



BelSalameh

The MHPSS Training Pack

THE PSYCHOSOCIAL SUPPORT MANUAL



A project by:



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Introduction to the MHPSS Training Pack

Welcome to this combined Mental Health and Psychosocial Support (MHPSS) Training Pack for MHPSS personnel working in emergency settings. This Training Pack has been devised by ABAAD with support from the European Union. Many professionals from Syria, the wider region and across the globe have contributed to this project.

This work is a joint effort arising from an assessment of needs of professionals working in Syria and constructive contributions from and training of a group of MHPSS workers involved in day-to-day service delivery within the region. Some of the contributions from the various authors were utilised in various pre-launch training exercises and the feedback from these trainers and trainees has been incorporated into some of the final versions of the various chapters contained within this Training Pack. This combined “top-down” (experts and professionals) and “bottom-up” (clinicians and practitioners) approach was used in an effort to produce a Training Pack which is based on local needs, adapted to the local context and more suited to the relevant target audiences working within the MHPSS framework of services that operate in Syria and the region.

This comprehensive **MHPSS Training Pack** is divided into two separate, but related components with different target professional audiences, groups of beneficiaries, and MHPSS issues mind. There are two manuals in this Training Pack series:-

- **Mental Health (MH Manual)**
- **Psychosocial Support (PSS Manual)**

The primary intended targets of the content these two manuals are represented in the diagram below which is discussed in the following Introduction to MHPSS in Emergency Settings:-



	MHPSS Problems	Pyramid Layers	Services Required
MH Manual	Severe psychological disorders	Specialised Services	Professional treatment for individuals or families
PSS Manual	Mild to moderate mental health disorders	Focused non-specialised support	individual family or group interventions
	Mild psychological distress (natural reactions to crisis)	community and family supports	Psychosocial support activities
	General population affected by crisis	Basic services and security	Meeting basic needs and providing security

The MHPSS Training Pack Content

The Mental Health Manual

The material contained within this publication is primarily intended for a range of Mental Health (MH) staff working in specialised emergency settings and contains information and some MHPSS interventions perhaps more suited to the “specialised service” layer of the IASC Intervention Pyramid [1] (*see diagram on the left and in the Introduction section for more details)

MH Manual	Contents
Introduction:	Mental Health and Psychosocial Support in Emergency Settings
Chapter One:	Mental Health: General Concept and Mental Disorders
Chapter Two:	Primary Counselling
Chapter Three:	Narrative Exposure Therapy (NET)
Chapter Four:	Family Systemic Counselling
Chapter Five:	Self Care

The Psychosocial Support (PSS) Manual

The material contained within this publication is primarily intended for a range of Psychosocial Support (PSS) staff working in [non-specialised emergency settings](#) and contains a range of [MHPSS interventions](#) more suited to the “[focused, non-specialised support](#)” layer and perhaps the “[community and family supports](#)” layer of the IASC Intervention pyramid.¹ (*see previous diagram)

PSS Manual	Contents
Introduction:	Mental Health and Psychosocial Support in Emergency Settings
Chapter One:	Psychological First Aid
Chapter Two:	Working with Women and Girls at risk of Gender Based Violence
Chapter Three:	Working with Men
Chapter Four:	Working with Children and Parents
Chapter Five:	Supporting Child Survivors of Sexual Abuse
Chapter Six:	Psychological Activation through Stand-Up Theatre
Chapter Seven:	Self Care

1 Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

The Psychosocial Manual

This publication is the [Psychosocial Support \(PSS\) Manual](#)
A component of the [MHPSS Training Pack](#)
It is designed to provide some assessed, requested and customised training content in this complex area of need and challenging service delivery for MHPSS workers in Syria.

PSS Manual Contents

An Introduction to MHPSS in Emergency Settings:
This chapter introduces and traces the origin of the MHPSS approach along with the long-standing history of attempts to promote a general psychosocial approach to human problems. It examines some of the common issues and comments on the recent review of the implementation of the IASC guidelines. Current practice with agreed definitions, models, problems and services is briefly discussed. Finally, it highlights the need for local adaptation of resources as being the main purpose behind the compilation of this MHPSS Training Pack for Syrian MHPSS personnel working in the region.

Chapter One:
Psychological First Aid:
Dr. Tayseer Hassoun outlines a very useful “focused, non-specialised” MHPSS intervention which has been adapted from the excellent WHO PFA Fieldworkers Guide. The same author has produced a chapter on Primary Counselling which appears in the [Mental Health \(MH\) Manual](#) that makes up the other half of the Training Pack. These two inter-related chapters can perhaps be regarded as different but complementary approaches in the spirit of a combined MHPSS approach.

Chapter Two:
Working with Women and Girls at risk of Gender Based Violence:
Ms. Marie Adele Salem, in this chapter on working with women and girls, developed for the Danish Refugee Council (DRC), presents a comprehensive range of material including a collection of workshops and exercises to address Gender Based Violence (GBV) in complex emergencies. Plans and instructions for running a 6 session support group are presented here in some detail.

Chapter Three:
Working with Men:
This is an abridged adaptation of the [Programme RA](#) – a local context-adapted version of Programme H –originally produced by Promundo and used in more than 22 countries. This material was peer reviewed by local experts, and tested with trainers and young men from different backgrounds but living in Lebanon. As such, it is a good document and judged to have been suitably adapted and contextualised for this manual. This customised chapter includes a range of useful workshops and resources that appear in the adapted publication.

Chapter Four:
Working with Children and Parents:

Mr. Wissam Kotait provides an extensive chapter dealing with children and families. He deals with resilience and trauma before giving a comprehensive account of a variety of examples of working methods using artistic meditation in working with PTSD and strengthening resilience. He ends with a detailed catalogue of themes and fun workshops including exercises with full and comprehensive instructions.

Chapter Five:
Child Survivors of Sexual Abuse:

A second contribution from Ms. Marie Adele Salem, developed for UNRWA, which deals with definitions of child sexual abuse (CSA) and range of core principles for supporting child survivors. A comprehensive overview of child rights, management and support issues with very helpful advice is included in this chapter.

Chapter Six:
Psychosocial Animation through Interactive Forum Theatre:

Mr. Karim Dakroub presents a large chapter on psychosocial animation through the utilisation of interactive theatre. After an initial exploration of the main aspects of this psychosocial intervention, he devotes more than half of the chapter to laying out a large compendium of detailed exercises for practitioners.

Chapter Seven:
Self Care:

Growing evidence suggests that there is a potential risk of workers suffering from general stress and strain or more specific vicarious traumatisation in the work they undertake. This comprehensive chapter attempts to address this issue and Ms. Ola Ataya offers helpful suggestions of ways in which MHPSS workers can take steps to minimise the adverse impact of their work on their own well-being and personal or professional functioning. The distinction between self care and staff care is highlighted and discussed. The main focus is on self care strategies applicable to all individual MHPSS workers rather than their organisations.



INTRODUCTION TO MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCY SETTINGS

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Introduction to Mental Health and Psychosocial Support in Emergency Settings:

1. A NEW FRAMEWORK: The origins of the MHPSS approach

The Inter-Agency Standing Committee (IASC) and IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings have published influential and helpful material that has greatly influenced the mainstream thinking and behaviour of agencies and organisations that are providing support for those who suffer in worldwide emergency settings. [1], [2]

They introduced and defined the term Mental Health and Psychosocial Support (MHPSS) to

“describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.” [1]

They also raised their concern about ..

“the absence of a multi-sectoral, inter agency framework that enables effective coordination, identifies useful practices and flags potentially harmful practices, and clarifies how different approaches to mental health and psychosocial support complement one another.” [1]

This view led to the creation of local MHPSS task forces or groups set up to purposefully function as much-needed “coordination mechanisms” in the local delivery of agreed and high quality MHPSS services to those most in need. They argued that ..

“background effective mental health and psychosocial support (MHPSS) programming requires intersectoral coordination among diverse actors, as all participants in the humanitarian response have responsibilities to promote mental health and psychosocial well-being.” [1]

This positive assertion of a strong link between psychological and social factors and the need for multi-agency, multi-level cooperation and coordination has generated a way forward for this new and emerging field of psychosocial activity as part of the MHPSS framework. The helpful and well-known IASC four-tier pyramid model [3] summarises the combined approach which they proposed should be adopted by all organisations working in the humanitarian aid sector. This deliberate fusion of Mental Health and Psychosocial Support has paved the way for a recent proliferation of MHPSS activity which has brought with it:-

- expanded and innovative service design and delivery options for beneficiaries
- new joint-working and communication practices between partner aid organisations
- increased collaboration in local inter-agency task forces and co-ordination groups



2. HISTORY: The development of the psychosocial concept

The early origins of the notion of some kind of psychosocial model to define health in its broadest terms go back to the very constitution of WHO in 1946 which was founded on the principle that..

“health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This view continues to this day.” [4]

In 1961, George Engel outlined his early idea of a bio/psycho/social/cultural model in a letter [5] which was subsequently published in 1977 in the form of his famous landmark bio-psycho-social model. [6]. This was a revolutionary major event in the field of mental health and probably a reaction to the dawning of the new age of biological psychiatry with the introduction of major psychiatric medications in the 1950s. It has, more recently, been argued that..

“George Engel’s most enduring contribution was to broaden the scope of the clinician’s gaze. His biopsychosocial model was a call to change our way of understanding the patient and to expand the domain of medical knowledge to address the needs of each patient. It is perhaps the transformation of the way illness, suffering, and healing are viewed that may be Engel’s most durable contribution.” [7]

Around the turn of the millennium (1995 to 2005) the literature contains many publications and key references to a range of interventions in emergency situations but one could strongly argue that the discussion, definition and promotion of the term MHPSS and the associated models developed by IASC in 2007 was a similar call to make an enormous shift in the way mental health and psychosocial well-being was viewed. This greatly influenced humanitarian aid organisational behaviour in terms of MHPSS service design and delivery. In fact, as Rehlberg [8] pointed out:-

“Prior to this document, there was no internationally agreed-upon standard or guidance for the provision of psychosocial interventions”.

The deliberate fusion of mental health with psychosocial support (MHPSS) into one combined approach has enabled agencies and organisations working within the humanitarian aid sector to take a much broader and integrated view of what individuals in complex emergency settings require to begin to rebuild their lives and try to regain normal functioning. [3]

The psychosocial concept which is embedded in the MHPSS approach encourages services to view the range of the needs of the individual, family or community as a complete functioning interconnected system. This is welcome, helpful and in keeping with the best of longstanding mental health views, practices and innovations in mental health treatment and psychosocial support from the constitution of the World Health Organisation in 1946 until the present.

3. ISSUES: Language, outcomes and definition

There are, however, some areas of controversy within the MHPSS field of activity. The debates go back to 1990s [9] until the present. Given the short history of activity in this field and wide range of programmes and services available within a short space of time, it is hardly surprising that there are issues that may still need to be resolved. It is beyond the scope of this Training Pack to deal with the complexities of the political, philosophical and ethical arguments [8] [13] but for the sake of balance, it may be worth highlighting what some of the more practical and common issues might be. It is possible that there is still some confusion over the MHPSS concept and terminology and some inevitable inter-agency and inter-professional conflict and debate where boundaries exist and practices overlap.

3.1 The Issue of Language

Despite the progress and consensus, practical and linguistic challenges to organisations and policy makers in using a common and agreed language when describing MHPSS services and systems in discussions and documents may still exist. In the early days following the publication of the IASC guidelines, the language used in describing aspects of the MHPSS model was new, challenging and possibly a little confusing for agencies and practitioners. The 2007 guidelines acknowledged the close relationship and overlap between the terms “mental health” and “psychosocial” and commented that..

“Aid agencies outside the health sector tend to speak of supporting psychosocial well-being. Health sector agencies tend to speak of mental health, yet historically have also used the terms psychosocial rehabilitation and psychosocial treatment to describe non-biological interventions for people with mental disorders. Exact definitions of these terms vary between and within aid organisations, disciplines and countries.” [1]

Today the mainstream literature contains many uses of the term MHPSS combined with a variety of other words resulting in many “compound terms.” To illustrate this, a number of these compound terms have been grouped together in five main areas, in the table below. This is not a precise linguistic examination but is merely a simple attempt to try and show some examples of the range of current terms in use which may increase the risk of the possibility that agencies may not speak the same language when describing various aspects of the original MHPSS concept or range of interventions and supports. This process of evolving terminology and clarification of a common language is probably, thankfully, being addressed by the very existence of the various inter-agency co-ordination groups which are now in operation.

Examples of some of the common compound MHPSS terms in key documents

Compound Terms are often used asa way of thinking	.. a way of organising	.. a way of talking about service delivery	.. a way of talking about services	.. a way of describing the needs of beneficiaries
MHPSS is commonly combined with these terms in key documents examined	Approach Policies Strategy Concept	Programming Planning System Actors Co-ordination Focal Points Training	Interventions Services Resources Supports Responses Activities Programmes	Speciality Area Sector Field	Problems Assessments

To those who have worked for some time in the various sectors, most of these will not be difficult to understand but perhaps newcomers might feel that some of these terms have enough ambiguity to adversely affect the clarity of communication between agencies and individuals. The precise use of these terms can vary across writers and may impede the process of developing a common understanding and language. Various terms can be (and are) used interchangeably and sometimes they appear to mean very different things to different individuals or organisations in talks, presentations and publications. There appears to be more work to be done in firming up the precision of the language and terms used in the MHPSS field.

There have been some objections to regarding MHPSS as a “sector” or “specialism” as many have argued this goes against the intention behind the **MHPSS approach** concept and the notion of building sustainable solutions within existing systems as very well advocated in the “Building Back Better” strategy outlined by WHO in their landmark publication [10].

Encouragingly, in 2014, the IASC produced a review of how well their Guidelines on Mental Health and Psychosocial Support in Emergency Settings had been implemented. [3] The noted that, from the feedback, there appeared to be widespread acceptance of the term MHPSS and that there was a greater understanding and common language used in describing the role that people or agencies can play in the MHPSS approach.

They also highlighted that this was reflected in the titles of key publications by large agencies and in the renaming of a journal in the field probably as a result of this more cohesive and integrated language, thinking and practice.

Despite the issues, some would argue that a consensus is emerging [21].

3.2 The issue of outcome research: a low level of evidence based reports

The current state of evidence base for MHPSS interventions and supports is perhaps best summarised by a recent Cochrane report. For the last two decades, the Cochrane Collaboration has produced systematic reviews of primary research in human healthcare and health policy. These are internationally recognised as the highest standard in evidence-based health care resources. During the 24th Cochrane Conference in Seoul in 2016, some researchers reported their findings while examining the evidence for systematic reviews examining the implementation and delivery of MHPSS interventions in humanitarian settings. Their results showed that ...

“of the fifteen systematic reviews included in the preliminary findings, four specifically focused on children and young people and one focused more broadly on adults and young people. Three reviews on adult refugees focused on psychological treatment interventions. Five reviewed effectiveness evidence on MHPSS programmes in armed conflicts and political violence settings, while one examined prevention and management strategies to address gender-based violence. A further review examined evidence on the effectiveness of MHPSS for chemical, biological, radiological, and nuclear events.” We found no systematic reviews examining the implementation and delivery of MHPSS interventions in humanitarian settings.” [12]

To address this issue, and under their Humanitarian Evidence Programme, Oxfam have put forward a protocol to systematically review the impact of mental health and psychosocial support interventions for people who are affected by humanitarian emergencies. [14]. They comment on the complexities of such an enterprise and suggest that:-

“Given the ambitious nature and wide variety of MHPSS, their methods of intervention and potential outcomes, there is no single theory of change that can be applied for all possible types of MHPSS.”

They have highlighted the difficult nature of the task and, having reviewed previous reviews , they suggest [14] that there are inherent difficulties in carrying out high quality systematic MHPSS research and this may be due to the complex reality that MHPSS interventions and supports can impact on mental health and psychosocial well-being in many ways such as:-

“targeting singular presentations such as somatic or non-somatic panic attacks or flashbacks, or they may focus more broadly on reducing depressive, PTSD or anxiety-related symptoms. Programmes may also seek to strengthen protective factors of those affected by humanitarian emergencies by focusing on increasing feelings of empowerment, resilience and other family, community, economic and social outcomes. Improving these broad range of outcomes by strengthening protective factors and addressing primary and secondary stressors may be achieved by supporting people to process their experiences, such as by re-framing them narratively or via cognitive processing; by facilitating greater social participation through contact with their families and/or the community; or by supporting people to access educational, employment, legal or other social welfare services, when available or appropriate.”

3.3 The Issue of definition: controversy over “psychosocial” term and approach

Although the term psychosocial is viewed as helpful, creative and appears widely accepted [3], UNHCR in 2013 [11] commented on the way in which the term “psychosocial” has been challenged over the years. They point out that leading experts in the psychosocial field report that the term has been used to denote three main things:-

- (1) as a synonym with mental health (often to avoid using potentially stigmatising language);
- (2) to “describe a wide and diverse range of programmes involving recreational, cultural, informal and sometimes formal, educational activities”; and,
- (3) to describe approaches that aim towards “enhancing the capacity of a community or individual to engage with their circumstances, and more effectively identify and mobilise resources.” ..[16]

*{editorial emphasis added and layout altered for ease of reading}

Although the debate continues over the definition of the term, their review found that most practitioners believed that the IASC guidelines had given organisations and individuals a means of achieving a better understanding and consensus in many areas of policy, strategy, training and practice. Nevertheless, they conclude and acknowledge that ..

“MHPSS activities are a relatively new and emerging field within the broader field of humanitarian response. Therefore, agencies have found that defining, adopting and integrating the psychosocial approach within core activities has required significant investment in improving understanding and skills associated with psychosocial approaches. It is evident that promoting understanding and support for the psychosocial approach is a challenge for many organisations.” [11]



4. CURRENT PRACTICE AND AREAS OF AGREEMENT

MHPSS Terminology, Models, Problems and Services

4.1 Terminology: Currently prevailing and widely accepted definitions

This MHPSS Training Pack is based upon a range of agreed definitions put forward and used by IASC and the main international organisations in their vast array of informative and influential publications and guides in the pursuit of a combined MHPSS approach to mental health and psychosocial well-being [1],[3],[10],[11],[15],[17],[19],[20],[22],[23]. Despite the possible issues with language and terminology highlighted in the previous section, some of the more widely accepted definitions, with a key source, are summarised in the table below:-

Table of definitions in widespread use and a key source in the MHPSS field of literature

Term	Definition	Source
Health	“health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” [4]	WHO 1946
Mental Health	“a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” [23]	WHO 2005
Psychosocial	“the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other.” [22]	IASC 2010
MHPSS	“any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.” [1]	IASC 2007
Approach	“Adopting an MHPSS approach means providing a humanitarian response in ways that are beneficial to the mental health and psychosocial wellbeing of refugees. This is relevant for all actors involved in the protection of and assistance to refugees.” [11]	UNHCR 2013
Intervention	MHPSS interventions consist of activities with a primary goal to improve the mental health and psychosocial wellbeing of refugees. MHPSS interventions are usually implemented by in the sectors for health, community-based protection and education.” [11]	UNHCR 2013



4.2 Models: Multi-Layered, Different, Complementary Approaches

In 2007, The Inter-Agency Standing Committee (IASC) asserted that..

“although the terms mental health and psychosocial support are closely related and overlap, for many aid workers they reflect different, yet complementary, approaches.” [1]

A strong positive finding of the IASC 2014 review was the widespread perceived utility of the IASC Intervention Pyramid as model to aid inter-agency communication, guide service planning and the delivery of services to beneficiaries. The pyramid has been widely adopted and adapted by many organisations and in many publications is often portrayed as a multi-layered model of complementary activities. Others have attempted to modify this, in meaningful ways, to capture the essence of the MHPSS approach. There is some variation and potential confusion over the labelling or numbering of these levels or layers. It is perhaps less confusing to refer to the layers by their descriptive labels rather than rank or numbers. To this end, an alternative simplified combination of the best portrayals is shown in the figure below and is adapted from two main sources [1] [19] omitting the use of numbers (1 to 4) or ordinal ranks. (First to fourth)

MHPSS Problems mapped to IASC intervention pyramid layers and the services required**

MHPSS Problems	Pyramid Layers	Services Required
Severe psychological disorders	Specialised Services	Professional treatment for individuals or families
Mild to moderate mental health disorders	Focused non-specialised support	Individual familyor group interventions
Mild psychological distress (natural reactions to crisis)	Community and family supports	Psychosocial support activities
General population affected by crisis	Basic services and security	Meeting basic needs and providing security

**Adapted and amalgamated from IASC Guidelines 2007 [1] and IFRC PSI Handbook 2010 [19]

The pyramid represents “tapering needs” in the population. There is a perceived higher demand for basic services and security for a very large percentage of the afflicted population at the “basic” services level and a lower perceived demand for specialised services at the “specialised” services level for a smaller percentage of the same population [1]

4.3 Problems: the nature and range of problems in emergency settings

The IASC Reference Group for Mental Health and Psychosocial Support [22] presented a very useful way of describing and categorising the large range of mental health and psychosocial problems that are commonly encountered in emergency settings as predominantly social or psychological in nature. They suggested that:-

- * “ Significant problems of a **predominantly social nature** include:
- **Pre-existing (pre-emergency) social problems**
(e.g. belonging to a group that is discriminated against or marginalised; political oppression);
- **Emergency-induced social problems**
(e.g. family separation; safety; stigma; disruption of social networks; destruction of livelihoods, community structures, resources and trust; involvement in sex work); and
- **Humanitarian aid-induced social problems**
(e.g. overcrowding and lack of privacy in camps; undermining of community structures or traditional support mechanisms; aid dependency).

Similarly, problems of a **predominantly psychological nature** include:

- **Pre-existing problems**
(e.g. severe mental disorder; depression; alcohol abuse);
- **Emergency-induced problems**
(e.g. grief; non-pathological distress; alcohol and other substance abuse; depression and anxiety disorders, including post-traumatic stress disorder (PTSD)); and
- **Humanitarian aid-related problems**
(e.g. anxiety due to a lack of information about food distribution). “ [22]

*{editorial emphasis added and layout altered for ease of reading}

Viewed against this simple but useful classification, the utility of the combined MHPSS multi-agency, multi-layered, multi mental health and psychosocial intervention and support approach is readily seen as an appropriate way forward in trying to respond to this highly complex matrix of interconnected human problems that are routinely dealt with, in emergency settings, by a wide variety of agencies, organisations and MHPSS workers

Surveying the list above, the potential need to respond to and manage anxiety and depressive symptoms (for example) in any one, combination or all of the above problem areas (regardless of their unique nature or presumed causes) can easily be seen. Co-ordinated input may be required by many people, agencies at various levels of intervention to impact effectively on the same presenting psychosocial problems as there may be many simultaneous causes of distress.

4.4 Services Required: The need for adaptation and contextualisation

It is fairly widely accepted thinking and practice that a diverse range of activities can and needs to be utilised to treat mental health disorders and to improve the psychosocial well-being of individuals and communities in various emergency settings in order to manage the large range of psychological and social impacts of conflict, disaster and displacement.

There are many excellent manuals in print that deal with a range of interventions and supports and some of them have been referenced in this chapter. There is no shortage of high quality material in the realm of the mental health and psychosocial support literature. There is, however, growing criticism and a challenge to the validity and utility of using American or European “pathological” thinking to address problems that often lie in other areas of the world. The political, philosophical and ethical considerations of this strategy and approach have also been raised. [8],[13]

Recently, it has been argued that:-

“Humanitarian crises often occur in non-Western, limited resources settings where Western strategies and approaches may not be feasible or applicable therefore MHPSS [services] maybe need to be adapted or developed to be context and culturally sensitive.” [14]

What is of great interest and relevance to the development of this **MHPSS Training Pack** are the arguments in favour of adapting and contextualising a range of mental health and psychosocial support interventions to suit local needs, cultural sensitivities and be of maximum use to local providers.

This is the thinking and approach upon which this Training Pack is based. It has been devised by assessing the needs of MHPSS practitioners in the region. In addition, by giving some consideration to their requests for certain types of information and training, this **MHPSS Training Pack** has been specifically targeted to the assessed and declared needs of MHPSS practitioners working in the Syrian context within the region. The approach of assessment of needs, pilot training and review was used to try and maximise the usefulness of the material and its applicability to the local problems faced by MHPSS workers in specialised and non-specialised settings as they endeavour to treat and support the refugees and afflicted population in this longstanding and on-going humanitarian crisis and emergency setting.

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Chapter One

PSYCHOLOGICAL FIRST AID

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Chapter One:

Psychological First Aid

The definition and characteristics of Psychological First Aid (PFA)

The Australian Institute for Professional Counsellors (AIPC) have recently defined PFA and outlined some of its characteristics. In their 2013 adaptation of a course from the Mental Health Academy they explained that ..

"Psychological First Aid is an evidence-informed modular means of providing psychosocial support to individuals and families immediately after a disaster, terrorist or traumatic event, or other emergency. It consists of a set of helping actions which are systematically undertaken in order to reduce initial post-trauma distress and to support short- and long-term adaptive functioning and coping. Based on the principle of "do no harm", it is provided increasingly by members of the general population, although mental health professionals are almost always involved as well"

"It is common sense. Psychological First Aid includes basic common sense principles to promote normal recovery. These are actions to help people feel safe and calm, connected to others, hopeful, and empowered to help themselves, with access to physical resources, and emotional and social support. Psychological First Aid helps survivors to meet current needs; it promotes flexible coping and encourages adjustment. It is called "first aid" because it is the first thing that helpers might think to offer disaster-affected people, and it commonly occurs in the first days, weeks, and months after a disaster or other emergency"

"It meets basic standards. The principles and actions of Psychological First Aid meet four basic standards. They are:

- Consistent with research evidence on risk and resilience following trauma (that is, evidence-informed)
- Applicable and practical in field settings (as opposed to a medical/health professional office somewhere)
- Appropriate for developmental levels across the lifespan (there are different techniques available for supporting children, adolescents, and adults)
- Culturally informed and delivered in a flexible manner, as it is often offered by members of the same community as the supported individuals"

"It is community-based. Psychological First Aid is community-based (as opposed to occurring within the medical profession), and the programs are usually developed in consultation with the targeted community, with support being provided by members of that community. This tends to make it culturally responsive. It is low-cost, with the chief expenses being those of developing the training and public education materials. Being culturally sensitive and low-cost makes it sustainable. Because Psychological First Aid programs incorporate the traditional coping strategies of the community for which they are developed, they tend to build on the strengths of the culture." [1]

How is Psychological First Aid different than Emotional Discharge?

Psychological First Aid is an approach different from emotional discharging. It focuses on the practical procedures, taking into consideration the psychological flexibility of individuals as a baseline, and that they will be recovering from their shock or trauma if they had the needed kind of support. When we're differentiating between Psychological First Aid from emotional discharging following a hard-wearing event, it is important to note that Psychological First Aid in this case is not an emotional discharge. It is not related to field workers and trainers to gather the details of the painful and difficult information on the losses of the survivors, because these workers or volunteers do not have the capacity to respond and support for the people who are disclosing very raw and information about their agony.

Psychological First Aid is provided mostly by individuals from the same society- individuals who work in professions other than mental health. It is, therefore, not a cure or treatment

for patients or a diagnosis of their condition. It is not a counselling session, and it is not provided by professionals like mental health specialists, counsellors, psychologists, or psychiatrists, as it is also not something that is needed by every single person undergoing an emergency situation.

The Crisis and the Shock

The crisis is

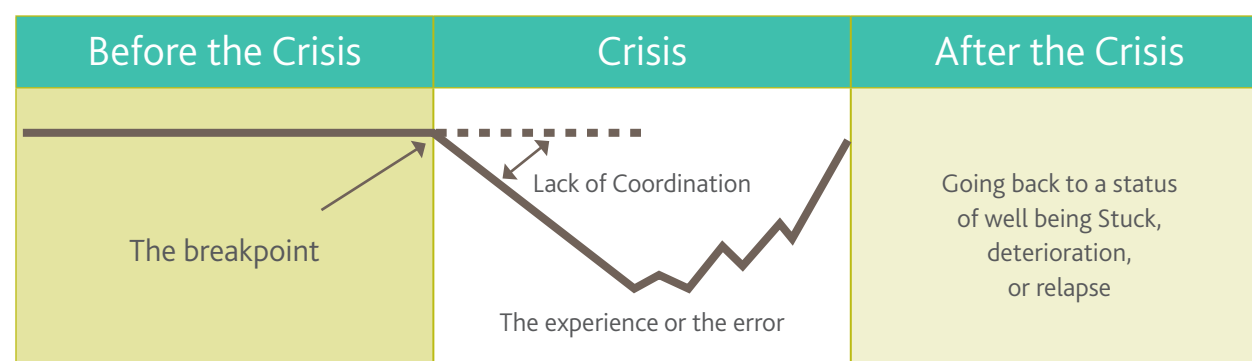
- a critical phase or a turning point that changes the course of something.
- or, an interruption of a usual behavioural situation, causing disturbance and clear instability in a system.
- or a mess and frustration in which a person has to use their own usual or personal coping strategies to cope with the situation and have their emotional status balanced and under control.

The term "crisis" here refers to an event, or the reactions to a problem as a response to that event.

Examples of crisis would be:

- Psychological: shocking news or experiences
- Social: Major life events like divorce, separation, death of a family member/ friend/ close colleague, or losing a job.
- Developmental: critical stages of age
- Physical: sickness or injuries (as long as the injury is not life threatening)





Our goal in responding to the crisis is to bring back the individual to the original baseline of their functionality.

We notice that the timeline for solving a crisis will be unique to each individual and to each crisis, as people tend to resolve the matter in their own time and their own conditions.

The Shock:

The shock is defined as “a pressuring event outside of the understanding of the accustomed human experience; it is confusing or painful to any person almost.” (DSM IV)

A Shocking event is:

- Surprising and unexpected
- Outside our control
- Threatening to life or safety

An Example of a shocking event: rape, torture, war, kidnapping...

How do crises affect people? (Adapted from WHO PFA manual) [2]

There is a variety of agonising events that occur around the world, like war, natural disasters, traffic accidents, fires, and violence (like sexual violence). Individuals, families, groups, or entire communities can be affected by these events. Some may lose their homes or their loved ones, others are separated from their families and communities, or they may witness death, violence, or destruction.

Even though many of these events affect all individuals one way or another, each person has his/her own wide range of reactions and feelings that result from this event. Many people may feel overwhelmed, confused, or disorientated by what is happening. They feel vast fear and anxiety, lethargy, or isolation. Some may react in a simple way, while others may react strongly to the situation.

The reactions rely on several factors:

- The nature and intensity of the experienced events
- Their experience with a previous painful situation
- The support they receive in their lives from others
- Their physical well-being
- Their personal and family history of mental health problems
- Their cultural background and traditions
- Their age (for instance, children, in certain stages, show different kinds of reactions than adults)

While responding to a crisis or a shocking event, we tend to test to a large extent the limbic system of an individual, also known as the “emotional brain”, which can affect:

- Solving the problem
- Taking decisions
- Judgement
- Logic
- Controlling the motives
- Verbal expression

Thus, all the functional behaviours of an individual are struggling to resolve a problem.

Each person has certain strengths that help them face life’s challenges. Yet some can be more prone to or vulnerable to challenges particularly in difficult times, and may need extra help, such as people who are in direct danger and need more support due to their age (children or elderly), or people with disabilities or psychological disorders, or people who belong to marginalised groups who are targets of violent acts.

What is Psychological First Aid?

(Adapted from WHO PFA manual) [2]

As referenced in Sphere 2011, and the Permanent Committee of IASC 2007, Psychological First Aid describes a humanitarian response to support people undergoing a kind of suffering, and may need support. It entails the following:

- Improves the process of coping and recovery
- Provides practical care and support, and is not intrusive
- Evaluates the needs and fears
- Supports people in responding to their basic needs (like food, water, information)
- Listening, aid, and reassurance for people to feel calm
- Helping people in accessing information and other services
- Protecting people from exposure to additional harm

The repetitive needs:

The basic needs, like shelter, food, water, and sanitation

Health services for the injured or people with chronic diseases

Correct, clear, and accurate information about the event, their relatives or close relationships, and the available services

The ability to communicate with the people we love, friends, and other forms of social support

Accessing a specific kind of support related to that person’s cultural or religion

Negotiations with them and involving in important decisions



EXERCISE:

Think about a time where you felt you are in real crisis:

- 1. What was your position?
- 2. What were the thoughts and feelings that you experienced during these situations?
- 3. How can you describe your behaviour during that time? How did others around you describe that behaviour?
- 4. Who did you need the most?
 - a. Family and friends
 - b. Colleagues
- 5. What did you learn from this crisis?

Psychological First Aid...

- Is not professional counselling
- Is not “emotional discharge”, since it does not necessarily entail a detailed discussion on the event that causes discomfort
- Does not request from a person to analyse what has happened, and does not ask them to state the events chronologically
- Even though Psychological First Aid entails listening to others as they tell their story, it should not be done in a forceful manner that coerces anyone into expressing their feelings or more details

Psychological First Aid: When and Where?

Who benefits from Psychological First Aid?

- People experiencing psychological pressure, or those experiencing a recent real crisis
- Children and adults
- Not everyone who experiences a crisis may need Psychological First Aid

People who need immediate and more progressive care:

- People with life threatening injuries and are in need of immediate medical attention
- People in extreme agony or sorrow to an extent that they’re incapable of taking care of themselves and their children
- People who may inflict harm on themselves or others

Where and When is Psychological First Aid provided?

When: during the crisis or right after the event: it could be few days or weeks after depending on the duration and intensity of the event

Where: in communities, health centres, shelters, camps, schools, food distribution sites, and other service-locations. Psychological First Aid is given at any safe space, ideally in a location that ensures a person’s privacy so they can speak freely and conveniently.

Respecting the Safety and Rights of others

Responsible support includes four main points:

- Respecting the safety, dignity, and rights of others
- Contextualising your efforts to take into consideration the person’s cultural and traditions
- Being aware of other responses in emergency cases
- Taking care of oneself

Safety:

Avoid putting other people in additional danger or harm that could result from your efforts with them

Ensure, to farthest extent, that the adults and children you are supporting are safe from physical and psychological harm.

Dignity:

Treat people with respect taking into consideration their culture and traditions.

Assure their access to the needed form of support with equal-treatment and without discrimination

Rights:

Help people to take back their rights, and access the support needed in order to do so

Think of the “greater good” results for any person you meet.

