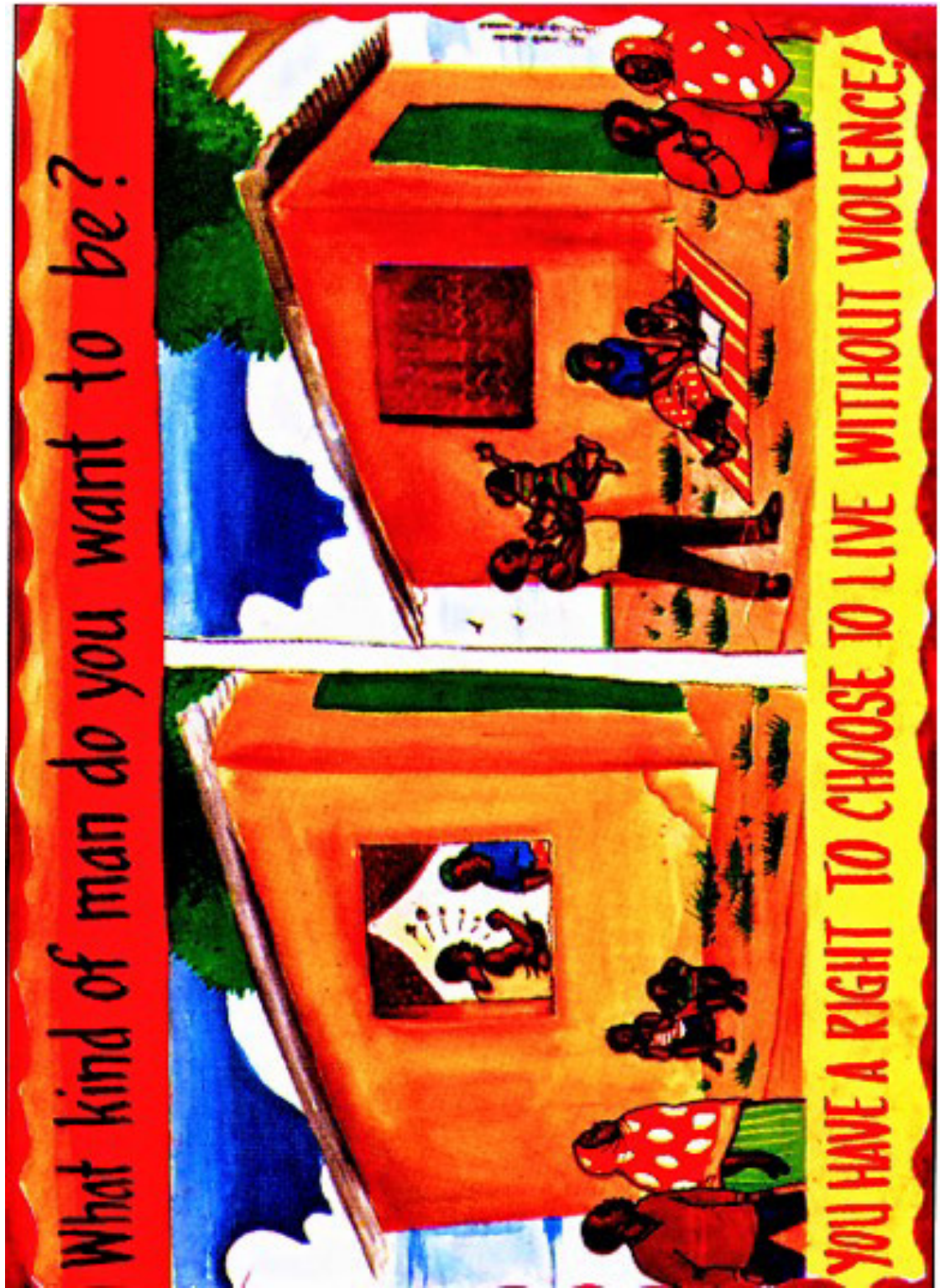
This is a picture printed on lappa cloth. It is sold cheaply on international women's day to women and girls.



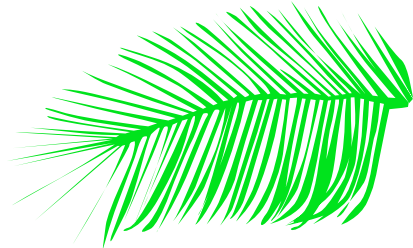
handout

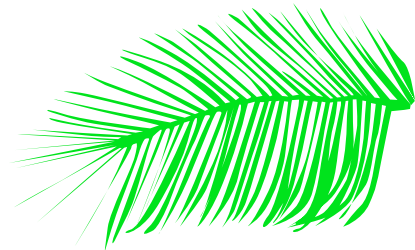
A mural at the Gender Office

A mural is a painting at the wall, e.g. of a house or a building. This mural has been painted on the Gender Office of a district capital.



handout

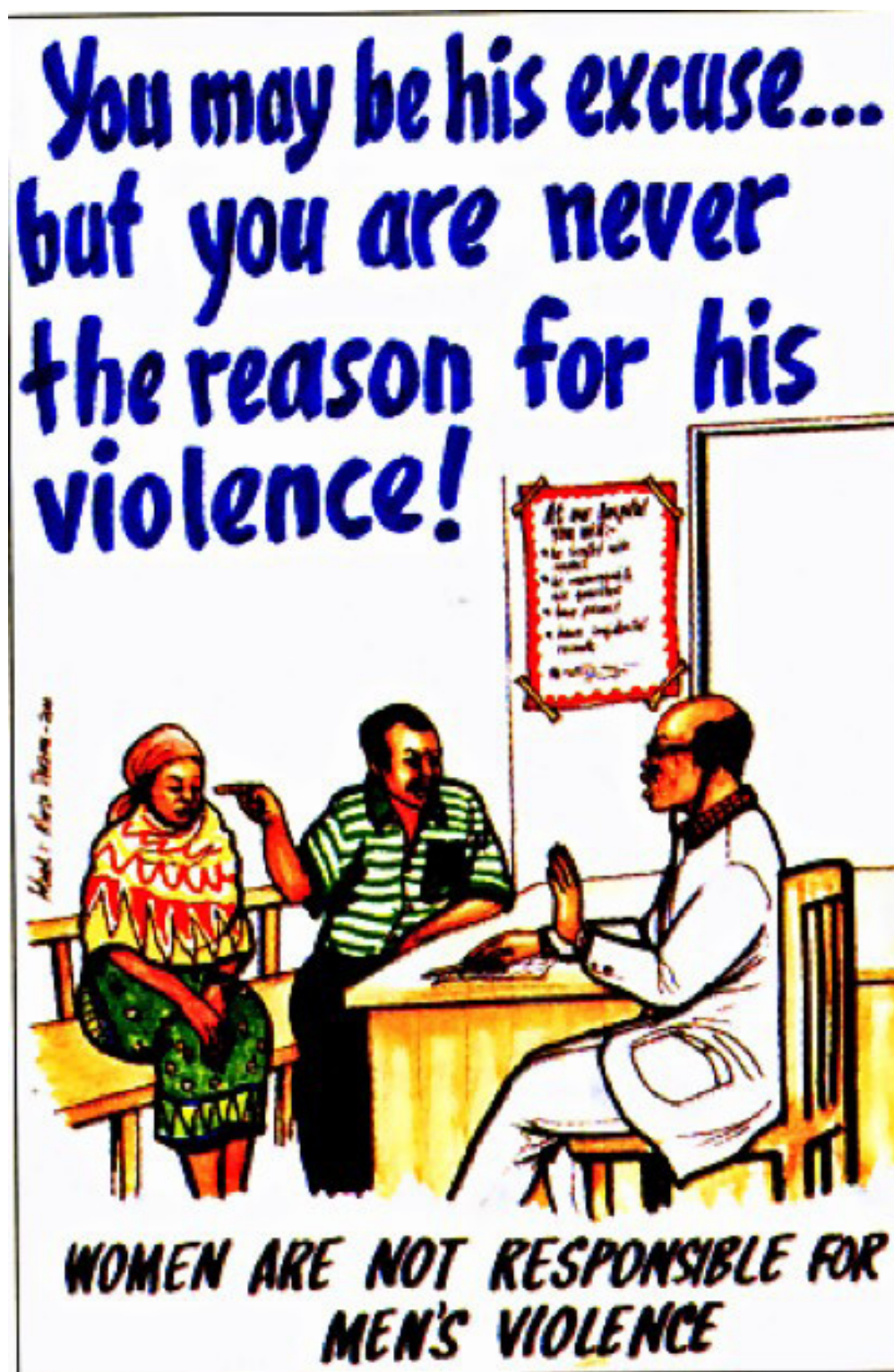


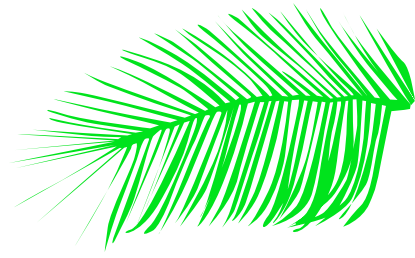


A poster at the hospital

handout

This poster is hanging in the waiting area of a district hospital.



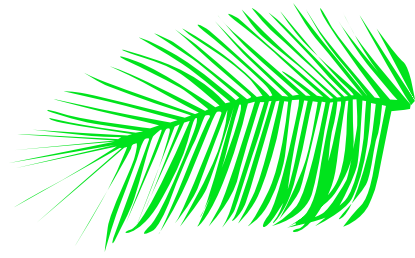


handout

Questions for discussion in small groups:

1. What message are these posters trying to portray?
2. Who does the material want to reach (which target groups)?
3. What does it want to change (which attitudes or behaviors)?
4. How do you yourself like it?
5. Do you think the posters would work well in Liberia? If so, why? If not, what parts of the drawings or writing would you change to make them more useful here?

Take about 30 minutes to discuss these questions in your group and prepare a presentation of your results to the plenary.



handout

Guidelines for planning an awareness-raising activity for behavior change*

- Think carefully about exactly what you want to achieve with your activity!
- Give a positive message explaining what you want people to understand, rather than threaten them!
- Think carefully about who you want to reach with your message! E.g. elders, local politicians, men in general, young people, etc.
- Think carefully about different ways that you can put your message across: e.g. a radio program or written material, etc.
- Think about how you can be sure that you have really reached the people you wanted to, and that they understood your message!

* Inspired by: International Rescue Committee (2003). *Gender-based violence Program. Sierra Leone: Behavior Change Communication Training Module: Facilitator's Notes*. IRC: New York.

Exercise 2: Developing a Community Drama⁴ (1.5-2 hours)

Method: Discussion in sub-groups / role-plays / discussion in plenary

Handout: Community drama (Instructions)

Steps:

1. Explain that in the following exercise you are going to introduce a method that they may not have seen in practice, but which has worked well in other rural communities in Africa. The method is called “community drama”. Explain that drama means “role-play” or “performance”.
2. Divide the participants into two groups and explain that the groups will work on the story of Kanda and Gerald that they already know from module 3 (basic helping skills). They will go back into Kanda and Gerald’s past, and imagine what their lives were like before both got married. Group 1 will work on Kanda’s life, while group 2 will concentrate on Gerald’s life.

NOTE: If there are more than 6 participants in the two groups, arrange the participants into four groups, with two groups each working on the same scenario (i.e. two on Kanda, two on Gerald).

3. Read the following story again, then distribute the handout before the participants split up into their sub-groups.

Kanda’s story

Kanda and Gerald have been married for three years. In the first few months of marriage Gerald was kind and caring, but a year after the wedding, when their first child was born, he started coming home late and complaining about almost everything that Kanda did in the home: the way she looked after the house was careless, the food she prepared was tasteless and mostly cold, the fact that their first son cried a lot was her fault, etc.

Recently, Gerald has started drinking a lot with his friends at the nearby bar. When he comes home he usually wakes Kanda up and forces her out of bed to cook him a fresh meal. He pushes her around until one night she falls on the floor and hits her head, which starts bleeding heavily. After that night, he stopped her from leaving the house and even from visiting her family who live nearby.

Now when she visits the market, which is the only place she is allowed to go, he threatens to punish her if she comes home late. But even if she comes home in time and does everything he wants her to do, he always finds a reason to abuse her, either by insulting her or by kicking or pushing or even beating her for little things.

One night, the beating and kicking is so bad that he breaks a bone in her chest. Kanda has problems breathing, and out of total terror she takes the baby, leaves the house and runs to her sister’s place nearby.

4. Ask the participants in group 1 to imagine what KANDA’s life was like before she got married. The group should think about the following two questions (prepared on flipchart in advance) and prepare two little scenes depicting Kanda’s life with her parents and when she was a teenage girl which answer them:

⁴ Adapted from: Raising Voices (2004). *Rethinking Domestic Violence. A Training Process for Community Activists*. Raising Voices: Kampala; here: p.78f.



Group 1 (KANDA): Prepare two role-plays:

- The first role-play should show what Kanda's life was like when she was a little girl and lived with her parents at home. How did her parents behave towards each other, and what did she learn from the way her Ma behaved towards her Dad?
- The second-role-play should show what Kanda's life was like when she became a teenager.

5. Ask the second group to imagine what Gerald's life was like before he got married. The group should think about the following two questions (prepared on flipchart in advance) and prepare two little scenes depicting Gerald's life with his parents and when he was a teenage boy which answer them:

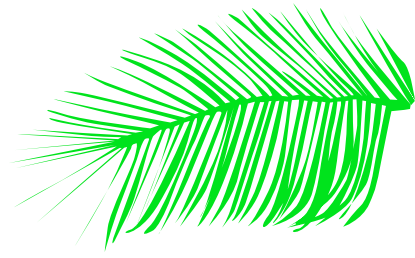


Group 2 (GERALD): Prepare two role-plays.

- The first role-play should show what Gerald's life was like when he was a little boy and lived with his parents at home. How did his parents behave towards each other and what did Gerald learn from the way his Dad behaved towards his Ma?
- The second-role-play should show what Gerald's life was like when he became a teenager.

Allow some 30 minutes of preparations for the two groups. They can use props to help make their role-plays more realistic, if they wish.

6. When they have finished preparing, ask group 1 to act out the two scenes of Kanda's pre-married life. Then ask the second group to do the same with the two scenes of Gerald's life. The non-performing group will be the audience, and simply watch the scene quietly.
7. Now, ask the first group to act out their first scene again, but this time the observers should interrupt whenever they see violence happening. They do this by clapping their hands. When the actors hear someone clapping, they should immediately stop the action. The person who clapped then comes onto the stage and takes the place of the person who acted violently. Their job is to show how the violence could have been avoided by replaying the scene and acting in a non-violent way. Once the violence has been avoided, the 'clapper' and the original actor change places again, and the role-play continues until another audience member identifies a situation where violence occurs.
8. After all scenes have been played and modified in this way, ask the participants how they liked the method. Was it easy or hard to create the scenes about Kanda and Gerald's life? Was it easy or hard to find those moments where violence was depicted in the scenes, and to change it? Ensure that the participants de-role at the end of the whole exercise.
9. Finally ask the participants whether they feel this method might be suitable for Liberian communities. Which target groups might benefit most from community drama? Where do they see the limitations?



handout

Community drama* (Instructions)

Group 1 (KANDA): Prepare two role-plays:

- The first role-play should show what Kanda's life was like when she was a little girl and lived with her parents at home. How did her parents behave towards each other, and what did she learn from the way her Ma behaved towards her Dad?
- The second-role-play should show what Kanda's life was like when she became a teenager.

