

Mental Health and Gender-based Violence

Report from pilots in training modules in Bangalore, India



November 2019

Background

FORUT ran a pilot in the training manual - [“Mental health and gender-based violence Helping survivors of sexual violence in conflict”](#) developed by *Health and Human Rights Info* (HHRI) because we wanted to strengthen our work within the thematic areas of Gender and Mental health. We offered APSA to be pilots because an important component in their work with adolescent girls and SHGs is dealing with GBV. We wanted them to get more knowledge on the effects of GBV-related trauma on mental health and how to use this knowledge when engaging with survivors of GBV.

About HHRI and the Manual

Health and Human Rights Info (HHRI) is a resource database providing free information about the consequences of human rights violations on mental health in contexts of disaster, conflict and war. Their aim is to make resources on mental health more accessible to health professionals and others working with people exposed to human rights violations, and they hope that this information will be of practical use and support in situations where more specialized services for mental healthcare are not available and where the provision of such services is essential.

They have developed a training manual - [“Mental health and gender-based violence Helping survivors of sexual violence in conflict”](#) which provides more information on the effects of GBV on mental health, and how to use this knowledge when engaging with survivors of GBV. The purpose is that the training will guide and assist helpers to **identify and understand reactions to trauma**, and **deal with the different immediate and long-term responses** that women display after they experience traumatic events. The training provides tools and approaches that can stabilise survivors after they have been exposed to traumatising events, help them to deal with events that trigger traumatic memories, and teach them how to regain control of their lives. In this way, **helpers will get tools that they can use to assist survivors of GBV to rebuild their lives and regain their sense of dignity**. However, it is important to remember that this is a training manual, not a therapy manual, and the survivors will not be healed from their traumatic experience but can learn to cope with their bodily reactions and enhance their quality of life.

The manual refers primarily to women and adolescent girls who are victims of sexual violence. HHRI believes this manual is also suitable for work with male survivors of gender-based violence, provided it is adapted appropriately. A separate training module for working with children (boys and girls) who survive GBV, are in the pipeline.

The training consists of 3 elements:

1. Storytelling
2. Psychoeducation
3. Grounding exercises

The preparation processes

FORUT contacted APSA in 2019, and in August we agreed upon doing the pilots. The trainer was Lise Ulvestrand and she is familiar with developmental issues from years of working experience with the right to education and minorities in the NGO sector. She is currently studying Psychology at the University of Oslo, is a Family therapist, and has been cooperating with HHRI and Nora Sveaas (project lead and key contributor to the manual) for a while.

Even if the manual is culturally sensitive, it is always necessary to make some adjustments to fit with the local cultural context – this would be the slum areas in Bangalore and Hyderabad where APSA works. The manual was also originally developed to deal with GBV in conflict areas (war), and this is not the situation in India where most of the GBV is related to domestic violence. Poverty and alcohol are also often components. And even if India is considered to be a developed and democratic country, a lot of people are exposed to human rights violations, and live in situations where more specialized services for mental healthcare are not available and where the provision of such services is essential. It is therefore of high relevance to APSA's work.

Storytelling (use of story as a metaphor) is a main element in method because it makes it easier to talk about how a traumatic experience can affect the survivor's body and mind and how the helpers can find good solution without being personal. One major adaptation was to make the story, originally called Butterfly Woman, relevant to the social context in APSA's working areas. FORUT then asked for a person in APSA who could be responsible for making the adaptation needed and the adaptation of the story was mainly done before we came to India.

In India, the story was renamed to Rani's Story, as this is a name that every culture and religion in India can identify with, and Rani also meaning Queen in Indian languages. Rani's story is about a woman living in peace with her family, but one day she gets raped by her husband's drunken uncle when he offers to drive her home, and then her situation turns upside down. The story is also a psychoeducational tool as it describes through Rani, the general reactions that a survivor of GBV can experience. The purpose is to identify the bodily reactions, normalize them and explain to the survivor why the body is reacting the way it is (psychoeducation). The intention is to take away some of the guilt or shame that the survivors feel and make them able to take control of their body and mind when stress occurs. Then the helper in the story explains to Rani what she can do (**grounding exercises**) when she is triggered by memories.