Do	Do Not
Be honest and trustworthy	Abuse your power as a service provider (“This is my business card and I await your visit in my clinic..” or, “ You are invited for coffee in a cafeteria near the shelter”)
Respect the right of individuals to make their own decisions	Ask any person for money or favours in return of your service (if you need anything, I have a mobile phone shop and here is my number)
Be careful of not being judgemental or biased. Be neutral	Give false promises or incorrect information (I can assure you that everyone who was near the explosion in school is safe)
State to people that even if they rejected help now, they can still ask for it later	Exaggerate your skills (I have a master’s degree in psychology and I know how to solve your problem)
Respect their privacy and secrecy if it was suitable	Push your help on others; do not be intrusive or insistent. (How can I help you if you do not tell me the details of what happened with you?)
	Share their story or news with others (your neighbour Em Samer was very brave and told me all that had happened with her, she talked about when she got raped!)
	Judge any person by their actions or feelings (you should be strong in front of your kids, crying like that will hurt them!)

(Adapted from WHO PFA manual)[2]



Preparing for Psychological First Aid and What We Need to Know

Crisis: The Event	What happened? When? How many people were affected? Who will be doing the coordination?
Available Services	Who is providing the basic services (medical care, food, shelter...) Where and when can people access these services? Who will help, including members from the society?
Safety and Security	Is the crisis over or on-going? (Aftershocks, fighting...) What are the potential dangers in the surrounding?

The Principles of Psychological First Aid - See, Listen, Link

Preparation	<ul style="list-style-type: none">• Learn about the event and the crisis• Know about the services and support available• Learn about the concerns related security and safety
See	<ul style="list-style-type: none">• Seek safety and security• Seek the people in need of urgent and clear primary care• Seek the clear reactions of people most affected by the events they are undergoing
Listen	<ul style="list-style-type: none">• Communicate with people who need assistance• Ask people about their needs and concerns• Listen to people and help them be calm
Link	<ul style="list-style-type: none">• Assist people to attain their basic and primary needs and services• Assist people in coping with the problems• Provide information• Link people with their loved ones whom also provide social support to them

See...

Safety and Security:

- What are the dangers and risks you see in the surroundings, such as active conflict, dangerous roads, unstable buildings, fires...?
- Is it possible to be there without harming yourself or others?

People who show dangerous reactions to their struggle:

Are there people who show to a large extent their discomfort, and inability to move on their own, or are unresponsive to others- in a shock-like state?

Examples of such reactions to the crisis can be noticed by:

- Physical symptoms (shaking, headaches, feeling extreme fatigue, losing appetite, pains)
- Crying, sadness, depression, and sorrow
- Worry, fear that cause a constant state of alert and readiness
- Anxiety, as if something bad is going to happen later
- Easily agitated and can rapidly become angry
- Guilt and shame (for example; because they survived but did not help others)
- Confusion, emotional numbness, or feeling detached from reality, in a state of absence or withdrawal, or immobility (not moving)
- Unresponsive to others, not speaking at all, losing orientation (not knowing their names, where they are from, or what happened)
- Unable to take care for themselves and their children (unable to eat, unable to take simple decisions)

Listen...

- Always ask people about their needs and concerns
- Discover what is important and help them set their priorities
- Stay close to that person
- Do not pressure them to speak
- Listen in case they want to talk about what happened
- Allow them to remain silent
- If they are in extreme distress, help them feel calm and make sure they're not alone

Link...

- Check where you can access correct information and continuously update them
- Communicate simple and accurate messages, only what you know is sure, and repeat to assure that the person understood what you are saying
- Assure that people are aware of the services and how to access them
- Provide contact details for services or refer them directly
- Assure that the most vulnerable people know there are services for them

Approaching People in Need of Support

- Intervene among people while making sure to respect them and their cultural context
- Introduce yourself by your name, and the name of the organisation you work for
- Ask if you may assist them
- If possible, find a safe and quiet space to talk
- Help the person feel comfortable
- Try to keep that person safe
- Move the person away from immediate danger, and if it is safe:
 - Try to move the person away from media to protect their privacy and dignity
 - If that person was very confused, make sure he/she is not alone



Good Communication

Listening is crucial and a must to understand people's needs in order to assist them and make them feel calm, so they can cooperate for assistance. Learn to listen:

- With your eyes, give a person your utmost attention
- With your ears, listen carefully to their fears and concerns
- With your heart, by caring and showing respect

Reflective listening: is a tool to validate the story without assuming on our own, and this needs serious work and skill to be done properly; showing respect and warm welcoming are essential, in addition to avoiding looking sarcastic or criticising them.

Some of the phrases that can be used:

"If you feel..."

"It seems that you..."

"So you're asking if..."

"It seems you're saying that..."

"You're saying that you..."

For your communication to be effective, you should be calm and give your full attention: this can help people in crisis to feel safer, and that they're understood, respected, and cared for properly.

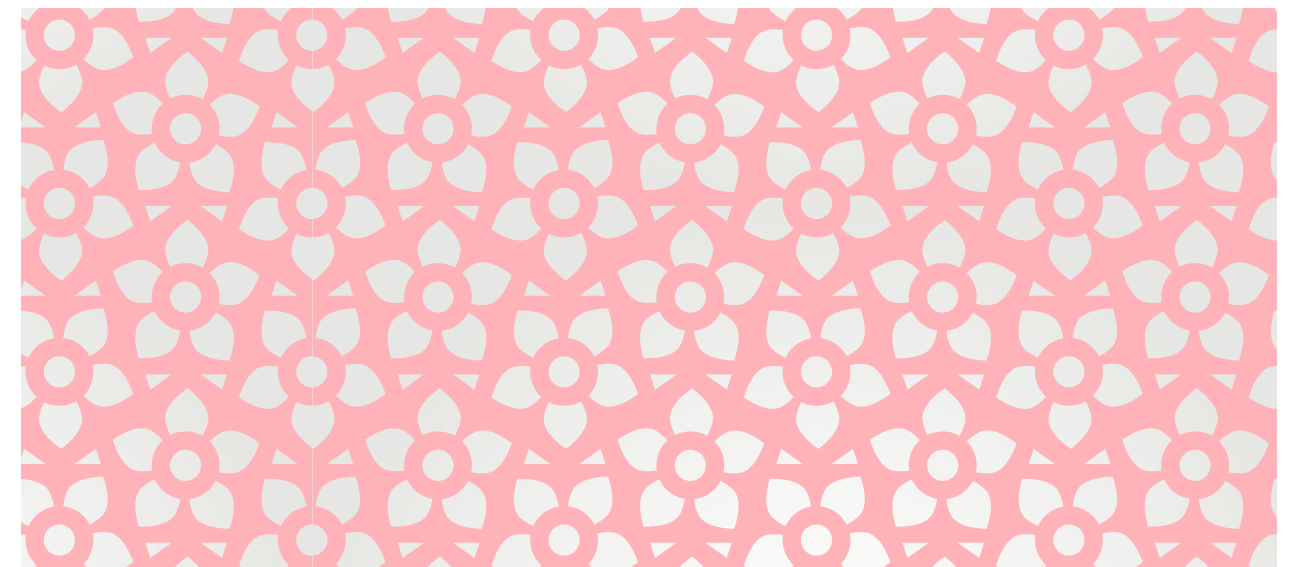
It is important to not exert any pressure on anyone to tell you what they experienced. You should be fully aware of the words you speak and your body language, such as your facial expressions, visual contact, body movement like the way you sit or stand when communicating with someone. What is absolutely vital is to be yourself; be original and devoted when offering assistance.

- Try to find a quiet place to talk, with minimal external distractions
- Respect the privacy and confidentiality of that person and their story, if appropriate
- Stay close to the person but also maintain an adequate distance; this depends on their age, gender, and culture.
- Let them know you are listening to them
- Be patient and calm
- Provide only real and accurate information
- Be honest about what you know and do not know
- Notice how they feel when they talk about their losses or important events they went through
- Notice the points of strength in each person and how they help themselves
- Allow room for silence
- Your voice and tone should always be nice and calm
- Keep visual contact while you speak, if culturally appropriate
- Only if it is true, remind people that you are there to help them and that they are safe

- Help the person communicate with their surrounding in case he/she feels detached from reality or feels disconnected from their surrounding
- You can encourage them to:
 - Put their feet on the ground, and feel the ground
 - Press their fingers or palms on their lap
 - Notice things they can hear or see in their surroundings that are not painful
 - Focus on their breathing, and breathe slowly focus on their breathing, and breathing slowly

The Things That Should not Be Said or Done:

- Do not pressure someone to tell you their story
- Do not interrupt the person while telling their story, or rush them to finish (for example, do not check the time or speak quickly)
- Do not touch the person unless you are absolutely certain that it is okay and culturally appropriate
- Do not judge the person by what they did or how they feel
- Do not say "you shouldn't feel this way", or "you should feel lucky you survived"
- Do not make up things you do not know
- Do not use technical terms (for example, if we do not do First Aid you will develop PTSD)
- Do not tell the person about another person's story
- Do not talk about your personal issues (some aid-workers try to encourage the victim by talking about their own negative experiences, which may backfire despite* their good intentions)
- Do not give false promises or false reassurances (such as, "You will receive aid immediately!" while even the service provider may be uncertain when the assistance will arrive)
- Do not think and act like you can solve all the person's problems (example: if your wife acted like that, then the only solution is divorce!)
- Do not demotivate a person, or take away their will and strength towards matters they can handle themselves (you should rest and we will take care of everything)
- Do not talk about people negatively (example: do not call them crazy or stupid)



People Who May Require Specialised Care during Crisis

Children – including teenagers - especially the ones separated from their guardians, could need protection from abuse and exploitation. They will probably need care and attention from those around them to reach their basic needs.

People suffering from severe health conditions, physical disabilities or mental disorders, may need specialised assistance to commute to a safe space and receive protection from abuse, as well as to receive medical care and other services. This category of people can also include the elderly suffering visual imparity or presbycusis (hearing loss).

Vulnerable people who are subjects to discrimination and violence, like women or ethnic minorities, may require specialised protection to maintain their safety during the crisis, and support to access the available services.

Assisting People to Cope with Their Problems

- Assist people in identifying the means of support in their lives, and those who could help them in their current situation
- Provide them with practical suggestions to fulfil their personal needs
- Ask them to look into how they used to cope with tough situations in the past, and strengthen their capacity to cope to the current situation
- Discover with them what makes them feel better, and encourage them to avoid negative coping mechanisms and use positive ones instead

Encouraging Positive Coping Mechanisms

- Resting for enough time to feel better
- Eating evenly and drinking enough water
- Conversing and spending time with family and friends
- Discussing their problems with another person they trust
- Engaging in activities that help them relax
- Exercising
- Thinking of safe ways to help others in crisis, and engaging in social activities

Discouraging Negative Coping Mechanisms

- Using drugs, smoking, and alcohol
- Not sleeping
- Working long hours without any rest or break
- Isolating oneself from friends and loved ones
- Neglecting basic personal hygiene
- Resorting to violence

Signs of Overwhelming Sensations Experienced by a Disoriented Victim

- Eyes look hollow and empty of emotion
- Lack of responsiveness to verbal questions or comments
- Disorientation
- Extreme sudden emotional responses (uncontrollable crying, hyperventilation, mood swings and relapses, trembling, shivering)
- Sudden reactions of anger and overheating
- Feeling helpless due to anxiety
- Engaging in risky behaviour

If a person is agitated or disconnected from their surrounding:

- Ask them to listen to you and look at you
- Speak nicely and calmly
- Lead them around their surrounding
- Discuss the positive aspects of the situation; things that are under control, positive, and hopeful

Assisting Children and Teenagers

Children and teenagers may experience similar reactions to adults, or they might regress to previous negative behaviours, whereas school-age-children may feel that they are the reason behind the bad things happening, and they develop new fears and anxieties, becoming less friendly, isolated, and keeping busy by attempting to save other people from the crisis. Teenagers may feel worthless, that they are different, isolated from their friends, and may engage in risky and negative behaviours.

Things You Could Do or Say to Children

Keep them close to their loved ones: Do not abandon children without guardians. Connect them with a trusted agency or network that works on child protection.

Keep them safe: Protect them from violent images or from hearing atrocious stories about the event. Protect them from the media.

Listen to them, talk to them, and play with them: Talk to them while being at their eye level, and use terms and expressions they can understand. Try to engage them in recreational activities or simple conversations.

Most people recover well with time, especially if they manage to secure their basic needs, and receive the proper support such as the support of those around them, or psychological first aid. However, each person has different reactions to a violent event and may take much longer to recover. These people may need assistance beyond psychological first aid, especially if they are incapable of going on with their everyday life, or if they are a risk to themselves or others. Make sure that people suffering from hyperventilation or tightness in the chest are not left alone, and try to keep them safe until their symptoms and reactions subside, or until they are able to receive help from medical crews, community leaders, or individuals from their surroundings.



Case study: A Child and How to Communicate Effectively with Him

(Sample Conversation adapted from WHO PFA guide for field workers manual) [2]

You come across a 10 year old child, around a camp for refugees. The child is standing alone and he looks really scared.

(You bend down on your knees and your eye level is equal to his): Hello. My name is X – I work for organisation Y. I'm here to help. What's your name?

- The Child (lowering his head, speaking softly): My name is Mohammad.
- You: Hello Mohammad, you arrived here after a long trip. Are you thirsty? (offer him something to eat or drink, or something comforting like a blanket if you have them). Where is your family?
- Child: I don't know. (he starts crying)
- I can see that you're scared Mohamad. I will try and help you to contact someone that can help you find your family. Can you tell me your last name and where you came from?
- Child: Yes, I'm Mohammad Mansour. I'm from the village.
- You: Thank you Mohammad. When was the last time you saw your parents?
- Child: My older sister was there when the trucks came and got us here. But I cannot find her now.
- You: How old is your sister? What's her name?
- Child: Her name is Mariam. She is 15 years old.
- You: I will try and help you find your sister. Where are your parents?
- Child: We all escaped from the village we heard gunshots. And we lost our parents. (he cries)
- You: I'm sorry, Mohammad. There is no doubt that this is scary for you. But you are safe now.
- Child: I'm scared!
- You: (warm, and calm natural behaviour): I understand, I want to help you.
- Child: What should I do?
- You: I can stay with you for a while, and we can try to find your sister. Would you like that?
- Child: Yes, thank you.
- You: Anything else that is worrying you, or anything you need?
- Child: No.
- You: Mohamad, it is important to talk to the people standing there. They can help us find your sister and family. I will go with you to talk to them. (it is important to register the child in a protection organisation, if available)

In this sample conversation, notice that:

- You found a child without a guardian in a crowd of refugees
- Bent down on your knees to be on the same level as him
- Talked calmly and nicely to the child
- Extracted information about his family, including his sister's name.
- Located a safe place for the child, until his family is found.

Know your Limits and Ask for Additional Support when Needed

Assistance-Closure

- How to end assistance depends on the context, your role, and the needs of the person
- Use your judgment over the situation, taking into consideration that person's needs as well as your needs.
- Explain that you will leave, if appropriate
- Let them know if there is someone else that will help them with the services, explain what they can expect, and give them the details of the follow up process
- Say goodbye in a positive manner

Taking Care of Yourself and Your Colleagues

Preparing to Give Assistance

Think of the best ways to prepare so you can be more effective in emergency and crisis contexts.

Where possible:

- Learn about the crisis, the roles and responsibilities related to various types of assistance
- Take care of your own wellbeing, including any personal and family matters that may exhaust you while working and assisting others
- Make an honest decision whether you are really ready to give assistance during crises

Stress Management: Healthy Work and Daily Life

- Think about the things that helped you cope in the past, and about the things that you can do to stay strong
- Allocate time to eat, rest, and relax, even for short periods
- Try to stick to reasonable working hours so you will not exhaust yourself
- Remember that you are not responsible for solving everyone's problems. Offer what you can to help people, but they should also work to help themselves
- Do not consume a lot of alcohol, caffeine, or nicotine. Avoid taking non-prescription drugs
- Assure the wellbeing of your colleagues, and ask them to check on you. Work on finding means of support for one another.
- Talk to friends, loved ones, or any person you trust to give you support

Rest and Reflection

- Talk about your experience in giving assistance during crisis to your supervisor or colleagues, or any person you trust
- Appreciate what you offer to help others, even the smallest things
- Learn how to reflect on the things you have done, accept them, including the ones that did not go so well, and know the limits of what you can do given the circumstances
- Try to find some time to rest and relax if possible, before resuming other tasks or daily life matters
- Talk to a counsellor or health care provider if available if your problem continues for a period exceeding one month



Personal Experience:

- Think of a situation where someone you know was in trouble
- How did you know there is a need to offer assistance?
- How did you and others respond to those needs?
- Engage the person next to you with what you learnt from that experience

Scenario 1:

You heard that a sudden big explosion hit the centre of Aleppo during a working day. Many people were affected and many of the buildings collapsed. You and your colleagues felt the tremors from the magnitude of the explosion, but you are fine. The extent of the damage is unclear. The organisation you work with asked you to help the survivors, and to give support to any severely affected people you might come across.

Scenario 2:

UNRWA prepared a medical team to enter Yarmouk camp.

1. What are the preparations you will set up in response to this mission?
2. You found Morhaf, a 10-year old child. Morhaf was living with his grandfather who had not been able to move for months due to his diabetes and the absence of medication. How do you communicate to this child?
3. When you enter, you hear gunshots, but you find out that nobody was hurt. However, a woman next to you panics and runs to hide behind a broken wall. How do you give her psychological first aid?

Case Study:

An explosion took place in Mazraa district in Damascus, next to a school filled with internally displaced people and refugees running away from the war, violence and lack of security. It is believed the explosion is a result of a car-bomb. The explosion was strong and caused panic among a large population. Your organisation asked you to head there directly to give psychological first aid and psychosocial support.

What are the preparations you will set up before heading to your destination? (coordinating with your team and other teams?)

Upon your arrival to the explosion site, you found that the place is in chaos, there are still some small fires dispersed throughout, and smoke has filled the area. You also noticed the presence of journalists and media stations. It was clear that there were no injuries among the people in the school.

What will you do with the media in the area? What can you do in the school?

Outside the school, there was a mother leaning over her child who had died due to the explosion. She is in shock and disbelief, screaming and yelling loudly.

How can you help the mother based on what we know on psychological first aid and psychosocial support?

You also saw a man in shock sitting on the pavement, he seems disoriented and detached from reality, not knowing how to act.

What can you do to help that man?

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Chapter Two

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Chapter Two

Working with Women and Girls at risk of Gender Based Violence (GBV)

Organising Support Groups to address GBV in complex emergencies

Complex emergency setting...

In complex emergency settings, the breakdown of state structures and authorities as well as other socio-political and economic factors generate different forms of abuse of human rights as well as a significant lack of humanitarian needs

GBV in complex emergencies...

GBV is a life-threatening human rights abuse and protection issue that expands in complex emergencies. Sexual violence is the most immediate and dangerous type of GBV occurring in emergencies – affecting women, men, girls, and boys. It is the duty of all humanitarian actors to prevent sexual violence and to provide appropriate assistance to survivors

In emergency settings, the following forms of GBV might exist:

- Sexual violence - most immediate and dangerous
- Sexual exploitation and abuse - driven by crisis and by power imbalance
- Intimate partner violence - may increase after the crisis
- Trafficking and forced prostitution
- Forced/early marriage
- Harmful traditional practices

Case management vs. Support Groups in complex emergencies...

Case management is a one-on-one process that involves many people and organisations to figure out what a person needs, give them options and then support them in getting their needs met, using their own strengths and assets. It may involve talking with the person, coordinating with other organisations, convincing people (advocating) and organising things until the person's needs are met as much as possible.

Support group and GBV...

While case management will help women and girls in the process of identifying options and accessing needed services, the support group will ensure a space of expression where women and girls who survived GBV or who are at risk will receive a direct psychosocial support that is mainly aiming at giving them the opportunity to work:

- 1) On an individual level and develop their self-awareness and self-help capacities,
- 2) On the relational level to build a supportive social network
- 3) On a broader coping level to deal with the daily stressors

In addition, through this focused non-specialised activity, humanitarian actors can:

- Work on the prevention of further or future harm.
- Ensure a continuous monitoring of GBV issues throughout the development of the emergency situation.
- Ensure a continuous assessment of the existing needs and resources on the individual, community and contextual levels to take place.

This manual will highlight specific psychosocial and safety guidelines that should be taken into consideration by the facilitators when presenting a non-specialised support to groups of Women and girls who are survivors of GBV, who witnessed GBV or who are at risk of GBV.

Recruitment of participants to the Support Group (SG)

Some factors, such as indicators of recruitment to the SG, might contribute to the development of a containing dynamic in the group. For this non specialised activity recruiting women and girls who went through the same painful event (such as divorce, loss of loved one, etc.) as members of a same group is not compulsory:

- This might indirectly lead to labeling or stigmatisation (examples: "group of widows, group of divorced women...")
- This might indirectly lead to the reinforcement of the suffering due to a certain reinforcement of a group identity ("we all went through the same and we suffer the same...")

- Heavy emotions might be "contaminating" in the group and this might be difficult to manage by a facilitator who is not a specialised mental health professional

Participants to a same group should have common life interest or concerns but do not have to be survivors of the same or similar painful events

Syrian women and girls went through different painful experiences, but the points they have in common are their human suffering, their human needs for support and their human resources. Support groups that allow these common points to be identified and expressed highly contribute to sharing different human experiences and lessons learned, giving therefore more chance for resources to be discussed and for resilience to be encouraged.

When women and girls are recruited to a SG, ensure that participants to a same group:

- can be included in the **same age range**
- **are not suffering from a recent (what kind of "recent" traumatic event or how recent... cause if we're considering SG as part of a PSS response, PSS by definition in the IASC is "the first thing to do after" a traumatic event, crisis...) traumatic event or from a psychiatric disorder;** some participants might need specialised mental health support in an individual confidential setting prior to their enrollment in a group setting.
- **share general life interests or concerns** (difficulties due to displacement, have children, arrived in the same period to their areas of displacement, etc...)



Presenting the activity and its objectives

During the recruitment process as well as during the first session of a SG, the role of the facilitator in explaining the activity and its objectives is vital; this first step of the SG has to give participants a reason to choose to engage themselves in the SG despite all the challenges they are facing and despite all the material needs they lack in their daily survival struggle. Thus the facilitator should:

Share with participants in an empathic way

your awareness of their daily struggle explain why this group is important and what the major objective is appreciate the effort women and girls are doing to come to a SG Give the participants the choice to attend or not

- **Share** with participants in an empathic way your awareness of their daily struggle: For example you can say: "what I hear from women and girls who come to this centre is that the basic needs and services are lacking and that this is the major stressors they are facing in their daily lives here."
- **Explain why this group is important and what is the major objective:** For example you can say: "in emergency and displacement settings the needs are numerous and the struggle increases with every day that goes by while families and individual are far from home. War not only affects the infrastructure (the buildings,

the roads, etc...) of a country, but it also affects our relations to each other and mostly our relation to ourselves, do you agree on this point? Can you give me examples? This space of expression will give each participant the chance to rebuild her relation to herself by taking care of herself and consequently rebuild relations with others". (You can give examples of success stories from previous support groups)

- **Appreciate the effort** women and girls will do/are doing to come to the SG: For example you can say: "I really appreciate that despite all the challenges you are facing you chose to come to this space and take care of yourself"
- Give the participants the **choice to attend or not**, share with them at the same time a **metaphor that further explains the objective of the SG** and explain why the **engagement in each of the 6 sessions is important:** **Metaphor of the group:** You can explain the SG's objectives and ask the participants to think of a metaphor that represents the process. You can give examples of other groups' metaphors to explain your point of view and at the end of the first session, you can ask women to try and find another metaphor for their group.

Example of how to work through the metaphor in a group:

The metaphor can be concretely transformed into a ritual that can be used throughout the SG process.

- Explain to participants that the SG process is a set of 6 sessions that are linked and contribute to a set of defined objectives; working on the relation with one's self, the relations with others and on reinforcing one's resources to cope with the daily stressors.

- Give a metaphor to explain the objective by saying: "our group work is similar to the process of handcrafting a pearl necklace. During each session, each women will add some pearls to this necklace in order for her to have a complete necklace at the end of the process".
- "During the first session each participant will receive a string that is the base of the necklace, and at the end of each session, you will find in the middle of the venue a basket with pearls inside". Invite participants to imagine that the pearls are degrees of comfort or number of new ideas that they discovered during this session. Now ask each participant to take a number of pearls that represents the degree of comfort or the number of new ideas that she felt/discovered in this session and to add them to the string.
- Explain metaphorically the importance of commitment to the group; in order to complete the necklace a certain number of pearls is necessary.
- You can also add an evolution to this activity in the middle of the SG process in order to answer the "building the relation with others" objective: ask participants during the 4th session of the SG if they would like to handcraft other necklaces that they will hand, at the end of the SG process, to other women and girls in the community who are in need for support, in order to invite them to the SG and to explain its objectives. The necklaces can also be handed out to women and girls who are presenting support in the participants' lives in order to thank them.
- The handcrafted metaphor can be a personal reminder of the personal growth or work done by each participant to the SG. It is a materialised symbol that the participant can keep as a souvenir from the group to ensure the sustainability of its achievements.

Starting a Support group: Basic considerations

Duration of the session and Number of participants

It is recommended in the current emergency setting to work during one hour and a half with 8 to 10 participants. Size varies depending on the purpose of the group and the needs of the members, however small groups can be more effective because they help participants feel safe in exchanging & expressing feelings, and in building trust relationships.

The group's specificities

Following the recruitment process, and more specifically after the first session, it is beneficial to identify the group's specificities and to adapt the intervention's plan accordingly. Therefore the facilitator can ask herself the following questions or identify the following points indirectly through the discussions conducted with the participants:

- What are the specificities to this particular age group and background?
- Have they had any previous support sessions?
- What level of understanding do they already have on GBV?
- Why are the participants interested in this session?
- What are the participants' goals/ expectations?
- What do they hope to achieve?
- What is the facilitator's goal?



Organisation & preparedness:

Facilitators of SG should think of the below items before starting a SG:

Manage time, space, documentation tools and be familiar with the steps of this manual to be able to adapt it when needed

- o Be familiar with principles around the subject of GBV
- o Be flexible and adapt the plan based on the needs and knowledge of each group of participants. Make it meaningful to them!
- o Document and share with your colleagues lessons learned for each session. The field experience is a valuable resource for professional growth!

Safety assessment

While working with women and girls who are GBV survivors or who are at risk of GBV, it is crucial to continuously review/audit what and how well your organisation is doing to ensure the psychological and physical safety of women and girls who access your services. Therefore you can colleagues internally and discuss the following questions:

- o Monitoring:

Are you and your colleagues aware of the GBV issues and laws in the country?

It will also be useful to monitor and document the risks shared during the SG that women and girls are facing in their settlements.

- o In case women and girls attending SG are at risk,:
 - Is there a clear policy and or procedure of protection in your organisation in case women and girls are at risk following the access to the SG or if you discover during the SG that they are at risk in general?
 - Is there an identified partner to whom you can refer women and girls at risk and in need for a protection shelter?

- o Safety of SG activity:

Is the location of the SG confidential and does it ensure the physical and psychological safety of women and girls?

Choosing the SG's venue and timing should be based on the following considerations:

- Women and girls should be consulted regarding the potential risks they might face while participating to the SG
 - Based on the specificities of each zone of intervention, socio-political as well as security factors should be also be considered before planning for the SG
- o Do no harm and participation:
 - Are facilitators and case workers continuously trained, supervised and supported to ensure that no psychological harm will be done to women and girls while working with them?
 - Are monitoring and evaluation of the quality of services ensured by local or international partners where women and girls are referred done?



Facilitator's Competencies Map

The competencies are the set of motives, knowledge, attitudes, skills and behaviours required to perform effectively while respecting the do no harm principles especially when working with women and girls survivors of GBV in armed conflicts and displacement contexts. In summary, a SG's facilitator should have or be able to develop competencies on the following 5 levels:

1- "What": knowledge, information about techniques, analytical thinking

A SG's facilitator should be able to understand the impact that war and displacement can have on a community, family, and individuals. Moreover, the facilitator should be aware of the different dynamics in a GBV situation and its complexity in emergency settings. In complex emergencies, humanitarian actors can oversimplify the situation and to think in a linear cause/effect way. A SG's facilitator should be able to remember always that the situation is complex and that all women and girls at risk of or survivors of GBV, have at the same time risk and protective factors, needs and resources. In addition, the facilitator should be aware of core knowledge about:

- Protection of women and girls at risk of, witness or survivors of GBV in emergencies
- Psychosocial support and considerations while working with women and girls survivors or at risk of GBV
- Humanitarian intervention principles including "do no harm".

Competencies map of a SG's facilitator can be summarised in 5 levels: What, How, the context, the organisational and the self-awareness.

2- "How?": techniques and practical experience on how to implement or put in action the "What"

The facilitator should be able to put into practice the knowledge they have while working with groups of women and girls through planning, implementing and monitoring the activities with creativity and flexibility. Technical competencies of a facilitator can be difficultly evaluated unless on job observation or field coaching is done. However, continuous capacity development as well as technical supervision are needed especially regarding:

- Steps, guidelines and techniques of conducting SG
- Case management and especially when to refer women and girls to specialised mental health services

3- The awareness of humanitarian and socio-political context and the way it is affecting the interaction with beneficiaries

When humanitarian actors are from the directly or indirectly affected community, the interaction with beneficiaries might be affected by the socio-political broader dynamics. Roles of saviours, victims, and perpetrators can easily be attributed to the different parties who are interacting (beneficiaries/humanitarian actors) leading therefore to challenges in the delivery of services. For example, beneficiaries might accuse humanitarian actors of not presenting proper assistance for political reasons or because of their political affiliation, while humanitarian actors might feel that the community of beneficiaries is regarding the participants. Therefore, it is crucial that the facilitator stays alert and observes these intra and interpersonal dynamics within a group in order to work with women and girls while respecting the impartiality principle of humanitarian work and in order to avoid unhealthy dynamics within a SG. The facilitator can also raise these dynamics in the self-care space of expression.

4- The organisational: Interaction with other staff members and with staff from other NGOs

As part of multidisciplinary team, the facilitator should:

- Be responsible for the social and economic burden in the hosting country. Whether expressed or not, these perceptions can negatively affect the attitude that the facilitator have Be aware of the complementarities of roles and services within the organisation and how to differentiate each interventions towards beneficiaries. That also includes understanding how to introduce the different available services within the organisation.
- Be aware of the referral pathways and services available in your area of intervention.
- Be able to self-manage time and resources
- Be flexible to adapt intervention and priorities to the changing reality of the field in emergencies while keeping in mind the overall organisational and the SG's objectives of intervention.

5- The self-awareness: the self-motivation and continuous self-observation

A SG's facilitator should be able or willing to reflect and develop herself on the intrapersonal level. Self-care, capacity development and experiencing expression exercises themselves before applying it with women and girls should contribute to this process of self-development. However, the personal motivation is a very subjective and individualistic characteristic that each facilitator should have to be able to work genuinely with women and girls.

Some specificities of working with women and girls at risk of, or survivors of GBV

Trust and control

For women and girls at risk of GBV and more specifically GBV survivors to commit and benefit from the SG activity they need to:

- Trust the facilitator and the group: Women and girls at risk of GBV and more specifically GBV survivors might have learned through their life experiences that trusting others will not always help. Trusting the group and the facilitator can happen gradually and it is the facilitator's role to ensure that this trust is respected and appreciated in order to help women and girls rebuild the principles of healthy interactions with others. In addition, working on building the trust relationship is essential especially since the group dynamic will play an important role in containing and transforming the painful emotions and memories that might be disclosed in the group throughout the SG process
 - Feel in control of the process/ know what to expect: In the situation of GBV, women and girls lose control over the sense of security, over their bodies, their minds and their environment. Empowering women and girls to develop their self-help capacities' starts with developing their capacities to choose what they need and when they need it. In other words, women and girls can first experience what it means to have a choice throughout the SG process. Helping the SG participants to feel in control means that the facilitator should: Share with the participants the overall plan, content and objectives of activities in the beginning of the process and ask them if they agree on it
 - At the end of each session, remind the participants of the subject that will be discussed during the next session and of the number of remaining sessions
 - Share logistical and organisation details with participants (location, time, frequency, etc)
 - Share with participants the objective of the documentation and of the evaluation
 - Share with participants the fact they can decide what to share or not in the group and the fact that they can chose to participate in the process of SG or not.
 - Use rituals of beginning and rituals of closure to give a sense of control through the sense of routine.

Dealing with disclosure of traumatic events and heavy emotions in the SG

Women and girls at risk or survivors of GBV might feel the need to reveal details of traumatic events they went through within the SG process. The disclosure is a normal step in each mental health therapeutic course. However the aim of a SG is not to invite participants to disclose, and the facilitator should never push participants to disclose their wounds because this might have a negative effect on the individual and the group if the expression of feelings is not contained and if the work on the healing process is not following its natural course.

How to deal with Disclosure in the group

Inform the group members from the beginning of the support process that your role is to facilitate the discussion and expression. However, you should underline the fact that sometimes, you would manage these expressions by asking someone to stop talking about a particular point in the group and to disclose it or elaborate it more in the confidential individual setting. Also repeat that if you do so, your objective is to protect the person from further psychological harm because sometimes talking about difficult situations might make the person feel much worse if she did not receive the support she is expecting. Therefore it is recommended to talk about the difficult memories in an individual setting where the facilitator would have the possibility to support the person adequately. Women and girls might insist on disclosing their stories if they feel that the group and/or the facilitator are not empathic with them or are talking about “superficial things” that are not really related to their painful reality or past. Therefore it is crucial to prevent this kind of disclosure by:

- Avoiding the “think positive” exercises and comments especially following sharing of heavy emotions and painful memories in the group. For example, facilitators might encourage the participants to “look at the filled part of a glass, instead of focusing on the empty half”, or they might encourage participants who are complaining repetitively about their lives to think about the bright side of life. In other “positive thinking” attempts to reduce the suffering of participants, facilitators might invite a widow to think about her children, or a mother who lost a child to think about her other children, etc. Facilitators might also invite participants to practice relaxation exercises where they can imagine themselves on the beach with calm sounds around, etc. These comments or exercises might be perceived by the

participants as a lack of empathy or lack of understanding of the gravity of the situation from the facilitator’s side.

- Showing empathy and even sometimes share brief expressions of empathy such as: “I am humanly touched by your story/situation”. In emergency settings, this is important because the most significant role humanitarian actors can play is to “welcome survivors in the human family” after all the inhuman situations they found themselves in especially in armed conflict zones. Therefore the classical “neutral attitude” needed in development settings or in private sectors, can be perceived as lack of empathy in complex emergencies.