Group 2 (GERALD): Prepare two role-plays.

- The first role-play should show what Gerald's life was like when he was a little boy and lived with his parents at home. How did his parents behave towards each other and what did Gerald learn from the way his Dad behaved towards his Ma?
- The second-role-play should show what Gerald's life was like when he became a teenager.

* Adapted from: Raising Voices (2004). *Rethinking Domestic Violence. A Training Process for Community Activists*. Raising Voices: Kampala; here: p.78f.

Exercise 3: Evaluating the different methods of raising awareness (1-1.5 hours)


Method: Brainstorming / buzzing

Steps:

1. Prepare the table below in advance. Explain again to the participants that as change facilitators in communities, they are supposed to create activities that aim at changing communities' attitudes and behaviors regarding violence against women. Therefore, it is important to have an idea about the various ways that these methods can potentially be used.
2. Present the table below and ask the participants first to name all the methods that they have discussed during the last two days. Write them down in the first column. Then arrange the participants in pairs, assign ONE of the methods to each pair, and ask them to buzz with their neighbor on its advantages and disadvantages. If there are more methods than pairs of participants, assign more than one method to each pair. Allow about 5-10 minutes of buzzing, then ask each pair to present their results and fill in the table accordingly.
3. After finishing the exercise, ask the participants what they learned from this exercise and which methods they personally like most. Which target group would they most like to work with?

Emphasize again that it is very important to carry out a thorough analysis of which method is best for which target group before starting any type of awareness raising.

Evaluation of methods used for behavior change in communities:



| Method | Advantage of the method | Disadvantage of the method | Best to be used for which target groups |
|--------|-------------------------|----------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Carry out a **short evaluation** (see annex).

Section 3: Collaboration and solidarity (1 day)

Objectives of the section:

Today, we want to

- learn how to collaborate well with each other in communities;
- learn how to deal with resistance and create support for each other;
- learn about the homework of this module;
- evaluate the training.

Recap the previous day's training:

As a way of recapping, start the day by repeating the Ma Juah and Kanda role-play, swapping roles within the group (30 minutes).

Then recap the content of yesterday's training (another 15-20 minutes) (see annex).

Exercise 1: Working together in groups (1-1.5 h)

Method: Game in small groups / discussion in plenary

Materials: 200 straws; sellotape

Steps:

1. Explain that working together with other people is essential in order to achieve change in communities. Team work is important amongst trained helpers, but also for building networks amongst and between community members and groups. No one can successfully work against gender-based violence on their own, so it is essential to deepen our skills and our awareness about team work. Explain that this game is meant to help the participants think about the importance of working together.
2. Go over the rules for feedback again (see module 3) and remind the participants to follow them when doing this exercise.
3. Divide the group into three to four sub-groups, give each group 50 straws and sellotape, and ask the groups to build a free-standing tower, which means a tower that can stand on the floor without being propped against or supported by anything.
4. Tell the group that they have 20 minutes for this exercise. When the 20 minutes are up, announce that the towers have to stand, unaided, for at least one minute. Any towers that fall over during this time are disqualified. When the minute has passed, the tallest structure still standing is the winner.
The two facilitators observe the process that takes place in the groups while they are doing the exercise.
5. After the construction work is over, ask the participants about their experiences in the group. Some of the following questions might lead your facilitation:

- How did they divide the work amongst themselves?
- Was there a leader in the group?
- Did they first plan their approach and then try to follow that plan, or did they just try different things to see what worked and what didn't?
- Did they look around the room and try to copy ideas from other groups?
- Was there competition within the group?
- How did it feel being a member of the group?
- What did they enjoy, what did they not enjoy?
- Were there tensions in their group, or was the exercise pure fun?
- How did they deal with frustrations (i.e. their tower collapsing)?

When the participants have finished, give your feedback on how you saw the groups interacting (please follow the feedback rules of module 3 and act as a role model). Make sure that the participants also follow the feedback rules.

6. Ask the participants what they feel they learned from this exercise. Why do they think it might be important for their work as trained helpers to know about good ways of working together? Emphasize again that working for change is not a one-woman-show, but needs us to work in networks and in teams. Therefore, it is important to enhance these skills.

Exercise 2: Dealing with resistance in communities and looking for support (1-1.5 hours)

Method: Role-play / discussion

Handout: A safe house for Ziah Town

Steps:

1. Underline again the need for people who work for *medica mondiale Liberia* to empower and support each other since they are likely to meet a lot of resistance from people in the communities where they work, and being together will make it easier for them to deal with this resistance.
2. Narrate the story "A safe house for Ziah Town" in your own words and then distribute the respective handout.
3. Ask the participants to split up into the following groups (write them on flipchart in advance):

Group 1: The group representing the pro-Safe-House-Group of *medica mondiale Liberia*: one district counselor, two community volunteers (a group of at least 3 people, but it can be bigger if necessary);

Group 2: The new town chief and his "entourage" (a group of at least 2-3 people, but can be bigger)

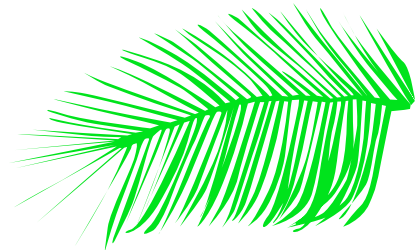
Group 3: The observers (at least 2 people) looking at the role-play, one observing the strategies of the pro-safe-house-group and the other one observing the town-chief-group.



4. Give the following instruction: Put yourself into the shoes of the people whose role you are playing: the pro-safe-house-group should think of good arguments and strategies for convincing the new town chief and his traditional entourage. The new town chief and his entourage should think about arguments and strategies to oppose the plans of the safe house group. Take about 10 minutes to discuss your main arguments and strategies in your sub-group.
5. When they have finished preparing, bring the groups together and dramatize a meeting between the two sides at the new town chief's house. The role-play should last about 10 -15 minutes.
6. Afterwards, de-role and then evaluate the role-play together: First ask the members of the **pro-safe-house group** how they felt in their role. Did they think that they were successful? What strategies had they planned to use, and were they able to use them. Then ask the person observing the pro-safe-house group how she felt the group did. Were they successful in what they wanted to achieve? What exactly did they do? What was the most powerful argument or strategy that they used? Did she observe any particular non-verbal behavior in "her" group?

Secondly, ask the **new town chief's group** how they felt in their role. Did they think that they were successful? What strategies had they planned to use, and were they able to use them? Then ask the person observing the new town chief's group how she felt the group did. Were they successful? What did they do? What was the most powerful argument or strategy that they used? Did she observe and particular non-verbal behavior in "her" group?

7. If there is time, change the roles around: Ask for two new observers; the group that played the pro-safe-house group will now play the new town chief group and vice versa. Then role-play the same meeting again. Evaluate the role-play in the same way as above.
8. Finally, ask the participants what they learned about dealing with resistance through this role-play, either in their role as a pro-safe-house group member or from being one of the town chief's group.



handout

A safe house for Ziah Town

medica mondiale Liberia is planning to set up a safe house for battered women in Ziah Town. The two community volunteers in Ziah Town are very strong: three SGBV support groups have already started due to their tireless work. The women's group of Ziah Town, and especially the SGBV support groups, have been able to convince the town chief that they need such a safe house because of the high level of violence against women, and they promised to work hard to build the place. The town chief, a very gentle and open-hearted man, even persuaded the local authorities to provide the land for free. The gender coordinator of Grand Gedeh, who happens to come from Ziah Town, is equally supportive towards this project, even though he knows that some leaders in the community are very suspicious about it.

Sadly, shortly before the construction work was due to start, the town chief dies, and the work has to stop until a new town chief is appointed. The new one is – unfortunately – known for being very strict and conservative. He is powerful in the community, and very much suspicious about “Western” ideas, especially when it comes to women's empowerment. Additionally, he is very rich. He also happens to be the uncle of the Gender Coordinator of Grand Gedeh, whose education he paid for.

When the two community volunteers and their district counselor come to welcome the new town chief, he is quite reserved and immediately tells them to forget their ideas about building a safe house, as he refuses to have anything to do with such “Western rubbish” that he believes destroys local culture.

Your tasks:

- **Split up into the following groups:**
 - Group 1:** The group representing the pro-Safe-House-Group of *medica mondiale Liberia*: one district counselor, two community volunteers (a group of at least 3 people, but it can be bigger if necessary);
 - Group 2:** The new town chief and his “entourage” (a group of at least 2-3 people, but can be bigger)
 - Group 3:** The observers (at least 2 people) looking at the role-play, one observing the strategies of the pro-safe-house-group and the other one observing the town-chief-group.
- **Put yourself into the shoes of the people whose role you are playing:**
the pro-safe-house-group should think of good arguments and strategies for convincing the new town chief and his traditional entourage. The new town chief and his entourage should think about arguments and strategies to oppose the plans of the safe house group. Take about 10 minutes to discuss your main arguments and strategies in your sub-group.

Exercise 3: Presenting the homework for the next module (10 minutes)

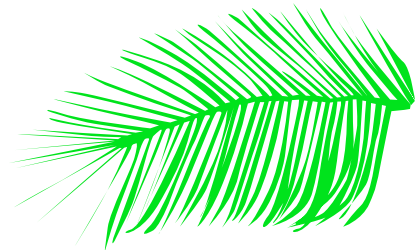
Method: Presentation

Handout: How to involve the youth (homework)

Steps:

1. Distribute the handout “How to involve the youth” and read through the text together (see also below).
2. Ensure that the participants understand their tasks.

Carry out a **training evaluation** of this module.



How to involve the youth (homework)

handout

In your organization / community, you are planning the next “16 days of activism”. You are looking for appropriate activities and messages for your campaign. This year you especially want **youth to be more involved** in the activities.

FIRST TASK (individual): Think of 5 or 6 people to interview in your community who can provide you with key information on how best to involve youth, e.g. youth leaders or chairpersons from local NGOs who work with young people, etc. You can interview both men and women, and should also talk to young people who represent your target group.

Your first task is therefore to decide who you are going to interview, i.e. who is most likely to have good ideas on how to involve the youth.

Visit the people you have identified and explain the purpose of your interview: that you want to make an assessment of how to better involve youth in the struggle against gender-based violence, and that you would very much like their expert views on how this can be done.

Ask the following two questions to these selected key informants and note down their contributions. If you wish, you can also add questions of your own that are relevant to your analysis. Always stick to the phrasing of the questions as they are written here for everyone you interview:

1. When you personally think back on activities or campaigns in recent years on violence against women, which activity or message do you remember best? What impressed you most / what did you like most, and why?
2. We want young people to join our campaign and fight violence against women. What do you think should be done to get them involved? What kind of activities or messages for the 16 days of activism do we need to develop so that the youth feels part of the struggle against gender-based violence?

SECOND TASK: After the interviews and **in the beginning of the next training module**, you will **get together in teams of 3 or 4** and share your results with your colleagues, and together come up with **4 or 5 recommendations** on how to involve youth better in the activities for the next 16-days of activism, which will be submitted to your organization’s headquarters.

Therefore, you must **bring your notes to the next training phase**.



Module 6:

Ethical Principles and Guidelines (Advanced and Basic Level)

**Section 1: Introduction to ethical principles and guidelines of
trained helpers and other staff members**

Section 2: Working in the best interest of the client

**Section 3: Confidentiality and consent
(with some special implications for minors)**

Objectives of the module (for the facilitators only):

In this module, the participants will

- understand what ethical principles and guidelines are, and why they are important for trained helpers and other staff members;
- understand what it means for trained helpers to follow the ethical principle of “working in the best interest of the client”;
- learn about the meaning, and limitations, of confidentiality and consent;
- learn about special ethical considerations for working with minors.

Objectives of the module (to be presented to the participants at the beginning of the training):

In this training, we will learn what ethical principles and guidelines are and why they are important for all of us. We will find out what “working in the best interest of the client” as an ethical principle means for us as trained helpers. We will also learn about both the meaning and the limitations of confidentiality and consent, and finally look at special considerations for working with children.

Materials needed for module 6:

- ✓ Flipchart, newsprint, papers, markers, manila cards, masking tape, crayons
- ✓ Perforated photocopies of the handouts
- ✓ Perforated manila folders with some sheets of blank paper and a pen for each participant to take notes and file her handouts
- ✓ *medica mondiale Liberia*’s informed consent form

Ethical principles and guidelines: Introduction for facilitators

Why a module on ethics for trained helpers?

The series of modules of our empowerment manual closes with an important topic that deals with ethics and ethical thinking. We believe that trained helpers need to know more than just how the different steps and tools outlined in the previous modules are used in an empowering helping relationship. They also need to be able to reflect on what is right and wrong when clashes of values and principles occur in the course of their work.

In our experience, these “clashes” are rather common, especially in contexts where there is no structured and well-built public services system in place, such as the South East of Liberia, and where we have to find a responsible way of dealing with the limits and constraints of the help that we can offer. For instance, imagine a woman with three children living in an area with no safe house, who has left her husband as a result of appalling domestic violence, and believes he might actually kill her if she goes back home. What should you do if this woman begs you to let her stay in your house? Or: How should you react when a woman who has been raped insists on not going to hospital because she feels ashamed and does not trust the people who work there, no matter how much you point out that they can only protect her from the risks of contracting HIV if she is treated within 72 hours of the rape?

Helping women and girls who have gone through painful experiences of violence and oppression is a very demanding task that requires trained helpers to be very responsible and extremely careful in their work. We need to remember that trying to help carries with it the danger of causing harm to people who are already suffering. Therefore, we must ensure that we adhere strictly to the principles of **confidentiality** and **informed consent**. These principles are extremely important, and our chance to really make a positive difference to the lives of women and girls in our communities stands and falls with our commitment to them. This is the reason why they will be given special consideration in this module.

We suggest that all groups within *medica mondiale Liberia* should be trained in this module: not only community volunteers, district and psychosocial counselors, reproductive health counselors and community advocates, but also administration staff, drivers and management. Even though their level and sort of work and intervention for the women are all different, they must all abide by the ethical framework that *medica mondiale Liberia* holds. Because good case management is of vital interest for following ethical guidelines, we also believe that training all these groups will reinforce their sense of ethical commitment and competence. However, not all sections of the manual will be relevant for all groups within the organization and it will be helpful to offer different trainings for the different helpers' groups, i.e. for community volunteers and for district / psychosocial counselors, peace trainers, reproductive health counselors and community advocates (see below).

How is this module arranged?