When in India, we had one day (the 4th of November) of preparation with the APSA team and we went through the manual and discussed further the explicit **psychoeducation** part (where we explain the bodily reactions to trauma). We then revealed that we had to do some more adaptation. In the psychoeducation part, three things are of great importance to understand what is happening to the body, and after some discussion, the solution was to rename some of the psychological expressions well known from the (western) literature to make them more understandable to our participants.

First, one metaphor that is highly valued in psychology is the “*window of tolerance*” which is used to understand bodily reactions to stress and trauma in a very simple way. Shortly explained, the window of tolerance is an illustration of the emotional activation related to the bodily reactions and partly to brain reactions. It normalizes every human’s capacity to change between being inside the window (comfort zone) where we are able to deal with the feelings and think rationally, and outside the window where we will be either hyper (overactivated) or hypo (underactivated) aroused. In the first place, the helper’s role will be to get a traumatized person back inside this window to be able to help her. However, the traumatized person’s window of tolerance will be quite narrow because of traumas, so it is of great importance to make it wider and help the survivor to see her own reaction. The helper’s role is to support and challenge the survivor to extend her window, so the survivor will be less affected by the trauma and get to live a better life. In India we had to rename it to the “*river of emotional tolerance*” because the figure didn’t look like a window and it would be difficult to have this as a mental picture. River was a better picture and it was easier for the participants to associate hyperarousal with flooding of the rivers and hypoarousal to drought/empty rivers. Rivers also have a symbolic value in Hinduism because it represents life or that they are lifegiving, and they are often named after goddesses.

Secondly, to be able to explain how the brain functions in the hyper- or hypoarousal status, and why this is happening during trauma or reminders of trauma (trigger situations), we usually explain that the brain has different parts that function differently and actually have different purposes. It is not necessarily very useful to give a lot of detailed knowledge of the brain (taking into account the level of understanding of participants), but inspired by Daniel Segal and Dag Nordanger, we found a simple model to show how we have a rational thinking brain (normal status) and an emotional brain (survival modus). Through dialogue, we modified the original concept of the threefold brain into a more accessible concept dividing the brain in two main parts. Together these two looked like a “**mind tree**” because we used the fist to show how it works. When your hand is fisted, your four fingers are hiding the thumb, and this is representing the thinking brain (brain cortex) and it is working quite well if we are not overwhelmed by stress or fear. When you get really scared and afraid, the four fingers open up and reveal the thumb which is representing the emotional brain (Limbic system: Feat centre), and this takes over if you are in life-threatening situations. This means that the thinking brain is unlocked, and the emotional brain reacts in an automatic way without any ability to think and decide what is the proper way to react. The only thing that decides what is the most convenient reaction, is the degree of fear, and the responses are **fight, flight, freeze or play dead** (F-F-F-P). If your brain considers it possible to fight or flight, it prepares the body to this reaction (hyperarousal), and if not, the most basic survival strategy of the human body is to freeze or play dead (hypoarousal). For a survivor, the two last reactions are the hardest to find logical and acceptable when the thinking brain is working again, which can result in experiencing feelings of guilt, shame or humiliation. It is therefore very useful that the helpers are aware of this and can explain to a survivor that your body was so afraid of dying so it chose to freeze or play dead, and you could not have done anything else, it is an instinct from before the stone age. This could take away some

shame and guilt. In India these reactions were represented by a tiger and we named it the **tiger-story**.

We also practised the **grounding exercises**, which most of all are about breathing. Breathing is helping us to focus on just one thing – the breath – and it calms down the body and the parasympathetic nerve system. This can be very helpful in a more acute situation where the main purpose of the helper is to calm down a traumatized person and try to get her within the river of tolerance. It is also a good exercise if the survivor gets triggers/flashback and need help to come back to reality, either by help from someone else or by herself.

Implementation of the pilots

We decided with APSA that we wanted to try out a two-step-model where we held one workshop for APSA coordinators and field staff (ToT1) and then we would choose two or three persons from the first training that could do the pilot training on one of their Self-Help Groups (ToT2). In between the two trainings, we had only two days of preparation. In both trainings we were also in need of translation, and APSA hired an interpreter because not everyone understood English well. We also had the Rani's Story translated into the local language Kannada, but the rest of the manual and the toolbox was in English.