If disclosure takes place in the group, it is recommended to:

1. Thank the person who is sharing for his trust and to thank the group for their acceptance and containment
2. Try to stop the person from speaking further, remind the group of what everyone agreed on in the beginning of the sessions (you have the right to stop someone from talking for their own good) and give examples to explain your point of view. For example, you can say: “thank you for trusting this space of expression and for starting to share with us such a painful memory/such a deep human pain, etc. I would also like to thank the group for listening to your story and supporting you. However, I would ask you not to share more details for your own psychosocial well-being. From my experience, when people share everything all at once, they might regret it afterwards or they might start wondering why they did it and what the group members will think about it. A lot of women have the need and the right to share heavy stories, I would like to invite you to share your story in private at the end of the SG if you agree?”.

3. Ask the group to share some supporting sentences with the person who expressed a painful or traumatic situation
4. Ensure a closure of the situation especially if you feel that the group is affected: If you observe that participants are affected by a sensitive subject that someone shared or that the group is discussing (silence in the group, participants who reacted with anger or extreme sadness and refuse to talk...) you can use the “symbol” exercise.

The “symbol” tool of expression should be introduced at the beginning of the process in order to use it whenever it is needed. You can say: “Emotions and thoughts are frequently difficult to express with words especially when we recall difficult moments. Do you know what a symbol is?” Following a discussion around the definition of a symbol, you can give a clear summarised definition with examples: “a symbol is a simple picture that can talk without words or explanations about very complex feelings or thoughts, like the national flag, the wedding ring, etc.” During the first sessions of the SG, you can use the Symbol tool to invite participants to evaluate the session; you can say “according to you, how was this first session, can you find a symbol that expresses your feelings and thoughts regarding this first encounter?” A discussion around the participant’s symbols and the evaluation can follow, consequently you make sure that all the group members understood this tool.

You can say “as we discussed in session one, try to find a symbol that can talk about your feelings and thoughts at this particular moment, find a symbol in the room or think of a particular symbol and draw it on a piece of paper and put it in front of you in our secure space of expression”. You can also initiate a discussion regarding each symbol if you feel that the group is ready for this step. Ask each of

the participants to think of what would make this symbol evolve into a less overwhelming feeling. Help the group members go smoothly from the painful feelings to finding resources in their lives. This should be done gradually without switching rapidly from “negative” to “positive”. Here is a practical example to explain how:

- Let us imagine that group members identified fire (participant 1), a broken house (participant 2), a column standing alone in the middle of a destructed area (participant 3) and a heart with tears (participant 5) as the symbols that express their present emotions.
- Asking them if they would like to share in the group a brief description of their symbols.
- Now you can say: “despite all the challenges and pain that you are going through, I will now ask you (to participant 1) what can help turning off the fire or make its flames weaker?” Wait for the answer and then go to the next participant (participant 2): “What is making this house stand despite the destruction that hit it? Or what will help its stones to be rebuilt again?” wait for the answer and then ask next participant: “what is keeping this column of collapsing despite all the destruction around it?” and then to participant 4: “what is making this heart beating despite the burning tears?”
- If a participant can’t find an answer, say that it is ok and that you will give her more time to think while you will ask the others about their symbols. Following the group round, if the participant didn’t find an answer yet ask her if any of the group member’s answers inspired her or if she can relate to any of the answers.

- Participants will usually answer with their individual, familial or ideological resources: "looking at my children helps", "thinking of the people who are fighting for us", etc. and most of them will find that they have resources in common.
- Now you can say "Human beings need resources to survive especially in difficult situations, and because they need these resources, it is important to reinforce them or protect them, I will now invite you to think of a way to say thank you or to reinforce your resources, here is an example: if looking at your children helps, what will you do differently this week to tell them that you love them? etc."
- Close the exercise by informing the participants that you will be asking them during the next session about the way they reinforced their resources during the week.

5. Ensure an individual session to the group members who seemed affected the most by "inviting them" yourself; "I can see that you were very affected by the session, please let me know if you would like to have a confidential space where you can express more what you are feeling"
6. Always be ready to refer participants to mental health professionals in case of disclosure of traumatic events. GBV survivors often need specialised mental health services in addition to the group support.

N.B.: the above steps are only to be used if a heavy disclosure took place. The objective of the Symbol tool of expression is to transform metaphorically the heavy emotions and to ensure a healthy closure following the disclosure traumatic experience in the group.

The referral to a psychotherapist or a psychiatrist should therefore happen when:

- a disclosure of a traumatic event takes place
- the participants reports that she is not able to function in her daily life and that she is finding a lot of difficulties in coping with the present
- excessive physical reactions such as severe panic attacks, fainting, seizures.
- suicidal thoughts, or threats to harm self or others
- delusions or hallucinations
- the facilitator has the feeling that the woman or girl is disconnected from reality.



Support group in 6 sessions: objectives and steps of intervention

Overall plan of the sessions

A certain routine should be established in the SG process in order for women and girls to know what to expect and therefore to trust the space of work and expression. It is thus recommended to try and keep the same overall plan in each of the different sessions:

- 1- Ritual of beginning
- 2- Discussion to introduce the plan and step of the day, or exercise to help the participants predict the objective of the day
- 3- Exercise to facilitate the reflection and the expression around the subject of the day
- 4- Discussion to close the subject and underline the main messages to be adopted
- 5- Participatory evaluation, sharing the number of remaining sessions, the subject of next session
- 6- Ritual of closure

This general plan can be adapted based on the group dynamic and on facilitator's observation. Energisers might be suggested throughout the session if the facilitator feels that the group is tired or is not engaged in the discussions/exercises. However, the choice of rituals, exercises and points of discussion should be logically related and linked throughout the session. In other words, each of the steps within the session should logically introduce the following.

A certain routine should be established throughout the SG process in order to create a safe space of expression. This includes:

- repeating as much as possible same steps in each session
- using rituals of beginning and of closure
- establishing the group's ground rules and inviting all participants to respect them in each session
- remind participants of the possibility of accessing the individual case management service when needed

Rituals of Beginning and closure

A ritual is a sequence of activities involving gestures, words, and or symbolic objects, usually performed in a designated place, and gathering a group of people for the purpose of celebration, worshiping, civil or political event, rites of passage, etc. Anthropologists see social rituals as one of cultural universals; rituals have emerged as sociocultural responses to the anxiety that can be generated by human development life crises and changes such as loss, death, war, marriage, etc.:

- The rituals are there to absorb the anxiety that can be generated by change on a community, family or individual level in any transition from one situation to another.
- Rituals create a sense of group identity and of belonging through common experience, social bonds and interpersonal relationships.



For those reasons, in chaotic situations such as emergency settings where numerous things in women's and girl's lives are changing, it is important to create rituals for every support group:

- A ritual of opening will be something that the participants repeat at the beginning of the session and that will give a clear message saying "now we enter the time / space of the session". Session after session, they will become familiar to it and even expect it to happen. A ritual can be a game or even words that the participants pronounce for themselves/for the group (e.g.: How are you today?). However, it should always introduce "logically" what follows.
- A ritual of closure will give the opposite clear message saying "now the time of the session is over / we leave the space of the session". Similarly to the ritual of opening, the ritual of closure should announce the end of the session. The participatory evaluation of the session is considered as a ritual of closure.

Examples of rituals of beginning:

- "Walk in space" activity: Ask participants to walk in a well-defined expression space. Guide them as following:
"Try to fill each empty spot of the space with your steps and walk in all directions. Focus on your breath: take a deep and gentle breath and slowly let it out; repeat it again until you feel your breath more soft and relaxed. check the different parts of your body and try to find where the tension is... focus on the parts where you feel tension and try to relax it muscles with each breath... you can stretch these parts and give it more attention... you can move your shoulders, your neck,... ask yourself how am I today? And when you are ready, look around you and try to find a place in the SG space where you feel most comfortable at this moment and stop there, breath then when you are

ready you can sit there."

- Questions like how are you feeling today? What are you expecting from the group today? can also be considered as rituals of beginning if used at the beginning of each group

Examples of ritual of closure:

- Asking each participant to start a drawing at the beginning of the process and to develop it at the end of each session can be considered as a ritual of closure (please refer to the Group Metaphor page 7 to have more examples)
- Participatory verbal evaluation of the session can be considered as rituals of closure (please refer to page 30 of this document)

7.3 Introducing the individual case management service

Participants should be informed, from the beginning of the SG process that the individual case management and support service is a space where each woman and girl can express herself confidentially. The facilitator can give real field examples and anonymous success stories of how this service helped other women and girls. Women and girls can access this space when they feel the need to, however, the facilitator can actively suggest to participant to be referred for case management when needed, provided that she gives her informed consent.

7.4 The ground rules of the group

Ground rules are essential to the dynamic of the group. It is recommended to develop them with the participants at the beginning of the support process as it generates a greater sense of ownership and engagement. The setting of ground rules is one means of establishing safety and trust among group participants before they engage in interacting. Ground rules may include, but are not limited to:

- Being open to other's opinions
- Honesty
- Patience
- Respecting confidentiality
- Willingness to learn and to listen
- Supporting and assisting each other
- Working at our own pace
- Arriving on time and attending full session
- Avoiding distractions, such as phone ringing
- Attending all the sessions

Ground rules can be further integrated in the group dynamics if each concept is developed in the group by the participants themselves. For example, the facilitator can ask participants to work in subgroups on defining some of the core concepts, like the concept of confidentiality, the concept of patience and of being non-judgmental. Each sub-group should come out with a clear definition of the concept and should explain why this concept is important when individual expression is taking place in a group according to them.

The sessions

The content of 6 sessions was developed with a group of case workers and officers during the workshops that took place in April 2014. The sessions were tested with groups of beneficiaries and are based on the staff's field experience and observation of needs, taking into consideration the psychosocial specificities of women and girls survivors of or at risk of GBV and the contextual specificities.

N.B.: the volatile and changing complex context should always be taken into consideration while conducting the SG. The facilitator might replace a session or switch the sessions 2, 3 and 4 or replace any of the session's content by other subjects that might be the group's priority during the implementation of the activity.

Session 1: Introduction and identification of main stressors and resources

Session 2: Identifying and expressing emotions

Session 3: The concept of Trust

Session 4: The Choice and the self-protection

Session 5: The Circle of support

Session 6: The active role in the community

The follow up session

Session 1: Introduction and identification of main stressors and resources

Introduction (5min)

Welcoming the participants and briefly presenting the main objective of the support group within the framework of the organisational services (please refer to page 6 of this document)

"My name is" exercise (15 min)

This exercise can be used with any group at beginning of the support process. When a new group is set up, participants and facilitator will need to know and memorise each other's names. In addition, the objective of this exercise is to introduce the concept of personal identity of each of the group members. Women and girls are not only survivors, victims, refugees, etc. Facilitator and other group members will help each participant feel again that she is a person with a name, a past, a present and a future.

Instructions:

- Ask participants to split in pairs and to share:
 - 1- their names
 - 2- the origin of their names and its meanings,
 - 3- The story behind their names (who chose their names and why?) and any other related stories.
- Tell them to listen to each other carefully because later on each one will share with the group the story of the other. Give them 5 to 7 minutes.
- Ask pairs to come back to the group circle and share their stories with the others.

Tips for facilitator

- This activity may revive some painful memories and emotions especially so be ready to listen with empathy and thank participants for sharing their story with the group.
- If some participants do not know about their names, tell them that it's OK and encourage them to ask their family members or to do a small research when they go back home. Remember to ask them if they had any further information during the next encounter
- if you know something general (positive or neutral) about the meaning/origin of their name you can share it with the group.

The group's ground rules (10 min)

Develop with participants the list of the group's ground rules. The list can be readapted throughout the coming sessions

The major stressors and resources (25 min)

In complex emergencies women and girls experience stress from various sources, during open discussions the facilitators can try and sort out the sources of stress in order to work on a later stage on identifying the resources to find adapted coping strategies. For example, on a family level, women and girls might have difficulties interacting with other family members while on a community level they might feel humiliated while walking in the street. The group can discuss the stressors then decide on the common or priority stressors that they would like to address throughout the SG.

Instructions:

- To identify main stressors: Ask participants to think about one of the main stressors that they are facing currently in their daily lives. You can limit the expression by saying: "asking you about your stressors might be difficult because for sure the stressors are numerous. However for those of you who would like to share with us today, please identify the factor that is stressing you the most and share it with the group when you feel comfortable to."
- To identify main resources: When all participants shared their main stressors you can ask them: "now that you have all shared your stressors, and I am sure that if we had more time you might have shared more factors that are stressful in your daily lives, however I would like to ask you to think now about your resources; despite all the stressors and difficulties what is giving you the strength to go on? Where do you get your energy from wake up in the morning, get up from your bed and do everything you are doing during the day."
- explain to participants that the main objective of the support group is to provide them with a space where they can express their stressors but also where they can discover how to reinforce and protect their resources

Tips for facilitator:

- Participants might want to complain about the lack of services and basic needs since this is a major stressor in their daily lives. It is important to ensure that women and girls who are enrolled in the SG have, as much as possible, access to basic needs and services through sharing related IEC materials.
- the facilitator can have a role in inviting women and girls to express and work on intra and interpersonal related stressors and resources by saying: "the basic needs are lacking and it looks like the services provided are not enough, in this spaces we can discuss the stress generated by this fact but also other stress factors in your daily lives your relations to others around you."

The SG's metaphor (15 min)

Introduce the group metaphor and invite the participants to find another metaphor if they would like to base on their expectations and following your introduction of the SG and its objectives. This will help you evaluate if the objectives are clear to all participants or not and will help participants in adapting their expectations to the SG plan (please refer to page 7 of this document)

Introduction of the ritual and participatory evaluation (15min)

(Please refer to page 15 of this document)

- Ask participants to walk in space if you think this activity is appropriate and invite them to try and relax their tensed body parts if needed by breathing and shaking out the tension.
- While walking you can also ask them to think about today's session and to identify one point that they discovered today about themselves or to identify one point that they heard during the session and that was interesting: "try to identify this point while walking and when you find it walk more slowly and stop in a spot of the venue that you find comfortable."
- when all the participants stop invite them to go back to their chairs and ask each one of them to share if she would like to, the point that she identified.
- A participatory evaluation of the session can be discussed by asking participants about their feedback and recommendations (please refer to page 30)

Closure (5 min)

End the session by:

- Thanking the participants for their engagement
- Explaining to participants that you will work together for 5 remaining sessions
- Reminding them that the individual space is available for anyone who feels heavy after this session.
- That during the next sessions you will be providing a space to talk about emotions and how to deal with them.

Session 2: Identifying and expressing emotions

In emergency settings and more specifically in the situation of GBV, women and girls experience numerous losses; the loss of home, of loved ones, of sense of safety, of identity, of sense of control on the present, of hope for the future, loss of sense of trust in others, etc. Women and girls often express an overwhelming grief due to the build-up of these losses. Talking about and being aware of the different losses might contribute to decreasing of the overwhelming grief. However, when participants are asked to talk about and express their feelings, women and girls often find hard to articulate with words their emotional status. Culturally, feelings are easily expressed through expression of body reaction; "my head will explode" or "I can't sleep" to say I am anxious, "my heart is burning" to say I am very sad, "my stomach is stressed out" to say "I am stressed out", etc. Helping women and girls to identify and express their feelings can be difficult, however it is an essential step of support when the expression is contained and transformed during the SG.

Ritual of beginning (10 min)

- Start with the usual "walk in space" instructions (walking, breathing, relaxing muscles...)
- Now ask participants to think while they are walking about the meaning of the expression "good morning". Invite participants to reflect personally without communicating it about this expression; what does it really mean? Even though we use it a lot every day, sometimes we forget its meaning.
- Now ask each one of the participants to say "good morning" with its real meaning to herself while they are still walking, they can do that through a thought, silently without saying it out loud in the group
- while they are still walking ask them to look around them in the group and say "good morning" with its meaning to people that they would like to greet today when they are ready. Ask them to "fill the room with the good mornings"

Preparing for the emotional expression (20 min)

Instructions:

- while the participants are still walking in space as part of the ritual of beginning, say STOP and ask them to think while standing what is the meaning of the expression: "how are you?": "we are asked everyday about how we are, but in general we never really give the right answer and even if we do so, we are rarely listened to. Today I am inviting you to think about this word and when you find its meaning, start walking again, and while you are walking ask yourself "how am I today?"
- Let the group walk for less than one minute while they are thinking and then say STOP - Now ask participants who are standing next to each other to form pairs and give the following instruction: "today we will use the expression how are you differently; every pair will find a comfortable space in the venue. Then each participant will ask her partner "how are you today" and will listen to her for 3 minutes, then you switch roles and your partner will ask you the same question and listen to you. While listening to the other you are not allowed to give any advice, you will just think of how you are personally feeling while you are listening to your partner. What do you have in common, how does it make you feel to listen to the other?" you can explain further if needed by giving examples: "if I listen to someone who is going through the same difficulties as me, I would think that I am not alone and I would feel reassured, if I am listening to someone who lost a loved one, I would feel touched by her story and maybe I will feel sad"
- give the participants 6 minutes and then invite them to come back to the group's circle and discuss



Points of discussion in the group:

- How did you feel while listening to the other?
- How did it feel when you were listened to?
- What is the difference between this exercise and the way you usually listen to and are listened to in your entourage?
- What did you discover about yourself or the other in this exercise?
- discuss with participants that in many cultures naming feelings and expressing them is difficult. And in a lot of cultures women and girls express their feelings with body sensations and even sometimes with body pain (give examples). Explain that in some of the exercises that you will introduce in the sessions, the group will help its members to identify the feelings and express them.

Introduce the symbol exercise (10 min)

(Please refer to page 13 of this document)

Instructions:

- ask participants to find a symbol in the venue that can summarise how they are feeling today and to bring it and put it in front of them in the safe space of expression. If the symbol cannot be held or brought to the circle of expression or in case the symbol that a participant found is not in the venue, the participants can draw the symbol on a paper and put it in front of them on the floor.
- now invite participants to put few words on their symbols and try to identify the feeling behind this symbol and the body sensation that they feel when they mention this symbol or this feeling. For example if a participant shared an empty bottle of water as a symbol saying that she no longer has any drop of hope, ask her to try and say how this makes her feel and then what does she feel in her body when she talks about it.
- it is highly recommended to always work on a closure or on a transformation of the negative or heavy feelings whenever they arise in a group; when all the participants shared their symbols, ask them through the symbols what would make them feel better. For example ask the participant who shared the empty bottle: "what would help you refill this bottle according to you", etc.

Note for facilitator:

By using the symbol exercise during each session (finding a symbol for the feeling, expressing it and then finding the resources), women and girls will gradually discover their capacity to go out of an overwhelming situation throughout the SG process. This point can be discussed with participants following few sessions where the tool was used, to make sure that they are aware of this process.

Identifying feelings and linking them to specific situations (20 to 30 min)

Instructions:

- Ask participants to draw a map showing different places or activities they go to or do during the week (house, centre, market, cooking, time with neighbours, etc.). They can do so by dividing the paper into 4 to 5 boxes and by drawing an activity or a place in each box
- Now ask participants to think about how they feel at the different places or activities they have drawn. They can look in the venue for symbols that express their feelings and draw the symbols on the top of each box. Explain to participants that the same place or activity can produce more than one feeling, so they could have more than one symbol in each box.
- Ask participants if they would like to share their drawing and the selection of the symbols/ feelings in the group.

Discussion points:

- Sometimes difficult overwhelming feelings come from one place or one specific situation. In times of crises, human beings tend to feel that this overwhelming negative feeling is there, everywhere they go and whatever they are doing. On your map please try to identify where the overwhelming feeling is mainly coming from and where are the place or what are the activities where you are feeling lighter or more comfortable?
- Discuss what are the resources in the places or activities where you feel lighter? How can you use these resources in the other places?

Ritual of closure through the group's metaphor and participatory evaluation (15 min)

Session 3: The concept of trust

Women and girls survivors of or at risk of GBV find difficulties in trusting others especially when they were harmed by people they trusted or when there was no one in their entourage with whom they were able to build a trust relationship. Throughout the SG, women and girls will have the opportunity to work on their interpersonal relations and on the concept of trust; trusting the group is a first step that can lead on a later stage identify in their lives people they can trust in order to build a healthy social network where they can find support. Through this session, women and girls will have the opportunity of expressing wounds as well as good memories around the concept of trust. This session might be difficult for some women and girls who might remember the heaviness of their wounds, however, the facilitator should always remember that this space of expression is an opportunity where women and girls can express themselves and look for the resources in their lives and in every distressful situation.

Ritual of beginning (10 min)

Preparation for the expression around the concept of trust (20 min)

Instructions:

- On a paper invite participants to write 5 words they think about when we say the word "Trust". If participants cannot write you can either suggest to help them write yourself or you can adapt the exercise by asking them to think about 3 words that instead of 5.
- now ask each participant to share with the group one word she wrote or thought about

Discussion points:

- How did you feel while doing this exercise?
- What can be the feelings of a person who lost his capacity to trust others? Why?
- can the concept of trust be reconstructed? If yes how and if not why?

Note for facilitator:

- it is recommended not to rush into pushing the participants to trust people around them; this is not feasible in one session. The objective of this session is to help participants think about this word, the wounds that are related to it in their lives and about the possibility of rebuilding if needed and when they are read relations of trust with the people they choose.

"Map of Trust" exercise(30 min)

Instructions:

- ask participants to draw on a paper different people they interact with during the week; "think of people you live with, in the market, in the centre, etc. you can draw up to 20 people on the paper if you would like to."
- invite participants to draw a red flag next to the people they think they can never trust, then a yellow flag next to people they think they might trust and a green flag next to people they surely can trust with no hesitation

Discussion points:

- "What would make you put a red/yellow/green flag next to the people on your paper, can you share one indicator/characteristic that makes you feel that this person cannot be trusted?"
- "what are the points/indicators that make us trust someone or not?"
- "do you think there are other people in your surrounding with whom you can build a trust relationship? What does it mean and how will it help you?"

Ritual of closure through the group's metaphor and participatory evaluation (15 min)

In addition:

- thank the participants for their engagement
- explain to participants that you will work together for 3 remaining sessions
- remind them that the individual space is available for anyone who feels heavy after this session
- inform the participants that during the next session you will be providing a space to talk about the concept of self-protection, what this word means to them and how to rebuild this concept in their lives if needed.

Session 4: Self-protection

Women and girls at risk of or survivors of GBV often feel helpless and cannot protect themselves from the harm they are experiencing. During this session, a discussion around the need for self-protection can take place if the facilitator feels that the group is ready. Otherwise the facilitator can switch the session 4 with the session 5. It is crucial to remember that women and girls might have experienced distressful situations; respecting their path and avoiding judgments is essential. This session will just give them the chance to express themselves and to think about ways of protecting themselves. It is also important to remember that women and girls who are going through traumatic events (such as severe domestic violence, sexual violence extreme suffering leading to mental disorders, etc.) should be referred to specialised mental health services before participating in a SG. If a participant is extremely disturbed or collapses during this session, the facilitator should remember that this group might be the only space she felt enough security in to express herself and that her expression is a chance for her to get the support she needs in the group or through referrals.

Ritual of beginning (10 min)

"The Colombian hypnosis" exercise (30 min)

Instructions:

- following the usual ritual of beginning ask participants to walk in space and breathe and after a minute you can say STOP
- Ask 4 participants who are standing close to each other's to stand in couples and ask each couple to discuss and chose who would like to be the leader and who would like to be the follower during this exercise; Explain that the leader will have a magic power in the palm of his/her hand today and that this power works like a magnet: the magic power starts when the leader rubs the palms of his hands and then claps one time.
- Ask the rest of the group to sit in a circle around the couples and observe
- The leader puts the palm of her hand at a 20 centimetres distance in front of the nose of her partner and lead/guide her through the movement of her hand; the follower will have to follow the palm of hand of the leader in all directions in the room/space: backward, forward, left, right, rotations, and levels of body position low, high, medium, keeping the same distance between his face and the leader's hand palm. You can practically show the participants what you mean by implementing the exercise with a participant.
- Before giving the sign to start explain that a true leader will be followed however it is her role to physically protect her follower.
- Allow time for-synchronisation and harmony to take place between the couples, then say STOP and ask them to switch roles.

Discussion points:

- How did you feel or what did you observe during this activity? What was the most difficult part?
- What did you learn about yourself (for the 4 participants who played)? Did you feel at any moment that you want to stop and withdraw from the activity? Why?
- Did you feel protected when you were following the leader? What did you do to protect yourself? Same question for the observers. Despite all the difficulties a women can face how can she protect herself from harm? Can someone share a practical examples of what helped in difficult situations?

Identify with participants the main risks and protective factors in their lives today (20 min)

Following the previous exercise, you can open the discussion and ask participants to identify the main sources of risk that they are experiencing on a family and community level, and the main sources of protection that they can access or empower on an individual, family and community level. Chances are that participants will learn self-protection means from each other.

Ritual of closure through the group's metaphor and participatory evaluation (15 min)

In addition:

- thank the participants for their engagement
- explain to participants that you will work together for 2 remaining sessions
- remind them that the individual space is available for anyone who feels heavy after this session
- inform the participants that during the next session you will be providing a space to talk about the concept of support, what this word means to them and how to rebuild this concept in their lives if needed.



Session 5: the Support Network

During this exercise, participants can become aware of their own support network and get encouraged to ask for help when needed. Women and girls might also be encouraged to enlarge their support network by identifying in their current life new people who can be included in their circle of support.

Ritual of beginning (10 min)

Preparation for the expression around the concept of support (25 min)

Instructions:

- On a paper invite participants to write 5 words they think about when we say the word "Support". If participants cannot write you can either suggest helping them, write yourself or adapt the exercise by asking them to think about 3 words instead of 5.
- now ask each participant to share with the group one word she wrote or thought about

Discussion points:

- How did you feel while doing this exercise?
- What are the kinds of support that we need in our lives?
- how does it feel to be left without support? How can we find and preserve the sources of support in our lives?

Exercise: "Circle of support": 25 min

Instructions:

- Ask participants to draw on a paper a circle in the middle. Then ask each participant to write her name or a symbol that represents her inside this circle.
- Ask each participant to draw around the circle that represents her one or 2 other smaller circles that represent persons who used to support her in the past, or who are still a source of support today in her life. Explain the idea in simple words "draw circles for people who helped you in the past or who are helping you in the present when you were or you are going through difficult moments in your life. Write the names of these people who encouraged you, loved you, ensured a financial or emotional support, or listened to you, etc. in the different circles. You can also choose to draw them..."
- After completing this step, ask each participant to draw an arrow coming from each circle toward her circle in the middle and ask her to think and write next to this arrow what kind of support each identified person is providing or provided to her: "what kind of support did they offer or are they offering?"

- Now ask each participant to draw a new arrow going from her circle in the middle toward each one of the other circles, and ask her to think and write or draw next to this arrow what kind of support she already gave back to them or she would like to give them. Please note that, at this stage of the exercise, some participants might be very distressed mainly (but not only) in case they realise that the only person who gave them support is dead and that they did not have time to thank him or her. Therefore it is very important to always say at this stage of the exercise: “if the person you identified as a source of support is no longer in your life for any reason, you are already giving him/her a lot in return since you are mentioning him/her on your circle of support, it is like you are acknowledging what you received from this person and you are telling him/her thank you. We can discuss this point further if you would like when we finish the exercise.”

Points of discussion:

- How did you feel about this activity? What would you change in it if you are about to do it again?
- Was it hard to identify the people who support you? Was it the same when you thought about how you can support them?
- Do you often remember those people? Are there obstacles that hinder you from asking for support? If any, what are these obstacles?
- How do you feel usually when you receive support? And how do you feel when you give support?
- Would you like to enlarge your support network? How can you do that?
- What did you learn from this activity?

Tips for facilitators

- It is normal that some participants might remember lost loved ones, this might make them feel sad or cry. This exercise might help some participants in their mourning process; Try to listen to them as much as possible and ask them if they would like to tell the group more about why this person was so special.
- This is a personal reflective exercise and participants do not have to share the content of their work with other group members, they can only share their point of views regarding the exercise during the discussion. Thus it is advisable to explain this point to them before they start.
- Pay attention to participants who seem to have a poor support network and take note for the future in order to better observe and encourage any progress.
- During the discussion highlight the importance of the support network in participants' lives and emphasise on the right of every human being to ask for support. Consequently, in case a participant didn't find any source of support in her life, you will directly encourage her to try and look for this person in her entourage today.

Ritual of closure through the group's metaphor and participatory evaluation (15 min)

In addition:

- thank the participants for their engagement
- explain to participants that you will work together for 1 remaining session
- remind them that the individual space is available for anyone who feels heavy after this session
- inform the participants that during the next session you will be providing a space to talk about the active role that each one can have in her community.

Session 6: Closure and Active Role in the Community

During the last SG session, participants will evaluate the process and will remember the main topics and messages they worked on during the previous 5 sessions. In addition, the facilitator can ask each participant to think about women in their environment who would benefit from this space of support. In emergency settings, the supported population is rarely given an active role in the relief efforts, which generates feelings of frustration and learned helplessness due to the passive/ receiver position the individuals and the families are put in, especially when the crisis is on-going. International guidelines of psychosocial support suggest that giving an active role to the supported community in the relief efforts enhances the development of their self-help mechanisms and therefore reinforces their resilience.

Ritual of beginning (10 min)

Exercise: “The ladder” (30 to 40 min)

Instructions:

- Draw on the flipchart the following “ladder”:

Where I am today
4
3
2
1
Where I was when we started the SG

- Now explain to participants that the bottom of the ladder represents the beginning of the SG and that the top of the Ladder represents them today, at the end of this process.
- Ask participants to split in pairs and to discuss and identify the main “steps” of their ladders. The steps can be events, exercises, concepts, interactions, etc. that they have experienced in this group and that marked them both positively or negatively.
- Ask pairs to share their ladders in the group and open the discussion around the different steps that marked them.

Note to facilitator:

Through this exercise, participants will remind each other of the process' milestones. You can therefore assess what were the turning points of the SG you facilitated and you can surely draw lessons learned from the participants' feedback.

Finalise the group metaphor exercise and discuss the active role that participants can have in their entourage (20min)

- Give participants some time to finalise the handcrafting of the group's metaphor and agree with participants on what they would like to do with it; some participants might like to keep it in the centre as a souvenir/proof of their participation in the SG, while others would like to take it with them. It is up to the participants to decide.
- Invite participants to handcraft another item (necklace, drawing, etc.) and to think of other women and girls in their entourage who would benefit from the SG. Discuss with participants the objective of this step: having an active role in the community following the SG.

Plan with participants for a follow up session (10 min):

Explain to participants that, as agreed from the beginning of the process, the present session is the last one and a follow up session will take place in 3 weeks in order to receive feedback concerning the impact of the SG on their daily lives.

Ritual of closure (10 min)

The follow up session:

This session should take place at least 3 weeks following session 6. The objectives of this follow-up are:

- To have the feedback of participants regarding how they are using the SG's outcomes in their daily lives and in their communities
- To assess with participants any new gender related issues on the personal or community levels in order to intervene with the case management service if needed.
- To remind participants that they can have an active role in referring more women and girls from their entourage who might be in need for support

Documentation and Monitoring and Evaluation

A participatory evaluation of the SG effectiveness can be done at the end of each session; ask participants to share their feedback and recommendations. This can be done through a drawing, a symbol or verbally. The participatory evaluation can also be considered as the closure ritual of each session. Participants can reflect on some or all of the following questions:

- What did I learn/discover about myself today?
- What did I learn / discover about the group/the others?
- What was the exercise/discussion that affected me the most (positively or negatively)?
- Was there any part of the session that I would have preferred not to participate in? And why?
- After this session what will I do differently this week:
 - for myself?
 - or with my family/social network?
 - or to cope with the daily challenges?
- What are my recommendations for the next session?

In case the facilitator want to document this participatory evaluation, it should be clear to participants that:

- 1- Notes will not contain any names or identifying information.
- 2- Notes will be used for the planning of the next sessions.
- 3- Notes will also be used for the improvement of the service.



The facilitator's psychosocial well being

Humanitarian aid workers, and more specifically, staff working in emergencies, are exposed to stress from a variety of sources. A number of known risk factors may contribute to burnout/compassion fatigue; however, a number of mitigating factors might lessen the risk for stress-related reactions. The ability to cope with stressful situations depends upon a person's individual capacity for coping, as well as on other external factors.

Support strategies for aid workers usually include:

- Spreading awareness around the importance of family and social networks support
- Preventive measures of self-care such as regular breaks and regular group and individual self-care interventions conducted by an external consultant
- Organisational support systems and more specifically capacity building and technical support: the more the staff has capacities to support the community and understand the complex emergency context, the less the feeling of helplessness can become overwhelming. In addition, organisations have the responsibility to ensure a safe and secure self-care space for their staff; this is usually done on a regular basis by an external consultant in groups or individually. Staff have the opportunity then to identify and work on their main stressors and resources.

Exercise: "The symbol of my role within the organisational projects"

Objective: to encourage each humanitarian worker to think about his/her perception of the role he/she is playing in the emergency response, to be aware of the risk factors undermining this role and the resources supporting it.

Duration: 30 minutes

Materials: simple objects available in the room/venue

Instructions:

You can do this exercise alone or you can implement it with a group of colleagues:

- Think about the definition of the word "symbol," what does it mean to you? After you think about it and/or discuss its definition in a group, can we agree that a symbol is a simple object or mark that can represent an abstract and sometimes complex concept?
- Following a discussion on the meaning of a symbol, now think about your work and the role you have within the organisation. When you define the role you are playing within the projects (what you are asked to do, what you think you are doing, etc.) look around you in the room and try to identify an object that can symbolise your role, it can be any object in the venue. Now bring the object and place it in front of you. If the object is too big or cannot be moved, draw it on a piece of paper and place the paper in front of you.

- Now discuss: why did you chose this particular symbol, how do you personally perceive your role?
- Following a group discussion regarding each symbol, try to think of what would happen if you cannot achieve your role as you perceive it. For example if you chose the electric lamp as a symbol because you think that your role is to light the road for people to find the support they are looking for, or if you think your role is like a cell phone because it connects people etc., try to think metaphorically of what would happen if the electricity went off or if the phone network was shut down? What would you feel, how would you react?
- Now discuss: What are the main obstacles that are preventing you from accomplishing your goals on the field, what are the main stressors that are affecting your role and how can you prevent or work on them? Then think of the main resources and factors of support that are helping you accomplish your role? How can you empower or protect those factors?

This exercise is an opportunity for humanitarian actors to think about their perceptions of their own role in the emergency relief: when staff start their work with NGOs, they think that they will be helping a lot of individuals and families in coping with the difficulties they are facing. However the more they are confronting the complex reality of the field, the more staff members feel helpless and frustrated. Reevaluating regularly their roles as they perceive it will help them adapt it to the reality, identify and work on the stressors and the resources and therefore decrease the frustration and the helplessness they might be feeling.



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Chapter Three

Working with Men

Why Do We Work with Young Men?