The selection of the topics reflects our experiences of the main challenges that we have encountered in the field. There may be many more typical scenarios that will become apparent in the course of the training.

The following ethical principles are dealt with in this module. While this list also reflects the principles that are most frequently documented in international documents, bear in mind that they principles can always be added to, or phrased in different ways:

- Non-judgmental acceptance of the client as a person
- Respecting the client's right to freedom and self-determination
- No harm being done to clients / working in the best interest of the client
- Making sure that we only do things that we have actually been trained in
- Giving the client full information on what the trained helper can do for her and getting her informed consent
- Keeping the client's secrets (confidentiality)
- No abuse or exploitation of clients in any form.

The module is arranged in **three** sections. The **first** invites us to reflect on the ethics, ethical principles and guidelines of trained helpers and other staff members in an organization that is dedicated to ending violence against women. It also explores the need for working on our own prejudices against women and girls who have survived gender-based violence, so as to establish a working atmosphere that is inviting and conducive for those women and girls who need our help. This section should be part of a training for ALL community volunteers and ALL staff members, no matter whether they are technical staff members directly working with clients or staff members from other departments of the organization (administration, management, drivers etc.)

The **second and third** sections deal with specific ethical issues that reflect the commitment and work of trained helpers. Only this group therefore needs to be trained in them, in various constellations. The second section will highlight the principles of working in the best interest of the client, the client's freedom and self-determination, and how to restrict oneself to the tasks and competences that one has been trained in. The third section is dedicated to two core principles that shape the ethics behind our helping approach: confidentiality and consent. In this section, we will also deal with some special implications for working with children.

The module contains many case stories and role-plays. It is important for the participants to discuss and try out practically how to react in the given scenarios and to learn how to weigh ethical arguments.

What you as facilitators should be prepared for:

- Participants might initiate very **emotional debates** on what to do in a situation where the outside arrangements for the proper care and security of those they want to help are not in place. E.g. a rape survivor who just learned that she tested HIV-positive might ask her counselor to tell her husband that her status is negative because she is terrified that he will leave her if he finds out what has happened.
In such discussions, always advise your training participants to talk it over with their **supervisors**. It is very hard to deal with such conflict situations alone.
- It is important for the participants to understand that the **purpose** of ethical guidelines is to **guide and protect helpers and clients alike**, and to enable helpers to work professionally, rather than disabling and restricting them. If ethical guidelines are perceived as constraints and chains, they cannot fulfill this function. It is therefore essential to encourage staff members to discuss any ethical principles that they disagree with rather than presenting them as an untouchable set of rules that have been carved in stone and must always be adhered to.

- You might have to explain that it is **not always possible to find perfect solutions** to ethical questions. This can confuse and disappoint participants, so make sure to refer back to the guideline of involving other colleagues and supervisors in the solution-finding process to take this burden off their shoulders. Also use **ad-hoc role-plays** wherever possible to enact the participants' ethical dilemmas and enable them to **practice** different ways of dealing with them.

What else is needed from you as facilitators:

- ✓ Please **read** the whole module and the handouts **several times**, long before the training starts. Read the case studies again and again and make yourselves familiar with the main concepts used in this module.
- ✓ For illiterate participants, where you will be narrating case studies rather than asking them to read, make sure that you **know the story well enough** to tell it in your own words rather than reading it from the manual, so that it seems more natural. However, make sure that you include all the main points, and don't let the presentation go on for too long!
- ✓ Wherever you use role-plays – either because they are part of the exercises or spontaneously to practice a newly acquired skill – make sure that you help the participants to **de-role** afterwards, so that they do not remain emotionally stuck in their roles. De-roling can be done by getting up from their chair, touching it, and saying something like “Good bye, (name of the role), I am no longer you, I am now (gives her real name) again.” Or a similar ritual. You should perform the first de-roling yourself, and explain why it is important, so that the participants can see how it is done.
- ✓ Be aware that this module might also evoke **strong emotions in yourselves** and take up a lot of your energy. Make sure that you look after yourselves and reflect on your personal experiences during the training with your co-facilitator.

Section 1: Introduction to the ethical principles and guidelines of trained helpers and other staff members (1 day)


NOTE: This section is relevant for ALL staff members (trained helpers and non-helpers)



Objectives of the section:

Today, we will learn more about what ethical principles and guidelines are and which ones are the most important for trained helpers to follow. We also want to find out about the importance of the ethical principle of having a non-judgmental attitude towards the women and girls we want to support, which means that we have to work on our own prejudices.

NOTE: The facilitator should present the overall objectives and training schedule at the start of each module, and go over the group rules again (see respective exercises from module 1). The following question should be prepared on a flipchart in advance:



What rules do we want to follow so that everybody feels comfortable in the group and learns well in the training? Let's rethink the rules we had in our last training to see if they worked well, or if we would like to amend them, add to them, or remove any.

A minimum of two hours should then be allocated for gathering the expectations of the group for this module, followed by a brief recap of the learning experiences from the last module they were trained in.

NOTE: All flipcharts should be written with big letters and be read repeatedly to the participants so that those who have difficulties with reading can still remember their content well. If you have a lot of text to be prepared on flipchart, make sure that you space the text well, so that it is not squeezed on the paper. It is better to have SEVERAL pieces of flipchart that are easy to read than to have ONE which has too much text on it.

If some participants have been trained at the advanced level, a minimum of 1 hour should be allocated to discussing the homework from module 5 (Interviews on how to involve young people in the 16 days of activism). Ask the participants to get into groups of 3 or 4 and share their results with their colleagues. Allow some 20 minutes of group sharing, and ask each group to agree on 4 or 5 key recommendations on how to involve youth better in the activities for the next 16-days of activism, which will be submitted to the organization's headquarters. Allow the groups to present their recommendations on flipchart if they wish. Once all the groups have presented, ask the participants to look for similarities and differences in various sets of ideas.

Exercise 1: What do you understand by “ethics” of trained helpers and other staff members of *medica mondiale Liberia*? (2 hours)

Method: Brainstorming / presentation

Handout: What trained helpers and other staff members should know about ethics

Steps:

1. Ask the participants whether they have ever heard of “ethics” or “ethical principles”. Note down their contributions under the heading “What is ethics and what are ethical principles?” They can give responses that relate to either one or both of the terms.
2. Present a flipchart (prepared earlier) showing the definition of “ethics” and ethical principles” from the handout, and invite the participants to look at how the definition relates to their own ideas.

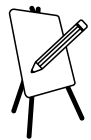
What are ethics and ethical principles?

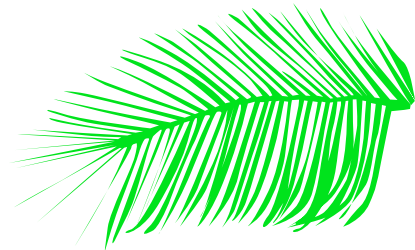
ETHICS are a set of principles that guide us in determining what behavior helps or harms a person – be it ourselves or someone else.

Ethical PRINCIPLES are GENERAL VALUES that provide a framework which helps us to act and behave in ways that are responsible and morally right. E.g. one ethical principle of a trained helper is confidentiality, which means keeping their clients’ secrets and details and not sharing them with others.

From these ethical principles, we can derive GUIDELINES for our work, which are CONCRETE WAYS OF ACTING that help us to put these general values into practice. E.g. in order to put into practice the value of confidentiality, one guideline is that we keep all our records locked away in our office, so that nobody unrelated to case management can see them.

3. After discussing these core definitions and relating them to the participants’ ideas as discussed earlier, distribute the handout “What trained helpers and other staff members should know about ethics”. Ask the participants to take turns reading the paragraphs aloud (ask for volunteers if the group is not sufficiently literate for this). After each paragraph ask whether they have understood it well. Take time to ask for questions and answer them accordingly. Underline the fact that both ethical principles and the guidelines derived from them have a protective function in a group of people because they guide the helper in situations where a woman or girl who comes looking for help could suffer harm.
4. Go through the list of special ethical principles of trained helpers and other staff members (see handout) together and ask the participants to give examples of each one. These can be negative examples of the principle not being followed, or positive examples of it being put into practice, and the examples can either be from their experience or fictional. Further explain that the following three days will be dedicated to finding out more about how to put these principles into practice.





What trained helpers and other staff members should know about ethics

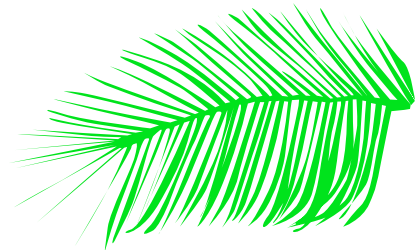
Why do we need to think about ethics as trained helpers?

Ethics are a **set of principles** that guide us in determining what behavior helps or harms a person – be it ourselves or someone else. Ethical thinking as a trained helper means that we consciously reflect on the question of what is a morally right or wrong behavior in a situation where we want to help somebody in the context of our commitment as community volunteers, district or psychosocial counselors, reproductive health counselors or community advocates, managers, or any other member of staff who works for the benefit of women and girls who suffer from violence. This reflection is guided by the main ideas that we want to respect the dignity of the person wanting our help, and that we do not do harm.

Generally speaking, ethics is connected to the **rights, obligations and benefits of all the members of a society, and to values**, such as our mutual responsibilities in our community, which we have been brought up with and which guide us in our daily lives. When we reflect on our particular ethical standpoint in the context of our commitment as trained helpers, especially at times where our training and professional approach might seem to be in conflict with our own personal values, we must ask ourselves: as a trained helper, would the action I am thinking of taking in this situation be ethically right or wrong?

Helping women and girls who have gone through painful experiences of violence and oppression is a very demanding task that requires trained helpers to be very **responsible and extremely careful** in their work. Our knowledge can help us to support people in finding new directions in their lives, our listening skills can make them feel appreciated and cared for, and our assistance can help them to find solutions to the problems they are struggling with. However, we also need to remember that trying to help carries with it the danger of causing harm to people who are already suffering, which would deepen their pain and sense of hurt.

Therefore, our work as helpers must always be guided by principles or values on the one hand and by concrete rules or guidelines on the other that can help us to find a way of dealing with our responsibility, particularly in situations where we are not ex-



handout

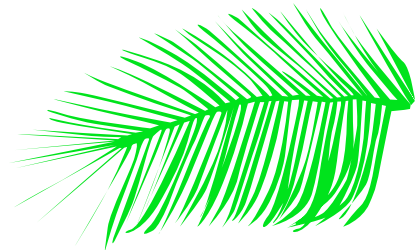
actly sure what the right thing to do is. These principles and guidelines are **based on best practices** gathered by a very large number of professionals over decades of experience and making mistakes. The knowledge that we now have about these mistakes can prevent us from repeating them.

What are ethical principles?

Ethical principles are general values that provide a framework which helps us to act and behave in ways that are responsible and morally right. They are like the sun at the horizon that gives our work a clear direction. E.g. one ethical principle of a trained helper is confidentiality, which means keeping our clients' secrets and details and not sharing them with others. As trained helpers, we try our best to act according to this value of keeping our clients' secrets in our work.

Ethical guidelines are concrete ways of acting that help us to put these general values of morally right and responsible behavior into practice. E.g. in order to put into practice the value of confidentiality, one guideline is that we keep all our records locked away in our office and don't take clients' files home with us, so that nobody unrelated to case management can see them. Another guideline is that we must use *medica mondiale Liberia*'s consent form if we want to share information with other institutions. These guidelines not only protect the person we want to help from harm, but they also protect helpers: it gives them clarity on what they should do in cases where they feel unsure or under pressure in deciding how to help a client.

There can sometimes be certain **dilemmas** ("ethical dilemmas") for helpers. For instance, a district counselor might be working with a woman who is suffering from serious domestic violence, but can find no safe place to take her. The district counselor might hold the strong moral value that she must help the woman to be safe, and if she follows this moral value she might decide to take the woman home with her. However, the professional ethics of *medica mondiale Liberia* discourage staff from taking survivors home since this can breach professional boundaries, leaving helpers at risk of being overwhelmed and being unable to do their job. In such cases, the ethical principles we work under should override our personal moral standpoint.



handout

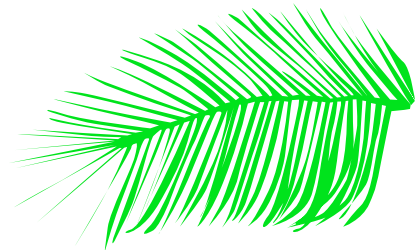
However, we believe that in any given situation, after thoroughly evaluating all the respective arguments, in the end trained helpers must follow their conscience. We just as strongly recommend that in cases where you find yourself in a conflicting situation, as a helper you should always **contact your supervisor(s)** and discuss the situation with them. Sometimes it is very hard to carry the burden of taking a decision that might possibly lead to negative consequences for a person who is seeking our help, like the woman in the story above who is likely to face more violence if the district counselor does not take her home with her.

Are ethics the same as morals?

Very often, the terms ‘ethics’ and ‘morals’ are used interchangeably. However, there is a subtle difference between ethics and morals which can be explained as follows: morals direct how an individual decides what they PERSONALLY believe to be “right” and “wrong”, while ethics guide the rules and codes of behavior of the specific SOCIAL system to which that individual belongs (which can be social ethics, professional ethics, or even family ethics). So while a person’s **moral code is usually a subjective judgment** (i.e. what they personally consider “right” or “wrong”), the **ethics** he or she practices **depend on the social group** they belong to, which will develop a specific set of rules (ethics) that everybody in it has to follow.

Are the ethical principles and guidelines the same for all staff members of *medica mondiale Liberia*?

Indeed, there are very GENERAL ethical guidelines that everybody in an organization has to follow, whether they are a community volunteer, a technical staff member, a manager, a logistician or a gate keeper. These more general professional ethics include rules such as respecting the organization’s property, staff members are not allowed to embezzle funds, etc. Another ethical principle that *medica mondiale Liberia* would like all staff members to follow is empowerment amongst colleagues, e.g. all colleagues should interact with respect for each other, no matter what relative positions they hold in the organization.



handout

The most essential of these rules are usually explained to new staff members when they sign their work contract, and are part of *medica mondiale Liberia*'s code of conduct.

But there are also PARTICULAR principles and guidelines that are more relevant to us in our work as trained helpers since we are in direct contact with women and girls in need, be it as a community volunteer, district counselor, psychosocial counselor, reproductive health counselors, community advocate or peace trainer. The following is a selection of the most important principles for trained helpers:

- Non-judgmental acceptance of the client as a person
- Respect towards the client's freedom and self-determination
- No harm being done to clients / working in the best interest of the client
- Making sure that we only work on tasks that we have actually been trained in
- Giving the client full information on what the trained helper can do for her and getting her informed consent for any action to be taken
- Keeping the client's secrets (confidentiality)
- No abuse or exploitation of clients in any form.

What do we do when a trained helper breaches an ethical principle such as confidentiality?