ToT1

- 20 participants (14 women, 6 men): APSA coordinators and field staff with long experience dealing with women and children who have been exposed to traumatic events.
- Trainer: Lise Ulvestrand (Student in Psychology, University of Oslo and Family therapist)
- Assistance: Elin Hatlestad (FORUT), Aisha (APSA - Communication Officer), Laksha and Sheila (APSA Management team as observers)
- Location: United Theological College in Bangalore

ToT2

- 15 participants, all women, communal leaders, Jayanagar community.
- Trainers: Chitra, Bhagya and Mangala, 3 local trainers from ToT1
- Supervisor: Lise Ulvestrand
- Assistance: Elin, Aisha, Laksha and Sheila
- Location: All India Women's Conference centre, Jayanagar ward

After the training, the participants were given a certificate of participation, and then filled out an evaluation form.

Evaluation

Here is the main feedback compiled from the forms submitted by the staff participants at ToT1:

- The feedback is generally positive, and participants are very happy for having had the opportunity to attend the workshop.
- A total of 6 men and 14 women responded with feedback. All but two men, work directly with survivors of GBV.
- Most of the participants found the training helpful or very helpful and the information communicated by the training relevant or very relevant, with trauma being the primary learning from the workshop.
- Most of the women participants found the F-F-F-P, mind tree, breathing exercises and Rani's Story to be useful to them in their future work. The men's responses were little vague, but overall positive. One woman said she would not use the grounding exercise in her work as she worked with children who required more activity that used their entire body.
- All participants found the stories appropriate and relevant. Both men and women felt that the stories could be used to handle individual cases, to give as examples to survivors, to ease the process with the survivor, and to obtain information from them. One man also said he would try to adapt the stories for children.
- All 20 participants responded positively with regard to composition of participants, comfort level between facilitator-participant and participant-participant, feeling of security with participant and facilitator, learning experience from other participants and communication of information by trainer.
- With regard to training improvement, men were more specific in their recommendations such as adding more sessions/ exercises and increasing activities. Women felt that training inputs could be given through exercises, and that more time was required for the training. The overall response, however, is positive.

Lessons learned

- It was good and necessary to have an open dialogue between FORUT and APSA, even if it felt too time consuming and detail oriented sometimes, to make sure we had and a common understanding of the needs and the purposes of the entire process. And it is of great importance that APSA provided location and handled practical needs.
- Adjustment of the manual is necessary. The purpose is to adjust the manual to the Indian context before the training takes place. This should preferably and in principle be done by APSA itself to ensure that the knowledge remains in the organisation and make the training more sustainable, considering the possibility of doing more trainings on their own. But due to both time and other constraints, they hired an external person to help out. This was fine, because they know the consultant very well and she has done several other assignments for APSA.
- Translation of the workshop is also necessary. It should preferably be the same person as did the adaptation of the manual because then she will know the content and the principles behind the training.
- APSA was documenting both trainings and made minutes from the preparation. This was very helpful.
- We had a really good experience with a two-step-model where some participants in ToT1 were “forced” to hold a similar training, ToT2, just few days after their own training. They only had 3 days of preparation and they did an excellent job. They also had to make some important adaptations by further simplifying the explanations to make it more understandable for the new group of participants, that was local community women with less education.
- A practical tip from ToT2 is to not give the participants the whole Rani’s story but hand it out bit by bit to keep the excitement and motivate them to come back the next day to get the rest of the story.
- Even though it rarely occurs, be aware that the training can cause flashbacks or traumatic triggers to participants who themselves have been survivors of similar situations. Therefore it might be good to have thought about how to deal with a participant if he or she gets triggered. E.g. have a co-worker in the workshop with the trainer that knows how to use the stabilization tool or have a trained counsellor/ therapist on call.
- We also handed out an evaluation scheme to the participants in the first training, they filled it out by hand in their own language and then APSA translated and summarized it and made some conclusions before handing it back to FORUT.
- Because of the translation, 4 days would have been better than 3 days.
- Translation of the Manual toolbox into the local language would have been an advantage but depends on funding.

Follow up

FORUT wants to get information about further training done by APSA and would also like to assist if they need to refresh or need any sort of help.