Throughout the years, there were a lot of presumptions on the well-being of young men and boys, mainly that they are in good health and that their needs are less than their female counterparts. In other times, there were assumptions that they are aggressive and indifferent to their well-being. They were labelled as violent- against each other or against women- without understanding their upbringing and how they are encouraged to be violent.

New studies and recommendations call for a deeper understanding on how young men are raised and what they need in terms of healthy development, and the means in which their guardians and others in their surrounding can help them progress. In the past 20 years, many initiatives worked on empowering women and resolving the inequality among the sexes, yet many stakeholders and women rights activists realised that the well-being and comfort of women- adult or young- requires also the engagement of men and boys too.

The International Conference for Populations and Development in 1994, and the International Conference on Women in Beijing in 1995, provided a baseline to engage men in the efforts to improve the status of women and young girls. For instance, the plan of action set by the International Conference for Populations and Development recommends “encouraging equality among the sexes in all aspects of life including family and society, and encouraging men to be responsible for their behaviour in regards to sexual and reproductive health and their roles in the family and society”.

In 1998, the World Health Organisation decided to have a special focus on the needs of teenage boys stating that they are generally subjected to negligence when developing teenage health programmes. Additionally, UNAIDS dedicated the campaign to fight the Human Immunodeficiency Virus (HIV)/AIDS in 2000- 2001 for men and young men in the framework that men’s behaviour puts them and their partners at risk, and that men should be engaged in a well-thought approach to support the prevention of HIV transmission, as well as supporting the people living with HIV.

The past few years witnessed a growth in the burdens borne by young and adult men due to the traditional aspects of their masculinities and gender roles in comparison to women, particularly their lack of engagement in their children’s lives; an increase in the mortality rate among men caused by traffic accidents and suicide; and an increased level of addiction and dependency on alcohol and other substances. Moreover, young and adult men have various health needs that require the adoption of gender-specific perspective to achieve them. Yet what does it mean to implement such a perspective whilst working with young and adult men? Gender, in comparison to sex, signifies the ways in which we were brought up; how we behave, work, and dress as men

and women. It is the method that enforces the roles, forming a stereotyped pattern that is accepted and subsequently taught to others.

Most of the behaviours of men and boys are attributable to their upbringing; whether through negotiations with their partners about using condoms, for being caregivers to the children, or when on exercising violence against their partners. Sometimes, a presumption that such behaviours by men and boy are “normal” because “it’s their nature to act as such”.

Yet violent young men and the increase in substance abuse and suicide rates, as well as the degrading behaviour towards their partners, stem mainly from the adopted upbringing methods of boys and girls among their families and community.

It is not easy to change the upbringing methods of boys yet it is crucial to change the negative traditional aspects of masculinity. Most cultures encourage boys to be violent and competitive; the key factors to become the provider and the protector, while girls are taught to accept the male-dominance. Sometimes, boys are brought up to commit to their culture’s strict concepts of “honour” that drives them even further into violence in order to prove their masculinity and that they are “real men”.

Boys that express interest in caregiving for their younger siblings cooking, or other house chores, and boys who have friendly relations with girls, boys who express their feelings or never had sexual relations before, are subjected to bullying and mockery from their families and peers, often described as “sissies”. In most cases, boys are brought up to be independent to a reckless extent in which they stop caring for their well-being, thus, never seek help when they are exhausted. The ability to express their concerns and request support is key to reducing substance abuse and unprotected sexual

encounters which also partially explains why boys tend towards violence more than girls.

Research shows that the upbringing methods of boys has direct impact on their health. A national survey conducted in the USA with male teenagers between 15 and 19 years old as subjects, found that young men with traditional opinions on sexism and masculinity, are mostly the same ones that abuse substances, use violence, and unprotected sex, while their teenage peers who do not abuse substances, violence and unprotected sex have a more flexible understanding of what a “real man” is.

Therefore, working with young and adult men from a gender-perspective comes down to 2 main points:

- a. Gender Roles: engaging boys in discussions and think-tanks about the absence of gender equality, and arguing the roles enforced exclusively on women like child-care, house chores, and sexual/reproductive health.
- b. Equality and Equity among sexes: exploring the various needs of boys in regards to their health and development as affected by their upbringing. This means, for example, the engagement of boys in discussions about substance abuse and risky behaviours, as well as helping them understand the deeper reasons why they feel compelled to act or behave in a certain way.

This manual attempts to combine these 2 perspectives.



What are the Guiding Principles of Engaging Men?

- Even though men are not considered violence or ruthless by nature, yet the majority of them do not recognise that they are privileged in their society by being males. One of the privileges men have is the encouragement to exercise violence against women and girls with no consequences.
- Many cultures encourage inequality between the genders, mainly by raising boys on patriarchy and comparisons (male vs. female; the powerful vs. the weak) that shape their gender roles.
- Engaging men has them to change in themselves, and subsequently contribute society as whole. Providing men with the knowledge and tools needed to change helps them change their negative methods, allowing them to move from a traditional perspective on dominant and harmful gender roles to choose better behaviours that promote personal and societal harmony.
- Human rights and gender equality are not theoretical concepts. They provide applicable frameworks that supports men and women to choose better behaviours entailing great fairness and satisfaction.
- This transformation process should be based on self-recognition in which the men, at their own pace, do not feel subjected to prejudgement, thus are able to change. Most of the men who participated in the session shared a common upbringing- a patriarchal one- in which they didn't feel the necessity to question their behaviours. Most probably they will feel that the subjects of the session are difficult and full of challenges, and may feel a sense of blame once they state that their upbringing is a major contributor to their violent behaviour.
- Men and women are raised in a patriarchal setting under the father's authority. They will not feel compelled to change that system until they realise that its values are problematic. Then, when the need to change a system that promotes violence becomes necessary, they will face resistance by others, both men and women equally. The process requires the engagement of men for a durable transformation on gender, thus decreasing the time required for the transformation, and increasing the resources. The patriarchal system stretched over many eras, which means a lot of effort, resources and time are required to change individuals.
- The "proper" or "correct" manifestations of masculinity and their meanings may differ from one culture to another. The trainers and humanitarian program developers should exercise an additional effort to contextualise the training sessions, taking into consideration, for example, the setting and the hosting environment. While it is important to take into consideration the cultural and environmental settings of the training session and its participants, it should not be over the expense of compromising the main messages that the session wants to deliver.

What are the Skills and Qualifications of the Facilitators?

- a. The facilitator should have experience in social and/or psycho-social work (academic and/or specialist). More importantly, the facilitator should have a deep understanding and knowledge of gender equality, gender roles, and gender based violence as well as the cultural indicators of these subjects.
- b. Comprehensive communication with communities for behavioural change: Despite focusing on engaging men and boys, women and girls should be supported in understanding the positives of gender equality. Trainers should have good facilitation skills to deal with resistance, conflict-resolution, and intense reactions (which is the reason why comprehensive communication with communities for behavioural change is recommended)

The key messages cannot be delivered without a deep knowledge on these subjects, or the most vital of messages can miss their mark and even harm the participants and their families. It is worth noting that gender based violence affects society as a whole, thus it is important to learn the concept and modern terms so the efforts for transformation are fruitful and "harmless".

Choosing the Right Facilitators

Ideally, two facilitators will be conducting the session to provide support to each other, mitigate and resolve conflicts if the need arises, and monitor any unusual indicators that need to be taken into consideration during evaluation. The participants who show their interest, engagement and knowledge have a higher sense of responsibility on these subjects and are more likely to become effective leaders in the transformation process.



WORKSHOP 1:

What is this Thing Called Gender?

Goal:

Understanding the difference between sex and gender, and thinking about the ways men and women are expected to behave.

Required Equipment:

Flipchart (board) and marker

Timeframe:

1 hour

Planning Notes:

When discussing the terms to define “man” and “woman”, it is important to note the same terminology used by the participants. If you realised that some of the participants are shy to use some words, initiate by making some suggestions yourself. It would also be wise to go through the issues of using derogatory terms some participants might use to express their thoughts.

Process:

- Draw 2 columns on the board. In one column, write “Man” and second write “Woman”.
- Ask the participants to list words/characteristics which relate to “Man”, and write their answers on the board immediately. Some of the answers might be positive or negative. Help the participants to name and take into consideration the social and physiological characteristics of the “Man”.
- Repeat these steps under the “Woman” column.
- Go through the answers of the participants in each column.
- Switch the titles of the columns: “Man” becomes “Woman” and vice-versa. Ask the participants if the answers under “Man” still apply to “Woman”, and vice-versa.
- Use the questions below to facilitate the discussion regarding what characteristics the participants think do not apply for both men and women equally, and why. Explain that biological/physiological differences are “Sex” characteristics, and the social ones are “Gender” characteristics.

Optional Step:

To help you highlight the differences between sex and gender, you may wish to collect photos of men and women and present them to the participants about sexual (sex) and gender (social) characteristics of each.

The photos may include: woman washing dishes (gender); woman breastfeeding (sex); man fixing a car or fishing (gender). Ask the participants if the photo signifies gender or sex, and to justify their answers.

Questions for Discussion:

1. What does it mean to be a man?
2. What does it mean to be a woman?
3. Do you think that men and women are raised the same way?
4. What are the roles of the men in intimate relations? What are the roles of the women?
5. How do men express their feelings? Is it different from how women express their feelings? Why do you think there is a difference?
6. How do men express their sexuality? Is different from how women express their sexuality? Why do you think there is a difference?
7. What are the roles of the men during the reproductive process? Is it different from the roles of the women? How?
8. Is our perception on the roles of men and women affected by what family members and friends think it should be? How?
9. Do media affect gender roles? If yes, in what ways? How do media present women? How do they present men?
10. How do the differences or inequality between men and women affect our daily lives?
11. How do these differences affect our relationships with our partner and family?
12. How can you, in your personal life, challenge some of the different behaviours that are anticipated from men? How can you challenge some of the different behaviours that are anticipated from women?

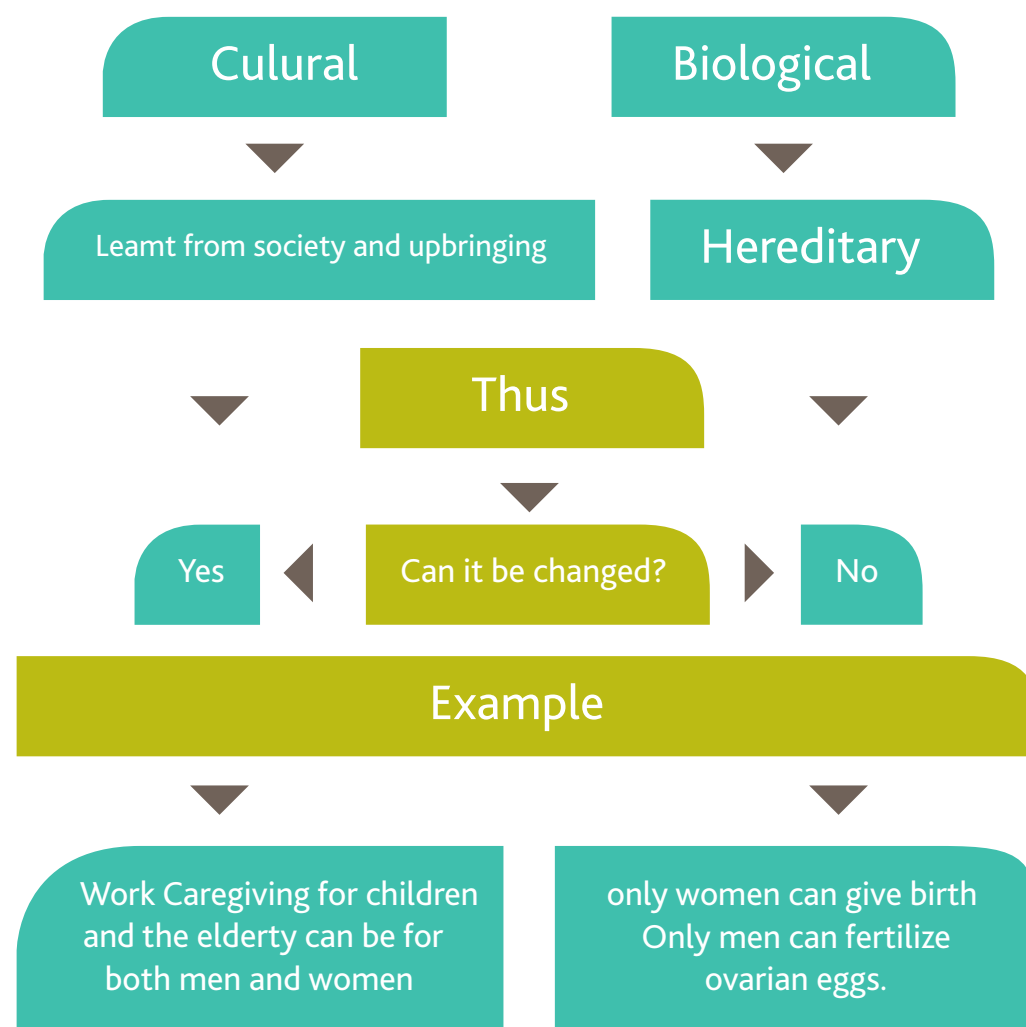
Conclusion:

Throughout our lives, we receive messages from family, friends, and media about how we are expected to behave as men, and how to treatment other women and other men. Despite that there are some differences between men and women, yet it is important to know that these differences stem from society alone, and not related to any biological or natural factors. These differences can affect our lives on a daily basis of men and women and their relationships. For instance, the man is expected to always be strong and dominant in his relations with others, including his partner. Parallel to that, the woman is expected to be submissive to the man’s authority. There are a lot of negative consequences for these gendered harsh stereotypes as we will see in the sessions. As you are more aware of how some stereotypes negatively influence men and women, you will constructively think about the ways to challenge these stereotypes and promote for better gender- positive-relations in your lives and community.



Resources

Sex: refers to sexual-biological characteristics that determines if a person is a male or female. Sexuality refers to the expression of feelings, thoughts, and behaviours as men and women. It includes our feelings of attraction and falling in love, and our behaviour during sexual relations. Gender: refers to the social differences between men and women, the inequality between them (like the way we dress and behave). We learn these behaviours and expectations from our family, friends, religious institutions, cultural institutions, school, work, and media. The below graph shows examples of sexual and gender characteristics of men and women:



WORKSHOP 2: ACT LIKE A MAN, ACT LIKE A WOMAN

Goal: Understanding the impact of gender roles on the lives of men and women

Require Equipment: Flipchart (board) and Marker

Timeframe: 1 hour

Planning Notes:

- Ask the participants if someone before told them that they are (acting like a man). Ask them to tell the other participants about what happened when someone told them this or something similar. After the participant states his/her story, ask: why do you think this person told you so? What did you feel after? Tell the participants: we will go deeper into these 2 questions. This will allow us to know how society makes it difficult to be male or female.
- Write on the board with big letters the phrase "act like a man, and ask the participants state what this sentence means to them. These are society's expectations of what a man should be like and how he should behave; how they should feel and react. Draw a box (square) and write inside it the participants' answers. Some of the possible answers would be "be strong" and "don't cry".
- Write on the board in big letters the phrase "act like a woman". Ask the participants to state this phrase means to them. These are society's expectations of what a woman should be and behave, and how they reacted and felt. Draw a box (square) and write inside it the participants' suggestions. Some of possible answers: "be a housewife" and "don't be too aggressive"
- After the participants are done with their suggestions, start the discussion using the questions listed below.

Questions for Discussion:

- Which of these questions can be more harmful? Why? (the facilitator must tick or mark each message as they are going through them, one at a time)
- How does living and abiding by what's written in the box affect the wellbeing of men? How does it affect the wellbeing of women?
- How does living and abiding by what's written in the box limits and influences a man's life and relationships? How does what's written in the box influence and limit a woman's life?
- What happens to men who do not abide by gender roles? (i.e. living outside what is written in the box)? What happens to women who do not abide by gender roles? What do people say about them? How are they treated?
- What do you think is necessary to ease the life of men and women outside what is written in the box? How do we contribute to that?
- Optional step: divide the participants into small groups and ask them to act out a short scene (a minute or two) in which a person tells another "act like a man" and "act like a woman/respectful lady".



Conclusion:

The aim of this activity is to help clarify how society places different rules on how men and women are expected to behave. These rules are known as "gender roles" because they dictate what is "normal" for a man to think, feel and behave, and what is "normal" for a woman. In many cases, these roles- as we will discuss in the coming activities- might enforce additional limitations on men and women to maintain themselves inside the boxes of "act like a man" and "act like a woman", in addition to the consequences related to decision-making and private relations.

WORKSHOP 3: EXPRESSING EMOTIONS

Goal:

Identifying the difficulties young men face to express their emotions and the consequences of these expressions on their relations.

Required Equipment: Flipchart (board), markers, post-it notes, resource paper.

Timeframe: 1 hour

Planning Notes:

Before the session starts, it is important for the facilitator to revise this activity on his/her own and think of the ways he/she express their own feelings. It is important to identify local psychological counselling centres or specialists that young men can be referred to.

Process:

1. Draw 5 columns and write the title of each one; that expresses an emotion: "Fear, Compassion, Sadness, Happiness, Anger". Refer to the resources paper for examples on the order of the words).
2. Explain to the participants that these emotions that we will discuss in this activity, and they'll have to think about how difficult or easy it is for young men to express these emotions.
3. Some of the participants might suggest other different emotions that general relate to the aforementioned ones here, such as "Hate" which goes under Anger. In one session, a young man suggested "Indifference" as an emotion. Throughout the session and working together, he discovered that the 2 actual emotions that led him to indifference were fear and sadness. Shyness, Guilt, and Violence may be suggested as emotions by the participants. Explore with the participants what exists behind these emotions and to think about the consequences of these emotions.
4. Give each participant a post-it note, and ask them to write the emotions on the board, in an order of which emotion they feel is the easiest to express (number 1) to the most difficult to express (number 5).
5. After the participants complete ordering their emotions from the easiest to express from the most difficult to express, collect the papers and score the finding in the columns as shown below.
6. Discuss with the similarities and difference among the participants' answers. Explain that the emotions we marked as 1 or 2 are the ones that we learnt to over-express. Numbers 4 and 5 are the emotions we learnt to contain and not express as much, even hiding it sometimes. Number 3 may signify that the emotion that we do not express nor contain, yet we deal with it on a daily basis.
7. Use the questions below to facilitate the discussion.



Questions for Discussion

- Did you discover new things about yourself in this activity?
- Why do people express some emotions and contain other ones? How do they learn to do this? What are the consequences of over expressing or containing emotions for long?
- Are there similarities between how men express their emotions?
- Is there a difference between how men and women express themselves? What are these differences?
- Do you think men express their emotions easier than women? Why?
- Why do men and women express their emotions differently? How do friends, family, society, and media influence the way men and women express themselves?
- How does the way we express emotions affect our relations with others (partner, family, friends, etc....)?
- It is easy to express emotions to friends and family? Your partner?
- Why are emotions important? Give examples if necessary: fear could help in dangerous situations. Anger could help in defending ourselves. Ask participants to provide examples.
- In your opinion, how do you think you can better express your emotions in a way that promotes your wellbeing? (Partner, family, friends, etc....)
- What can you do to express your feelings more openly? How can you be more flexible in expressing what you are feeling?

Memo:

It may be important to collectively present ideas about the different strategies to deal with emotions, and encourage each participant to note what they personally think, and then share their thoughts in a smaller group in case they wanted to.

Conclusion:

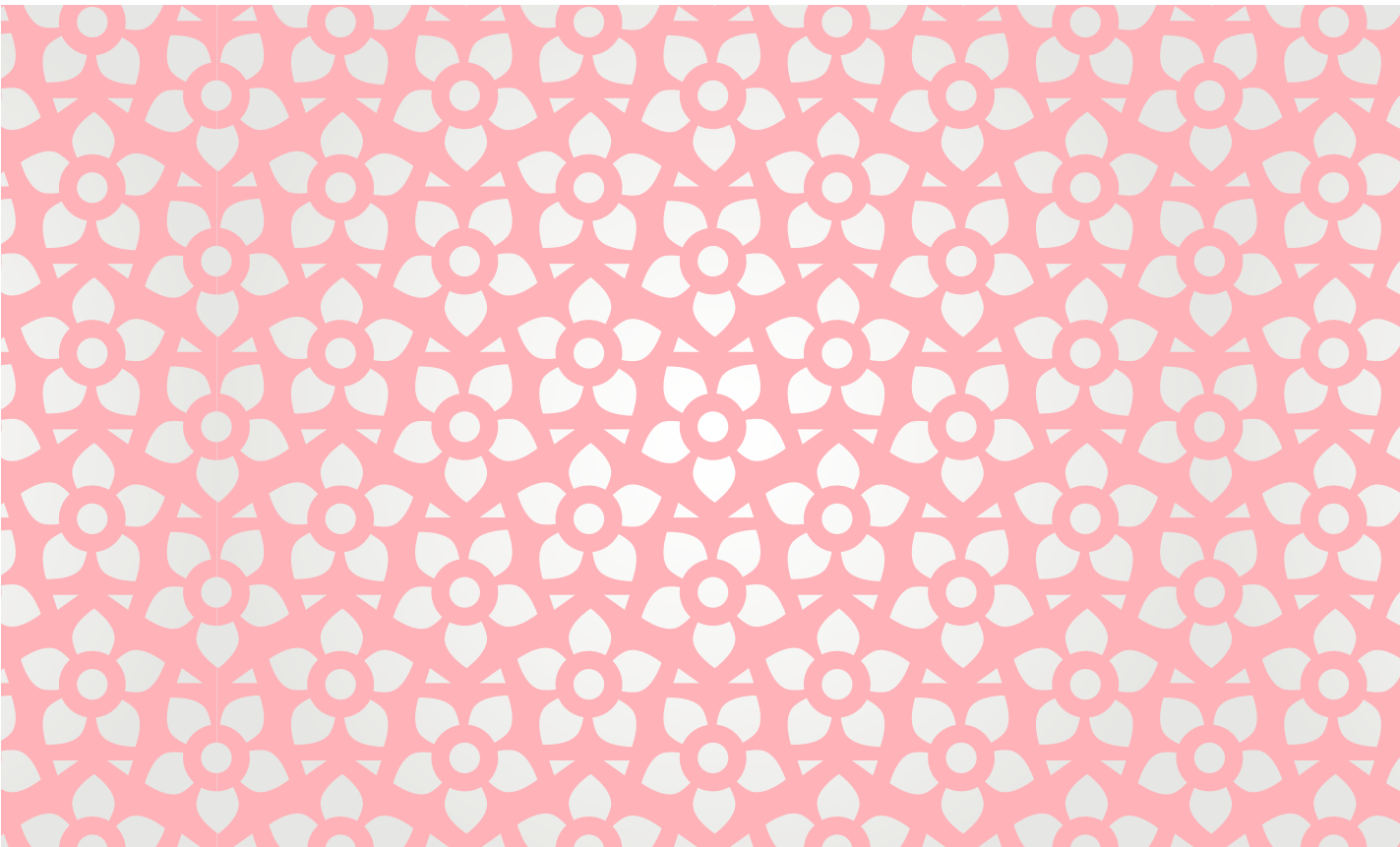
Emotions can be considered a form of energy that allows you to realise what is bothering you and what is oppressing you. Different emotions are a reflection of different needs, and it is best to learn how to handle one’s emotions in our daily lives. The ability to express emotions without causing harm to others can make you a stronger person and helps you deal better with the world around us. The ways in which we express our emotions different from one person to another, yet some conflicts may arise, especially when it comes to raising boys. For example, it is common for men to hide their fear and sadness even towards their children. It is common to express these emotions through anger and violence. Even- though you are not responsible for what you feel, yet you are responsible for how you handle this emotion. It is important to differentiate between “emotion” and “behaviour”, aiming to reach the ability of expressing emotions without causing harm to ourselves and to others. Linkages:

It is useful to link this exercise with the “From Violence to Peace” activity where men can use drama to train on non-violent alternatives to manage their anger and conflicts. Resource Paper: The following table represents the columns related to emotions and the answers of the participants. Through this discussion, the facilitator should help the participants identify the similarities and differences in ordering their emotions. For example, the table below shows a number of participants that find it easy to express anger, and an equal number that finds it difficult to express anger. This can help in moving the discussion forward regarding these differences and

if the young men find expressing anger as something easy or difficult. The sample studied showed that most participants find it difficult to express fear. What is mostly expected from men is to be brave and tough, thus it is important to use example as a baseline for the discussion around social and gender-relations.

	Fear	Empathy	Sadness	Happiness	Anger
Participant #1	5	4	3	2	1
Participant #2	2	3	4	1	5
Participant #3	4	1	3	2	5
Participant #4	4	3	5	2	1
Participant #5	5	1	3	2	4

Finally, it is worth noting that the collection and ordering of emotions should be anonymous, thus the participant not stating their name or what column they belong to. The facilitator can assign numbers for each participant as a reference to them on the table.



WORKSHOP 4:

THE EROTIC BODY

Goal:

Thinking about the livelihoods of men and women and their sex life, sexual desires, the messages they receive from society about their sexuality.

Required Equipment: Magazines, newspapers, flipchart papers, scissors, and glue.

Timeframe: 1 hour

Planning Notes:

It is important to conduct this activity with the highest level of openness and simplicity. It is okay for the participants to joke and laugh about the subjects. Laughter is one of the ways that some men may use as a defence mechanism for uncomfortable situations or where they are slightly embarrassed.

Process:

1. Distribute the papers to participants and place some magazines, glue and scissors in the middle of the room.
2. Explain the aim of the exercise, and ask each participant to cut photos or words from the magazine and prepare a collage (poster) about what the things that makes a man feel sexual desires.
3. Give the participants 10 minutes to scan the magazines and newspapers, and then do their poster.
4. Distribute another paper to the participants and ask them to do cut photos or words from the magazines that makes a women feel sexual desires.
5. Give the participants 10 minutes to do the second poster
6. Ask the participants to present their work and discuss it.
7. Use the questions below to facilitate the discussion.

Memo:

This manual is designed for use with young men alone.

Questions for Discussion:

1. How were sexual desires for men described in the posters?
2. How were sexual desires for women described in the posters?
3. What is common between these posters?
4. What is the difference between these posters? How do these differences contribute to the ways men and women raise children?
5. What is sexual desire? How do men and women feel sexual desire? Is there a difference? Do all men feel sexual desires in the same manner? Do all women experience sexual desires in the same way?

6. How do we know if a man is sexually excited? What about women?
7. How does a man reach orgasm? What excites a woman sexually?
8. Do men and women climax the same way? What are the differences?
9. What is an orgasm? What happens with men during an orgasm? What happens to women? (refer to resources paper).
10. How do sexual desires affect the decisions and behaviours related to the protection from sexually transmitted infections and HIV/AIDS?
11. Did you learn anything from this exercise? What are the ways that you can apply this in your daily life?

The facilitator should take into consideration the participants' social background, and be aware of their cultural sensitivities. To assure adequate and comfortable engagement of the participants, the facilitator should use the questions below selectively based on his/her personal judgement and depending on the context, setting, and how flexible the group is. If the facilitator is not certain about the context, it is advisable to seek assistance from an ally.

Conclusion:

Both men and women have sexual desires, and both are capable of achieving climax. This excitement constitutes of biological, psychological and social factors. Every part of the human body can cause sexual excitement upon touch, yet generally each person has some parts of their bodies more sexually sensitive than others. It differs from one person to another, thus, you will not know what excites your partner unless you discuss it with him/her and try.

Resource Paper: Human Sexual Desires.

Human sexual desires pass through 4 stages: desire, excitement, orgasm, relaxation. The desire is when a person feels they want to have sexual intercourse. It occurs through an interaction in the brain with a sexually exciting motive. Any part of the human body can cause sexual excitement and pleasure upon touch, yet generally some parts of the human body can be more sensitive and receptive of sexual foreplay than other parts. These areas are known as erotic spots (breasts, rectum, vagina, clitoris, penis, mouth, ear, neck, and others).

What is sexually exciting in one culture can be unattractive in other cultures or environments. For example, a specific standard of beauty might be attractive in in one region, but not so much in another one. Sexual excitement relies on psycho-social factors that are highly interlinked. For example, anxiety, depression, fear, neglect, all affect and reduce sexual desires. On another hand, when a person feels relaxed and safe, he/she can feel more sexually excitement and desires.

Sexual excitement can be an involuntary reaction and outside of the person's control. Every man felt embarrassed when having an erection in the wrong place and time. We know that when a man is sexually excited, the penis becomes erect and the testicles are firmer. We know that when a woman is sexually excited, the vagina becomes moister and this clitoris becomes swollen and firm. From a physiological aspect, the excitement is caused by the flow of blood to the organs (penis, vagina, breasts...) and from the muscular pressure that affects the entire body during sexual intercourse. During this phase, the respiratory process accelerates as well as the heart beats. It is important to know that foreplay is vital at this stage. For some men, all that is needed to achieve erection is an erotic image, while for women it is a build-up process that requires more time and foreplay.



The orgasm is the phase where sexual excitement climaxes. It is hard to describe it objectively because the sensation differs from one person to another. Yet most people feel a massive nervous pressure across their bodies and then suddenly feel relaxed accompanied by an enormous sensation of pleasure. But not all orgasms are the same. Since orgasms rely on sexual excitement, they differ in sensation and excitement from one time to another. Ejaculation through the penis occurs for men during orgasm.

Relaxation is the stage in which the man's muscles loosen and he needs some time to be sexually excited again. This period lasts between 20 to 30 minutes usually for young men, and for adults especially ones over 50 years, it may require more time. Women do not need this period of time which explains why women experience multiple orgasms.



WORKSHOP 5: WANT, DON'T WANT.. WANT, DON'T WANT...

Goal:
Discussing the challenges faced during negotiations about having sex or abstaining.

Required Equipment: Flipchart (board), markers, and the resource paper

Timeframe: 2 hours

Planning Notes:
During this exercise, some young men may be asked to play women's roles. This exercise may not be easy for some men to act out, and should be presented as optional. The alternative would be engaging the young men in a discussion rather than drama. In cases where a scenario is going to be played out, laughter is expected. We should understand that laughter is a result of embarrassment or discomfort sometimes, which they may experience when they play a women- role or watching 2 other men act out the scenario. We should be flexible when dealing with these kinds of responses, and at the right time, we should remind the young men about the previous discussion of "what is sex and what is gender", encouraging them to think in ways to interact with and respond to a man acting like a woman or other traditional feminine behaviour.

Process:
1. Divide the participants into 4 groups and designate a subject from the following table to each of the groups. Groups R1 and R2 will play the men's roles, and N1 and N2 will play the women's roles.

Group	Topic
R1	Why men want to have sexual intercourse in intimate relationships?
R2	Why men do not want to have sexual intercourse in intimate relationships?
N1	Why women want to have sexual intercourse in intimate relationships?
N2	Why women do not want to have sexual intercourse in intimate relationships?

2. Explain to the participants that each group (represented by 1 person) will come together and discuss the findings. Each group has 5 to 10 minutes to prepare for the discussion.
3. Primary Negotiations: Groups R1 (men who want to have sex) and N2 (women who do not want to have sex) start their discussion together. Ask the participants/groups to imagine the scenarios in which a man wants to have sex and a woman does not.

4. Secondary Negotiations: Groups R2 (men who do not want to have sex) and N1 (women who do want to have sex) start their discussion. After playing their roles, ask them about their feelings and what they learnt from the exercise.
5. In both cases, the facilitator should write on the flipchart the excuses that fit into the 2 categories: wanting to have sex, and not wanting to have sex.
6. Open the discussion for the wider group/all participants to discuss.

Questions for Discussion:

1. What are the similarities in these negotiations, and what happens in real life?
2. What makes negotiations with the partner easier in cases one does not want to have sex? What makes it more difficult?
3. What happens when the negotiations happen during the excitement phase and not before it? Does this make the negotiations easier or more difficult?
4. What are the reasons that push a young woman to have sexual desires? And the reasons that makes her have less sexual desires? (refer to resource paper)
5. What are the reasons that push a young man to have sexual desires? And the reasons that push him to have less sexual desires? (refer to resource paper)
6. What is a man's reaction when a woman initiates sexual intercourse?
7. Can a man decline sex sometimes? Why? (If the answer was positive or negative)
8. Can a woman decline sex sometimes? (Why yes or why not?)
9. Is it fair to push someone to have sex when they do not want to? Why yes or why not?
10. How can young men and women deal with peer-pressure and their partners when it comes to sexual relations?
11. What are the things you learned from this exercise? What are the methods to apply what we learnt in our relationships?

Conclusion:

Many factors contribute towards the decision to have sex, or abstain from it. Some women may fear losing their partners or feeling worthless when/if they decline sex. As for men, sexual intercourse maybe be motivated by peer or the community's pressure to prove their manhood. Additionally, communication, feelings, self-respect and unequal power structures in a relationship play a major role in determining whether a couple engages in sexual intercourse or abstains from it. it is important to understand how these factors attribute to sexual desires and decisions related to you and your partner. Negotiation does not mean that there has to be a winner in that discussion, but rather to find a medium in which you and your partner are both comfortable.

Linkages

The negotiations about sexual relations can be related to unequal power structures in the relationship that's present on most relations between men and women, promoting a negative, decisive and aggressive ways that young men use to communicate their desires.