It is important to protect our clients, and if a helper turns out to have gravely acted against one of these principles, we must **not cover it up** out of loyalty to our colleague, but should always report it so that further harm can be prevented. A good way of doing this is to first inform the colleague – if possible – that you want to ask a supervisor to come and clarify the matter to help your colleague to understand what the right behavior should be in this situation.

It is important that we always follow the **principle of respecting our colleagues**, which means that we must avoid any type of blackmailing, gossip or wrong accusations. But the main principle that should guide our action is that our **clients** who have been harmed and betrayed by other people **must never be harmed or betrayed by helpers**. Therefore, we have an obligation to help our colleagues to correct their behavior.

Exercise 2: Working on my own prejudices – establishing and nurturing a non-judgmental attitude (2 hours)

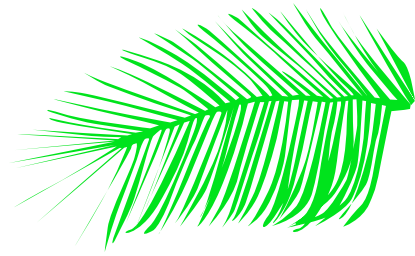
Method: Discussion in small groups / sharing in plenary

Handout: Case study “Dedeh and the young girls”

Steps:

1. Distribute the handout “Case study: Dedeh and the young girls” and read the story slowly to the participants. Then ask some of the participants to take turns reading it again.
If there are many illiterate members of the group, ask the participants to summarize the story briefly in their own words.
2. Explain to the participants that they will now split up into groups of three or four people to discuss the case study and to answer the three questions that follow it.
Allow some 20-30 minutes for this discussion, and ask them to come back to the plenary with some notes on flipcharts regarding the questions.
3. When all the groups have finished their discussions, ask them to present their findings on their flipcharts. First invite all the groups to present their flipcharts, and then invite the participants to comment on what they have heard, either by adding further insights or asking questions. Be ready to ask probing questions if you feel that a participant is having trouble being non-judgmental about ‘difficult clients’. If possible, also narrate a personal example to show that we all have prejudices, but by becoming aware of them and working on them, they can slowly change.
4. Ensure that they understand that we often have special problems with clients whose experiences remind us of our own painful history, or of those parts in our personality that might be similar to the client’s personality and that we may not like so much. Make a connection to module 1 on self-awareness from the very beginning of the training cycle, and emphasize that being aware of one’s prejudices and limitations is professional and nothing to be ashamed of.
5. Wrap up by saying that trained helpers have to work very hard on their prejudices and judgments because otherwise clients will feel misunderstood or even hurt, and may no longer come to them for help. It is important to keep in mind that no matter what the client’s problem might be, or what she did, we should never judge them. Make sure that the participants understand the difference between judging a person and judging her acts. It is not our task to make a judgment on the behavior of the person who seeks our help, but to accept her as she is and with what she has done first, even if our own ideas of good and responsible behavior might be very different. Every woman and every girl who comes to us for help deserves to be treated with the same level of respect and acceptance.
6. Finally, also make the connection that it is not only our clients who need to be accepted in a non-judgmental way, even if we cannot accept their behavior, but also our own colleagues. An organization where staff members behave rudely to each other or where colleagues put each other down cannot easily provide an atmosphere of acceptance to our clients. We ourselves must experience every day that we are accepted as who we are by the people we work with – even if we make mistakes that need to be corrected – in order to put this value into practice with our clients.
Refer to module 1 and the role-plays on empowerment where the participants played how a feminist organization can put empowerment into practice not only for clients, but also amongst staff members.

Carry out a **short evaluation** (see annex).



Case study: Dedeh and the young girls

handout

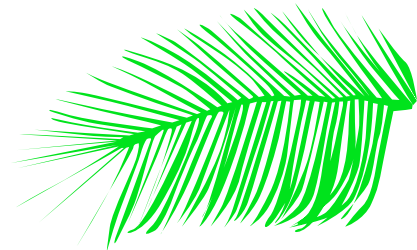
Dedeh is a very dedicated helper and a prayerful woman. She wants to help women and girls who live under difficult circumstances and suffer from violence. She grew up with an alcoholic father who drank away all the family income and regularly insulted her mother. As she was the eldest of four children, all of whom were daughters, Dedeh learned to take care of her ma and to console her every time her parents fought, when her ma would cry and say that she did not want to live with her husband anymore.

One day, Dedeh's father came home and once again screamed at her ma that she was useless and ugly and that he had found and slept with a young woman who would be able to finally give him the son that Dedeh's ma was not able to produce. He told her to pack her things and go away with her useless daughters. The mother and the girls were deeply shocked and stood without moving, still listening breathlessly to the insults of their father. After a while, they silently packed some things together and without saying a word, they left the house and went to Dedeh's aunt who lived in a nearby town with her husband and her new-born child. The aunt told them that she had suspected such a thing as she had seen their father with a pretty girl of around 18 years who was said to be very money-minded and would sleep with many men who bought her expensive clothes or gave her other gifts.

As the years passed Dedeh grew up under very poor conditions, and her ma worked day and night to make enough money for them all. Since Dedeh was the oldest she was allowed to go back to school, but there was no money to pay the school fees for her sisters. Dedeh did everything she could to support her family, and especially her mother, and wanted to get a well-paid job so that she could start treating her to make up for all the sacrifices she had gone through just to keep their family going. She was very successful at school, and when she was 18 years she decided to go to College to do secretarial studies and management, and also to take a part-time job so that she could pay her own school fees, and contribute something to the family income.

Coming home late from work one evening she saw her sister Kukuor standing at the door of a bar. Although she was only 15 years old, she looked older and was very attractive in a short skirt and make-up. She was talking to two older men, and smiling at them in a seductive way. Dedeh watched breathlessly from behind a signpost to see what would happen. After talking for a while, Kukuor got into a car with the two men, and as they drove off Dedeh could see that they were about the same age as her father. She went home and told her ma what she had seen. Bursting into tears, she asked Dedeh to sit and wait with her for Kukuor to come home.

Finally, at around two in the morning, Kukuor came through the door, obviously drunk, with her lipstick smeared. Dedeh slapped her in the face, insulting her and saying she would end up a whore and bring shame on their family, then pushed her into a side-room and locked the door. Next morning, Dedeh announced that she was going to lock Kukuor in that room whenever the others left the house, so that she could not go after men and bring shame on the family again. Kukuor cried, but Dedeh's heart had hardened over the years, and she showed her sister no mercy.



handout

After a few weeks, Kukuor told her mother that she wanted to see the doctor, because her menstruation had not come. When they heard the results of the examination, their worst fears were confirmed – Kukor was pregnant, and did not know who the father was. That evening, when Dedeh came back from work, her ma told her that she had thrown Kukor out of the house, she was no longer her daughter, and she never wanted to hear her name mentioned. They never saw her again, and didn't know where she went, what happened to her during the war, even if she and the child were alive or dead.

Many years later, when the war had been over for a long time and Dedeh already had her own family, she trained as a helper with *medica mondiale Liberia* and became a very dedicated district counselor. But no matter how much she loved helping women and girls, one thing was always very hard for her: she could not counsel young girls who said they had been raped or made pregnant by older men. Whenever a young girl approached her with a problem like that she would feel her heart starting to beat really fast, and her hands to tremble. She was hardly able to begin listening to their story before she started getting angry, giving harsh advice and even sometimes insulting them, asking them what else they expected if they were out late at night wearing a mini skirt. Once or twice she even said that, if they wanted to have sex with older men, they should expect to pay the price. No girls in that situation ever came back to see her again.

Dedeh talked about this problem with the psychosocial counselor who was supervising her. She told Dedeh that this might have something to do with what had happened in her own life, and advised her to try and work through her own prejudices.


Questions:

1. Why do you think it is so difficult for Dedeh to counsel young girls? Why is she so harsh towards them?
2. Do you think she should change her approach? If not, why not? If yes, why and how should she try and change?
3. Have you had any cases where you found it difficult to simply listen to your client without judging them?

Section 2: Working in the best interest of the client (1 day)

NOTE: This section is ONLY relevant for HELPERS (community volunteers, district and psychosocial counselors, reproductive health counselors, community advocates and peace trainers).

Objectives of the section:



Today, we want to learn how the ethical principle of respecting our client's freedom and self-determination might affect our work. We also want to find out why it is so important for all trained helpers to make sure that they only work in areas where they have been properly trained. Lastly, we will discuss the problems that might come up between keeping to ethical principles, and doing what we ourselves think is best for our client.

Recap the previous day's training (see annex).

Exercise 1: The client's freedom and self-determination (1.5 hours)

Method: Discussion in small groups / sharing in plenary

Handout: Case study: "Monica does not want Jaywloh's help"

Steps:

1. Distribute the handout of the following case study to the group, read through it (either by you reading or some of the participants volunteering to take turns), and ask the participants to summarize what they have heard. Then ask three people to act out the story as a role-play. They don't have to follow the case-study literally in their role-play, but should try and act spontaneously. Allow some 10 minutes for the whole role-play.
2. Then ask the participants to split up into groups of three or four and respond to the questions given below on the handout. Allow some 45 minutes for the group discussions.
3. Ask the groups to come back to plenary and report on their findings. Allow ample time for this discussion.

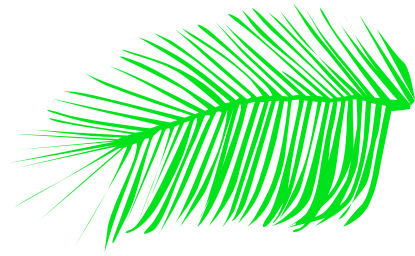
Summarize by stressing the fact that no matter how hard it is, we cannot force somebody to accept our help. If women who have been hurt do not want to talk to a trained helper about it or do not want to change their family situation etc., we need to accept this, even if it is hard for us, or even if we feel they should behave differently. We should never put any force on women or girls who have been traumatized by violence as this would be another form of violence and can traumatize them further. The empowerment of women and their right to choose what is right for them are at the centre of *medica mondiale Liberia's* principles, and this forbids any intervention in the alleged best interest of a woman that she does not explicitly consent to.

4. Further ask the participants for their views on another example, where they learn of a rape that took place less than 48 hours ago, and where it would be possible for the survivor to get to a hospital where a PEP can be administered within the 72 hour 'window'. What would they do if the woman refuses to go to hospital in spite of the fact that she could potentially be protected from an infection with HIV or prevent a pregnancy? Allow some time for discussion in the group.

Mention the following core points regarding this question (if the participants have not already shared them):

- ✓ A trained helper should do her very best to find out what keeps her from going to hospital: maybe shame or fear? No transport money? Pain when walking? A lack of information of what happens there? Nobody to look after her children while she's gone? Etc.
- ✓ A trained helper should try to do everything she can to respectfully convince the woman to go to hospital by explaining the procedures at the hospital and the advantages it offers her if she goes, BUT without threatening or intimidating her (Don't say things like "If you don't go, you will die").
- ✓ A trained helper should offer to go with her to hospital, so that she feels assured and protected.
- ✓ If the woman still refuses, the trained helper should accept this refusal and offer her to help her at a later stage, if she wants to come back.

Ensure that the participants understand that such situations put us under great pressure and constitute ethical dilemmas where we are torn between the principle of accepting a client's self-determination AND her physical safety.



Case study: Monica does not want Jaywloh's help

handout

Although Jaywloh only recently trained as a community volunteer, she is already very dedicated to the cause of women's empowerment. The way she was trained by *medica mondiale Liberia* helped her to understand how much harm and pain are inflicted on women's lives through violence. She also learnt that women are often nervous about making changes in their lives because they are afraid that their husbands will not like it. But, she tells herself, "Things won't change if women stay silent".

One day her friend Du-weade visits her, and tells her that her neighbor Monica has been raped by her uncle, but she does not want to go to the police as her uncle has given Monica's husband a job. They desperately need money, since they want to build their own house and have a family. Jaywloh is shocked by the story and by Monica's reaction, and wants to support her. Although Monica has not asked for any help, Jaywloh tells Du-weade to go and see Monica and tell her that Jaywloh is ready to help her, no matter what she needs, and that she should come and see her.

Weeks go by, but Monica does not come. Jaywloh thinks that Monica might be too shy to come and ask for help so she goes to see her and, convinced as she is that violence against women should be stopped and should not be kept quiet, tells her that she knows what has happened, and offers Monica her help. Monica is deeply embarrassed and mumbles that she does not have any problems, and that Du-weade is either lying, or has confused her with someone else. "And anyway", Monica says angrily, "who are you to talk about family issues that are none of your business?"

Two days later Du-weade visits Jaywloh again. She is furious, and says that Monica no longer talks to her or even says hello when they meet in the street. She says that this is all Jaywloh's fault and she will never tell her anything about her friends again since she cannot keep her mouth shut, and thinks that she is the savior of women whether they want her help or not.

Questions:

1. What did Jaywloh do in this case study? Which of the ethical principles / guidelines have been compromised in this story?
2. Why do you think she did what she did? What was her motivation?
3. What could she have done differently?
4. Have you ever had an experience like this, or heard of one, where you tried to help someone who, even if they were really desperate, did not ask for your assistance?

Exercise 2: Restricting ourselves to the tasks and competences that we have been trained in (1-1.5 hours)

Method: Buzzing / discussion in plenary

Handout: Case study: “Kanda and the traumatized woman”

Steps:

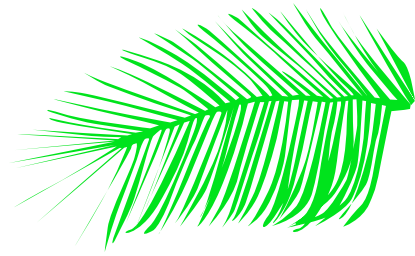
1. Distribute the handout with the case story below and ask for volunteers amongst the participants to take turns reading it. Afterwards, ask the participants to summarize what happened in the story.
2. Ask the participants in plenary to buzz with their neighbor on how they see Kanda’s behavior. Was there anything wrong with what she did? If yes, what exactly was wrong? Allow some time for the pairs to discuss their opinions and then ask for their feedback.
3. Ask the participants to brainstorm on the different competences of the following trained helpers of *medica mondiale Liberia*. They should summarize in their own words how they understand the differences and the chain of referral:

- community volunteer
- district counselor
- psychosocial counselor
- reproductive health counselor
- community advocate
- peace trainer.

Allow some time for discussion before you summarize their findings and gently correct any misunderstandings or misperceptions. Refer to module 3 where case management was discussed, and mention the handout given on the different roles of the trained helpers within *medica mondiale Liberia*.

4. Finally wrap up by saying that it is an ethical principle to only work in those areas that we have been trained in. As trained helpers we have an ethical obligation to refer to other people when our competences are not sufficient to handle a case. We also have the task of working in harmony with other professionals whose skills compliment our own. It is unprofessional to want to appear more competent and trained than we really are. None of the helpers is better or worse, and only by working together they can provide a complete helping service.