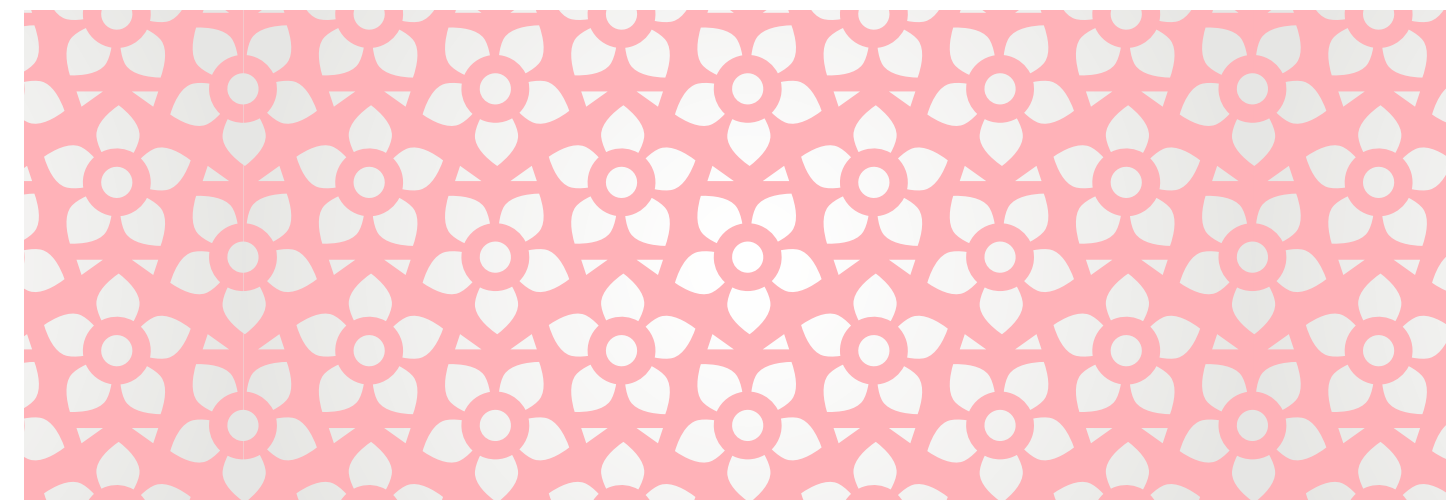
Resource Paper

The reasons that push young men and women to have sex are:

1. Limiting peer and partner pressure
2. Expressing love in the relationship
3. Avoiding loneliness
4. Proving one's masculinity/femininity
5. Seeking affection from another human
6. Seeking pleasure
7. The impression that everybody has sex
8. Show independence from the family or other adults
9. Clinging to the partner
10. Not knowing how to say "NO"
11. Proving that you are an adult/mature
12. Desire to pregnancy and having children
13. Curiosity
14. The person has nothing else to do
15. Sex in exchange of gifts or money
16. Media representing sex as something fantastic

The reasons that push young men and women to abstain from sex:

1. Commitment to religious and cultural/family values
2. Unwanted pregnancy
3. Avoiding contracting sexually transmitted diseases (STDs)
4. Avoiding a bad reputation
5. Avoiding guilt
6. Fear from sex being painful
7. Waiting for the right partner
8. Not feeling ready
9. Awaiting marriage
10. Not disappointing the family's hopes and expectations



WORKSHOP 6: WHAT ARE DRUGS?

Goal:

Discussing the different kinds of drugs, society's opinion towards drugs and using them, particularly among young people.

Required Equipment:

4 Flipchart sheets, tape, and markers.

Timeframe:

2 hours

Planning Notes:

It is vital for the facilitator to discuss this subject with a completely open mind, since many young people will discuss the hypocrisy of adults towards the subject, and criticise the policies and laws related to drug use.

Process:

1. Before starting the session, write all the following questions on a separate sheet on the flip chart board:
 - What do you think of when you hear the word "drugs"?
 - Who uses drugs?
 - What are the kinds of drugs and where to find them?
 - What are the risks associated with drug use?
2. Hang the sheets on different parts of the room.
3. Divide the participants into 4 groups
4. Ask (assign) one of the 4 questions to each of the groups, giving them 10 minutes to discuss their assigned question. For illiterate groups, ask the questions directly to them and let them discuss it verbally among themselves.
5. After 10 minutes, ask each group to move to the next question, going clockwise. Give them additional 10 minutes to discuss the new questions.
6. Repeat steps 4 and 5 until each group has a chance to answer all 4 questions.
7. Read out loud and summarise the findings from each group. In case one group did not write down the answers to one of the questions, ask them to participate in the discussion among all the participants.
8. Use the questions below to facilitate the discussion on the various kinds of drugs and the methods of usage by young people.

Questions for Discussion:

1. Did all the groups share a similar idea about the definition of drugs, and the people who use drugs, as well as the dangers associated with it? (refer to the resource paper)
2. Are cigarettes and alcohol accessible in your community? (Is it forbidden for minors under 18 years? Are the laws applied?)
3. Is attaining other kinds of drugs easy in your community?
4. What determines if the use of a drug is legal or illegal?
5. Is it allowed to advertise for cigarettes and alcohol in magazines and on television? How do ads advertise for these substances? What do you think about that?
6. How do media portray women who use such substances? Do you think this portrayal is accurate? How do these ads affect the way men and women think about drugs? Do media promote drugs and substance use as a way to prove one's masculinity?
7. Are there any campaigns in your community that calls for limiting substance abuse?
8. What are the steps that need to be taken to provide accurate information in your community about the consequences of substance abuse?

Conclusion:

Drugs are around the lives of many men and women, and available in many different kinds, some of which is legal and others are illegal. Some drugs are used commonly by men and other by women, etc.... There are various forms of social and personal pressures that push young men and women to use some these substances, yet it is crucial to now the consequences of using these substances on one's personal life and their relationship with their society as whole. In the next exercise we will discuss these excuses further.



What is a drug?

A drug is a substance capable of creating changes in the behavioural and psychological functions of a human being. Some drugs have a psychological effect, which means it is able to alter one’s mood, perception, and emotions, depending on the kind of drug used and its quality, in addition to the characteristics of the user’s current emotional, physical, and psychological states, in combination with the user’s expectations and context in which he/she is using these substances. These psychoactive drugs can be set in 3 categories based on their effect on brain activity:

Hallucinogenic	Sensations Induced	Side Effects and higher doses
Hash/Marijuana	Relaxation, calmness, laughter	Immediate and temporary loss of memory. Some people may experience hallucinations. Continuous use may affect the lungs, and temporarily affect sperm production.
LSD	Hallucinations .Distorted perception. A combination of sensations in the forms of sounds and shapes.	A state of anxiousness and fear. Delusional and feeling sick.
Anticholinergic (plants, Lily, and some medicines)	Hallucinations	Low blood pressure and body temperature. Induced coma. Addiction, feeling sick, the need to increase dosage. Addicts suffer from muscle spasms and anxiety.
Narcotic pills	Reduces tension, feeling calm and peaceful	increased heartbeat, pupils’ dilation, constipation and increase in body temperature can cause other forms of sickness
Ecstasy	Sleepiness, reduces pain, numbness, isolation from reality, daydreaming, hallucination	Horrible state when using . including anxiety, panic, feeling sick, and addictive

Resource Paper

- 1. Inhibitors: inhibits the brain activity and causes laziness and carelessness. Some examples are alcohol, and sleeping pills.
- 2. Stimulants (psychostimulants): increases brain activity, which cause a state of alert and awaken. Example: diet pills, cocaine, and caffeine.
- 3. Hallucinogenic: it changes brain activity and alters one’s perception of reality, time, place and enhances audio-visual senses. Example: Ecstasy and LSD.

Memo:

Alcohol may not be an appropriate subject to discuss in some communities for religious reasons. This doesn’t mean that alcohol cannot be discussed yet there might be some hesitation from participants to declare among others that they drink alcohol because of its negative quotations in their local communities.

Psychostimulants (uppers)	Sensations Induced	Side Effects and higher doses
Methamphetamines	Resisting sleep and fatigue, heart palpitations, energetic	Increased heart beats and blood pressure, dilatation of the pupils, risky to drive or operate heavy machinery. Higher doses may cause panic attacks, illusions, and paranoia.
Cocaine	Feeling strong, viewing the world from a happier perspective, high sensation, losing appetite, sleep, and fatigue	Higher doses increases body temperature, feeling sick, increased heart beats that can eventually lead to a heart attack.
Crack	Feeling strong, viewing the world from a happier perspective, feeling high, losing appetite, sleep and fatigue	Higher doses increase body temperature, feeling sick, severe increased heart beats that can lead to a heart attack, it leads to severe physical addiction and increases the possibility of death
Tobacco (Cigarettes)	Decreases tension, induces a sense of calm and peace	Reduces appetite, chronic Anaemia, increases infections such as in the Trachea, affect sexual potency. For pregnant women, it increases the possibility of abortions and birth defects. Tobacco is related to 3% of the types of cancer.
Caffeine	Resists sleep and fatigue	High quantities can cause anxiety and digestive problems

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WORKSHOP 7

DECISION-MAKING AND SUBSTANCE USE

Goals:

Think of the pressure exercised by the peers to use drugs, and understanding addiction to substances.

Required Equipment:

Copies of the resource paper (one for each participant), flipchart sheets, markers.

Timeframe:

1 hour

Planning Notes:

None.

Process:

Part 1:

1. Distribute a copy of the resource paper to each participant and ask them to fill it within 5 minutes. As for illiterate groups, read the questions out loud and ask them to discuss the subject within groups of two.
2. Ask each participant to share their answers with the everyone. If there are a lot of people in the session, divide them into smaller groups to share the answers between each other.
3. After sharing the answers, go through the following: questions to facilitate the discussion:
 - Do you think peer pressure a big factor that pushes men to use drugs?
 - Do women face similar pressure from her peers?
 - What are the similarities of peer pressure between the above two cases? What are the differences?
 - How does alcohol affect sex, and sex-related decisions? Does it leave positive or negative consequences?
 - What other behavioural changes that alcohol and drugs can affect? (driving, work, relationships, violence...)
 - How can we respond to some of the pressures that men face from their peers regarding substance use? How can we respond to some of the pressures that women face from their peers regarding substance use?

Inhibitors	Sensations Induced	Side Effects and higher doses
Sedatives	Reduces anxiety, relaxes muscles, helps sleeping	Higher doses can cause low blood pressure. In case mixed with alcohol, it can induce a coma. For pregnant women, it can cause deformities of the fetes. It causes addiction and a continuous need to increase dosage.
Breathable Solutions (glue, stain remover, benzene, corrector pen..)	High feeling, hallucinations, excitement	Nausea, low blood pressure. Continuous use can damage neurons, spleen, liver and central nervous system.
Cough medicine, Codeine, and Ziberol	Reduces pain, feeling healthier, sleepiness, sensation of floating	Low blood pressure and body temperature, induced coma, addiction, need to increase dosage. Addicts suffer from muscle spasms and anxiety
Narcotics	Reduces tension. Feeling of calm and peace.	When used with alcohol, it can reduce blood pressure and the decreased the lungs capacity to breath which may lead to death. Addictive and dosage increase will be needed
Opiates (opium, morphine and heroine)	Sleepiness, reduces pain, numbness, detachment from reality, daydreaming, hallucinations.	Causes addiction. Reduces heart beats and breathing which can cause death. If used by needles in a group, it can help transfer HIV. Severe pain when the drug withdraws from the human body.
Alcohol	High feeling, talking without focusing, feeling numb	Shiver and nausea, vomiting, sweating, headaches, dizziness and spasms, aggression, suicidal tendencies.



Part 2:

1. Brainstorm with the participants the meaning of addiction and dependency. Explain that these two concepts do not revolve around drugs and substance abuse only, yet they also exist and affect other behaviours, like addiction to junk and fast food and chocolate, watching TV the whole day, or excessively playing video games. Do another brainstorming session about what other activities or substances a person can be addicted to or dependent on.
2. Ask the participants what substances or activities young people can be addicted to the most?
3. Divide the participants into groups of 3 or 4. Ask them to choose one of the things that young people can get addicted or dependent on, and to discuss the reasons that push them to abuse these substances or activities.
4. Ask each group to present the main points they found during their discussion while taking input from everyone.
5. Use the questions below to finalise the discussion on dependency and addiction.

Questions for Discussion:

1. What are the most common reasons that push men and women to use or depend on substances and drugs?
2. How do dependency and addiction affect a human being? How do they affect their relationships?
3. What is the link between the availability of a substance, and the danger of abusing it and getting addicted to it?
4. What are the possible positives of dependency and addiction?
5. What did you learn from this exercise? How can you apply what you learned in your daily life and relationships?

Conclusion:

In many cases, it is common for men and women to use some substances or drugs (like alcohol) during gatherings or social occasions. Yet they should know how to put limitations on their consumption of these substances, and how to respect the boundaries and limits of others. For example, an appropriate strategy is to drink alcohol responsible and in small amounts only, and not mixing it with other drugs or substances. It is important to find ways to have fun and entertain ourselves without the use of substances and alcohol, and not pressuring others to use any substance if they do not want to. We must be aware about the causes of anxiety and tension in our daily lives that pushes us to develop negative

habits like substance abuse because we could not deal or resolve with the actual problems; and we should transform the negative causes into positive ones. Addiction only postpones resolving the problem and does not give a permanent solution. In most cases, addiction is linked to emotional problems that starts with a sense of hollowness or void that we feel in our lives, which leads to reinforcing the sense of carelessness and lack of motivation to move forward, until we reach a level where life as a whole feels pointless. Therefore, it is important for a person, even when overwhelmed by despair and agony, to remember that there is always a solution and it is never too late to ask for help.

Memo:

Alcohol may not be an appropriate subject to discuss in some communities for religious reasons. In this case, "Alcohol" can be replaced with "Hash/ Marijuana" or any other kind of drug from the resource paper. This doesn't mean that alcohol cannot be discussed yet there might be some hesitation from participants to declare among others that they drink alcohol because of its negative connotation in their local communities.

Resource Paper:

Personal Survey: Decision Making: Yes/No

1. Do you feel misplaced in a party or gathering with friends if they offered you an alcoholic beverage and decided not to drink it? Explain briefly.
2. Imagine you are at a party or gathering, and alcohol was being served and you drank a beverage, while one of your friends didn't want to drink. Would you consider your friend weird, boring, or anti-social? Explain briefly.
3. Would you defend your friend's decision of not drinking among other friends?
Let's assume you decided to defend him/her, what will your other friends think of you? Explain briefly.
4. Do you think that in order to have the approval of the group, you need to do what everyone else is doing? Explain briefly.
5. Do you think that a person can live a happy social life without drinking? Explain briefly.
6. Can a person feel comfortable with themselves without drinking? Explain briefly.
7. Can a man feel accepted without drinking? Explain briefly.



WORKSHOP 8

LABELLING

Goal:

Discovering how profiling people can affect personal relationships

Required Equipment:

Papers, tape, pencils, pens

Timeframe:

1.5 hours

Planning Notes:

The facilitator should be aware that issues or terms that come up when discussing profiling and categorisation may cause aggression and conflict between the participants should the situation not be handled with care. The goal of the facilitator should be to have a real and honest discussion about stereotyping (gendered and otherwise) in our communities where the participants do not feel insulted by these categorisations.

Process:

1. Initiate collecting ideas about positive profiling and stereotypes that are common in young people's communities. This may include: smart, lazy, shy, violent, etc.... try to think of a number of characteristics equal to the number of participants.
2. Write the characteristics on post-it notes and stick each one to a participant's back; label them. Note for that for this exercise to be successful, the participants should not see the note posted on their back, yet only see what others have on their back.
3. Choose 2 or 3 random participants; ask them to perform out a short scenario referring to the characteristics they see on each other's backs.
4. Ask each participants to perform a small scenario in which he/she tries to find out the characters assigned for him/her throughout the short acting scene, and then he/she should consider the following questions:
 - How do you feel regarding your treatment based on your characteristics?
 - How do you feel regarding your treatment of others based on their characteristics?
 - After the participants answer, ask them to give their feedback on the whole acting scenario.
5. All the participants should act out a scenario to help them identify the characteristics assigned for them and think about their feelings when they are labelled with these characteristics 6. Open the discussion among all participants about the exercise

Questions for Discussion:

- What's your reaction when you are treated based on your labels and characteristics.
- What's your reaction when you treat others or witness someone being treated based on their labels and characteristics?
- Are these labels common in your community? Give an example about other labels people use.
- Why do people label each other?
- What are the effects of labelling each other? What's the effect on relationships between people?
- If we think about the previous exercise about power-structures; what is the link between labelling and power structures in your opinion?
- What are the things you learnt here and how can you apply it in your daily lives and your communities?
- How do you avoid labelling others?
- How can you encourage young people to avoid labelling others? Conclusion: Labelling others and stereotypes affect individuals and their relationships with others. It is important to think thoroughly about how we treat others and how can we avoid some negative behaviours and actions when interacting with others, as we learnt from previous exercises, for instance:
 - Not judging a person before knowing them
 - Not using labels and derogatory terms to describe them or refer to them
 - Not discriminating on the basis of gender, religion, sect, race, social class, or vulnerable populations (like refugees), or sexual orientation.
- Turning one person in the family/community as a scapegoat or punch-bag to let out our frustrations on
- Stubbornness and clinging to one's beliefs and opinions
- Portraying a sense of carelessness or silence, or resentment The sense of belonging to a group (community or society), and the sense of acceptance by the group as we are without judgement, are crucial for us to learn and develop on an individual and collective basis. As you progress in these exercises here and in your daily life, you should learn to go past these labels and to be open in the way we interact with people.

WORKSHOP 9

WHAT IS VIOLENCE?

Goal: Identifying the types of violence in relationships, family, and local communities.

Required Equipment:

Flipchart (board), markers, talking-stick, copies of the case studies listed below in resource paper (a) and resource paper (b).

Timeframe: 1.5 hours

Planning Notes:

Before the session on violence, a research should be conducted about the information that are largely known/accepted by the local community in regards to violence, taking into consideration the current laws and humanitarian aid available for people who use violence or are victims of it. It is important to for the possibility that a participant might require referral to a needed service if the facilitator discovered they are suffering from violence or abuse. The case studies in resource paper (a) include several scenarios of sexual, physical, and emotional violence exercised by men towards men in intimate relationships; men exercising physical violence towards women outside the intimate relationships; physical violence between men; as well as community and institutional violence against individuals or a group of individuals. When necessary, you can adjust these case studies to address other types of violence that may occur between couples, families, and the local community. It is suggested to the talking-stick in this exercise, if the facilitator thinks it is needed or necessary. The flipchart will show definitions and meanings of violence that will be discussed in the first part of the exercise "Understanding the Role of Violence".

Process:

Part 1: What does violence mean to us? (3 minutes)

1. Ask the participants to sit in a circle and think for few minutes- silently- about what violence means to them.
2. Ask each participant to share their thoughts with the group. Write the answers on the flipchart. Alternative method: ask the participants to write or draw what violence means to them.
3. Discuss with the participants some of the findings shared specially the unique ones. Revise the definitions found below and inform the participants that there is no concrete or simple definition for violence, and that in Part 2 of the session we will go through a series of case studies that will help them think about the meanings and types of violence:
 - Physical violence: using physical violence like hitting, beating, slapping, and pushing
 - Emotional/psychological violence: it is the most difficult kind of violence to identify. It can include insults, threats, humiliation, pressure, excessive jealousy, entitlement and ownership like controlling all decisions and actions.

- Sexual violence: pressuring a person or forcing them into sexual acts (from kissing to intercourse) against their will, or making sexual comments that makes them feel insulted, humiliated, or bothered- even if there were consensual sexual relations in the past. Violence is also based on the nature of the relation between the victim and the offender:
 - Self-inflicted violence refers to a situation when the person him/herself are inflicting violence on themselves, and can be divided into several subsections of abuse and suicide.
 - Violence between people is also violence between individuals
 - Collective violence is the violence exercised by a group of people and it can be political, social, and economical
3. What are the types of violence that occur outside the boundaries of the relationship? What causes this violence? (examples can include physical violence among men related to gangs, war, rape, emotional violence, stigma against some individuals or groups in the community...).
 4. Are there types of violence that relate to a person's gender? What is the most common form of violence used against women? (refer to the resource paper (a) on gender-based-violence, and on violence against men from resource paper (b)).
 5. Are men violent only, or can women be violent as well? What is the most common type of violence men use against others? What is the most common type of violence women use against others?
 6. Does any man or woman ever "deserve" to be beaten or to suffer from violence?
 7. What are the consequences of exercising violence on others? On relationships? On the local community? 8. What can you do in collaboration with other young people to eliminate violence in your community?

Part 2: Discussing the Different Types of Violence (1 hour)

4. Read the case studies about violence and use the talking-stick to facilitate the discussion using the following questions.
5. After reading all the case studies, discuss the questions

Questions for Discussion:

1. What are the kinds of violence that occur in intimate relationships between men and women? What causes this violence? The examples can include physical violence, emotional or sexual violence that a man exercises against a friend/girlfriend/wife in addition to violence used by women against her friends and partner.
2. What are the types of violence common within the family? What causes this violence? (examples can include physical/emotional/sexual violence used by the parents against their children, or other forms among family members)



Conclusion:

Violence, in its simplest definition, is a person using force or power (or threats) against someone else. In most cases, violence is used as a means of control and enjoying that control over someone. Violence occurs all around the world and it is the result of a person's upbringing, particularly men, as a way to deal with anger and conflict. It is widely assumed that violence is a "normal" and "natural" part of being a man. Yet violence is a learnt behaviour and not innate, thus it can be eliminated. As we discussed in other sessions, men are mostly brought up to oppress their emotions where anger is the sole emotion they can express without affecting their masculine image. Additionally, sometimes men are raised to believe that they have the right to expect certain things from women (house chores and sex for example), and that they have the right to physically and verbally abuse women in case they did not comply to the men's expectations. It is important to think of the extent of harm violence also inflicts on men on an individual basis, and their relationships with others, resulting from the strict-gender roles in regards of the ways they use to express their feelings and interact with women. In your daily lives, it is crucial as young people to think on what can be done to eliminate the violence of men against others.

Linkages

This exercise can be tied to the previous one "Expressing My Emotions" and discuss how to deal with anger.

Resource Paper (a):

Violence Case Studies

Several case studies are available to use with participants. Please read through each before the training and choose case studies that you feel will be the most relevant and sensitive to the community in which you are working.

Case Study #1: Ziad and Lydia are married. Ziad is extremely worried that his family is coming for dinner, and he is wondering if his family members will have a good time, and he wants to show them how great his wife is in cooking. Yet when he returned home that night, his wife didn't prepare any food since she was feeling sick and couldn't start preparing the dinner. Ziad was very angry as he doesn't want his family to think that he cannot control his wife. They started arguing and yelling. The conflict intensified quickly and Ziad hit Lydia.

- How should Lydia react?
- Could Ziad act in a different way in this case?

Case Study #2: You went out dancing with a group of friends. When you were about to leave, you saw a couple (a guy and a girl; they seem as boyfriend/ girlfriend) arguing at the entrance. He called her a whore and asked her why did she flirt with another man? Her answer was: "I was not looking at him, and even if I did, aren't I with you?". The guy yelled at her again, and she answered: "you don't have the right to treat me like that". He called her "worthless" and asked her to leave his sight as he couldn't look at her anymore. Then he hit her and she fell on the ground. She yelled at him saying that it is not his right to do so.

- What will you do? Will you leave? Will you say something? Why or why not?
- Would the situation be different if a man was hitting another man?
- What could you do in such cases? What are your options?
- Is it your responsibility to stop others from using violence?

Case Study #3: Sami is a guy from a wealthy family. One day, he met a girl called Petra as she was on her way from school to her house, and they exchanged a conversation. The next day, he met her again, and he kept seeing her until one day he asked her out for dinner. During dinner, Sami told Petra about how much he admires her and asked her to go with him to his house. When they were in the house, they started kissing and then Sami started feeling Petra's body from under her shirt. Yet Petra stopped him and said that she doesn't want him to go any further. Sami felt very angry and told her that he spent a lot of time on her, saying "what will my friends say about me?". He insisted on her to change her mind. At first he tried tempting her, then he started yelling expressing his disappointment. He then pushed her and she fell on the ground and forced her to have sexual intercourse with him despite her will and her consistent requests for him to stop.

- Is this considered a kind of violence? Why or why not?
- What should have Sami done?
- What should have Petra done?

Case Study #4: Tarek was having a tough day at school. His mother punished him because of his bad grades, and did not allow him to go out that night. In class, he was unable to answer a teacher's question. In the playground, his classmate Rana mocked him for failing at answering the teacher's easy question. She said "the question was very easy...are you really that stupid?". Tarek told her to shut up and he pushed her against the wall. Rana raged with anger said "If you touch me again I'll show you what I'll do to you...". Tarek replied: "No, you wait and see what I'll do to you". He slapped her, turned around and walked away.

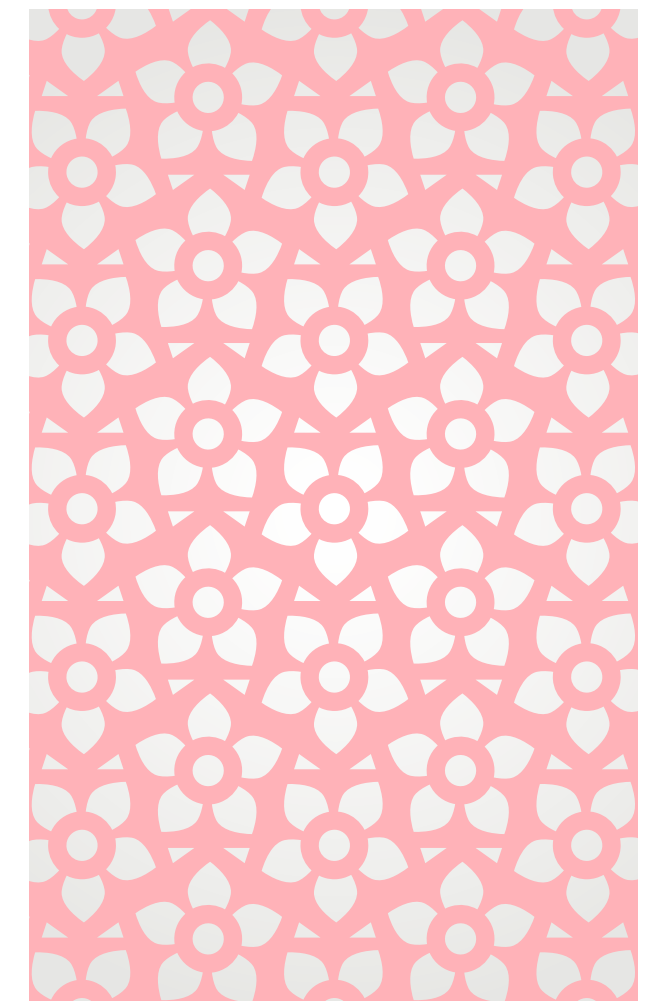
- Do you think Tarek was right to hit Rana?
- Could've he have acted in another way?

Case Study #5: A group of friends went to dance. Fady notices another guy looking at his girlfriend. Fady gets up and walks towards that guy and start fighting.

- Why did Fady act this way?
- Do you think Fady was right to fight this other guy?
- How could he have reacted?
- What should his friends do?

Case Study #6: In many societies, people living with HIV/AIDS are rejected. They are subjected to insults and humiliation. Their children are not allowed to go to school even.

- Is this considered a kind of violence?
- Do you think this kind of discrimination harms people living with HIV/AIDS?
- What can be done to avoid such incidents from happening?



Case Study #7: Salma is a 19 year old university student who moved in with her colleague to a one-bedroom apartment near their campus. Salma is HIV positive since she was 17 years old. She takes her needed medication, which requires constant refrigeration. One day, her colleague asked her why she takes this medicine. Salma wanted to be honest with her colleague and told her that she is carrying the virus. Her colleague was shocked and very angry. She asked Salma to leave the apartment immediately before she gets the virus too.

- How did Salma's colleague react?
- Do you think there is a risk in Salma giving the virus to her colleague?
- Is this considered a kind of violence?
- What can be done to avoid such incidents from happening?

Case Study #8: Rami and Nada are a couple who had their second baby. When they decided to have children, they agreed that Nada will be the one staying home and taking care of the children, while Rami works to bring money. Yet Rami started giving Nada lesser amounts of money. In the beginning, he had to cancel the German classes she was taking, and after that, she did not have enough money to buy clothes for herself or even meet her friends for a coffee. When she discussed this issue with Rami, he only said "we do not have enough money. You ask for a lot of things even though you don't make any money". When Nada mentioned that he goes out every night with his friends and she suggested that maybe she can go out with her friends instead, he replied: "Yes I go out a lot but I need to rest after work. You spent the entire day doing nothing".

- Is this considered a kind of violence? Why or why not?
- What should Nada do in your opinion?
- Could have Rami acted in a different way?
- What would you do in such cases?

Case Study #9: A group of friends are taking a walk in a public garden. Leila is a quiet and introverted girl, and Nour was bugging her about that. She did not respond, yet Hazem- who likes Leila- decided to defend her. He asked Nour to stop what she is doing and they argued. Hazem then hit Nour and they started fighting.

- What do you think about how Nour was treating Leila?
- Do you think this treatment is a kind of violence? Why or why not?
- What do you think of Hazem's reaction? Is it considered violent? Why or why not?
- What would you do in such scenario?

Case Study #10: Adam is a gay man. He came out to his family and friends recently. In the beginning, it was very difficult with the family yet they eventually accepted him. Yet some of his colleagues in school started calling him "faggot" and other derogatory terms. They used to always conspire against him, and they even beat him sometimes.

- Is this considered a kind of violence? Why or why not?
- What can Adam do in this case?
- What can his friends do in this case?
- What would you do in this case?

Resource Paper (b): What is Gender Based Violence (GBV)

In many cases, many laws and policies use the term "domestic violence" or "family violence" in reference to violence against women and children exercised by the partner, usually the man. Yet we are witnessing an increased trend in using "Gender Based Violence" or "Violence Against Women" to cover a wider scope of violence women undergo from their partners, family, or other people outside the family.

These terms focus on the reality of the dynamics and complex gender standards exercised against women (Filispoire 2003). The core concept of GBV is to differentiate between violence based on gender, and other forms of violence. This concept can be applied to both men and women, girls and boys, and focuses on eliminating violence against women and young people since they are affected by it the most. In the following, GBV and Violence Against Women are in accordance to the Charter of the United Nations General Assembly on Eliminating Violence Against Women in 1994:

- Any forceful action based on gender or sex that results in- or could potentially result in- women's harm and suffering physically, psychologically or sexually is considered violence, including threats of violence, incarceration, and arbitrary detention from freedom, whether in the public or private life. Violence against women includes but not limited to:
- Physical, psychological, and sexual violence that occurs within the family in the forms of beating, enforced sexual actions against young girls (children) in the family, and violence related to dowry, marital rape, female genital mutilation, and other traditional practices that are harmful for women, including non- marital violence and abuse.
- Physical, psychological, and sexual violence that occurs within society generally including rape, sexual harassment, threats and fear in academic and professional work spaces or anywhere else, trafficking of women and forcing them into sex work.
- Physical, psychological, and sexual violence that is exercised by the state, or that of which the state intentionally allows or not respond to.



WORKSHOP 10:

WHAT DO I DO WHEN I FEEL ANGRY?

Goal:

Help the participants in identifying the ways in which they feel angry, and the way they express their anger through means other than violence.

Required Equipment: Flipchart, markers, tape, a copy of the resource paper to each participant

Timeframe: 1 hour

Planning Notes: None

Process:

1. Initiate the exercise with a brief introduction on the subject. For example: many teenagers and men confuse anger and violence and they think they are the same. It is important to emphasise that anger is a natural emotion and everyone feels it throughout their lives. Violence is one behaviour in which anger is expressed. Yet there are other ways to express anger- better and more positive ways than violence. If we learn how to express our anger when we feel it, it will be better than leaving it to accumulate, which eventually leads us to explode our frustration.
2. Explain to the group that this exercise aims to discuss the ways in which people express their anger
3. Distribute copies of the resource paper. Read all the questions to all participants and ask them to answer it individually for 2 to 3 minutes for each question. For illiterate groups, ask the questions out loud and ask the participants to discuss it with each other in smaller group or draw what they think.
4. After answering the questions, divide the participants into groups of 4 or 5 maximum. Ask them to share their answers. Give each group 2 minutes to do so.
5. While the participants are still in their groups, distribute a flipchart sheet for each group to write:
 - The negative ways to interact with others when we are angry
 - The positive ways to interact with others when we are angry
6. Give each group 15 minutes to prepare the lists and ask them to present in front of everyone
7. Probably, the participants will share the following positive ways: breathing some air, counting to 10, using words to describe what we are feeling without harm. It is important to stress on that "breathing some air" does not mean going out for a drive or the need for speed in cars or drinking an alcoholic beverage outside since these are risky behaviours. In case these 2 points did not come up in the discussion with the participants, make sure to highlight them as a facilitator. Briefly, "breathing some air", means distancing ourselves from the situation or the person we are angry with. The angry person can have deep breaths, go for a short walk, or any other physical activity to calm themselves down. Generally, the angry person should mention to his partner or the person who they are arguing with that he is going for a walk, saying something along the lines

of: "I'm really angry at you and I need some fresh air. I need to walk a little bit so I won't feel violent or start screaming. When I calm down, we can discuss the problem together". Another example for dealing with violence is expressing ourselves without insulting others. This entails explaining why we are angry and how do we wish to solve the problem without insulting or hurting others. Give an example for the group: in case your friend is late for a specific date, you can either scream "you're a whore, you always do the same thing and I stand here waiting for you"; or you can express your anger without insults and say "X, I'm angry because you are late. Next time you're late, let me know before or call me on my mobile instead of leaving me waiting"

8. Discuss the following questions

Optional:

If the time allows, ask the participants to create some acting scenarios or think of other examples or sentences to say when conflict arises, to use them as substitutes for insults and yelling.

Questions for Discussion:

1. Generally, it is difficult many men to express their anger without using violence. Why is that?
2. Who are the people we consider role models to learn from how we express our emotions including anger?
3. We generally know how to avoid a conflict or a fight without using violence. Why do we never apply them?
4. Can "breathing some air" reduce the tension in conflicts? Did you use this approach before? Did it work?
5. Is it possible to use words without insults when we are angry?

Conclusion:

Anger is a natural emotion that everybody experiences throughout their lives. The problem lies when some people mix anger and violence together and consider them the same concept, thinking that violence is an acceptable way to express anger. Yet there are other better and more positive ways to express anger. Learning to express our anger is considered better than bottling up our anger inside and not expressing it, because if our anger accumulates it will result in an eruption of anger at a later stage.

Resource Paper:

Resource paper: what do I do when I feel angry?

1. Think of scenarios that you experience lately in which you felt angry. What happened? Describe briefly with 1 or 2 sentences.
2. Now after thinking about these scenarios, try to remember what were you thinking about and what did you feel. List some of these feelings.
3. When we feel angry, we mostly resort to violence. This might happen even before we realise as a reaction that for some people is instant and manifests in yelling and throwing things across the room, or hitting something or someone. In other times, we could get depressed, isolate ourselves, or remain silent. Now that you are rethinking the scenario in which you were angry; how did that anger manifests? How did you behave? Write a sentence of few words about the actions you did.



WORKSHOP 11

FROM VIOLENCE TO RESPECT IN INTIMATE RELATIONSHIPS

Goal:

Discussing using violence in intimate relations and building relationships based on mutual respect.

Required Equipment: Flipchart, markers, tape

Timeframe: 2 hours

Planning Notes:

We should understand that young men feel desperate when it comes to responding to the violence they witness by other men. A lot of them believe that they should not intervene in the business of other men. It is important that throughout the discussion to express the despair felt by many men when they witness another man exercising domestic violence. This exercise uses dramatic enactment of scenarios that include women. In case the group only constitutes of males, some may hesitate in performing the scenarios and play women's roles. Encourage the group to be more flexible in case a man did not want to act out the role of a women, and ask them to describe scenes using photos of stories for example.