NOTE: Participants might have the idea that exorcism is a good way of “healing” bad memories. Posttraumatic problems, particularly nightmares and flashbacks, are often seen as “signs” of bad spirits or even the devil haunting those who are still alive. Acknowledge that this might be a common practice in some communities which some clients might want to try, but make absolutely certain the participants understand that exorcism plays no part in the type of helping which *medica mondiale Liberia* offers, and that *medica mondiale Liberia*’s staff should NEVER suggest or support it, since exorcism often has dangerous and disempowering effects on the women and girls who undergo it.



Case study: Kanda and the traumatized woman

handout

Kanda, a newly-trained volunteer, is a well-known and respected woman in her village, where she is considered to be wise. She is also related to the village chief, and often visits him to discuss issues where he is expected to do something.

One day, a 20 year old woman called Jane, who has just gotten married, comes to see her, looking very tired and obviously nervous. She tells Kanda that two months ago, when she was coming back late from selling groundnuts at the market, she was raped by two men. They grabbed her from behind and put a blindfold over her head so she could not see their faces, but could smell the alcohol on their breath. Jane had been trying to just forget what happened, but in the last few days she has started having bad nightmares and panic attacks. She imagines men looking at her everywhere she goes, and sometimes runs away from large groups of people as if she is crazy. She finds it almost impossible to go to the market, and the day before had gone back home without selling anything. She is terrified of going back there, but it is an essential part of her family's income, so she knows she needs to get better as soon as possible, and stop acting so crazy.

Kanda tells Jane that she has been trained by *medica mondiale Liberia* in trauma counseling, so there is nothing to worry about as she is going to treat her. She also says that Jane should come with her to her Church as crazy behavior is a sign of the devil's power, but their pastor can pray the devil out of her body.

Exercise 3: In the best interest of the client? (1 hour)

Methodology: Discussion in small groups / sharing in plenary

Handout: Case study: “Jar-Mue and the Town Chief”

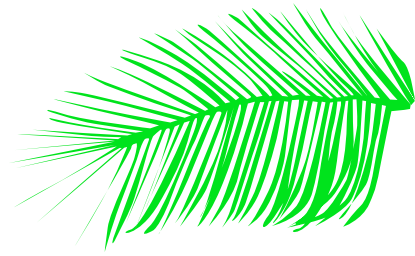
Steps:

1. Distribute the following case study and read it to the participants. Then ask a few participants to take turns reading it aloud. Afterwards, ask the participants to summarize the content.
2. Then ask the participants to split up into two groups. One group should think of five good arguments why Jar-Mue should accept the offer and try to convince Zeor not to go any further. The other group should think of the five main arguments why Jar-Mue cannot accept the offer.

Ensure that the participants understand that in such cases, we usually have both conflicting sides within us, which creates a difficult tension. In this exercise, all we will do is demonstrate what usually goes on in our brains, namely that we measure the two sides against each other, rather than trying to solve the dilemma. Allow some 15-20 minutes for the group discussion and ask the two groups to write each of their arguments on a separate manila card.

3. After the discussion, hang the manila cards with the respective arguments on the wall next to each other. Ask the participants to look at them and see which of both sides they feel are the strongest arguments.
4. Summarize by saying that we as trained helpers are not allowed to accept gifts that would influence our work, especially when it comes to open corruption where we would clearly breach professional standards. And this, again, can put us into a dilemma about what we consider to be “right”.
5. Discuss different ways in which we can politely reject gifts that are offered to us without offending the person.

Carry out a **short evaluation** (see annex).



Case study: Jar-Mue and the Town Chief

Jar-Mue is a district counselor who comes from a very poor background. Her husband died in the war, leaving her with two children who are now 14 and 16 years old. She also looks after her elderly mother, who suffers from sugar disease and needs expensive treatment.

She was happy to get a job with *medica mondiale Liberia*, and pleased to be working for the empowerment of women, which is something that she believes to be important. She has become quite well-known in her area, and many women come to talk to her when they have problems.

One day, her daughter Siah comes home with a close friend from school, Zeor, who is crying bitterly as she has just been brutally raped by the town chief's eldest son Glaj and two of his friends. Jar-Mue takes her to hospital to get treatment and to be examined, but on their way home Zeor says that although her parents will be shocked, they will not help her since they owe the town chief a lot of money, and would want to settle the case 'cordially', as they say.

Jar-Mue asks Zeor where she could spend the night, and Zeor mentions that she has an aunt nearby. Jar-Mue accompanies her there. The next morning the town chief sends a message saying that he wants to see Jar-Mue immediately. Respecting his authority, Jar-Mue goes straight away. After asking how she is, and enquiring about her sick mother, the town chief gets to the 'important business': he is worried that Zeor might be spreading false rumors about his son. "She wanted to be with them", he says, "And you know about young men and their heat, but they are good people. However, I would like to set a good example, and I think we can settle this unfortunate misunderstanding so that everyone is happy. I will cancel half of Zeor's family's debts, and give you a goat for taking such good care of her, if Zeor doesn't say anything more about what happened".

Jar-Mue is confused. She knows that Zeor's family would be more than happy to have their debt reduced, while Jar-Mue could sell the goat to buy more medicine for her ma. As she is thinking what to do, the town chief adds "If Zeor goes to the police it will only bring confusion; this way, everyone can benefit".

Section 3: Confidentiality and consent (with some special implications for minors) (1 day)

NOTE: This section is ONLY relevant for HELPERS (community volunteers, district and psychosocial counselors, reproductive health counselors, community advocates and peace trainers).



Objectives of the section:

Today, we want to learn more about confidentiality and informed consent, and about special guidelines that we should follow. We also need to consider the special implications of confidentiality and consent when we work with children. At the end of the day, we will evaluate the whole training module.

Recap the previous day's training (see annex).


Exercise 1: What information do clients need from us so that they feel comfortable? (1-1.5 hours)

Methodology: Buzzing / brainstorming / (role-play)

Handout: What is confidentiality?

Steps:

1. Show the participants a flipchart with the following question (prepared in advance), and read it aloud twice:



Why are women or girls who have gone through violence sometimes afraid to open up to us or to other services that could help them?

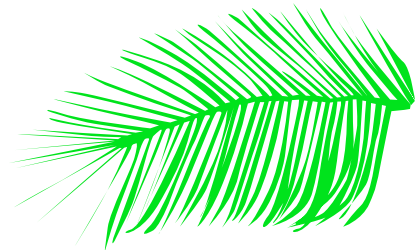
Ask the participants to buzz with their neighbor for 5 minutes about this question.

2. Ask each pair to give their suggestions and note down their contributions. Ensure that they mention the following:
 - ✓ Women / girls might be afraid that we won't keep the information to ourselves. They fear that if the information reaches the perpetrator, this could become dangerous.
 - ✓ Women / girls might not know what kind of help they can get from us. They might not understand the concept of "psychosocial helping".
 - ✓ Women / girls might not want to talk about painful experiences as this might bring back all the horror they experienced, so they are trying to avoid the pain.
 - ✓ Women / girls might be afraid that we won't believe them, or will judge them harshly.

3. Brainstorm with the group about possible ways of countering these fears. Ensure that they mention:
 - ✓ that women and girls need to be sure about our confidentiality;
 - ✓ that they have to be informed about and agree with what we are doing;
 - ✓ that they need to be treated with a lot of respect for their boundaries and should not be forced to tell painful stories if they do not feel strong enough to do so.
4. Read the handout “What is confidentiality” with the participants and discuss any questions they still have.

If time allows, you could introduce a short role-play where a community volunteer or a district / psychosocial counselor meets a client for the first time. Ask two volunteers to play this initial meeting (the case can be invented by the person playing the client). In particular, evaluate with the participants the way that confidentiality was introduced at the beginning of the helping relationship. Ensure that the participants find ways of introducing and explaining confidentiality so that the woman looking for help feels reassured, and the relationship with her helper is fostered. When discussing the role play afterwards, make sure that the observers follow the rules of feedback that were given in module 3.

You may also want to introduce a role-play for the two cases given on the handout where confidentiality may be breached. The role-play should portray how this can be introduced and explained to the client in an empowering way. You as the facilitators might act as role-players.



What is confidentiality?

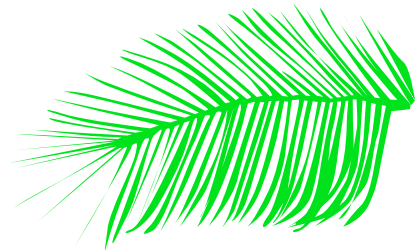
It is really important for trained helpers to make sure that the things we discuss with our clients always stay confidential, and that the people who come to us for help are not exposed to further threats or violence because of our actions. Confidentiality is essential for making survivors feel more secure, and so should become a ‘core value’ of our work. When programs like ours have a reputation for keeping things confidential, women and girls will feel more confident about coming to us to report what has happened to them, and this will make it easier for them to seek help.

On the other hand, if a program that works with survivors of sexual violence does not respect the confidentiality of its clients, or if a counseling or health center fails to keep its records safe and secure, information can easily get into the wrong hands, and the consequences of this can be really bad – not only will it make it harder for women in need to trust us and come to us for help, but if perpetrators get hold of confidential information, both ourselves and our clients could be put at risk of further harm.

Confidentiality means that **every trained helper** - whether they are a community volunteer, a district counselor, a psychosocial counselor, a community advocate, a reproductive health counselor or a peace trainer – **must never share any information** about survivors (their identity, case history, etc.) with anyone, unless **the survivor first gives their informed consent**. If you need to share information with anyone else, for whatever reason, you must first **explain** to your client what you want to do, ask if they agree, and if they do, get them to sign a **consent form**.

Your duty of confidentiality begins the moment that a woman or girl in need comes to you for help, and one of the very first things you should explain to them when you first meet is the rule of confidentiality under which you will be working.

Confidentiality means more than just not repeating the things a client tells you: it also means that you should **store written information in a safe place** that can be locked, and where nobody else is able to look at the files. It also means that (except for trained helpers from *medica mondiale Liberia* who are involved in referrals, technical advice or case supervision), nobody can have access to information about a client without her permission.



handout

There are, however, **two cases** in which it is possible and might even be necessary to **break the rule of confidentiality***:

1. If you suspect that a child is being abused or neglected:

In Liberia you have a duty to report any suspicions about child abuse or neglect. In these situations, the immediate safety of the child is considered more important than confidentiality.

However, there might be cases where doing this might put the child in danger, and if you think this might be so you should talk to your supervisor about how you can act in the best interest of the child without breaking the law.

2. In emergency or life threatening situations:

In situations where you believe that the life of a survivor or of others is in danger, you have the right to break confidentiality and do something to protect them. For example, if a client is talking about committing suicide, or is threatening to harm someone else, and you believe that they really mean it.

However, even in these two extraordinary cases, **do not compromise on your helper's attitude** towards the client: Explain calmly why you will have to break confidentiality in this case. Where possible and applicable, encourage her to work through the necessary steps together with you, so that she does not feel disempowered and betrayed. Keep expressing your empathic understanding for the woman / girl and her caretaker.

* See also: RHRC Consortium (n.d.). *Communication Skills Training Manual*. Retrieved December 2012 from: http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html.

Exercise 2: Informed consent (1.5 hours)

Methodology: Brainstorming / role-play in plenary / discussion

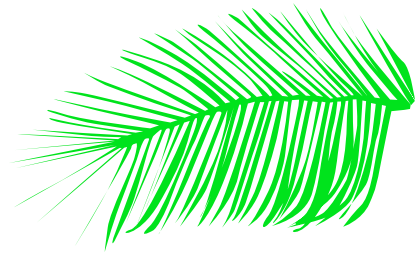
Handout: What is informed consent?¹
 The current “*medica mondiale Liberia*’s informed consent form”

Steps:

1. Explain to the participants that connected with confidentiality is the principle of getting the client’s informed consent. Both confidentiality and informed consent are principles that must be an integral part of the very first encounter between a client and a helper, because they are essential for the foundation of a trusting relationship.
2. Ask the participants to brainstorm on what they understand by getting the informed consent of a client, and why it is important. Write their contributions on a flipchart under the heading: “What is informed consent? Why is it important for helping a client?”
3. Distribute the handout “What is informed consent?” and read through it together. After every paragraph, stop and examine how what you have just read relates to what the participants have said. Show them a copy of the informed consent form that *medica mondiale Liberia* currently uses.
4. Ask one participant to volunteer for a role-play. Narrate the following story that connects to the case study of Jaywloh and Monica (Section 2, Exercise 1), in which Monica was raped by her uncle, but decided not to accept help, then changes her mind and visits Jaywloh three months later. She is broken down and tells her story in tears because her uncle continues to molest her, and has now started threatening her that if she does not keep giving in to his sexual wishes, he will sack her husband, and say that he only got his job because Monica was having sex with him. Monica is afraid of what her husband might do in this case, and she is not sure whether he would accept that she had been forced into sex. He is very jealous and might just throw her out of the house and divorce her if he gets to know anything about it. Since they live in a village, this is really dangerous. But the pressure on Monica has become too much, especially since she has now been diagnosed with a sexually transmitted disease and might infect her husband.
5. Play the role of Jaywloh as community volunteer, while a volunteer from the group should play Monica as the client. Listen to Monica’s story and introduce the principle of confidentiality and informed consent into the conversation. Put special emphasis on the fact that Monica is horrified by the idea that her husband or anybody else could get the information, since her uncle is a very powerful man in the community. Take some 15 minutes for the role-play.
6. Ask the participants what they observed in the role-play. Look at the handout again and at the last part of the instructions (“What information should a trained helper give a client to enable her to give her informed consent?”), and see how this was put into practice. Ask the person playing Monica how she felt in the situation and whether what you did in the role of the community volunteer was appropriate and reassured her.

¹ Adapted from: Inter-Agency Standing Committee (IASC) (2010). *Caring for Survivors of Sexual Violence in Emergencies. Training Pack: General and Psychosocial Modules*; here: Handout 4.2.1 (Confidentiality, the Right to Choose and Consent).

NOTE: If the participants discuss the question of whether they are obliged to protect Monica's husband from contracting the sexual transmitted disease, make sure that they understand that this can be detrimental for Monica, because she might be rejected by her husband and suffer serious violence. The helper should instead try to discuss with her client what she can do to find ways of protecting her husband from contracting the disease without revealing her own status to him. She should also clearly and calmly explain what danger her behavior might mean for her husband. Also emphasize that whenever Monica comes back to see the helper, it would be advisable to keep gently asking her whether she has come to a conclusion to tell her husband about the sexually transmitted disease and what support she would need to be able to tell him.



What is informed consent?*

What does it mean to have “informed consent” as an ethical principle in our work as trained helpers?

Asking for consent is another very important ethical principle in our work as trained helpers, and generally means that **whatever action we might take**, we must **get permission from the client first**. Clients should never be pressurized into consenting to anything they do not feel comfortable with, whether it is counseling, reporting the case to the police, a medical examination, talking about what happened with other helpers or organizations, an assessment, or any other action, regardless of whether or not we believe that the action would be in their best interest. All decisions must be made by the client herself or, in the case of children, by the child and their parent or legal guardian together.