Process:

1. Explain to the participants that this exercise aims to discuss and analyse the types of violence we use sometimes in our intimate relations, and discuss as well the ways in which we can build relations based on respect.
2. Divide the participants into smaller groups and ask them to create a short scenario or a short comical segment.
3. Ask 2 groups to present an intimate relationship with a boyfriend or a girlfriend, or with a husband and wife, that portrays a form of violence. Remind the participants with the discussions in the "what is violent" exercise and stress on the subject that the violence described in the scenarios could be physical even if it was not necessary. Ask them to be real in their description and using examples from things they seen, heard, or experienced in their community.
4. Ask the group as well to present a relationship based on mutual respect. This relationship may have conflict and differences in opinion, yet the presentation should show how mutual respect was achieved without using violence.
5. Give the groups 15 to 20 minutes to create their stories and watch them. Ask from each group that their act does not exceed 5 minutes.
6. Ask the participants to present their acts, giving time for questions after each scenario.
7. When the groups are done with their enactments, rely on the following questions to facilitate the discussion.

Questions for Discussion:

1. Where the examples in the scenarios enacted realistic? Do you witness similar scenarios in your community?
2. What constitutes a violent relationship?
3. What are the causes of violence in a relationship?
4. In the scenarios that include violence, how did the actors could have behaved differently?
5. Do men only use violence against women, or could women use violence against men? How are they violent? How should a man respond to violence?
6. When you see a couple using violence, what do you usually do? What can you do? Where do you find help?
7. What is the role that alcohol and drugs play when it comes to violence?
8. What are the consequences of violence on relationships?
9. What is the society/community's response to violence in relationships?
10. How do healthy relationships seem? Do we see examples of relationships based on mutual respect in our community?
11. What can we do as individuals to form healthy relationships? 12. What can we do as a local community?

Conclusion:

Conflicts occur in all relationships. The way in which we handle conflicts is what makes a difference. Learning how to dedicate time to think about our emotions and expressing them calmly and peacefully is an important part in creating a relationship based on respect.



WORKSHOP 12:

SCENES OF DATING

Goal: Identifying the Characteristics of a Healthy Relationship

Required Equipment: Flipchart board, markers, scissors, tape, copies of the resource paper.

Planning Notes:

Many opinions may be voiced out regarding healthy and unhealthy relationships. Before starting this exercise, the facilitator should work with a group to reach an agreement in that regard.

Process:

1. Draw 2 columns on the flipchart. Write in the first one “Health Relationship” and in the other “Unhealthy Relationship”.
2. Divide the participants into 3 or 4 smaller groups and assign each group to write one healthy and one unhealthy dating scenario for each member in the group on a sheet of paper or post-it note. The scenarios should reflect the reality of “dating” or “courting” behaviour for young men their age in their communities and societies.
3. Ask each group to cut out these “scenarios” and place them under each column, whether they think it is healthy or unhealthy. Give the groups 15 minutes to do so. As each group- if the time allows- to propose additional healthy and unhealthy scenarios.
4. Review the scenarios and ask each group why they decided they were healthy or unhealthy
5. Use the following questions to facilitate the discussion.

Questions for Discussion:

1. Do you think these scenarios are realistic?
2. Did you ever experience similar scenarios? How did you feel?
3. What is society’s reaction towards these scenarios?
4. What are the common characteristics of a healthy relationship?
5. What are the common characteristics of an unhealthy relationship?
6. Do you think that young men in your community establish healthy or unhealthy relationships? Explain
7. What are the major challenges faced when building a healthy relationship? How can we face these challenges?
8. What should you do in case you felt that you are in an unhealthy relationship?
9. What can you do if a friend of yours is in an unhealthy relationship?

Dating Scenarios:

The following are examples of scenarios that the participants can use. They should be encouraged to come up their own scenarios that are relevant to their community and culture.

- You planned to do something with your partners but he/she cancels in the last minute because he/she thinks that what you planned is not entertaining.
- He calls her stupid while arguing
- You take turns in watching the music bands or TV programmes that you want to watch
- Your partner criticises your friends
- He pulls her arm during arguing
- He drives too fast; she asks him she is uncomfortable. He reduces the speed and apologises.
- He tells his friends that he had sex with her last night, meanwhile in reality he didn’t do anything except talk to her.
- He pressures her to have sex with him
- Even if you have different opinions, this does not affect your mutual respect
- He thinks she wants to have sex with him if she wore short skirt or an open shirt
- You celebrate together when one of you receives good news
- She doesn’t like it when he goes out with his friends. She doesn’t trust him when he is not with her.
- They share the cost of dinner and movie tickets
- When they go out together, he always looks at other women’s bodies, and sometimes comments that they are “sexy”.
- You get angry over something, yet you always talk and listen to each other’s point of view.
- When she has problems reading a map, he says “I think women lack a sense of location because it’s genetic and innate”
- He calls her the next morning after their date and tells her that he had a good time and hopes that she slept well after
- She decides to cheat on him to make him jealous
- He cheats on her, so he hit her
- They go together on a camping trip, and they make a list of the things they need with them, and they shop together
- She tells him that he needs help in choosing his outfits, and that he can kiss her better
- When she knew that he cheated on her, he justifies himself by saying he was drunk and not responsible for his mistake
- He pressures her to take nude photos. He plans to share the photos on the internet, and he says “my dear, you look very sexy and I want the whole world to see”
- One night before the deadline of a school homework, he asks her to do the assignment for him because he didn’t have the time to do it
- They talk to each other if they are both having some problems at home or school
- He feels he needs to always be strong in front of her
- When she angry at him, he listens to what she is saying.

Chapter Four

WORKING WITH CHILDREN AND PARENTS

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Chapter Four

Working with Children and Parents

Introduction

What do families, children and women face in wartime and how do we intervene to listen to, preserve and strengthen their resilience capabilities, when everything around them is so affected?

It is from the point of view of the concept of the psychological trauma, of the many symptomatological manifestations in children and adults, that we will be evaluating the prevalence of risk factors and / or protection factors in the life of those with whom we will intervene: we, the front-line professionals, to support and substantiate our actions and our supporting, prevention and screening activities, in order to speed up the necessary orientations towards more specialised care units.

Professionals will be guided on how to “be with” the participants through interventions with artistic mediation. The artistic mediations were chosen and favoured due to their malleability, to their specific playful and creative universe, to their inherent therapeutic role. We are very familiar with this mediation; it emanates from the world of childhood, while not being intended solely for children. It invokes the desire to play, draw, express, create, shape, listen, tell, etc.

The proclaimed objective of this work is to allow, facilitate and arm the professionals- who will be led to establish a series of workshops, thematic and recreational, which will put the participant’s body, mind and emotions in a state of fragility, distress and elevated risk, in a steady movement- to be able to guarantee a work setting which respects the time and defences of each person, their personal and collective stories related to loss and mourning, to their unique mechanism and strategies of resilience, facing war hardships and tragedy.

It’s through maintaining and cultivating a high level of professionalism in their workshop building, and through debriefings in pairs, and through a clear and well established setting, and through fine and containing listening, and through a need of solicitation of unwavering, out-of-the box skills without monotone repetition, that the interveners will succeed in carrying out their mission to provide supervision, support, screening, guidance or strengthening of the protection factors to each participant in their group.

The following sections will then strive to increase the accessibility to this theory-practical knotting necessary to achieve high-quality interventions.

The situation of families in wartime

The situation of women [1]

Women are consistently the victims most affected by the hostilities, and when men are fighting, it is women who provide for their families and communities.

Women often take part in the hostilities and play an active part in the war efforts, providing support and participation in the battles, be it by choice or by force.

At the very least, they provide the moral comfort men need to go into war.

Some women are abducted to serve as sexual objects, or to cook and clean the camps.

Some women are considered as suspects and are targeted for men’s alleged or real activities. Thereby, they try to hit the absent by intimidating and attacking the one who stayed behind.

As members of the civil population, women and young girls often suffer from the direct or indirect consequences of the fights, because they endure the shelling and the blind attacks and suffer from lack of food and other basic commodities essential for their survival and their health.

They inevitably assume responsibility for the children, the ill and the old.

The absence of men, who went to war, or who were captivated or detained, or considered missing or dead, displaced or exiled, accelerates the collapse of the traditional support mechanisms on which the community, notably women, used to rely.

Knowing the fate of close missing people is a quest which often continues years after the end of the conflicts.

Not being able to mourn and to properly bury the dear ones has dramatic consequences on those who survive and on their adjustment mechanisms (...).

These women often rely on the support of the local population of the zone to which they were displaced, and on the support of international non-governmental organisations.

The situation of children

Children are extremely vulnerable war victims. Even if they get out of it physically unharmed, the psychological consequences remain and their future stays compromised.

The internally displaced children do not cross the borders of a state but they are displaced inside their own country. They represent 2/3 of the displaced children.

On the other hand, children refugees are children who cross an international border and have specific rights.

Internally displaced children and children refugees face the risk of becoming unaccompanied minors or minors separated from their parents, their extended families or their legal guardians.



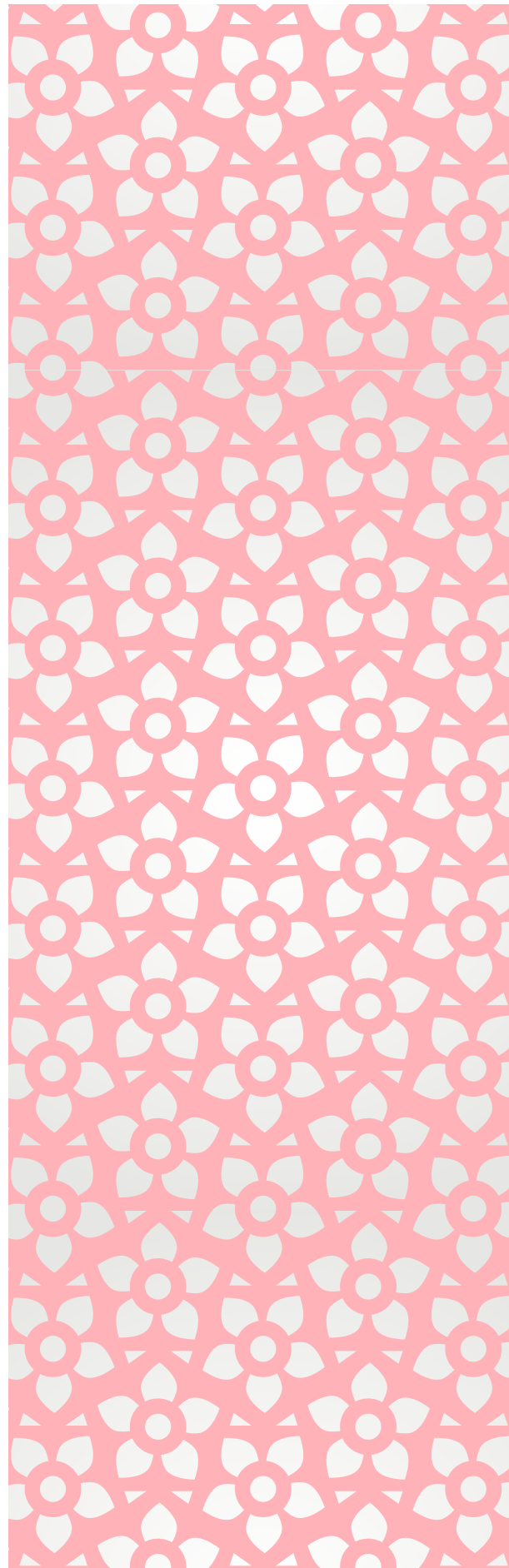
Displacement risks are several: recruitment in armed forces, sexual exploitation, bad treatment and violence, forced labour, adoption under irregular conditions, discrimination within temporary care facilities or communities, difficulties in accessing education and recreation.

Child soldiers for instance are not only children members of an armed group which participate actively in hostilities. They do not necessarily wear a uniform and hold weapons: they can be recruited in an armed group as cooks, porters, guards, spies, messengers, bodyguards, sexual objects, mine “detectors” ...

Amongst the risks that children incur is forced marriage. Whilst marriage of underage girls is not a new phenomenon in Syria, these marriages are often arranged in order to protect girls from some sorts of sexual harassment or sometimes following a rape, in order to restore the honour of the victim, not to celebrate a union.

But given the circumstances under which the Syrian refugees live, the economic conditions which encourage some arranged marriages of underage girls is far from insignificant, and is becoming a more frequent factor. In addition, and in order to increase their chances of being received in another country, some marriages of underage girls are being arranged.

Child marriages have serious consequences on the mental health of the persons who are not psychologically prepared and do not understand all the duties and consequences that such a union entails. The rate of premature labour is also often very elevated and gives birth to a child who has lower chances of survival. Finally, the long and painful experience of childbirth can be fatal, both for the young mother and the baby.



Resilience

“When a grain of sand penetrates inside an oyster by aggressing it, the animal reacts by producing the nacre which settles around the grain and transforms it into a small pearl. The harsh grain is modelled until it takes the new shape of a precious pearl’ [2]. It’s when confronted with stressful situations, potentially traumatic, that the human being finds himself brought to develop and experiment new capacities for adaptation and resilience, which until now remained unsuspected.

The factors which promote the emergence of the resilience capacities pertain to the **inner resources** of the person, and are related to:

- Self-esteem and the image of oneself
- The sense of humour
- The coping strategies which can be defined as “the set of cognitive and behavioural endeavours aimed at controlling, reducing or tolerating the internal and external conditions”.
- Confidence and optimism
- The feeling of self-efficiency which allows to contemplate and dream of future projects, to realise, on his own journey, his action and influence capacities.

All these factors, arising from the inner resources of the person, are called protection factors.

These are strong signs of survival and self-preservation capacities, facing adversities.

They can also include the external resources of the person, particularly those emanating from the family and school.

As a matter of fact, the potential protecting force and the stability of the family structure is essential to the development of the individual resilience.

- Resilient families show common characteristics [3]:
- Stability, unity and support among its members when faced with negative events;
- A resilient character and the ability to adapt to changes;
- The ability to communicate and share feelings among its members;
- The ability to develop and maintain social relationships;
- The ability to practice rites and ceremonies’ [4].

It is important not to generalise and think that without one of these external resources or the other people cannot be resilient or lose their resilient potential.

On this subject, many studies made on children who experienced early mother deprivation, but who were able to have later on good adult role models, showed that they had inside them the new existence of strong adaptabilities, correlated to a “normal” development of self-esteem and self-efficiency.

As a matter of fact, there is a postulate in which we can find some sort of comfort, a de facto postulate which says that nothing is ever decided, that things are never definitively frozen, and that plasticity is a theory-practical foundation on which we must lean.

The psychological trauma

A traumatic event presents itself like an experience:

- Sudden and unexpected;
- Life threatening;
- Triggering feelings of fear, helplessness and anxiety;
- Out of the normality;

It could then be a brutal experience, such in natural catastrophes or wars, or even a series of events, intense and/or repeated such as in the cases of abuse.

However, an experience is never traumatic by itself, but it tends to become so when its emotional intensity exceeds the defence abilities and those of implementation of effective strategies that a person can solicit.

The response to traumatic experiences are characterised by episodes of reviviscence where the person relives, against his will, the traumatic situation, and/or the related emotions, in the form of flashbacks, nightmares or sensory hallucinations.

Among the most common response strategies, we can find those which aim at "cutting oneself" from the persons and places, thoughts and feelings closely related or indirectly related to the lived traumatic experience.

These avoidance attempts often place the person who lived a state of psychological trauma under tension and in constant alert, which facilitates a permanent irritability and change of mood.

From a clinical point of view [5], we can name the following symptoms:

- Inhibition, which appears in the form of astonishment, immobility and silence;
- Agitation paralleled with by turbulent movements or aggressive behaviour;
- Desperate escape with fear and panic attacks which persist when the person is safe;
- Automatic behaviour, not adapted to the context

Regarding the traumatic event for the child and to some extent to the adult, we can consider that it often represents an enigma, a stressful mystery which barges into his life and turn his points of reference, the foundations he leaned upon before and his previous beliefs upside down.

The traumatic event makes him/her ask himself/herself: why me? Why is this happening to me? What does this mean? What did I do? What wrong have I done to deserve this?

Faced with all these questions, the child very often clashes with the awkward silence and the incomprehension of the adults, and in an attempt to give a meaning to something that he doesn't understand, he often does so through the traumatic games of drawing or modelling.

On the other hand, the adult, who is maybe staggered and his capacities of psychological elaboration frozen when faced all these questions, his body takes over. In these situations, the adult needs above all his peers to think, to give a meaning to everything surrounding him, to share his experience, exchange with them their experiences, and often, rely on his own inner resources to bounce back and react in an effective way to the event.

Terminology and examples of terms to be used [6]

When speaking to non-specialists, whether they are first-line interveners or beneficiaries, every used terminology must be easy to understand, and therefore accessible.

It must not "pathologise", "stereotype" or "categorise" or "stigmatise" the common reactions in difficult situations.

It must rather encourage and promote the person's' ability to manage and overcome by themselves the difficult situations, and for this, believe in their resilient capacities.

Believing in people's resilient capacities doesn't mean denying the difficulties, quite the opposite.

It is then a question of taking into account and strengthening the social supports mechanisms pre-existing within the families and communities in order to highlight the collective and structural nature of the causes and reactions of distress.

We therefore favour the terms **distress**, **psychological** and social **impacts** to trauma, **signs of distress** to symptoms;

Fearsome events to traumatic events.

The appearance of signs of distress in children

Very often we hear that a child is considered the symptoms of his parents.

In order to make this understanding more accessible, we can say that it is from a "knowledge" that the child has, or rather from this ability to resonate which he has vis à vis the impasses of the longing of one of his parents; vis à vis their expectations and their speeches sometimes contradictory regarding his future, vis à vis the unspoken and the family secrets; vis à vis the patents' distress which they cannot elaborate to the child, with the child; it is from all the above that this latter expresses himself "in a different way" what he hears, sees and feels.

He expresses himself "in a different way", meaning that the body, impulsive, its movement uncontrolled, starts slowly to take over the construction of thoughts that make sense, that give some meaning, even painful, to something serious,

This "knowledge" that he has but that he doesn't understand, the child often expresses it with his body and actions, being unable to articulate it.

The appearance of signs of distress in adults

As for the adult in the face of his own distress, just like the child, when he is unable to make sense of the reality surrounding him, he can manifest **extreme behaviours of passiveness**, or quite the opposite, **of impulsions and strong aggressiveness**.

Often, when faced with the difficulty of elaborating a trauma, of mourning a person or a situation, the adult enters into a world of silence, or of compulsory repetition, as if to conjure a spell.

Sometimes he identifies with the aggressor, adopts his behaviour, without realising it, without being aware of the distance which separates him from his real desire. The adult then wears another skin, a “fake-self”, which he seems to need to be able to survive.

In front of the appearance of strong signs of distress in adults, we must never **belittle** his feeling, or the situation he is in, nor **fuel it**, increase it, but on the contrary, we must try to listen to what is happening inside him, to him, at that moment, lend him our creativity, our thinking device, **assist him gradually** to find the solutions suitable for him, give him a meaning to his life again by strengthening his inner and external resources.

Precautions in terms of “psychological trauma” and “Post-Traumatic Stress Disorder”

It is understood that war, organised violence, situations of open conflicts, hold a significant *traumatising potential*.

However, these misfortunes do not have the same effect on everyone.

If trauma is equivalent to a distress, often very strong, it is crucial to rely on the fact that this trauma can, on certain occasions and in certain situations, open up the way to new *perspectives in life*.

People who go through situations of great distress, often live this opening up experience. However, this is an experience which must be transmitted with a lot of precaution, in order to never deny the traumatic experience itself, but avoid at any price staying glued to it.

Even though every person reacts then in a unique way to a traumatic event, many aspects can affect this reaction, be it an environmental, relational, psychological, biological, cognitive, cultural or any other aspect, and therefore, and make the systemisation of any generalising diagnosis impossible.

Often, “the use of psychological trauma or PTSD diagnosis with kids is applied without taking into consideration the context of the trauma” [7].

Sometimes we forget that the concept of the trauma is a mirror reflecting the culture in which we live, and its **institutions**. *“The disorder is not timeless, nor does it possess an intrinsic unity. Rather, it is glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilised these efforts and resources”* [8]

The way a traumatic experience is lived depends then on the environment and on the context in which a person has lived, and in which he is living now.

There are four elements shared with most childhood traumas, but also with adulthood traumas: visual representations of intense memories, repetitive behaviour, fears related to the trauma, in addition to a changed attitude towards others, life and the future.

Armed conflicts, due to their undetermined, swift and often random, always relatively long duration, spark off specific traumatic reactions, and that’s why, a definition of **PTSD adapted to situations of organised violence** seems relevant in war times.

War-Zone Traumatic Stress Response

War-Zone Traumatic Stress Response is a cumulative response of chronic stress in war-zone situations which takes into account the modifications of the cognitive, emotional, moral, behavioural and psychological functioning as well as the cultural dynamics and the existential responses created by the war’ [9].

First, it is important to specify that the persistence, the number of elements with a traumatic potential and the recurrence of these elements, seem to be strongly associated with the level of PTSD, even stronger than when during unique circumstances.

In children as in adults for example, those always have the possibility to recover after an isolated traumatic event, if their support environment, their “natural” safety factors are operating and respond “well enough”.

“Besides, the daily causes of stress which war entails such as family conflicts, social isolation, accommodation problems, health and the insecure financial situation, can affect individuals even more than the traumatic experiences directly linked to violence’ [10].

Second, it is also very important to tackle the impact a war trauma has on children, because its effects on those are different from its effects on adults, in that a child who goes through a trauma is in the middle of his cognitive, physical, emotional and social development, and this will affect the experience he will have of a traumatic event in a different way.

This child is indeed going through a separation, individuation and self construction problematic which will be aggravated by the disintegration of the family system in which he develops.

When his family system is disrupted by the war, his development is also affected. Besides, **war usually changes the structure of the family and the role of its members**.



One of the biggest difficulties a child faces is the fact of finding himself **duty-bound to take on the role of an adult**, which is a necessary duty connected to his survival, and which sometimes goes as far as reversing the roles inside the family system.

Prolonged exposure to trauma may as well alter the personality and the behaviour of the child, in addition to his perception of the world. For instance, in war time, **violence becomes** somehow **authorised**. A person can therefore be a victim and an aggressor at the same time, something which deeply confuses a child who doesn't know anymore who he can trust and turn to if he needs help. Besides, when an adult is himself in psychological distress due to war, "he is generally incapable of giving emotional support to his children" [11, 12].

The adult, when it comes to him, can regress, lose some skills that he had previously acquired, some of his sense of responsibility and duty, and find himself in a situation of dependence at the exact moment he is required to put forward his autonomy.

The adult too perceives war as a destruction of his past, of everything he has worked so hard to build, of everything he invested in, work, home, family, and must all over again draw from the same source which has lead him previously to build himself, in order to rebuild himself. The mourning of one's previous life that an adult must go into is an **extremely painful one**.

Some adults see in war the possibility to rebuild a new future, a better future, but for this to happen, the destruction which took place must end.



Workshops with artistic mediation and PTSD

Workshops with artistic mediation rest on some specific therapeutic principles which can facilitate the exploration and at a later stage the possible transformation of trauma.

One of these principles is **detachment**.

Detachment is a process which creates a distance, a **separation**. This detachment happens for instance while creating an artistic work, when distancing oneself from the experienced trauma, simply because this trauma becomes an object, an **object outside** us, over which we can have control, on which we can practice our power of transformation.

Workshops with artistic mediation represent thus a form of unique treatment by offering the possibility of tackling the traumatic experience inside a **creation space potentially fun**.

Thus, this creation space allows the control of the production of the content, the form, the details and the use of specific material to shape this content.

Therefore, this creation space allows us, for instance, to decide on what to represent and with which artistic media, which gives us a **feeling of command and control**.

Another therapeutic principle specific to workshops with artistic mediation is the **reorganisation of memories** related to trauma in a **coherent narrative frame**.

Following a trauma, the person "mislays" a part of his memory of traumatic events.

Unbearable memories are somehow **moved out of the** explicit **memory**, also referred to as declarative memory (Malchiodi, 20013; Talwar, 2007), and we can notice the great difficulty, the impossibility even of people with PTSD to verbally describe what they went through, to write down this experience in a story, in a coherent recital which has a beginning, a middle and an end.

Many authors agree that the elaboration of a trauma cannot begin before the memories associated with the traumatic event are organised in a logical way, and therefore, artistic elaboration can be a good intervention method because it is rooted in the non-verbal communication.

Therefore, workshops with artistic mediation seem to have to potential to **access some memory fragments by overriding the language**, thus offering a means to translate and transmit an experience which cannot be verbalised, described with words.

Malchiodi (2008) highlights that, by using his **imagination**, a person can create a story of the "other" trauma.



This story which is made one's own, becomes then much less traumatic, and makes it possible to **incorporate new images** which can promote the elaboration of the trauma, even give it a more positive impact.

In addition, workshops with artistic mediation offer a big choice of creative techniques which allow, through active participation, the promotion of **self-esteem** and **the feeling of competence and efficiency** through creation.

The space of **recreational creation** is the third therapeutic principle. The joy of creating, transforming, discovering and experimenting has the advantage of combining elaboration work with a recreational activity which can be **pleasant** for some people and hence less threatening or harrowing.

Creating an object also makes it possible for us not to be in a motionless space, friends in a changing space, a process of creation and of transformation, which significantly alleviates the anxiety of the trauma which is something bewildering and freezing.

Creating an object must always take place in a setting which allows the person to destroy at any moment this object if he wishes to, to express his aggressiveness on the object and not on himself or on others.

Moreover, artistic creation promotes a **state of relaxation and loosening up** which is an excellent asset when it comes to setting in motion a process of elaboration of the trauma.

Creation, expression, creativity and imagination

Creation is an event absolutely accessible to everyone.

That's what happens when someone manages to link his emotional life to the language, and hence to the languages of creation.

Emotional life is something that structures us. It is something out of which we are built, with which we are inhabited, but still escapes us, escapes our perception.

The only means to access our emotional life is creation.

The process of creation is this relationship, this bridge, this link, this tension, between our **linguistic capacities** and our **emotional expression capacities**.

The encounter between these two forms of capacity, linguistic and emotional, sets off the process of creation, and the motion which makes this set off possible is **the work of the expression**.

Prinzhorn, psychiatrist and art enthusiast, founder of the "Gestalt" theory wrote: "The expressive movements, in their essence, serve no other purpose than to concretise the psyche. The tendency of all Gestaltung [the tendency to make forms] is to reach a perfect form. Its accomplishment requires that the creating movement be saturated with the psyche that it represents".

Therefore, according to him, there is:

- A tendency (an oriented force), an aim of the expressive movements to incarnate the psyche, which means turn the impulses of the psyche into body games through linguistic materials, give a body to these psychological impulses, set in motion the impulses of the body and the impulses of the imagination;
- An internal need for this tendency to reach a perfect form;
- The accomplishment of this tendency requires that the form be saturated with the psyche (the imagination) that it represents".

Creativity is one of the means through which the intelligence of a person is manifested. In order to be creative, it is essential to know how to **observe without prejudice and without preconceived ideas** the things which surround us, which affect us.

Research done by Guilford in 1967 on the functioning of the creative process showed some fundamental aspects of creativity.

- Sensitivity and empathy;
- Fluidity; It can be defined as the ability to think quickly and freely, to be flexible and able to adapt to new situations;
- The originality resides in being able to get out of the norms, to see things "differently". It is the opposite of granted and trite;
- The ability to elaborate, to go to the bottom of the undertaken idea, in a coherent way;
- The ability to abstract;
- The ability to synthesise that is to combine different elements into a new whole leading to a new form.

Guilford therefore refers to "**divergent thinking**", a type of flexible and malleable thinking which makes it possible to find new offbeat solutions to problems.

Imagination is the foundation of all creative activity and it manifests itself in all the aspects of the cultural life, and this makes possible the creation of artistic, scientific and technical products.

Imagination is connected to reality because it is always built on existing materials, whether in their basic form or in a more advanced form. Imagination helps in breaking the existing patterns, in overcoming the obstacles of the "seemingly impossible".

It makes it possible to **reproduce the reality** while enriching it with particulars, and hence **influence the emotional state** of the person thanks to its **anticipation capabilities** of future situations.

That's how the representation of a situation is created, a representation required for auto regulating a behaviour and exploring future possibilities, without having necessarily to engage in the action.



Games

When playing is not mandatory, repetitive and stereotyped, it is synonymous with **spontaneity**, **reflection** and **enthusiasm**.

Playing is an action, often **symbolic**, done in a specific time and space **frame**, never free, always according to a set of rules acknowledged and accepted voluntarily.

Games represent a key and valuable means to supporting and expressing emotions, building representations, response strategies against stressful situations, strengthening the resilience. They are not only a means to discover the world surrounding us, but also a form of **communication**, of **emotional experience**, of action to transform the reality.

Games play a fundamental role in the **intellectual development**. They stimulate the **memory**, the **attention** and the **concentration**.

Piaget, who established a correlation between the play space a child is given and his intellectual development, confirms that games are the primary tool for studying a child cognitive process.

Games teach and make possible the internalisation of social roles. It is also thanks to competitive games that a child can surpass himself, deal with defeat, manage stress, experience success and develop a feeling of self-esteem and auto efficiency.

It is particularly through games that an adult gets to really know a child, to discover him, to understand him and establish a **relationship** with him, but only, and only if he lets him play, without intruding, without taking his place.

René Rousillon, in a publication on “Games and their potential”, states that it is when games disappear that pathology settles, that the constraint of repetition “on a like-for-like basis” tends to exercise its domination on the psychological functioning, that the interpretation freezes. It is when the event is traumatic that the person’s experience becomes stupefied, stationary, that his memory fixates him, that it becomes precise, accurate, repetitive, that it becomes degenerative and loses its vital potential.

Contrariwise, elaborating the trauma with games revives the interpretative mobility, re-establishes the capabilities of games, the free circulation of psychological representation, the vitality of associative chains and plasticity.

Drawing

Drawing is an act of **communication**, of **representation**. In that regard, it is a **language shared universally**.

“Drawing is a compromise between words and acts (...): it is an acted language, like the action, but not evanescent: it is a permanent language, which speaks to the eternity’ [13].

Jacqueline Royer credits the graphic language with the power of expressing the unspeakable and inexplicable, through illustrating it in all its intensity with the combination of features, forms and colours. Drawing invites us to dive into the unknown world of the other, to feel, through it, what he could never have otherwise perceived.

Widlöcher (1998) asserts that in order to know a child, we must know how to listen and how to talk to him. Adults often talk to the child as if to an “adult embryo”, ignoring the specificity and uniqueness of his personality.

“When a child draws, we must consider what he intends to do: is he telling us a story, nothing but a story? We must also recognise in these intentions the multiple methods he is using to express the direction of his desires, his conflicts and his fears”.

Using drawing as a tool of expression and communication promotes the discovery of **alternate methods of thinking** and finding **unique solutions** to everyday problems.

When dealing with traumatic experiences, graphic expression enables children to come closer to the memory of what happened by projecting it on a piece of paper, to give it a shape, to exteriorise it, to put it out in the open, to control it. This is how a child manages to reshape his traumatic emotions and thoughts, and to rank the event inside his life story (Hariki, 2007, Dalligand, 2005).

Very often, many memories associated with the trauma start rushing and become entangled. Using the creative act, it becomes possible to express the chaos of the traumatic experience on the confined space of a piece of paper. By doing so, the person is less exposed to becoming submerged by the flood of emotions related to the trauma, and he can easily distance himself from the traumatic experience.

Some research has evaluated the use of drawing with children victims of trauma. In particular, the study done by Al-Krenawi and Slater (2007) on children who had their houses destroyed shows how much graphic art can be used in situations of vulnerability.

The very young children had the chance to participate, among the many creative activities, in painting laboratories.

“Through their drawings, the children showed that their life is deeply and painfully marked by the fact that they experienced the destruction and the loss of their houses. Indeed, the graphic creations show the harsh conditions in which they have to live, and the lack of elements of the nature in their drawings reflects the difficulties that these children face projecting themselves into a happy future’ [14].

However, some experiences with children who faced a trauma, whether it’s traumatic event of an intentional or an accidental nature, regularly lead the researchers to notice the production of drawings lacking obvious signs of the trauma they were subjected to, whereas caring for these children testified to the reality and the intensity of the traumatic injury resulting from the event. Helene Romano suggests that the drawings be labelled as “**decoy drawings**”.

A decoy drawing serves a double purpose: trick the interlocutor by reassuring him falsely on his state and provide a means of defence against the threat of annihilation which follows a traumatic impact.

We must be very careful not to interpret these drawings quickly and brutally and avoid sentences such as: "His drawing is beautiful, the sun, a nice house, flowers, this means he's doing fine".

Even though drawing remains a privileged indicator of the psychological development and emotional dynamics of a child, the content of the graphic expression does not systematically correspond to the intensity of what this child has undergone, lived and borne.

Theatre

"theatre is not a game; it is the revelation to a human being of his own mystery, of the disturbing other side of the scenery, full of darkness and dazzling speed, of the terrible other side of the evidence' [15].

theatre is an **art of representation and memory**. In this way, it can open up the way from death to life, and vice versa.

Held by the **symbolic language**, theatre leads to the **discharge and elaboration of personal and emotional tensions, a de-dramatisation of conflicts, an expression and projection of the rational or irrational fantasies and aspirations**.

The theatrical act can be the tools of a reflection, an elaboration, an action, a social change or intervention. It can be applied in situations of malaise and promote the participation, the solidarity and the management of the reality.

For some people living in situations of exclusion, confinement, solitude, the need to be noticed by others can find in the theatrical act and in stage art a sign that words can be said and heard, according to theatrical rules, freely and safely. The need to be heard is coupled with the right to have the delight and the desire to be watched.

Specific theatrical forms, such as in the experience of Payosos in Fronteras, where volunteer clowns and actors intervene in emergency situations in an attempt to bring a smile to where tears and desperation rule, to offer a different and positive image of humanity, to raise the public awareness of the situations of conflict and promote solidarity activities, these theatrical forms can be thought out and set up in different ways.

We have to be specific, and therefore we quote Castelli and Sbattella (2003): "For those who witnessed a disaster or a traumatic event, staging through appropriate languages and in a safe setting the vicissitudes they went through make it possible for them to transform on a symbolic level what they have gone through, by telling them in shareable codes. The used methodologies promote a creative elaboration of the emotions, and the person feels involved (...) and make it possible to get an active elaboration of the trauma, through controllable and concrete methods, thanks to which the person doesn't feel persecuted anymore and can get over the most painful aspects of the experience".

Theatrical improvisation

Improvisation reverts to launching an action without defining in advance its details, and then giving it an end, a "fall".