However, it is essential that a client is giving **informed consent rather than just agreeing to what you suggest**, which means that you must explain all the support options that are available to her, and make sure that she really understands the choices she must make, and knows what she is (or isn't) consenting to. You must do this regardless of your individual beliefs, or your own opinion about what your client should do.

Clients may see you as an ‘expert’ or ‘authority figure’, who will tell them what to do. You should be aware of the difference between a client AGREEING to your suggestions against her wishes, perhaps because she thinks you ‘know best’, and CONSENTING to a course of action which she feels happy with, and you must make sure that the client feels able to say “no” if she wants to and that she is under no obligation to explain her reasons for not giving her consent. For example, if you are working with a survivor of rape who you think should go to hospital, you should tell her everything she needs to know about what will happen there, and talk about the advantages and disadvantages of doing so, BUT if she decides not to go, you must accept her decision, even if you think it is completely wrong. You should not make her feel bad if she does not go to hospital, but continue to be as supportive as you were before she made her decision.

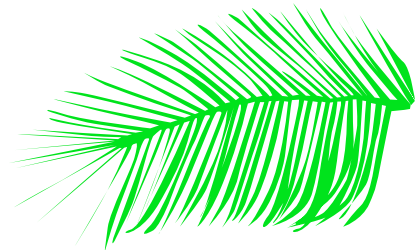
What role does the “consent form” play?

In a more narrow sense, consent is strongly related to the principle of confidentiality, and to the way we release information, and means that we can only share information

about a client with other people if the client has given her written consent for us to do so. This is done through a **consent form**, which should be filled in with the client by the first person from *medica mondiale Liberia* who they come into contact with.

This form clearly explains how *medica mondiale Liberia* records, uses and shares information about clients, and by signing it the client formally agrees (or disagrees) to us sharing information about her with other helpers within *medica mondiale Liberia*, and/or with other organizations. If the client does

* Adapted from: Inter-Agency Standing Committee (IASC) (2010). *Caring for Survivors of Sexual Violence in Emergencies. Training Pack: General and Psychosocial Modules*; here: Handout 4.2.1 (Confidentiality, the Right to Choose and Consent).



handout

not consent to her information being shared, then *medica mondiale Liberia* will only release general information which does not identify her in any way. Take special care to make sure she understands that she will not be refused services if she does not sign the consent form. In the case of children, informed consent is normally requested from both a parent or legal guardian AND the child.

What information should a trained helper give a client to enable her to give informed consent?

- Tell the client what is going to happen to her: the first time you meet a client, explain clearly what your professional role as a community volunteer, district counselor, psychosocial counselor, reproductive health counselor, community advocate or peace trainer is.
- Explain to her the benefits and risks (if there are any) of the various courses of action that are available, both within *medica mondiale Liberia* and together with other organizations (e.g. referral to a medical treatment, talking to the community advocate, referral to the district counselor).
- Explain that giving consent does NOT mean that she cannot change her mind later; she can withdraw her consent at any time, and can refuse to accept certain parts of a course of action while accepting others. For instance, if she goes to hospital, she can decide not to have one or other of the treatments or examinations that are offered, while accepting those that she is happy with. Giving consent does not mean that the client has automatically agreed to everything that trained helpers suggest.
- Stress that if the client does not want to talk about what happened (whether with you or another trained helper), this will NOT affect her access to support and will NOT stop her seeking justice through the legal system in the future.
Inform the client that there are some things that you might be legally obliged to report to someone else (e.g. if a child is sexually abused). Explain to her WHY it would be important to break confidentiality in such a particular case.
- Inform the client that, if she agrees, information about her will be discussed within the *medica mondiale Liberia* team in order to offer her the best possible services.
- Make absolutely certain that the client clearly understands everything that you have explained to her.

Exercise 3: What is special when dealing with children? (1.5 hours)

Methodology: Role-play (written role-play) and presentation

Handouts: Role-play: “How to get consent in the case of a minor?”
What does “informed consent” and “confidentiality” mean when dealing with children?

NOTE: In the break before this exercise, ask three volunteers to come to you and to volunteer for the role-play. Give them the handout with the dialogue (“How to get consent in the case of a minor?”) so that they can practice reading before the exercise starts to make sure that their reading sounds smooth and natural.

Steps:

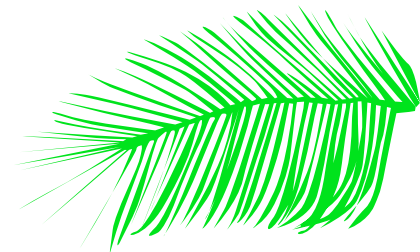
1. Explain to the participants that sometimes we have to deal with children, i.e. people who are not yet 18 years old. Under Liberian law, children cannot legally give informed consent. Therefore it is necessary that one of their parents or a legal guardian (in cases where the child does not live with her parents) gives their consent. But the child should also be asked.
2. Ask the three volunteers to come forward and participate in the role-play. Explain that they will play a mother and a child who consult a community volunteer. The community volunteer already has some basic information about why they have come to see her.
3. Instruct the other participants to watch the role-play and take notes of what they observe. The following guiding questions can help (prepared on newsprint beforehand):



What is happening in the role-play?

What is different regarding informed consent and confidentiality when dealing with a child?

4. Conduct the role-play by having the three volunteers read the text in their different roles (see handout for the role-play: How to get consent in case of a minor). Discuss the observations of those participants who watched the role-play. Note down their contributions.
5. Read the handout “What does ‘informed consent’ and ‘confidentiality’ mean when dealing with children?” that summarizes the main points again. Allow some time to discuss it.



Role-play: How to get consent in case of a minor*

handout

Ma Juah, a dedicated community volunteer, got a phone call from one of her friends in a neighboring village that somebody needs her help. A child has been sexually molested and the mother, who is very upset, doesn't know what to do and would be grateful for the CV's support. Ma Juah promises to come and visit the family at their home.

After greeting each other and talking for a while about the rainy season and what has been happening in the village, Ma Juah turns around and looks at Bo-Yea who is sitting silently in a corner watching Ma Juah and her mother talking.

Ma Juah: Hello, Bo-Yea. I am Ma Juah. I am a friend of your neighbor Wede. Your mother asked her to call me, and I have come to see you. I am a community volunteer, and I work for an organization called *medica mondiale Liberia*. Community volunteers are women who try to help women and girls in communities. We listen to their problems and help them to decide what to do for the best. Do you understand this?

Bo-Yea: NODS

Ma Juah: We will spend some time today just talking to each other, and then together we will see what you need to do to feel good. Okay?

Mother: Okay.

Ma Juah (to Bo-Yea): Does that sound okay to you, too?

Bo-Yea: Yes

Ma Juah: Tell me, Bo-Yea, you are 9 years old, right?

Bo-Yea: NODS

Ma Juah: Which year are you in at school?

Bo-Yea: Third grade.

Ma Juah: Do you like going to school?

Bo-Yea: mmmm. Not always. (SHAKES HEAD NO).

Ma Juah: No? What do you like to do instead?

Bo-Yea: To play with my friends down by the river.

Ma Juah: I understand. That must be fun.

Bo-Yea: (NODS)

Ma Juah: What do you do at the river?

Bo-Yea: Oh, we bathe in the river and try to catch fish.

Ma Juah: Wow, girls can do that, too?

Bo-Yea: Yes (PROUD VOICE), all my girl friends can catch fish. We are better than the boys.

Ma Juah: I can believe that! How many fish have you caught so far this week?

Bo-Yea: (LOOKS AT THE MOTHER), Four!

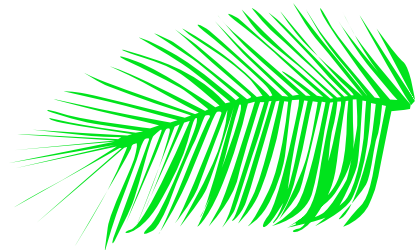
Ma Juah: That's a lot!

Bo-Yea: Yes, and last week we caught six!

Ma Juah: Very good. Your ma must be very proud of her girl. (PAUSE) Bo-Yea, do you know why I am here today with you and your ma?

Bo-Yea: (LOOKS AT HER MOTHER, THEN LOOKS DOWN AND NODS SILENTLY)

* Adapted from: Inter-Agency Standing Committee (IASC) (2010). *Caring for Survivors of Sexual Violence in Emergencies. Training Pack: General and Psychosocial Modules*; here: pp. 139-143 (Session 7.2., Tool 7.2.2. (1).)



handout

Ma Juah: I know it isn't easy to talk about the things that happened, but I will do everything I can to help you. Okay? I think you are a very strong and clever girl, and the three of us will find the right thing to do.

Bo-Yea: (NODS).

Ma Juah: At *medica mondiale Liberia*, we have a rule that says that we have to keep secrets. So whatever you or your mother tell me, I will keep it as a secret, unless you allow me to tell it to others. We know that doing this makes it easier for women and girls to come forward and look for help. And this is why we consider it so important: we want to help women and girls the best we can. (PAUSE) Do you know what keeping secrets means?

Bo-Yea: Yes. It means that you don't tell things to anybody.

Ma Juah: Exactly. It is a good thing because sometimes we might be afraid to tell anyone about what happened as we don't want other people to find out, right? So keeping secrets is very important. Also, we at *medica mondiale Liberia* don't want to push people into doing things. We want them to decide what they want for themselves. So it is up to you and your ma to decide what we should do or not do. And whatever you want, we will support you in your decisions and be at your side. Do you both understand this (TO BO-YEA AND TO HER MOTHER)?

Bo-Yea: I think so.

Mother: I understand.

Ma Juah: Bo-Yea, let me tell you a little bit about how we will do the talking: If I ask a question and you don't know the answer, you just say so. It is okay not to know everything.

Bo-Yea: Yes.

Ma Juah: Clever girl. It is also important to say the truth and not to lie, so that we can really help you. Sometimes that is difficult, but the truth is always better. You don't have to be frightened about anything or feel ashamed. Telling the truth means that you say things the way they really are and that you don't make up stories. Do you understand me?*

Bo-Yea: Mmm.

Mother: What will happen to this information after you have written it down?

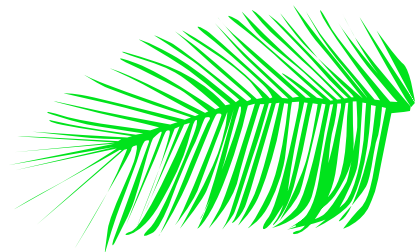
Ma Juah: I will write down everything you tell me after we have finished talking. When we have finished, I will also show you a consent form where you can decide who can be told and who cannot be told about what happened. We share information to get you the best help possible, but YOU are the ones that say if it is okay or not okay for us to do this. I will keep my notes locked away in my office at *medica mondiale Liberia*, where nobody can see them except me and our other trained staff. If you want to come and see the record for any reason, you can feel safe that it will always be here.

Mother: Okay.

Ma Juah: It is good to write everything down because then we will have a record of what happened. Having this information can be useful, for instance if you decide you want to try to take this case to court.

Mother: We don't want to do that.

Ma Juah: I understand. That's fine. You don't have to take that decision now, though. Take your time. I just note down everything that we are talking about, and then later you and your daughter can decide what is best for her.



handout

Ma Juah: Do you have any questions?

Mother: No.

Bo-Yea: No.

Ma Juah: Is it okay with you if your mother waits outside while we talk?

Bo-Yea: Yes.

Ma Juah (to the mother): Is it okay with you? Sometimes it is easier for children if they can share freely. You know, sometimes they cannot talk about things because they don't want to shock their parents or make them feel bad about what happened. They are more relaxed when they are alone.

Mother: Okay, I can wait outside.

Ma Juah: Okay. Why don't you sit under the tree outside the house, and we will come and get you when we are done.

**** (mother leaves)****

Ma Juah: Okay, Bo-Yea ... Earlier, your mother told me that a man hurt you. Can you tell me what happened?

Bo-Yea: (SAYS NOTHING)

Ma Juah: It can be scary sometimes to answer such questions. There's no need to be scared. Nothing bad is going to happen. I will just listen to you. And your mother is right outside if you need her. Do you want me to get her?

Bo-Yea: (SHAKES HEAD NO).

Ma Juah: Take your time. And let us start from the beginning. I will help you if you need me to, okay? Can you tell me what happened when the man hurt you?

Bo-Yea: It was yesterday. In the evening.

Ma Juah: Where were you when this happened?

Bo-Yea: We were walking home. My mother had worked late in the garden.

Ma Juah: What happened then?

Bo-Yea: A man, he was drunk, he walked behind my ma and me. He said bad things to my ma.

Ma Juah: What did he say?

Bo-Yea: I don't know.

Ma Juah: That's okay. Sometimes it's hard to remember. We can go slowly. (PAUSE). Can you tell me what your mother was doing?

Bo-Yea: She was crying. The man was angry. He was screaming at her.

Ma Juah: What did she say when she was crying?

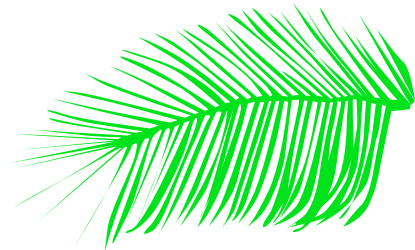
Bo-Yea: Nothing, the man told her to be quiet or he would kill her. And that ma knows what to do. I can't remember well what he said.

Ma Juah: What happened next?

Bo-Yea: I don't know. Nothing.

Ma Juah: That's okay. Sometimes it is hard to remember things right away. We can talk about it later when you remember. Let's talk about how you were feeling when this happened. Can you tell me how you were feeling?

* The helper asks the girl here to tell the truth not because she believes that clients in general lie, but because she knows that children are usually torn between protecting their caretakers – in this case: her ma who seems to have a problem with the perpetrator attacking the child – and their own suffering. Children often choose to tell a lie, if they feel that this is better for their caretakers on whom they fully depend, rather than sharing about their suffering and pain.



handout

Bo-Yea: I was scared he would hurt my mother.

Ma Juah: You were scared.

Bo-Yea: Yes, and he grabbed me and said that if my ma did not do what he wants, he would take me instead.

Ma Juah: Where did he grab you?

Bo-Yea: my arm first.

Ma Juah: He grabbed your arm, and what happened next?

Bo-Yea: (LOOKS DOWN AND SPEAKS VERY QUIETLY) He threw me in the bush. He screamed at my ma: Look what I am doing to your girl. He tore apart my panties and ... and put his finger into my hole here (POINTS WITH HER HANDS WHERE HER GENITALS ARE). It hurt (STARTS CRYING). It was bleeding.

Ma Juah: (IN A SOFT VOICE) This was a terrible experience. I can understand how much it frightened and hurt you.

Bo-Yea: (NODS WITHOUT LOOKING AT MA JUAH)

Ma Juah: Bo-Yea, can you tell me what happened next?

Bo-Yea: Another man was coming. The bad man ran away. My ma and I ran home. My ma was washing me. She gave me new panties.