In order to **improvise**, one must above all "be present", he must accept to be led by what is coming at him, but after establishing and agreeing in advance precise **rules** under which improvisation can take place.

The declared purpose of improvisation is **spontaneity**, and the golden rule is to never make a "counter game".

The "counter game" consists of killing the partner's proposal, or the outline of a proposal coming from the inside.

The **availability** and **concentration** required in improvisation, which is the complete opposite of an act devoid of meaning and rigor, transform the quality of listening to oneself, of perceptions, emotions and capacities more often neglected, held back or censored.

The improvised **otherness** requires a particular and fine listening in order to discern the intention of the partner and open up the way for a meeting point and for the elaboration of a "possible".

During improvisation, the player is responsible for his words and acts, since he cannot take back what he said, showed and said to the members of the audience. It is a matter of holding in place the character he is playing and pushing it further, driving it to its limits with all its ambiguities and paradoxes, all that while of course taking into consideration the psychological time, the fragility or the resilience capabilities of each person.

"The person relives the same life just like before, out of necessity, by deceiving himself consciously (...). Real life and imagination melt in a same identity and same time. The actors do not want to overcome reality, they want to reproduce it. They relive the experience; however, this time they are the masters, not only as a fruit of the imagination but also as real persons. Otherwise, how would they be able to give it a rebirth? Because this is exactly what they are doing. Life, with all its mutual complications takes place in the time dimension; not even an instant or moment are lost, each instant of boredom, each question, each excess of fear, each withdrawal is revisited.

It is not only the subject who returns to relive his dialogue, his body too returns, rejuvenated. His nerves, his heartbeat, he relives his entire life, since the day he was born, as if a divine memory is reminding them of each moment (...). All his powers, his acts, his thoughts come back to the stage in their original context and sequence, a replica of the sentences he heard before. All the past is resuscitated and brought back in an instant' [16].

Improvisation is also governed by necessary rules which articulate the space of creativity; the rules prohibit and allow. Whether we break them or follow them, this is how we are classified in relation to it. It is always about "do as if". Body contacts are controlled even if the emotional and situational involvement is real.



The scene, whether it is of improvisation, or of miscellaneous warm up exercises and performances, or of role and texts interpretation, is always defined in space, and the relation we maintain with it sends each one of us to a distinctive representation. If the scene is like we have just described it, the arena of the game, of the fiction, of the do “as if”; The main instruction is “in games, all is allowed” if the expression remains symbolic... all will be allowed except for acting out. All will be allowed and solicited. We will be invited to love and hate, to perform the representation of the murder, of the patricide or matricide, of the infanticide, but also we will be invited to give birth, to be conceived, to die and to be reborn again, to play the role of the mad, the devil, the fool, the clown, but also that of the king, the angel, the god, the goddess, the animal, the ghost, the mountain, the sea, etc. The challenge is learning how to express all these different states with the symbolism of the act, with the “as if” not only of the intellect but also the affect... and... to distinguish them from our emotional impulses which haunt us and in rush us into acting out.’ [17].

Use of narration and storytelling

Stories provide us with the opportunity to read, inside each narrative, different **life paths**, experiences, thus unveiling important footsteps on the path of **the humanity history**, the problems, the difficulties, the injustices that people faced, and how these people, and thus these characters involved in these stories faced, and often got over their most difficult experiences.

Stories as a matter of fact have the capacity to reproduce the complexity, the contradictory character and the diversification of the human experience.

Throughout stories we can rebuild and reinvent a multitude of experiences of characters looking for a meaning. In this way, stories are very important to children because describing the characters of a story and their acts may be an efficient way to make a connection with them and lead them into understanding what is happening in the real world.

Stories create and solve in a symbolic way situations of fear, of inadequacy, of loneliness, of lack of self-esteem.



The didactic potential

Stories strive to **explain abstract ideas**, notions or situations in life too hard for a child to understand, through a language that is more effective with them, that is fantasy.

The explanations and answers to the endless questions of the children provided by an adult in rational terms, and even if they are complete and detailed, are not always understood; they even often create more confusion than clarity.

The **magical world**, on the other hand, is very familiar to children because they live inside it on a daily basis. And it is by using this world which belongs to them, with talking objects and animals and plants, that it is possible for children to take over and give a meaning to the events, of whichever nature they are, let alone if they are traumatic ones.

Children try to make sense out of what is happening to them and, when they face incomprehensible events, they try to give themselves explanations, especially when they perceive an imminent danger such as war or the loss of a loved one.

Consequently, talking to a child about painful and threatening events using undermining words, doesn't help him resolve or walk away from his concerns and fears. On the contrary, this might create even more confusion because the child finds himself hanging in between the threat of the danger he is perceiving and the reassuring words of the adults, not knowing what to do and who to trust anymore.

The educational potential

By telling facts, we **transmit values, rules, social and individual beliefs**.

The attitude of the characters is a means and a witness to what must be done facing life events. The morale shared in a community is often built on the events or shared stories.

Stories are educational as long as their contents, the roles and situations therein, their plots are aimed at educational purposes.

Despite all the dangers, and despite all the sacrifices he makes and the wounds he suffers, the **hero** of the story always manages to prove that he is capable of overcoming the hardships and rebuilding his life.

The care potential

Stories can offer to children “**solutions to life's problems**” and **strategies** to fight the passivity and feeling of helpless created by the experiences that outweigh them.

The story language and the transfer into a fantastic and surreal context, make the child identify with the characters and recognise his own real situation.

The protective screen activated by “once upon a time... long ago...”, is a screen vital to the efficiency of the mechanisms of projection, identification and symbolic reorientation.

The purpose of repetition in a speech

Repetition is needed in order to register an event or knowledge.

In this meaning, it is normal and necessary, furthermore in pedagogical and artistic activities.

When we repeat, we possess knowledge, a technique, with a clear and defined purpose that we desire.

It becomes pathological when it deprives the person from other possibilities, other choices.

It becomes pathological when it is unique, and that all other possibility becomes synonymous with aggression, danger, threat or fear.

Clinical practice describes compulsive repetition as something that pushes, something that has power, something that translates a requirement and a necessity to be here.

It's the fact that when the act and the thoughts impose themselves completely involuntarily on the person, this latter is incapable of doing anything to stop them.

It's also the fact that it doesn't bring any knowledge, any added value to the knowledge of the person. As if repetition is a form of research which reaches nowhere, which runs idle.

This repetition automatism allows us to see and hear something that the person is unable to express, to say, something that he cannot remember.

At this stage, and as far as frontline professional interveners are concerned, if the person refuses or is unable to accept, after many sessions, the invitation to build different forms, to explore, to enter into a relationship and let go, he can be oriented towards more specialised services.

The silence

Silence is a requisite for knowledge and is essential to be able to enter into the exercise of speech. Silence doesn't mean muzzling an emotion or a thought, but it's the fact of letting it be, letting it emerge and take a shape progressively, then fade away.

Silence in times of distress, of war or of sickness is a devil that we must kill because this kind of silence is smothering. But smothering is not a real silence.

Smothering is alarming. It surprises, and provokes inexorably a deep feeling of anxiety. It is unbearable because it freezes, paralyzes and abuses. Then comes the noise, the blabbering, the cover, the mask.

"Blabbering is a way of using words without confiding in them, without risking one's life over them. Blabbering is the battlefield of words constantly repeated or exchanged, a wasteland of the words which do not serve any subject, the dead end path that "chatterers" take to avoid "really" talking (...). Blabbering is the mass grave of language' [18].

According to tradition, there was a silence before creation, and there will be silence at the end of times. The silent act invites the other into the space of communication, and prepares him to enter into a listening mode.

Silence harmonises the speech, it punctuates it, intensifies it.
So does the breathing.

The speech

Vladimir: "Say something"
Estragon: "I'm trying (long silence)"
Vladimir (in anguish): "Say anything at all!"
Samuel Beckett, "Waiting for Godot"

Daring to speak, taking the floor, being someone of his word, are situations which can be lived with some apprehension.

When the human being speaks, he forms an opinion of the world, he conceptualises it. Speech is the vessel of the memory of our story and of our stories.

"Every word also reflects the person who utters it, the situation in which it is uttered, and the reason for its utterance. The same word can, at one moment, radiate great hope; at another, it can emit lethal rays' [19].

However, it is also true that saying anything, blabbering, filling in the space with sounds, is also a way of staying close to one's humanity, a way of saying that we are still alive.

The body too is a vessel of our words and it tells our story. It is inhabited by our words. It tells a part of the truth killed or hidden. In this meaning, the body surpasses the words and reveals through an attitude, a movement, a look, an emotion, a dream, a part of us and a part of the person communicating with us.

The breath

Words cannot reach the other if they are not carried by a dynamic breath, the breath of respiration. The rhythm of breathing out and breathing in symbolises the production and the absorption of the universe.

Respiration is synonymous with alternation, with opening and closing, with dark and bright, with masculine and feminine.

The respiration of the person speaking drives the respiration of the person listening. Revitalising the speech is feeling before looking for the expression, seeing before describing and listening before answering.

The vocal work must explore three directions:

- The respiration
- The resonance
- The internal and external articulation.

These three directions are closely related because one cannot be done without the other.

We can learn a lot about a person by listening to his voice, the resonance of his voice. The voice is the reflection of the soul. That's why, when we are under tension or stress, our voice is affected; we scream, we get out of breath, our voice becomes harsh...



Introduction to hands-on workshops and gatherings

The following sections are meant for the practitioners who will be lead to work with groups of children, adolescents and families from different generations.

It is important to understand that creating a time for play, a time for stage experimentation, a time for fun workshops tackling a particular theme, must above all be considered as a rigorous exercise by the facilitator. It requires preparation in advance, an adaptation to the culture and context in which the time of the meeting is offered, but also according to the group, its composition and its expectations.

It is also important to note that every practitioner, facilitator trained or by vocation, has his particular expectations from the suggested work, from the suggested content and the “effects” of this content on the group. Therefore, it is extremely useful and relevant to consider the reasons of leading such workshops, to consider our own input to them, to consider what we are trying to fix or what we want the others to reach. Being clear on these questions, asking them to ourselves in the course of the meetings, is a guarantee of rigor and professional work. Relying on our colleagues, our supervisors to share with them questions coming from our meetings, related to the behaviours and the reactions of the participants, or related to our own reactions, is also synonymous with a healthy functioning.

Finally, rigor doesn't mean absence of games, absence of fun. On the contrary, rigor and work setting guarantee that these meetings will be useful to those who invest their time, their energy, their emotions, their bodies, their relationships, their memories, their expectations and their hopes in them.

The leader of the workshop must choose f=different exercises to build a set of 12 weekly or biweekly meetings.

He will be able to choose from exercises pertaining to the part of thematic or fun workshops or to the part of bodily and stage workshops, with one instruction, that is not to mix at the same time workshops belonging to the two categories.

Each meeting should take two hours on average, during which he will particularly make sure that the symbolic spaces and times are respected, that is the space and time for “fun”, and then the space and time for “the I”.

The set of meetings can also be lead in co-animation, thus leading to a group dynamics different from that which takes place when the team leader is alone with his group.

Points of reference

Before the beginning of each session

- **Welcoming and presenting** the members of the group: make sure that each person introduces himself or is introduced (greeting, handshake, gathering of opinions).
- **A clear introduction to the workshop** which will be offered during the session: ask or say the date, set the context, describe the workshop and its purposes, introduce the material and the tools.
- Introducing the workshop before beginning makes it possible to **set points of reference which act as a reassuring setting**.
- The introduction of the workshop must be attractive; it must create stimulation and **make the attendants want to** participate.
- If the workshop is offered regularly, **mention the previous sessions** in order to set a frame and connecting thread.

During the session

- **In case of objection**: stay calm and adapt your behaviour; listen and take time to understand the reason; invite the participant to explain to you what is going on; have a positive bias for autonomy, do not infantilise; do not give moral lectures; do not make fun; do not be aggressive in return; do not force participation; do not punish or exclude.
- **In case of agitation**: stay calm and adapt your behaviour; listen and take time to understand the reason behind this agitation once it is over; be reassuring; spot the moments of exhaustion and irritation; do not generate a stressful atmosphere (noise, light...); do not invite the same person incessantly; do not use means of contention.
- **In case of aggressiveness**: follow the above instructions; do not be hurt by the words spoken; do not show fear; do not make humiliating comments.
- In case of crying and or screaming as a sign of suffering: follow the above instructions; highlight the courage it took the crying or suffering person to talk or express his distress; do not minimise the suffered feelings; do not ask the participant to stop crying but respect “his’ psychological and emotional time.

After the session:

- **Do not wrap up the workshop brutally**. Always make time for re-establishment of calm.
- **Invite the participants to express how they felt** during the workshop.
- **Promote the exchange** between the participants on the activity they shared.
- **Value the accomplished work**.
- **Program systematically the following meeting** while taking into consideration all the **alternatives** to the offered activities.
- Wrap up the meeting by **exchanging pleasantries** (Thank you, see you later, ...)

Thematic and entertaining workshops

Inner resources and self-esteem

Exercise 1: "Game of names"

Theme objectives: Introduce oneself to the others.

Expected results: Mutual knowledge.

Age and duration: All ages. 15 to 20 minutes.

Place: Indoors or outdoors, where the space is big enough to stand in a circle.

Explanation of the activity and its progress:

- Sit on the ground in a circle.
- Each one in turn stands in the middle and introduces him/herself.
- Say loudly the name using a gesture.
- The name must be said with pronounced letters, either by lengthening them or changing the accent.
- The group repeats the name of the person in the middle using the same tone.

Team control: Ensure that the roll call is taken seriously. Ensure respect for all. Ensure that there is no "wrong way" to do so.

Notes and suggestions: Depending on the group, the facilitators can choose not to invite the participants to the centre of the circle, but to say their names using gestures and tones in their place. This game of introduction leads all to meet each other, through making a specific modification each time.

Variation 1: The names can be said in a rhythmic way, standing on feet, producing beats of 2 times, clapping the hands twice and slapping on feet.

In this example, the group starts to introduce the rhythm, in a beat of 2x2, homogenises the group rhythm, gets on the same beat, then a designated person says his/her on the rhythm of the hands, silence on the rhythm of the feet, then the group repeats the name loudly on the rhythm of the hands, silence again on the rhythm of the feet, then the following person says his name on the rhythm of the hands, silence again on the rhythm of the feet, then the group repeats the name chorally on the rhythm of the hands, silence on the rhythm of the feet, and so on.

Variation 2: The rhythm 2x2 could be performed, once it is acquired, at different speeds, and the people standing can also follow the rhythm and allow their body to dance smoothly, with one and only rule that is respecting the space of the other and the time of the group.

Variation 3: The rhythm 2x2 can vary, where the participants are able to choose a suitable rhythm, a rhythm of 5 beats at best (3 times the hands, two times the feet). The concept remains the same; one person registers in the rhythm and the group follow trend. In this second variation of the rhythmic name, we open up the way to the possibility of name registering in different rhythms.

Variation 4: With a dancing music in the background, sitting in a circle, the participants go with the flow of the music. A person comes to the middle of the circle, looks all other participants in the eye, follows the rhythm of the music, says his name to the others who repeat it from their place by saying "Good morning...", then the person in the middle comes back to his place, still indulging in the music, and another person takes his turn, etc.

Observation regarding this exercise: It is important that the facilitators pay special attention to those who have difficulties registering their names in a rhythm. If one person fails, the rhythm of the group must not stop; this person keeps trying, while the group holds the rhythm, as much as needed until he succeeds.

Special attention must also be paid to those who cannot follow a simple rhythm, in that they have to be accompanied.

Anyone can lose the rhythm of the group at a certain moment, but the most important is that the group doesn't stop.

In some cases, you will notice that some persons may confuse the whole group, when their turn arrives, and they change the rhythm. When this happens, you must take the time to reinstall the group rhythm and continue the trial.

The importance of this exercise: Registering one's name in a rhythm, even more in a group rhythm is very important. It gives those who register their names and those who fail to do so, a feeling of symbolic belonging to a group, of symbolic belonging to the story of the person, to a family, etc.

Exercise 2: "The personal suitcase"

Theme Objectives: Lead the participants towards acquiring and/or reinforcing and/or discovering the characteristics which make them wholesome persons, holders of a unique history.

Expected results: Discover the individual and unique characteristics, then the group characteristics.

Age and duration: All ages. 90 minutes.

Place: Indoors or outdoors, a big space with tables and chairs.

Material: A4 white or coloured papers with a big "simple" suitcase printed on them; A3 or A2 papers with a big "simple" suitcase printed on them; water-based paint; paint brushes; colour pencils; felt pens; staplers; scissors; and plastic folders.

Explanation of this activity and its progress:

- Distribute papers with a suitcase drawing.
- "Fill your suitcase with the elements, objects and persons you want beside during your childhood /or/ adolescence /or/ adulthood /or/ old age".
- Ask each person to describe his suitcase while explaining the significance of each item inside.
- Ask each person to choose an item from his suitcase which he considers the most important and draw it on the poster with a big suitcase on it.



Team control: Make sure that the restoration and exhibition of the suitcases doesn't open the way to direct questions. At the end of this exercise, people who wish to exchange conversation about items featured on a suitcase can do so among themselves. Make sure that those who do not wish to share the contents of their suitcase in public do not do that, but that they listen to those who choose to do it. This exercise can be repeated many times during groups meetings, with some variations. These variations include tackling in more details, a particular element, specifically the human element, the object, as well as other variations that may discuss more abstract ideas such as projects, desires, fears, experiences, etc.

Notes and suggestions:

- Describing one suitcase may be difficult. Some elements featured in the suitcase may represent lost items. Some lost items may also be figured outside the suitcase.
- We all belong to a group: a family group, an extra-familial social group, a school group, the group we now belong to as participants, etc.
- It is through the echo of others' work and representations that we learn, that we remember, that we hear and that we have access to things related to us.
- A time for exchange and talk following this exercise is important.

Variations: Various variations of this exercise may be offered, for example "In a case of emergency, you have to evacuate and leave, without any preparation, your living space. What do you take with you?" "In a case of emergency, you have to evacuate and leave, without any preparation, your living space. What are the things that you are unable to take with you?"

Observation on this exercise:

Who are the participants who refuse to participate in this exercise? Are they able to explain this refusal? What are the words and stories they choose to share? How deep and emotional are they? Are they under control or overwhelming? What is the voice tonality of the participants who expose their suitcases? When the facilitator points out the common elements in most of the participants' suitcases, which participants feel excluded and why? Is it because their items didn't figure among the common elements or is it because these items were lost and this is causing them? Etc.

The importance of this exercise: In addition to bringing common grounds to the things we each have inside us, this exercise can also be done among participants from different age groups and highlight the common elements shared in the same brotherhood, the same family, etc. The importance of this exercise also lies in that it makes it possible for the facilitators to listen to what each of the participants hold inside themselves, be it on the level of present or missing items, but also to hear and see in the way these items are represented, if the graphical characteristics which shape them are exaggerated, alleviated, etc.

Exercise 3: "This is me"

Theme Objectives: Reinforce the child's self-esteem by promoting his positive aspects.

Expected results: Introduction and promotion of self.

Age and duration: 6 to 10 years. 90 minutes.

Place: Indoors or outdoors, big space with tables and chairs.

Material: Paper plates; water-based paint; paint brushes ; wool ; crepe paper; vinyl glue; dough; rubber bands; staplers; scissors.

Explanation of this activity and its progress:

- Place the material on the tables.
- Give each child a paper plate, turn it upside down and ask him to make a mask which represents him, using the material on hand.
- Staple rubber bands on the plate in order to create a mask. Do not forget to make holes for the eyes, the nose and the mouth.
- Ask each child to wear his mask and mimic what he would like to do and what he succeeds at. The rest of the group should guess the character.

Team control: Make sure that each participant focuses on his own masks and doesn't comment on others' work, whether it's a positive or a negative comment. Make sure that those who wish to tear up or throw their first mask trial and try again can do it, one time only.

Notes and suggestions

- Do not give too many instructions to the children, but give them a creative freedom.
- If the group is large, divide it into smaller groups for the miming activity.
- Make sure that the mouth opening is large enough for the child to be able to talk without shouting.

Variations: The mask can represent a family member, of the child's choice. It can represent a friend that he loves and that he lost or has been separated from. It can represent an inner situation which brings him resources when he thinks about it, for example, a time inside the family, a garden where he used to play, a close relationship with a tutor of resilience, etc.

Observation on this exercise: Are the children representing the mask with the traits of an animal or human character? Are they using symbols? If so, what are these symbols and what do they represent? Regarding the variations, who are the represented persons or situations, and why?

The importance of this exercise: When symbols figure on the masks, some sort of totems, the facilitator can ask what they represent and how the child can get his hands on them; what must he do to get his hands on them?

When the mask represents an animal, the facilitator can ask the child to explain the reason behind his choice, the characteristics of this animal, on a positive level, but also, as an animal, what makes of him a vulnerable animal and what is needed to protect him against the dangers of nature.

When the mask represents a specific activity, a soccer ball for instance, and that the child says that he likes to play soccer, the facilitator can ask him if he is doing that at that moment, if he has done it before and why he isn't anymore, and if he would like to do it in the future.

The facilitator should always invite the child to elaborate the work he did with his mask without nevertheless pushing him to respond, without answering in his place and without forcing him to do it.



Exercise 4: “The five fingers”

Theme Objectives: Express our own qualities and discover our talents through the eyes of the other.

Expected results: Take consciousness of our own talents.

Age and duration: 6 to 13 years. 120 minutes.

Place: Indoors or outdoors, big space with tables and chairs.

Material: White papers; felt pens; colour pencils; black pencils; an eraser.

Explanation of this activity and its progress:

- Place the material on the tables.
- Make groups of 5 children each and seat them on round tables.
- Ask all participants to draw their hand on a sheet of paper and write their name in the middle of the hand.
- Invite them to draw or write one of their talents at the level of the thumb.
- Pass their paper on to the person sitting on their right.
- Ask each one to draw, on another finger of the hand, a talent they think their mate has.
- Repeat the same operation until each child has in front of him his own hand with what others thought of him and the talents they attributed to him.
- At the end of this activity, a discussion with children about their own talents. We can hang all the hands next to the drawings from the previous workshop in a clearly visible place.

Team control: Observation and discussion on possible further suggestions.

Notes and suggestions:

- Let the children working independently and check from time to time if the group is working well.
- Give positive feedback.

Variations: “Five fingers, five elements to be reinforced”. If the group is well acquainted and the facilitator wishes to work on the cohesion and progress of each member within the group, he can change the instructions to serve the strengthening of the weaknesses of each one. He can then ask the participants to write down instead an element which needs to be strengthened, for instance self-confidence, kindness; etc. All elements must be written in a constructive way.

Observation on this activity: Do some children have trouble pointing out positive aspects in the others? During the restitution period, what does each one say about the qualities he received? Can he link these qualities to past or present situations?

Importance of this exercise: Strengthening the self-image and self-confidence is an important factor in protection and resilience. It's through how we see ourselves, through our own eyes and the eyes of the others that our capacity to overcome life obstacles is strengthened. Our inherent qualities and those we acquire during our lifetime are constantly evolving. This group work is an important work of cohesion and sense of belonging.

Groups, rules and cultural identity

Exercise 1: “The family cluster”

Theme Objectives: Promote the process of self-awareness of our family origins and strengthen our cultural identity.

Expected results: Have deeper awareness of our own cultural and family identity and recover as well as reflect on our family origins and roots.

Age and duration: All ages. 120 minutes.

Place: A hall.

Material: A4 papers; pencils; colour pencils; felt pens; wax pastels; rope or ribbon; scotch tape or stapler; pencil sharpener; eraser; scissors.

Explanation of this activity and its progress:

- Explain the metaphor of the bunch of grapes which symbolises the family, and of the raisin grains which represent the family members.
- Ask each participant to think and decide on the number of family members which he wishes to include in this bunch of grapes.
- Draw, on an A4 paper, the number of circles which corresponds to the number of his own family members (even the extended family), including the grandparents, parents, uncles and aunts, etc. as well as himself, mention the names and the degree of relationship (paternal grandmother, maternal uncle...) inside each circle.
- Colour these circles with pastels, colour pencils or felt pens. Afterwards, cut each circle and place on the in a way to form “a family tree”.
- The circles are then connected to each other using rope or a piece of ribbon and scotch tape in order to create the bunch of grapes of each person's family.
- Once the bunches of grapes are ready, each participant is asked to present his own bunch by describing its members.

Notes and suggestions

- If the group is made of children only and that they are very distracted, it is recommended to provide them with circles already drawn on a paper, in order to make the activity easier.
- If the group is made of very young children, it is recommended to work with them each at a time, or in small groups of 3, in order to help them with the activity.
- Pieces of coloured cardboard, on which they can draw circles, may be provided.
- Some participants might have difficulty remembering the names of some persons they wish to write down; therefore it is important that the facilitator be able to walk among the children to find alternative solutions for these memory blocks. The facilitator must also pay special attention to the participants who express uncontrollable emotions.

Variations: This exercise can be done in groups of the same age or in family. It can also be made in groups of colleagues, in school groups, such as teachers and supervisors.



Observations on this activity: This exercise can prove to be very emotional in certain conditions. The facilitator will make sure he always controls these emotions by inviting the participants to bring out positive and constructive memories shared with the persons they wish to include in the bunch of grapes.

Importance of this exercise: Belonging to a group and being able to keep this group within ourselves is an exercise which aims at promoting the connection, and at fighting against separations, even if symbolically. The participants experiencing extreme solitude are the most to benefit from this setting.

Specific remark: In case of a loss and separation, this exercise can quickly lead the participants to remember or share elements related to death and mourning.

Depending on the intensity of shared elements, the facilitator must give necessary guidelines to specialised services for supporting such difficulties.

Before offering this exercise to groups, the facilitator must be straight with his own losses, his own grief, and must know how to support the different stages of the mourning process.

Exercise 2: “The world in motion”

Theme Objectives: Reclaim the migratory process of our own family and reinforce our own cultural self through sharing with members of other cultures, by promoting a greater sense of belonging and integration.

Expected results: Become conscious of our own cultural roots and of the feeling of cultural identity, as well as improved exchange within the group.

Age and duration: All ages. 120 minutes.

Place: Open or closed space (a support plan is important).

Material: World maps printed on A3 papers depending on the number of participants; world maps printed on A2 papers for small groups; A4 papers; felt pens; colour pencils; sharpener; erasers; scotch tape; colour cartons; crepe paper.

Explanation of this activity and its progress:

- Each participant is given a photocopy of a world map on which he needs to identify his place of residence and mark it with a dot with a colour pencil or felt pen.
- Then, he is asked to find the place of origin of his family and to mark it with a dot with a colour pencil or felt pen.
- Participants are invited to think and identify the migratory movements that they and their families have followed before arriving to their present place of residence.
- Participants are then asked to mark different places which marked their migration path until they arrived to their present place of residence.
- Afterwards, participants have to connect all the dots related to the locations where their families and they have been.
- At the end, a space of time is offered so that each group shows to the others the map they created and comment on it from the point of view migratory experiences.

Notes and suggestions: Display a map of Syria in order to help the participants visualise the different migration paths.

Variation 1: We could invite the participants to think about means of transport that they used in their trips and then choose their favourite ones.

Variation 2: We could invite the participants to think about and remember the persons and situations they faced in different places during their movements.

Variation 3: We could invite the participants to think and to mention inside a foot they draw on the migratory map, something they left in their country or their hometown, be it a concrete element (house, school, etc.) or a symbolic element (traditions, celebrations, customs, and affective ties).

Observation on this exercise:

What were the highlights of the trip and the sensitive times experienced during? Which were the positive situations and which were the negative ones in their opinion? Who was there during these journeys and which role did they played? At what times?

Importance of this activity: In emergency cases, in war times, movements are often erratic, with a specific purpose. Plans change depending on the situation on the ground. It is important to shed the light on these movements, to deduce from them the positive and the negative elements, to hold on to their footprints, in order to register them in a travel journey which starts at a point x and ends at a point y, as if to avoid floating in the geographic space.

Specific remark: Ditto as the bunch of grapes.

Emotions and elaboration of the trauma

Exercise 1: “Today, I feel...”

Theme Objectives: Develop the ability to recognise and express the emotions.

Expected results: Acquire the ability to identify, share and show feelings.

Age range and duration: 6 to 13 years. 15 minutes.

Place: big space indoors or outdoors.

Material: 1 mirror.

Explanation of this activity and its progress:

- Sit in a circle.
- Each one in turn, starting with the facilitator, holds a mirror and while looking at his own reflection, says: “Today, I feel...” and completes the sentence with the emotional state he is in.

Notes and suggestions: The moment the children have no trouble expressing their emotions, we can ask them about the reason behind a particular emotion.

Variation 1: Emotions can relate to colours, or to elements of the nature (river, fires, rain, etc...)

Variation 2: Select a photo from a series of photos showing emotions. Let the group guess an emotion through showing a facial expression, or in a more complicated way, through creating a situation.



Observation on this activity:

Do some participants always express the same emotions? Are these emotions always sadness or anger? Are the participants able to navigate among range of emotions according to different situations or do they seem to be stuck with a particular emotion?

Importance of this activity: Recognise that our emotions are the main entrance to expressing our feelings and gradually change changing our emotions. It is important to recognise what makes us live a particular emotion at a specific moment and to know that different situations can lead to different emotions, even in the most difficult times.

Exercise 2: “Like a tree...”

Theme Objectives: Provide children with a chance to understand, through a metaphor, how it is possible to “reborn” after facing difficult situations.

Expected results: Make a child believe that is possible to live painful experiences and overcome them.

Age and duration: 6 to 13 years. 20 minutes.

Place: Big space, indoors or outdoors.

Explanation of this activity and its progress:

- Allow the children to walk freely in their space.
- After a few minutes, the instructor gives aloud the command “stop”. Children stop at their place and make sure that there is enough space around each one of them to lie down.
- Once they have stop walking, the playmaker asks the children to take the form described by the instructor. At the beginning, there is a seed. Then, the seed germinates and a small plant springs up and grows gradually to become a great tree. The tree is pushed by wind; it suffers from winter cold and rain. It sheds its leaves, and slowly, just like it started, it becomes small and transforms into a seed. But the cycle starts over again and the seed grows.
- Wrap up the exercise in the position of a tree in bloom.

Controlling children: At the end of this exercise, ask children about their feelings and the difficulties they perceived. If a difficult experience reemerges, discuss it with them.

Notes and suggestions

- It is possible to repeat the exercise several times in order to control the evolution of the capacities of each person and each group.
- We can offer to play music along with the movements and to reflect on the different breathing patterns associated with the various states of the tree.
- The exercise proved to be very useful to the development of the imagination and self-awareness as well as to our own movements.

Exercise 3: “Timeline”

Theme Objectives: Stimulate our awareness of our individual and collective experiences in a timeline.

Expected results:

- Improve our coping skills and reduce anxiety and fear derived from a risky situation.
- Visualise and identify individual and collective experiences.

Age and duration: All ages. 60 minutes.

Place: big space, indoors or outdoors.

Material: A4 white papers (individual lines); a large size paper or a paper roll; felt pens; stones/ crepe paper; flowers/small pearls/crepe paper; glue; cord or ribbon; scotch tape.

Explanation of this activity and its progress:

- Each participant makes his own timeline relative to his last year, using a piece of cord or ribbon which will be glued on an A4 paper.
- We ask them to remember at least 2 bad memories which will be represented by a stone or a pebble crepe paper, placed on the timeline.
- We ask them to remember at least 2 good moments which will be represented by a small pearl or crepe paper flower, placed on the timeline.

Notes and suggestions: We can compare the different timelines and create at the end a collective line with common points.

Observation on this exercise: Do participants have more trouble representing the good or the bad memories? Are they succeeding in elaborating what these memories represent?

Importance of this exercise: It is important to identify the highlights of our life, and represent them on a timeline. If this line extends to more than one year, it would also be interesting to see which elements are repeated, which elements teach us to become more resilient, and which elements leave unhealed traces.



Exercise 4: “The cardinal points of life”

Theme Objectives: Mentally represent the identity through recognising real and symbolic locations.

Expected results: Visualise and identify the symbolic and real spaces in our life.

Age and duration: All ages. 120 minutes.

Place: big space, indoors or outdoors.

Material: white A4 papers ; white A3 papers; felt pens; colour pencils; sharpener; crepe paper; glue; scotch tape.

Explanation of this activity and its progress:

- Each participant is requested to find the 4 most important locations to him and draw them on an A4 paper divided in 4 parts, one part for each location.
- Associate to each chosen location a person and a moment or a memory relative to the space and write about it.
- Once this is done, ask the participants to cut the 4 parts and paste them on an A3 paper in the position they choose.
- Each participant must represent himself on the A3 paper, and then place himself in relation to the various locations drawn with arrows and lines.
- You can compare the participants’ works to find similarities and present them while making time for discussion.

Team control: Observe and discuss the noted difficulties.

Notes and suggestions:

- You can give the children photos of the important locations instead of asking them to draw them.
- In case the facilitator wishes to invite the participants to a pooling, it is important to emphasise the respect of other’s work, and in case questions related to the locations, people or memories come up, always make sure that these questions are specific, closed and without shifted judgment or curiosity.

Variations: This exercise can be done in several stages over the meetings, and address by turns, locations, or people, or memories; this exercise can also be focus on the positive or the negative and seek to highlight the protection factors or the risk factors of the participants.

Observation on this exercise: During the representation of a location associated with a person and memory, it is important to observe if any participants are struggling with introducing themselves and including one of three proposed instructions. It is also important to observe which participants address the details of specific situations and which participants avoid them.

Importance of this exercise: The importance is the same as in “The timeline” exercise, but it “Cardinal Points”, the exercise combines several elements and makes it possible to see to which extent the participants can connect instructions together. The connection of people, places and memories strengthens the registration in a family story, in a life story, and that is essential to the identity and to the future of people.

Exercise 5: “In the storm”

Theme Objectives: Promote emotional communication and develop the coping skills in difficult situations.

Expected results: Improve the coping skills and reduce anxiety and fear deriving from a problematic situation.

Age and duration: All ages. 90 minutes.

Place: Big space indoors or outdoors.

Material: Cardboard shapes of: drops, clouds with lightning, snowflakes, umbrella (one per child); white papers; drawing pencils; colour pencils; felt pens; scissors; glue.

Explanation of this activity and its progress:

- Place the material on the tables.
- Give each child a white paper and the bad weather related forms.
- Ask the children to stick/draw the forms outline on the top of the paper and to write inside the difficulties and fears they consider more threatening than others (risk factors).
- Give the children the umbrella form and ask them to stick/draw its outline and place it in the central part of the paper. Inside the umbrella, they should write the one or more things); one or more person(s) who helped them or can help them overcome their difficulties and fears (protection factors).