Ma Juah: Thank you for telling me this. You are such a brave girl. This man did a very bad thing, and I'm very sorry that this happened to you. It was wrong of him. Now it's over. Listen, dear, it's over.

Bo-Yea: (CRYING) Over.

Ma Juah: Are you ok? Shall I ask your mother to come in?

Bo-Yea: No.

Ma Juah: Should we have a break and get something for you to drink?

Bo-Yea: No.

Ma Juah: Bo-Yea, when things like this happen, it is important to check whether your body is okay or whether it needs some treatment. Is it ok that I ask you and your ma to go to the hospital, so that a nurse can look at your body?

Bo-Yea: What will they do? Will it hurt?

Ma Juah: Our reproductive health counselor Maria can come with you to the hospital. They will look at your body and make sure that you are okay. They will give you medication if you need it. Maria will always be with you and explain every step of what is going to happen. They will tell the nurse to be gentle if she is not.

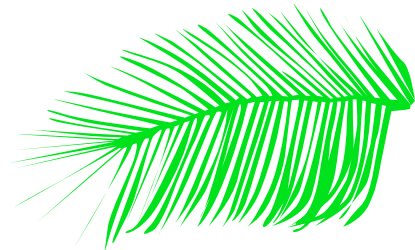
Bo-Yea: My ma should go with me as well.

Ma Juah: Sure, you need to be with your ma.

Bo-Yea: Okay.

Ma Juah: Okay, then let's ask your ma to come back and we will explain what we would like to do. I also want to talk a bit more with your ma about this man. Can you go outside and play for a while so we can do that? Or go to the river and catch another big fish?

Bo-Yea: (SMILES). Okay.



handout

**** (Ma Juah talks with the mother for some 10 more minutes, then they call Bo-Yea to come back) ****

Ma Juah: Okay, thank you both for sharing your story. Now I would like to write down your name and contact details, and some other information from our talk. I will write a proper report later, so you don't have to spend a long time waiting for me to finish. Then I will ask you to sign the consent form that I told you about earlier. This is a piece of paper that you sign to say that you have given me permission to write down the things you have told me, and lists the people that you agree for me to share it with. I will read the paper to you in Liberian English, so that you can understand it well.

Mother: Who must sign it? Bo-Yea or me?

Ma Juah: Bo-Yea is already a clever girl and understands what we are talking about, so she will listen while I read the paper and then you, as her ma, will sign it. Okay?

Bo-Yea / Mother: NOD

**** Mother signs after they have listened to Ma Juah reading the paper. ****

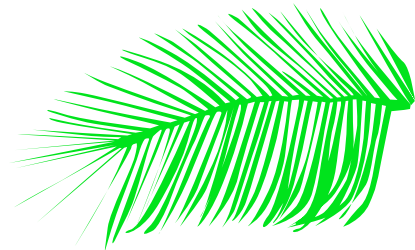
Ma Juah: I will now call Maria, as we have discussed, and check with her when she can meet you at the hospital. Okay?

Bo-Yea and Mother: Okay, thanks.

Ma Juah: Please call me after you have been to the hospital. I would like to see you again soon and see how you feel, Bo-Yea. Okay?

Bo-Yea: Okay. Bye.

Mother: Thanks, Ma Juah. Bye.



What does “informed consent” and “confidentiality” mean when dealing with children?*

Some of our clients might be children, and when this happens it is important to get informed consent from both the child and their parent or guardian. Different countries have different laws about how old a child must be before you have to obtain their consent, but a good general rule is that children should be asked to give their consent if they are able to talk clearly about what has happened to them, and/or can decide for themselves that they want help.

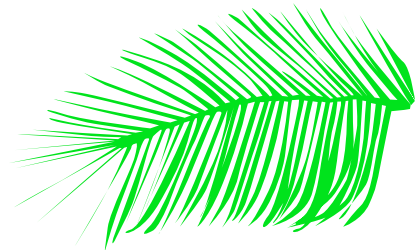
Informed consent means that the child AND his/her parent/guardian must understand and agree to everything that will happen during an intervention. In general, therefore, in order for parents to be able to give consent, they must be told if their child comes to you for help, even if the child wants it to stay a secret.

However, since the most important thing at all times is the wellbeing of the child, there may be cases in which you make a professional decision that it would be better not to tell a child’s parents about what you are doing. For example if the perpetrator is the father and the child does not feel that her mother will be supportive, or protect them from the abuse. In such a situation, the child might be afraid that neither parent would consent to their child seeking help, and would instead punish her for talking about something that should stay a family secret. You should only do so if you are certain that, in your opinion as a trained helper, you are acting in the child’s best interest, and that you would put the child at great risk if you acted differently and told her parents.

Other examples of such situations might be:

- ✓ If there is a risk that the child would become a victim of retaliation, including physical or emotional abuse or being expelled from their home, or if the child’s wellbeing would otherwise be compromised.
- ✓ If a child does not have a responsible adult who can act as their parent or guardian, for example a displaced refugee.
- ✓ If the child does not want her parents to know, and is competent to make that decision. The age at which children are allowed to make such a decision usually depends of the laws of the country. However, in Liberia, there is no fixed age set down in the law, so the helper has to assess how well the child is able to understand the implications of her situation, and her ability to make informed decisions.

* Adapted from: Inter-Agency Standing Committee (IASC) (2010). *Caring for Survivors of Sexual Violence in Emergencies. Training Pack: General and Psychosocial Modules*; here: Handout 7.2.1 (“Consent and Confidentiality (Children)”).



handout

There may also be cases in which you decide to act against the wishes of the parents, and to go ahead with things to which they have not given consent. Again, you must be certain that this action is in the child's best interests; you cannot ignore the parent's requests simply because you don't like their decision. For example, if a child's parents might refuse permission for their child to be examined by a doctor, but if you feel that their life depends on prompt medical treatment, you might decide to go ahead with the examination anyway.

There are also certain legal duties to report cases: For instance, in many countries, including Liberia, professionals working with children have the particular duty to report any suspicion about child abuse or neglect to the relevant authorities, and failing to report child abuse is actually considered a crime. In such situations, the immediate safety of the child is always more important than confidentiality.

In many countries, including Liberia, health care professionals also have the legal obligation to disclose certain information received during the course of a consultation, e.g. if the child tests HIV positive. However, this information is passed on to the Ministry of Health anonymously, in that codes rather than names are used in all reports, so that individual clients cannot be identified.

In camp settings, medical information about cases of an infectious disease must also be disclosed to the camp authorities to help them take action to prevent the infection from spreading further.

Such limitations of confidentiality should always be explained to both the parent(s)/guardian and the child. It should be done in such a way that they all feel that you are taking their potential fears into consideration, and that you are keeping their well-being as your highest priority. And as part of a helper's task, exploring different options of what should be done as an immediate first step might also include leaving the survivor and her parent/guardian to report the incident themselves, as this might have an additional empowering effect.

Make sure to get guidance from your supervisors if you feel that you have to go against the parents' wishes to work in the best interest of the child. This is not an easy situation to be in, and you do not have to shoulder this on your own.



Annex

Daily Recaps
Daily Evaluations
Energizers

10 Ideas for recaps

Regular recaps are important to expand the information and skills acquired during the course of a training, and also to ensure that the new input has been adequately integrated and understood. We recommend beginning EVERY training day with a recap of between 20 and 60 minutes, depending on the complexity of the topics that were covered and how well you think the participants have grasped them. Even when you are under time pressure, do not start on new topics until you are sure that the old ones have been fully understood.

Here are ten ideas for doing recaps that you can combine or modify to suit your circumstances. You should try to make the recaps playful rather than overly academic to help the participants feel at ease, rather than exhausted, before they start to learn new knowledge.

1. Two Questions (20-45 minutes)

Steps:

1. Ask the participants the following two questions (which you will have prepared on newsprint beforehand):

Question 1: What did you learn yesterday that was new to you?

Question 2: What did you learn yesterday that you are still struggling with?

2. Invite all participants to share, one after the other. You can also share yourself – trainers also learn something new every day – so that the participants feel encouraged to share their difficulties.
3. You can note down the contributions on two different flipcharts and after you have collected everyone's thoughts explain those things that participants are still struggling with.

2. Flipcharts (30-50 minutes)

Steps:

1. Form pairs or groups of three participants, depending on how big the group is and how many flipcharts you have.
2. Once you know how many groups/pairs there are going to be, select that number of flipcharts from yesterday's training, roll them up, and give one to each group/pair. So, if you have five pairs, take five flipcharts, and give one to each pair. Try to select flipcharts that covered important learning points, and make sure that the participants cannot read what is on their flipchart until you are ready.
3. Now ask the pairs/groups of participants to look at their flipchart and spend five minutes discussing amongst themselves what they thought they learnt from it.
4. Ask each pair/group to do a three minute presentation on the main points that are covered in their flipchart. They should not simply read the flipchart aloud, but rephrase it in their own



words and/or give examples. All members of the group can help during the presentation.

5. At the end of each presentation, ask the rest of the participants whether they understood the information that was presented, or if they still have questions. If the presenting group cannot answer all the questions, help them by supplementing their answer.

3. Questions and answers from the participants (30-45 minutes)

Steps:

1. Ask each participant (if the group is small enough) which concept or new idea from the previous day they still find unclear. Note down their responses on a flipchart.
2. Once you have asked everyone, ask if anyone thinks that they understood any of the concepts / ideas that you have just written on the flipchart well enough to try and explain it to the group.
3. Add to or gently correct the responses given, and then ask for another volunteer to explain one of the points.
4. If there are still points on the flipchart that haven't been covered, explain them yourself.

4. Running for a chair (15-20 minutes)

Steps:

1. At the end of each day's training, take ten small cards and on each one write a question relating to what the participants have learnt during that day. They should be questions that could be answered easily in a few words or a single sentence.
2. Next morning, before the training starts again, arrange some chairs so that they are in two rows, back to back with each other. There should be enough room for the participants to walk around them safely, and there should be one less chair than the total number of participants. So, if there are ten participants, there should be nine chairs.
3. Play some music (if there is no music available, you could play a ring-tone from your mobile phone) and ask the participants to walk slowly around the chairs. When you stop the music, they must all try to find an empty chair to sit on. One person will be left standing up.
4. The person without a chair will pick one of the cards you prepared earlier and either read the question on it aloud or, if this is not a literate group, the trainer will read the question. The participant then has to answer the question. If she cannot do so, she can ask a colleague to help her out.
5. Once the question has been answered correctly, go back to step three – i.e. start the music again and let another participant answer a question.

5. Ball game (15-20 minutes)

Steps:

1. Take a ball, and ask the participants to stand in a circle. Ask them a question that relates to the previous day's training. This could be a 'fact' question (e.g. "What is case management?"; "What are the five basic helping steps?"), but it could also be a 'personal' question (e.g. "What did you like most in yesterday's training?"; "Which of the things we learnt yesterday did you find the most useful?"). Throw the ball to one of the participants, who then has to answer the question.
2. Once she has answered the question, she then asks a question of her own about the previous day's training, and throws the ball to any participant of her choice who should then try to answer it. If the person receiving the ball does not know the answer, she can pass it on to somebody else. That person can also pass the ball, if they wish, until it reaches a participant who can answer the question.
3. Repeat step two until everyone has had the chance to ask and answer a question.

6. Right or wrong? (20-30 minutes)

Steps:

1. At the end of the training day, write down ten statements of which half are right, and half are wrong. For example, "Basic helping skills are the same as counseling", or "Case management is something that is only done by psychosocial counselors". Make sure that the questions are not ambiguous.
2. Put up two big posters in two corners of the training hall, one with the word "RIGHT" and the other with the word "WRONG".
3. Read the first card to the participants and ask them, if they think the statement is right, to stand next to the poster saying "RIGHT", and if they think it is wrong, to stand by the poster saying "WRONG". When they have stopped moving, ask them why they think it is either right or wrong. Then give the solution, gently correct any misunderstandings, and continue with the next card.

7. Completing sentences (20-30 minutes)

Steps:

1. Prepare a number of cards with the beginnings of sentences related to the topic of the previous training day. E.g. "The most important of the basic helping skills is...", OR "In case management, everybody has a duty to...", etc. The participants will carry out this exercise in pairs, so prepare enough cards for each pair to have one sentence to work on.
2. At the start of the training day, ask the participants to form pairs, give each pair one of the cards, and ask them to complete the sentence. Stress that there is not ONE correct solution, but they are free to be creative and to write their sentence in such a way that it makes sense to them. So, they are not trying to prove that they can remember the words you used the day before, but to show that they have understood the point by explaining it in a way that they understand. Allow three minutes for them to finish the sentence.

3. Ask the pairs to present their solutions. After each presentation, ask the others whether this is correct for them, too. Add or gently correct where necessary.

8. Interviewing each other (30-60 minutes)

Steps:

1. Ask the participants to form pairs and to interview each other, using the following three questions:
 - What did you learn in yesterday's training that was important to you?
 - How do you think you can use this in your work?
 - What is still not very clear to you?
2. Allow some 10 minutes for the mutual interviewing.
3. Ask the participants to present what their colleague has shared with them.
4. Note down the questions that the participants still have, and answer them.

9. Participants as trainers (45-60 minutes)

Steps:

1. Prepare a poster showing the main key concepts that were covered in the previous day's training. Make sure that the terms or topics you include on the poster can be explained in about three to five minutes.

At the start of the day, show the participants this poster and ask for a volunteer to choose one of the items and explain it briefly to the group. When they have done so, invite the group to ask questions, debate, (dis)agree, etc. The trainer should clarify any mistakes that are made.

2. Then ask for another volunteer and repeat step two. Aim to cover around five terms or concepts in the time allowed.

10. The recap game (30-45 minutes)

Steps:

1. Ask the participants to form groups of three and explain that they will be playing in teams against each other.
2. Give a short scenario (e.g. a woman goes for a job interview but does not get the position. When she comes home, her husband laughs in her face and says, "you didn't really think that they would hire someone as stupid as you, did you?"), and then ask questions about it (e.g. is this violence? What kind?).
3. The first group to give the right answer gets a colored card. The first group to collect five colored cards wins the recap game. Think of a small prize (e.g. the winner could decide what the group will have for lunch on the following day, or some similar privilege).

10 Ideas for daily evaluations

Daily evaluations are important in order to monitor the training process, giving the facilitator the opportunity to adjust the topics and the speed of the training, or even the methodology being used, and to help the participants to feel a part of the process.

Daily evaluations are different to the final evaluation. That takes place at the end of the whole training and should be longer and, if possible, in written form. Daily evaluations, on the other hand, should be brief and even playful, so that participants enjoy this final part of the day.

Here are ten ideas for doing daily evaluations that can be combined or modified as necessary, but feel free to invent new ones of your own!

1. Two Questions (15-20 minutes)

Steps:

1. Ask the participants the following two questions (prepared on newsprint beforehand):

Question 1: What did you enjoy in today's training? (OR: What did you like today?)

Question 2: What was difficult for you in today's training? (OR: What did you not like today?)

Question 3: Any other remarks?

2. Invite the participants to share, one after the other. You can also share yourself – facilitators also learn something new every day – so that the participants feel encouraged to talk about things they found difficult.
3. You should note down the contributions and prepare answers to them overnight, then start the next morning by going over them in the recap together to make sure that everyone has understood the point in question.

2. Evaluation with smilies (5-10 minutes)

Steps:

1. Prepare three newsprints, each with one of the following questions on it, and put them on the wall at the end of the day's training:

- "How did I like today's topics?"
- "How do I feel in the group?"
- "How do I feel about the training venue (sleeping, eating, learning environment)?"

2. You can also add more questions, if you want.

3. Explain to the participants that they should draw a smiley face on each of the posters to show how they feel about that question. The smiley can either be happy, sad, or indifferent, as shown below.



4. This will give an indication of how the majority of the group feels about these different categories of well-being.

3. Ranking exercise (10-15 minutes)

Steps:

1. Write the following questions (or choose different ones) on a flipchart and draw a long line after each one. Write “very much” at the start of each line and “not at all” at the end of each line, so it looks like this:

Very much _____ not at all

Here are some questions that you can ask (remember that each question will have its own line), but feel free to use different ones or add more:

- How much did I understand today’s topics?
 - How much will I be able to put into practice what I learned today?”
 - How much did I like the atmosphere in the group?
 - How much do I feel comfortable in the training?
2. Ask the participants to each take a pen and for each question to make a mark on the appropriate line to show how they feel about it. So, if they felt very good about the question asked, they would put their mark at the left of the line, but if they did not feel good they would put it nearer the right. If they felt both good and bad about the question, or didn’t really have an opinion, they would put their mark in the middle. Assure the participants that their answers will be anonymous; that you will not watch where they put their marks, and they will not have to identify them.
 3. At the end of the exercise, you can see at how the majority of the group feels about the questions you have asked.
 4. You can ask follow-up questions if there are major surprises amongst the answers, and if any particularly negative feelings are revealed, you may need to find out more about what is going wrong. But, remembering that you have promised that this exercise will be anonymous, you will have to be careful how you ask. For instance, you cannot ask “who said ‘not at all’ here, and why?”, but could for instance ask “would anyone like to give an example of something they did not understand?”

4. Flashlight (3-5 minutes)

This is a good evaluation exercise after emotionally demanding exercises where participants might feel too exhausted to have lengthy discussions on the day's training. It also helps the facilitator to briefly assess the participant's most important feelings.

Steps:

1. Ask the participants to say in just one single word how they feel now after the training day is over. They don't have to explain their word, or say any more than that. Ask everyone to say their one word.
2. If one of the participants says things like "confused" or "fearful" or "upset", you may decide to ask them to stay for a while after the others have left and try to engage them in a conversation to find out what the problem is, and to make sure that she isn't left feeling alone with difficult thoughts. The training may have caused memories to come up in her that need to be dealt with and contained before she leaves for the evening. Always try to be aware of the emotional atmosphere in the group and amongst the participants, especially when you have been dealing with emotionally upsetting topics.

5. Thanking each other for the day's training (15-20 minutes)

Steps:

1. Play some music and ask the participants to move around the room in whatever way they feel like to shake off the day's tension. They can dance along with the music if they wish, or if they don't want to dance they could walk through the room or even just stand quietly. Then stop the music and ask the participants to pair up with the person who is standing nearest to them. They should thank their co-participant for being part of the group today, and try to comment on one particular thing that the person did during the day which they thought was good. It can be something related to the training, or something personal. For example, they could say something like "Thank you, Mary, for your participation today. I liked your courage when you did the role-play." OR "Thanks, Anna, for being here today. I like your gentle smile."
2. After some few moments, play the music again, invite them to continue moving, then stop the music again and ask participants to say something positive to the next person. Do this 5-6 times. It is not necessary for everybody in the group to say something to everyone, but repeat the exercise enough so that all the participants can get some positive feedback, and can finish the day with a good feeling.

6. Throwing a ball and answering questions (10-15 minutes)

Steps:

1. Ask the participants to form a circle. Explain that you are going to throw a ball to somebody and that person should then respond to the following question: "What was the most important topic today for you?" Once she has answered she should throw the ball to another participant who will then respond to the same question.
2. When everyone has caught the ball and answered the question, take the ball back and repeat the exercise, this time with the question "What would you wish for tomorrow?"

7. Completing a sentence (5-10 minutes)

NOTE: This is fun, but only if the group is small and participants are not too tired.

Steps:

1. Explain to the participants that the group is going to make a sentence that describes the day's training. The sentence starts with "For me, today's training was ...". Ask one of the participants to complete the sentence. They might for instance say "For me, today's training was a good opportunity to learn more about helping skills."
2. Then ask a second person to repeat the sentence, and to add something of their own at the end. So, they might say "For me, today's training was a good opportunity to learn more about helping skills and to understand case management."
3. Ask a third person to repeat the sentence and add something of their own, and so on. The participants can help each other to remember the sentence as it gets longer.

8. Agree – Disagree – Not sure (10-15 minutes)

Steps:

1. Put three posters on the wall in three different corners of the room with the following headings:



AGREE – DISAGREE – NOT SURE.

2. Read a series of statements to the participants regarding the things covered in the day's training. The statements should be simple, such as "Violence is not only physical, it can also be emotional", or "Gender means favoring women against men", and so on. Make sure you have a good mix of statements that are both correct and incorrect. Ask the participants to stand under the poster that reflects what they think (whether they agree with, disagree with, or are not sure about the statement). When they have all chosen where they want to stand, give the right answer.
3. If the group is not too tired, you might ask some of the participants from each group why they chose their particular answer.

NOTE: You can also do this game with questions related to the training in general and the participants' well-being, such as: "The food here is nice and tasty", or "Our group works well together".

9. Commenting on a role-play (in teams) (20-25 minutes)

Steps:

1. Ask participants to split up into groups of three and to watch the following role-play. Give each team the following three questions:
 - What topic is this role-play about?
 - What two things were done well?
 - What two things were done wrongly?

2. Organize a short role-play with your co-facilitator on a topic of the day, e.g. where you portray a survivor's first contact with a helper. Make sure you show both some good things and some mistakes.
3. Afterwards, ask the groups to spend 10 minutes discussing what they observed regarding the three questions.
4. Ask the teams to present. If any of the questions are not answered sufficiently, gently add or correct and, if necessary, come back to these points the next day.

10. Stand up if... (5-10 minutes)

Steps:

1. Participants sit on their chairs in the training hall. Ask them to respond to the question you are going to ask by standing up if their answer is YES.
2. Ask the following (or similar) questions:
 - I feel I learned a lot today.
 - I understood everything.
 - I liked the role-plays (if applicable).
 - I feel I contributed a lot today.
 - The topic was great.
 - I feel strong and empowered.
 - I feel tired.
 - I am a little bit confused because of today's discussions.
 - I feel our group works well together.Etc.
3. Regardless of whether the participants stand up or not, do not make any comments; just see it as a way of getting a feel for the general climate within the group.

15 Ideas for energizers

Energizers are exercises that can help participants to relax after exercises or thought processes that have been particularly tiring. They can also be a playful way of illustrating some of the abilities that will be needed for the respective module. Here you will find a selection of 15 energizers that you can use to enrich your training and relax the participants after phases of intense work.

At the same time, it is important to ensure that the energizers are seen as sources of fun and relaxation for the group, rather than something that they are forced to do. You should make sure that no-one ever feels embarrassed or uncomfortable during any of the energizers, and you should also let the participants know that, if they wish, they can withdraw from the activity and use the time to relax in their own way instead.

1. Two Truths and a Lie (Good for getting to know each other)

Have each member of the group in turn say two things that are true and one lie. For example, one participant might say “I have one sister, I went to school with Ellen Johnson Sirleaf, and I like sweet cakes.” The rest of the group then has to guess which of these statements is a lie. They can discuss it amongst themselves – this adds to the fun!

2. Everyone who is... (Good for getting to know each other)¹

The participants sit on chairs placed in a circle with enough space in the middle for people to move around comfortably. Have one less chair than the number of participants, so that one person always has to be standing. Ask for a volunteer to stand in the middle and say “Everyone who _____” (e.g., is wearing red shoes, likes to dance, has a sister, believes in women’s rights, etc.) find a new seat”. All participants who match the statement must then leave their seat and find a new one. They may not stay seated or return to the same seat. The person who said “everyone who _____” also tries to sit down. One person will be left standing, and that person will start the next round by saying “Everyone who _____”. And so the game continues.

3. Follow the Leader

Get the participants to sit in a circle and ask one volunteer to leave the room. While the volunteer is gone, the group chooses a leader. This person is responsible for leading the group in a series of actions that the other participants must follow (e.g., stamping right foot, waving a finger in the air, slapping thighs, snapping fingers, etc.). Once the leader has begun making the first action and the others are copying it, the volunteer is called back into the room. The leader must keep changing the action without being identified by the volunteer. The volunteer is trying to guess the identity of the leader, so other participants must be careful not to stare at the leader while they are copying her actions. The volunteer must stand in the middle of the circle and is allowed three guesses, and a maximum time of two minutes.

¹ Energizers 2 to 8 stem from: Raising Voices (2004). *Rethinking Domestic Violence: A Training Process for Community Activists*. Raising Voices: Kampala; (here: Appendix).

4. Musu says...

The participants stand an arm's length away from each other. The facilitator stands where all the participants can see her and explains that they should only do the things that "Musu says". For example, if the facilitator says, "Musu says put your hands on your hips," then the participants should put their hands on their hips, and so on. However, if the facilitator says, "Snap your fingers" without saying "Musu says" first, the participants should not snap their fingers. If they do a movement that doesn't begin with "Musu says", they are eliminated and should sit down. Continue the game until there are only two participants left.

5. Silent Line Ups

Ask the participants to stand so that they have enough space to move around, and then give them a task to complete, such as to stand in a line according to their height, their birthdays, their age, etc. The tricky part is the participants are not allowed to speak to each other or write anything – they have to communicate the necessary information to each other non-verbally. The facilitator may also put a time limit on the exercise to add an additional challenge.

6. Human Knot

You will need between 10 and 15 participants for this energizer. They begin by standing in a circle facing each other. Each person extends their right hand, and takes the hand of someone else in the circle. Now do the same thing with their left hands. Nobody is allowed to hold the hand of their neighbor, or hold both their hands with the same person. Now, without letting go of any hands, the participants must untangle themselves and reform the circle.

7. Crocodile

Place a long piece of masking tape down the center of the room (you can also draw a line in the dirt if playing outside or describe an imaginary line between, say, the door and the window). Explain to the participants that one side of the line is the river and the other is the bank. The object of the game is to stay safe from a crocodile by either jumping on the bank or in the river. When the facilitator calls out "The crocodile is in the river," all the participants must jump to the 'bank' side of the line. If the facilitator calls out 'The crocodile is on the bank,' the participants must jump into the river. The facilitator should make calls slowly at first and then get faster. Those who make the wrong choice are eaten by the crocodile and have to return to their seats. Once the participants get used to the game, you could drop the initial part of the sentence to just say "in the bank" or "in the river", and towards the end just "bank" and "river". The game continues until only one participant remains.

8. Market Day

The participants sit in a circle, and one begins by saying "I went to the market and bought a plum." The next participant has to continue the shopping list by saying, "I went to the market and bought a plum and bananas." The third participant continues the shopping list by repeating the items of the first two and adding her own. Continue going round the circle. If a participant forgets an item bought

by one of the other participants, they are eliminated from the game. Continue until one person remains.

9. Broken Telephone²

Ask the participants to sit in a circle. Whisper a statement in the ear of the participant next to you, such as “Grandmother rushed to the market to buy some rice for supper”, or any other sentence that comes to your mind. Each participant passes on the message by whispering it into her neighbor’s ear. Tell the participants to repeat what they hear as faithfully as possible. The last person then tells the group what she has heard. Usually the message has been distorted along the way. Read out the original message and ask the group for comments.

10. Humming³

Prepare for this game by secretly writing down the names of the participants, putting them in pairs, and allocating a well-known song to each pair. The people paired should not be sitting next to each other, and should not know who their partner is. Then go around the group, whispering in each person’s ear the name of the song they have been given. The participants then walk around the room each humming their song, and trying to find their partner.

11. Can pass around

Ask the participants to sit in a circle and take off their shoes (you can also try to do this with your shoes on). Give a can to one participant and ask them to start passing the can around the circle with their feet only. If anyone drops the can, go back to the beginning and start again. The object is to pass the can all the way around the circle in one go.

12. Birdie on the perch

Ask the participants to form pairs, and then split them into two groups with one member of each pair in group 1, and the other in group 2. The first group forms a circle in the center of the room, facing outwards. The second group then forms another, larger circle around them, with every member facing their partner. Start playing music and have the inner circle walk one direction while the outer circle walks in the opposite direction. When the music stops, the pairs must find each other and form the “birdie on the perch” (one partner kneels on one knee, and the second sits on her partner’s knee as gently as possible). The last pair to form the “birdie on the perch” is out of the game. Continue playing until one pair is left – they are the winners.

13. Clusters

All the participants must move around the room. The trainer will call out a number. The group must then make a cluster with that number of players in it. Whoever doesn’t get into a cluster is out. Continue until only two participants are left.

² See Rooth, E. (1995). *Lifeskills. A Resource Book for Facilitators*. Macmillan: Swaziland; here: p.45.

³ Energizers 10 to 15 stem from: <http://numeracy4life.wikispaces.com/file/view/lcebreakers.pdf>

14. Fruit Salad

Ask the team to form a circle with their chairs. Go around the circle and name the first person as 'orange', the second 'plum', the third 'pawpaw', the fourth 'orange', the fifth 'plum', the sixth 'pawpaw' and so on until everyone has been named. Then ask for a volunteer to stand in the middle, and remove their chair. Now explain that you will call out the name of a fruit, and everyone who has been given that fruit must leave their chair and sit in a different one. The person who was in the middle also tries to sit down. One person will be left standing. If you shout 'fruit salad', everyone has to get up and find another seat. Call out different fruits at random, and occasionally add in 'fruit salad'. Make sure you are standing on the outside of the circle!

15. Animal Crackers

Place the participants' chairs in a large circle and ask them each to take a seat. Stand in the middle of the circle and explain that you are now going to demonstrate three different types of animals to the group.

Elephant – Press your left shoulder against your nose and wave your left arm in the air.

Monkey – Hold each of your ears and puff out your cheeks.

Alligator – Place both arms out in front of you and clap your palms together, up and down in a snapping motion.

Explain that you will go around the group and point to a person. That person must immediately take the shape of an elephant (as above), while the person to the right of them takes the shape of a monkey and the person to the left takes the shape of an alligator. The person out of the three that is slowest to take the correct shape loses and must come to the center of the room and start the process again by pointing to someone and saying 'elephant'.

The game ends when you feel that enough people have been involved in the process and the energy levels are sufficiently raised.