Notes and suggestions: For younger children, help them identify the protective factors starting with the risk factors they report.

Variations: This exercise can be much more directive and educational in the sense that the facilitator can offer a definite risk situation, and order participants to develop protective factors, taking into account that these protective factors can be inner resources, people, things, etc.

Importance of this exercise: Understanding at the same time and within the same exercise, risk and protective factors has as great importance and allows participants to represent clearly and learn how and with who / what they can protect themselves depending on special situations.

What is sexuality?

Theme Objectives: Discover the different dimensions of human sexuality; know the evolution of sexuality and its various expressions.

Expected results: Gain a clear understanding on the issue of sexuality, its various components and address taboo issues from a neutral, pedagogical and educational point of view.

Age and duration: From 14 years. 90 minutes.

Material: Refer to the exercises proposed below.

Landmarks, reflections, indications and references for the facilitator:

The concept of human sexuality is very broad and refers to the totality of the human being in its biological, social and psychological dimension.



The biological dimension:

It appears in the anatomical and physiological aspects.
It characterises each sex by genetic, metabolic and hormonal factors specific to each person.
The genital aspect of sexuality ensures the reproduction and survival of the species.

The psychological dimension:

It relates to the psychological development of each individual, such as girl or boy, then woman or man. It involves sensations, emotions and feelings.
It refers to the ability of everyone to communicate, represent oneself and start relations with other.

The social dimension:

It consists of legal, socio-economic, political, cultural, media, religious and ethical aspects. The exercise of sexuality and the internalisation of its meaning is closely linked to the social environment such as parents, family, peers, and the broader socio-cultural context in which one lives.
Laws are the translation, in the form of written texts, of prohibitions and standards in force in the formed social group and evolve with its values.

Interest in this topic: The question of sexuality is a central issue in the construction of biological, psychological and social life of the person. Many difficulties that some people may face in their lives are often linked to poor understanding and poor acceptance of sexuality.
The interest in this subject is also an educational, preventive and strengthening interest of the psychosocial skills directly related to self-value, one's relation to one's body, one's relation to others, critical thinking, protection of intimacy, understanding the world around us, respecting values and codes of the society in which we live, etc.

General note: It is important to emphasise that all matters relating to sexuality must be exposed in full respect of the environment, culture, manners and age groups of participants with whom we have to intervene.

Note to Facilitator¹: These workshops will be prepared in advance, according to how much the group facilitator knows the participants and while waiting to receive specific answers and provide a direction, a clear reformulation without ever falling into prohibition to speak, but looking for the meaning of the proposed words. The facilitator will only choose to offer these workshops if s/he feels ready to do so, is confident of her/ his group management and group dynamics. Depending on the settings, and set objectives, these workshops will be addressing mixed or single gender groups.

¹ Note applicable to all workshops related to education issues in reproductive health and sex education, or sexuality (cf: Puberty, Act)

The three fields of sexuality	
Operational objectives	-Bring out the representations of youth/ adult sexuality. -Get them to identify the three fields of sexuality and develop them together
Brainstorming	From the word "sexuality": Ask participants to think of then write five words related to "sexuality" on post-its. Ask them to divide into groups of four or five participants. Ask them to share together the words they have written and thought of. Ask them to group the words in what seems most logical, according to general categories of ideas, without indicating the three dimensions.
Production of a coat of arms	Invite a designated person from each group to represent the group and from the presentation of each group, work first on the found terms' vocabulary and discuss in common different possible classifications: Biological, psychological, social. From the distribution and sharing led by the facilitator, each group will create a coat of arms in which it will note the elements that relate to each dimension. Once the coat of arms is created, from the word "sexuality", the facilitator will then ask participants, again divided into small groups, to respond with words or drawings to the following guidelines: • What it is, • What it is not, • What is pertaining to it in society, • What does not relate to it. Complete with a motto or affirmation
At the end of this module	Participants must have understood that human sexuality is not reduced to the genital aspect alone. They would have integrated biological, psychological and social dimensions, by being able to identify what these three dimensions cover. It is important to especially develop with them the social field, particularly in relation to media and law evolving with societies: these particular points can be detailed depending on the context in which this work is proposed and focus for example on early marriage, pride to give birth to a boy or a girl as the first child, etc. Participants should, in particular, be able to understand how sexuality can be influenced by being part of the social group. Throughout this exercise, the facilitator will ensure not to stray from rules and cultural context in which s/he is, but will increase her/ his effort to get a clear educational and preventive understanding compared to misconceptions and stereotypes that the group will propose.



The various expressions of sexuality	
Operational objective	Allow participants to share and reflect on the evolution and different forms of expression of human sexuality throughout life.
Regnier's Abacus	<p>Having divided participants into small groups or decided to leave one big group, the facilitator will propose "Regnier's Abacus" as animation technique. S/he will explain the technique to participants, giving examples unrelated to the one that will be proposed. Once the technique is assimilated by all, s/he will offer the following statements one by one, or suggest others depending on the cultural context and specific objective of the workshop that s/he wishes to achieve for educational purposes, awareness and prevention:</p> <ul style="list-style-type: none"> - "The child has no sexuality". - "There is no age to be in love". - "There are no rules to have sex". - "With age, sexual life stops". - "The more sex is frequent, the more the couple is solid". - "There is no couple without loyalty". - "Homosexuals are not normal people". - "Single people cannot be fulfilled". - "If we do not have relations, we cannot be happy". - "The true sexuality is to have sex". - "If we have no relations, we cannot become adults". - "To prove that you're in love, you have to make love".
At the end of this module	Participants must have realised that sexuality begins at birth, changes with each stage of life and is not just the sexual act. They could begin thinking about their a priori or representations in this field.

What is puberty?

Theme Objectives: To identify the anatomical, physiological and psychological changes associated with puberty; Locate puberty in the person's development.

Expected results: To get an accurate understanding about the specific issue of puberty, it's different times, and the fact that it comes in different rates for each person.

Age and duration: From 12 years. 90 minutes.

Material: Refer to the exercises proposed below.

Landmarks, reflections, indications and references to the facilitator:

The physical changes:

During puberty, under the influence of hormones, the secondary sexual characteristics appear and the reproductive organs become functional.

Boys and girls are subject to significant morphological changes.

There are large individual variations, both in terms of age at the onset of puberty and of the development of the sexual characteristics.

Feminine and masculine silhouettes become easily identifiable.

The onset of menstruation and ejaculation will testify to everyone's ability to procreate.

These new events are subjects of concern and sometimes silenced.

If rules seem to become a subject more easily discussed, early ejaculation, usually nocturnal, are more rarely mentioned.

From this period, the adolescent becomes paradoxically able to reproduce without being socially recognised as having the ability to raise children.

The boy, the girl undergo physical changes that can cause questions, fears and anxieties.

Psychological changes:

Along with these physical changes, teenagers see their thoughts, desires and, more generally, their relationship to others evolve.

They are differently interested to the other sex and wonder about their ability to please and enter a seductive relationship.

Even if they deny it, sexuality will be at the centre of their concerns.

The young boy and girl will be tormented by these changes; they will need to be listened to, reassured and explained. They tend to reaffirm their identity by stereotyped behaviours. Puberty usually marks the beginning of adolescence. It is the passage from child status to adult; it is the necessary time for psychological maturity.

This period comes with major upheavals; the young person would feel a loss of control over this body and she will no longer recognise these thoughts, desires and fantasies that invade her/ him.

The break with her/ his childhood and the childhood power as well as the "de-idealisation" of parental images will lead her/ him to depression states, without being pathological, destabilising her/ him.

Social implications:

Society grants adolescence and unusual position.

The social group view of the pubescent child is different from one culture to another.

However, in all cultures, puberty is a social time subtended by standards related to the family group.

Every culture, every family tradition, will manage these events with habits, rites and myths of its own.

Functional indication for groups of 12 to 16 years:

It may be appropriate to deal with puberty in non-mixed group.

If this is the case, we must endeavour to speak to each group of what happens to both sexes.

The facilitator should be careful not to be limited to the biological dimension of puberty, but widely extend to the social and psychological dimensions as well. Indeed, if all biological information is easily transmitted, they may not meet the concerns of young people when they occur.

The psychological aspect is very important, notably with what might mean to everyone the fact of "becoming a woman" or "becoming a man, and what that might entail in the relationship with parents and vis-à-vis parentage, but also in relation to the other. As for the social dimension, it is not to be overlooked since, as we have seen above, cultural issues may emerge in relation to marriage, permitted or prohibited sex, virility or femininity/ motherhood representation, etc.



Puberty	
Operational objectives	<ul style="list-style-type: none"> - Enable youth to appropriate anatomical and physiological changes associated with puberty and the reproductive capacity it generates; - Encourage them to express concerns, astonishment, tastes, pleasures and defuse situations that may seem difficult to them
<ul style="list-style-type: none"> - Brainstorming - Work in two groups 	<p>Organise the group into small same-sex groups. Ask each participant to write on a paper five words (or phrases) that come to mind when told "puberty".</p> <p>The facilitator can group the words into subsets to highlight the three fields of puberty (biological, social and psychological) and start discussions with the group.</p> <p>It is important to have addressed the three fields of puberty in a prior exercise (see above), before starting this specific exercise.</p> <p>Separate participants into two groups and place in remote areas so that they do not bother each other.</p> <p>Girls will list what they know or think of boys' puberty, and boys will list what they know or think of girls' puberty. When returning to the large group, rapporteurs expose and transcribe on a table without comments, the respective productions.</p> <p>The facilitator will use the contributions of each group to stimulate a debate and raise awareness of representations and misconceptions that might have emerged.</p>
At the end of this module	<p>Participants will have completed or enhanced their knowledge related to pubertal changes and their consequences.</p> <p>During these discussions, they have been able to express their questions, any concerns. During these discussions, they have been able to express their questions, any concerns.</p>

What is the relationship between the "law" and "sexuality"

Objectives:

- Identify how the society organises the expression and exercise of sexuality.
- Distinguish between values, norms, customs and laws.
- Know the existence of sexual violence and exploitation.

Age and duration: From 14 years. 90 minutes

Material: Refer to the exercises proposed below.

Landmarks, reflections, indications and references to the facilitator:

Human sexuality is not a simple fact of nature, it is also a social and cultural fact.

In fact, all social groups are developing rules that organise the exercise, both in the area of affiliation, registration in the order of generation, organisation of the covenants in the control of fertility and therefore the survival of the group.

This is because human sexuality helps structure social relations that it acquires a real political dimension.

The symbolic law:

"The organisation of societies, in the vast majority of cases, based on the major prohibitions recognition that correspond to as many secret desires, more or less respectable, that everyone has somewhere in them, and that the social, educational and cultural body helps to identify and tries to limit, restrict and sublimate to make life in society acceptable.

What are these major bans?

We recognise at least three that are universally recognised:

- The prohibition of murder,
- The prohibition of incest
- The prohibition of cannibalism.

These three principles, which are fundamental prohibitions relate to each other and are not limited only to the carnal murder, incest and real cannibalism. We can destroy the other by reducing them to the object state or by devouring their vital place. Whether reality is carnal or metaphorical, every time a subject is in position to be possessed by others, literally and figuratively, it witnesses an absolutely traumatic event that shatters its sense of belonging and identity".

The symbolic law is never written and is passed down from generation to generation. It notes the collective unconscious and is based on the need to internalise the symbolic order of the world.

Written laws:

These written laws stem from the symbolic law. They pose from the rules of life among individuals. They are adapted to the economic, demographic, cultural needs, norms and values of a society and can change over time. They are made to protect the group, but also to protect the individual. They apply to all. These laws also related to the field of sexuality. Whether in social or private life, we have no right to harass another or to impose a sexual relationship.

Customs, norms and values:

Customs include specific standards and values relating to a culture and/ or religion. The value is considered to be a positive proposal. We can distinguish the values as social values when they are common and unavoidable for a society, such as tolerance, solidarity, respect for others, etc. One can also distinguish values as individual values when they match what each believes to be appropriate/ good for them, such as self-respect, sharing, honour, etc.

Standards:

They correspond to the expression of values and reflect what is to be or not to be, to do or not do individually or in a group.

Sexual violence and/ or exploitation:

Sometimes one seeks to impose on another its way of living sexuality, transforming his or her partner into simple object. This is sexual exploitation. Sexual violence or abuse can take many forms: sexist comments, insistent invitations, harassment, exhibitionism, blackmail, threats, emotional blackmail or even the use of force to achieve one’s aims, from forced kiss to rape, depending on the context and situation, forced marriage can be considered sexual exploitation... For people who suffer them, the consequences are often serious: loss of confidence in oneself and in the other, devaluation that can lead to depression and even suicide.

Customs, Norms, Values and Laws	
Operational objective	Allow to distinguish between customs, norms, values and laws.
Group work	<p>From situations marking the major stages of life, identify links and differences between law, norms, values and customs that relate to them.</p> <p>In small groups, different themes will be discussed and worked.</p> <p>Themes can address all highlights of the social life, and even sexual, from birth to adulthood.</p> <p>For example, the time of birth can be identified through:</p> <ul style="list-style-type: none">• Law (registration at the civil status of the place of birth),• Values (recognition of a new individual)• Standards (celebrating the event)• Customs (Baptism...). <p>Examples:</p> <ul style="list-style-type: none">- Couple and sexuality exercise: Marriage, contraception, cultural customs related to sexuality, etc.- Wishing for children: Pregnancy, contraception, heritage, offspring, etc.- Gender equality: Women autonomy, allowing contraception, harassment, parental authority, forced marriage, etc.
At the end of this module	<p>Participants will be able to understand the concept of rule of law.</p> <ul style="list-style-type: none">- They must have realised that, if the law provides a framework for organising social relations, it says nothing about daily life, which in itself is defined by norms, values and customs that each carries.- They should have thought instead about each element in the organisation of society and in their personal decisions.- They must have realised the need to take into account and to compose and/ or make choices, taking into account differences between laws, norms and values.

Sexual Violence and Exploitation	
Operational objectives	<ul style="list-style-type: none"> - Enable participants to identify and recognise what could be described as sexual violence and/ or exploitation. - With them, find means and ways to learn to react to situations encountered.
Regnier's Abacus	<p>Here are some statements that we sometimes hear:</p> <ul style="list-style-type: none"> - "Jealousy is a proof of love". - "The father must choose the husband of his daughter". - "We must be ready to do anything to keep the other". - "A woman always starts by saying no". - "Girls must abide to tradition to keep the honour". - "When, at the last moment, we refuse sex and that the partner imposes it, it's not really a rape". - "Men have more sexual needs than women". - "When we know each other for long time, it is normal to demand sex". - "If a girl has sex against her will in the context of a marriage, she is not being raped". - "She was beaten: she had to earn it". - "Girls should know their place". - "A man cannot be raped".
At the end of this module	<p>Participants must be able to identify situations involving sexual violence or exploitation in everyday life, and be able to analyse and adopt appropriate behaviour.</p> <p>Therefore, it is to get them to have preventive attitudes to these situations, especially working with the law. Personal attitudes that it is desirable to develop as well as resources and organisations that can be utilised to protect face these situations.</p>

Activities with the family

Exercise 1: "Family Emblem"

Activity Objective: Promote and share the meaning and importance of family identity of each family surviving the traumatic event.

Expected results: Strengthening family identity.

Time: 120 minutes.

Places: Large inside and outside place with tables and chairs.

Materials: Watercolours; paintbrushes; coloured pencils; markers; eraser; sharpener; sheets divided into four places.

Activity's explanation and progress:

- Place the material on the tables.
- Invite each family group to make their emblem (or symbol) from the following: In the first place (top left), draw an ANIMAL symbolising the traits that each family thinks it possesses and uses as resources in times of difficulty. In the adjacent place (top right), draw a FLOWER or TREE that represents the origins (roots) of the family and its potential to grow. In the third place (bottom left), draw a NATURAL ENVIRONMENT – such as a landscape of mountain and sea, lake, waterfall – metaphor of family relationships; - In the fourth place (bottom right), illustrate a SIGN or SYMBOL expressing the family's hopes for the future.
- Invite each family to invent a word or currency, to be written in the special place under the emblem that synthesises one of its fundamental values.
- Each family group shows its emblem and explain it to everyone, by sharing memories and emotions of the family.

Notes and suggestions

- This activity is useful in post-traumatic situations because often, as a result of very painful events, one can experience a personal identity and family crisis to the point of no longer being able to recognise one's own resources and role within one's family (Janoff-Bulman, 1992)

Exercise 2: “The helping hand”

Activity Objective: To promote the identification of family external resources.

Expected results: The family should happen to find relatives, friends or other people in their social network who can help the in time of need.

Time: 60 minutes.

Place: Large inside or outside place with tables and chairs.

Materials: White or coloured paper; coloured pencils; markers; staplers; scissors.

Activity’s explanation and progress:

- We proposed to each family group to draw the outline of a hand.
- At the height of each finger, the family will verbally or graphically represent someone they know could help in a moment of difficulty.
- The hand can be coloured and decorated as desired.
- At the end, each family has its helping hand, by selecting one or two stories of help received to tell the group.
- Finally, all representations of the “helping hand” will be united together to form a circle that metaphorically represents the actual aid network.

Notes and suggestions

- Making a circle with drawings allows to further highlighting the link between different families together.
- It is important to encourage, during the activity, the collaboration between parents and their children, to promote family unity, especially in a difficult moment.

Exercise 3: “The collage of memories”

Activity Objective: Making a collage of positive family memories to remember joyful moments we lived in the past and which, momentarily, may be set aside because of the adverse event. Strengthen the family unit through accessing positive memories about the group.

Expected results: Identifying and evoking happy moments experienced by the family unit.

Time: 60 minutes.

Place: Large inside or outside place with tables and chairs.

Materials: white or coloured paper; coloured pencils + markers; staplers + scissors.

Working groups: Family group and children.

Activity’s explanation and progress:

- Give each family papers divided into four squares.
- Suggest that families remember happy moments experienced in the past and graphically represent or write them in each square.
- At the end, each family cut the squares and unites them to make a large collage.

Notes and suggestions

- At the end of the activity, collages can be exposed or illustrated.
- The collage is a tangible item that highlights the family’s positive experiences.
- If there are difficulties to write the event, the facilitator can assist in the drafting.



Body and Performing workshops

Exercise 4: "Rituals and habits"

Activity Objective: Help children and their families to return to rituals and habits belonging to their culture that may have been set aside as a result of displacement.

Expected results: Preserve local traditions by adapting to new circumstances in order to give children and adults a sense of normalcy and a sense of belonging to the community, with rituals and habits, even very simple, such as birthday parties, celebrations and fiestas.

Time: 120 minutes.

Place: Initially, a place for debate and then possibly a large place to perform a gathering (organised with families).

Material: According to rituals and habits that we want to propose again.

Working groups: family groups.

Activity's explanation and progress:

- Ask the family to identify its main rituals and habits.
- Invite families to tell rituals "before the war" and those currently existing
- Choose one to perform.

Notes and suggestions:

Every social and family system has its own traditions that lead people to stay together, to affirm their cultural identity and to celebrate their roots. Trying to recreate normalcy after a traumatic event, helps the survivors to "resume" living within the daily context avoiding feelings of isolation and alienation.

Examples of rituals and habits: Sharing time before children's bedtime, common meals, family time in feasts, sharing harvest time...

This part is a series of structured or semi-structured exercises, which can target participants of all ages.

The construction of meetings is the responsibility of the facilitator, to the extent that s/he will think and choose a set of exercises with clear objectives and specified speaking time.

The facilitator will particularly make sure to respect the rhythm of the group and each participant and insure a verbal development time after each set of exercises, leaving everyone the freedom to verbalise emotions or particular thoughts.

Speaking time should be ritualised, always in the same place, always in a circle, always free speech, and preferably in a symbolically and actually separate area than the game place and development situation.

Speaking time will be open; participants will be invited to talk about the exercises, their effects on them, their relationship to the group, their imagination, their feelings, their associations, etc.

The facilitator will guide the speaking time, by reformulating what is said, emphasising positive effects and categorically avoiding any judgment or form of analysis of any kind.

Some speaking times will be pairwise or in small groups depending on the exercises and their degrees of privacy.

At all times, the facilitator maintains a clear frame, during which he will constantly remind the instructions and rules of work, namely, the rule of discretion, rule of restitution, rule of free association and let go as well as the rule of free choice of participation.

The facilitator will pay special attention to the group dynamics, scapegoats, leaders, individual and group time and will participate constructively in all exercises that s/he offers.

Finally, the facilitator shall not pressure any participant to participate, explore painful areas, will bear no judgment on behaviours or individual times, and will accompany the group in experimenting the scenic exercise and development exercise. This will guarantee the clarity of the game, of speaking times without wild analysis, self-expression, and respect for others.

Each meeting should take place in an enclosed, secure, wide enough place for a group of 8 to 12 participants to be able to spread out, with carpet or parquet the floor sufficiently conducive for work without shoes.



Given what we have presented above regarding the framework, only after presenting and defining the work interest that will be proposed and after having presented her/himself, the facilitator will pass to stating the rules, and thus the working environment, as next:

- Regular and punctual attendance is requested from all, it allows us to be together while respecting working time.
- You are invited to accept the encounter with others, experimentation of exercises.
- Respect for others and freedom of expression is necessary for the smooth running of workshops.
- In speaking place, you are welcome to speak in the first person, using I, avoiding they, and telling concerned people what you want to tell them, looking at them directly, and avoiding he or she.
- During the entire time, it is important to eat nothing, drink nothing, keep one's bags and shoes in a designated area, have phones and anything that gives time in silent mode.
- Nobody will issue judgments or interpretations on the work of another participant.
- You will be the custodians of everyone's word, and therefore the group's word, you will not share this word with anyone outside of the group. If you do, you will have to tell what you said to the whole group.
- Acting out is forbidden, only when rules of the exercise allow physical contact, you can touch others, and only in the work of theatrical expression.
- You can always refuse to participate in a particular exercise, but, in speaking times, you will explain your refusal to play.
- We will work together, everyone, to start meetings by arranging and cleaning the room, in common, and in silence, then at the end, to arrange and clean oneself, if necessary.

Awaking the body

The facilitator will always ask participants to express themselves before the beginning of those exercises, from which he will choose a series that makes sense for the work objective, individual personal worries or positions that pose problems, for example, backache, inability to rest while sitting on knees, etc.

The basic position is always: Standing, the head well put on the cervical vertebrae, spine like a taut bow, legs open at the hips, well planted on the ground, firmly rooted, shoulders relaxed, arms open and released, face relaxed, open and calm. Breathing sustained and conscious such as inhalation from the nose and exhalation from the mouth.

Exercise 1:

Rotation exercises are important because they present the essential functions of our body movements, and aim to gently awaken the latter.

In basic position, participants are invited with their right then left forearms, to draw circles up and down. Then horizontal lines from left to right, alternately with both forearms. Then, vertical lines, from right to left, one after the other with both forearms. Then drop hands, bend one knee and make the same exercise as previously mentioned.

Option 1: Participants are invited to draw their names with their elbows or knees, but only after having tried several times, at their own pace, this exercise of place representation, body mastery and rhythmic movement.

Option 2: Participants are invited to draw simple and complex objects, with their elbows or knees, but only after having tried several times, at their own pace, this exercise of place representation and body movement.

Note: The facilitator should at all times remind participants to breathe, to be aware of their inhalations and exhalations, to be aware of their ground anchors, their representations of what they do, and significant concentration required for this exercise, as with any exercise involving the body, in a theatrical experimentation place.

Exercise 2:

In basic position, participants are encouraged to reach out, palms up, then bend them back to elbows in vertical position. Palms are facing inwards; arms are "candlestick" shape.

The ensemble should be light and participants can imagine that their fingers are extended towards the sky, endlessly, making small movements in the phalanges of the fingers, as to make them grow.

Option 1: In the same position, participants may be asked to bend their head, plunging to the ground, and imagine being a locomotive, which arms are a big mouth. At this moment, rotations are made at the elbows, to the bottom, totally horizontal arm towards the sky, arms stretched that fold at the elbows, in vertical position. Participants imagine their arms to be mouths that open and close, or an earth beaker machine, digging the ground. Movements can be slow at first and then accelerated, and so on.

Note: Depending on the age of participants, and the conscious choice of the facilitator, the latter decides to stimulate this or that picture, to always coincide movement to an image, an object, a representation, a symbolisation, etc.

Exercise 3:

Rotate the jaw from right to left and from top to bottom, with respect to the body, paying special attention to the jaw's sound.

Exercise 4:

Body patting exercises are very good to awaken the entire body and give resonance to the bones. We move the hand patting on the entire body, starting with the right arm stretched forward, we pat with the left hand over the entire length of the right arm, on both sides, and suggesting to the group that the arm as well as the legs require always two sides.

Then, with the right hand, we do the same patting the length of the left arm. We then go to the torso that resonates, then the abdomen, the right leg that gently raises while focusing on all sides of the leg and, including foot soles, same for the left leg. Then we go back to the head, neck, face, cheeks, mouth, nose, ears and skull. The back and rear shoulders are portions, which we have no self-access to, therefore work with a partner to access them.



Exercise 5:

Wave motion exercises help recognise the verticality of the body, like the patting each part of one's body.

Participants, standing, legs together, hands behind their backs perform vertical motion ripple setting in motion the whole body from knees to the head: The movement is driven by the knees that fold up. This launched wave tilts the pelvis forward, drive along the bust and dorsal vertebrae, spreads to the neck, gently tilt the head and neck forward, and is transmitted again to the legs and knees that bend and fold out to revive the movement.

Exercise 6:

Impulse exercises initiate and transmit energy. The pulse is essential in extreme acts, including in fighting.

The whole group is standing in a close circle. This exercise consists of throwing in turn, without forcing the body, the right arm forward, 10 times by counting down from 10 to 0; then the left arm and right leg then the left leg. During the exercise, when working on the legs, the selected leg will remain suspended in the air throughout the 10 times.

The voice

The vocal work must express three directions:

- Breathing
- Resonance
- Articulation

Exercise 1: Participants trot, circulate freely in the place, legs free and arms dangling by vibrating their whole body. The mouth is open, head slightly down, and letting out a soft and continuously sound.

Exercise 2: Participants make an "idiot" face. They can flatten their hands on the face and make silly faces. They may drop their lower jaw, then they emit the sound "ha" "ha", as if they could not articulate; the head is leaning forward, neck and shoulders are free.

Exercise 3: Focusing on the jaw and causing a rotation from bottom to top and from back to front, along with a deep breath, often just a yawn, participants are always welcome to yawn and accompany that with the sound of stretching the body. To facilitate the yawn's stretching, we can give the example of a cat stretching in all directions and letting its body move in place without walking. Inhalation is always through the nose, while exhalation occurs from the mouth.

Exercise 4: For a good resonance of the voice, it is important that the face and body are relaxed. Participants laying down, will contract every muscle to release it rapidly thereafter, in order to completely relax the face and body:

- They increasingly contract eyebrows and release;
- They increasingly contract eyelids and relax;
- They increasingly contract nostrils and relax;
- They increasingly contract the lower jaw and release;
- They increasingly contract lips and release;
- They increasingly contract the neck and release;
- They shrug and contract shoulders and release;
- They contract wrists and release;
- They clench their fists, contract the arms and release;
- They contract the muscles of the centre and release;
- They contract the hips and pelvis and release;
- They contract the buttocks and release;
- They contract the feet and release;
- They contract the entire body, then release with deep sighs of relief, and sitting like animals do.
- Then they check the resonance of the body by putting their hands flat on their neck, elbows, chests, thorax, belly, emitting the soft and continuously sound "mmm" for themselves.

Exercise 5: It is about experiencing both possible forms of breathing. Abdominal breathing and chest breathing.

In abdominal breathing, participants are invited to put the thumb of their right hand inside their belly button and put the 4 fingers below it. The distance that covers the four fingers is the belly. Participants inhale from their nose 3 times and imagine the air entering the nostrils, the long neck, the chest, until it gets to the fingers to inflate the abdomen. The shoulders and chest should remain flexible and relaxed.

We can help participants by drawing their attention to the heat that will flat hands will create at the centre to facilitate a sensory representation of the area of the stomach.

It is the belly area that will swell when inhaling.

We keep the air in the stomach five times, and then exhales in 7 days. During exhalation, the air ball in the stomach level will deflate, like a balloon.

Exercise 6: To experience chest breathing, invite participants to imagine two animals fight a duel. The first thing they will do is inflate the chest, the abdomen. So during inhalation, participants will be asked to keep the air in the chest, then suddenly they exhale air accompanying it with a loud sound, a "Ha", with a particular resonance for the vowel "a", which should resonate like an echo, as an object that is projected to the outside, while the letter "H" is silent. This breathing exercise may be carried out with a movement of exhalation, rocking forward during exhaling and pronouncing the "Ha".

Exercise 7: Participants are lying on their back, arms along the body. They should have the feeling of sinking into the sand. For this, they inhale through the nose, taking care to "filling" the lower abdomen with air first, belly and then the rib cage.



The place

For it to give the person the opportunity to develop her/ his freedom, the feeling of place and its representation must be internalised.

Exercise 1: Participants sit comfortably on the floor or on chairs, their concentration is brought to focus on the here and now, they close their eyes and try to mentally reconstruct the image of the room. The facilitator asks questions about the layout of the room to which they respond by gesture or words; then they open their eyes to verify the accuracy of their image.

Exercise 2: Participants walk through place and in all possible axes, avoiding following one another and breaking the group rhythm who insidiously settle.

Exercise 3: Participants move randomly throughout the place offered to them, and by a signal of the facilitator, they gradually narrow the field, while accelerating movement to occupy the centre place and at the same time avoiding touching one another. At the next signal, they burst and again occupy the entire stage, but progressively slow their pace. Both walking rhythms can be reversed, slow and fast to the centre outward.

Exercise 4: Participants walk in the place at different rates; 1 being the slowest and 5 being the fastest, almost running, at the facilitator's signal. They are instructed not to touch or follow one another.

Exercise 5: Participants are invited to walk in the place with one eye closed (change the eye each time), at a slow pace at first, they must hear and feel the presence of the other, body and movement, and avoid touching them to leave their footsteps and those of other participants free.

Exercise 6: Participants stand, stretch so as to become as large as possible and fill place as much as possible while emitting a sound, and then begin to shrink as much as possible by compressing the place they occupy the most possible; the voice's tone will also change and follow the movement of expansion or shrinkage.

Exercise 7: Participants are placed in two rows facing each other leaving a place between them for the person opposite them to pass. We make an exactly straight line that everyone should follow. The target is to move forward and backwards. After 3 steps forward, passing between one another, we stop at the facilitator's signal, and go backwards following the same line and the same steps.

The group meaning

Any expression is in an environmental context. Thus, the expressive possibilities of a person are measured in her/ his ability to have contact with the surrounding place and her/ his ability to communicate with people around her/ him. The group is carrying, it helps but it also has its requirements. It demands a deep commitment, a receptivity, a great openness and submission to what will happen, which was not fixed in advance.

Exercise 1: We choose a song known by all that we hum together, in a low voice, to feel united, then we increase the tone and allure to the maximum of energy, and falls again, etc.

Exercise 2: Standing in a circle, passing an imaginary ball clockwise from right to left. We send the ball to the person to our right by moving the hand and making a sound at the hands' level so that the right hand springs towards each other by tapping on the left hand, while the latter remains slightly tense. Therefore, we give, then we take; the person takes the ball by moving the hand and making a sound at the hands' level so that the right hand is folded towards oneself, while the left hand is slightly tense. Then, the person will again pass the ball to her/ his right, in the same way as the previous person gave it, and so on, the next person will then pass it, etc.

Participants must establish a sufficiently large circle so that every person can give and receive the ball without touching each other and so extend an arm to the other without making physical contact.

The sound accompanying the consignment of the ball is a sign of rhythm, group rhythm that can be established and guide participants to go slower or faster.

Whenever we give and we receive the imaginary ball, eyes should be on the person who receives

it, and the person offering it. Eyes should cross.

The imaginary ball exercise has several variations.

We can send the ball without taking a turn by simply looking at a person and being seen by it, after telling their surname. The person will receive the ball (even use sound and hand gestures previously described), then give it to another person by saying their name, and so on.

Without changing the principle of rotating the ball clockwise, we can also add instructions, for example, at any time when the ball is being given to them, participants can raise their hands in the air and say "stop", forcing the person giving the ball to change direction and pass it to a person counter clockwise.

Also, when the ball is given to them, participants will be able to say "Frotti Frotta" and the entire group will have to come inside the circle, rubbing each other's, then switching places. The person with the ball must pick up the pace and choose the direction of the ball.

The imaginary ball exercise is a very powerful tool, also allowing the group to create two teams and make a match with the ball, we pass it to one another, we dribble, we avoid, we lob the ball, we score a goal, etc.

Exercise 3: In a circle, standing, motionless, participants imagine that a giant ring, made of a light alloy, is placed on the ground at their feet. They close their eyes and imagine it, then at the "signal" of the facilitator, they get down, eyes closed or opened, to go pick it all of them together and then carry it, the highest possible. When it reaches the peak, participants imagine their fingers and arms can still raise it higher. Then they drop it sharply. Restart.



Exercise 4: Standing in a circle, a participant stands in the middle and starts a gesture. Others will try in turn to resume and complete it with a simple additional gesture. The total addition of different gestures will end with the last participant, as a reconstruction of all proposed gestures that should have a logical and harmonious result in a large movement of their parts.

Exercise 5: The facilitator proposes a specific subject, for example (nature, machine, war, dream, holiday, etc.). Participants will build an infernal machine from this subject. A participant will stand in a corner of the place and take a fixed position with a single gesture, a single sound, repeat it slowly and twitchingly. A second participant will propose one second fixed position with a single gesture, a single sound, and repeat it slowly and twitchingly, etc. All participants will have a part of their body that touches another (foot touches hand, shoulder touched feet, head touches belly, etc.). The group will thus constitute a form of machine made up from the body that complement each other's, with postures for the proposed subject and a twitching repeated gesture. The facilitator then asks to accelerate the pace of gestures and sounds, more quickly, until the represented machine becomes so hot and go so fast it blows and each participant abruptly separates from the other while maintaining his gesture and sound until exhaustion and death.

Exercise 6: Participants sit in a circle and have to create a story. The facilitator gives them a subject. The first participant begins the story. The second is to begin her/ his part of the story saying "fortunately" which leads to improving a positive situation. However, the third player must begin her/ his part with "unfortunately", causing a negative outcome. And so on, with "fortunately" and "unfortunately" being linked from one participant to another.

Relation to others

During the exercise, the most important is the lively exchange between two partners. The relationship that develops between them is an organic process that engages participants in their bodies, emotions and thoughts, in short, their entire being.

Exercise 1: Participants move through place, then each, whenever they want, stop and follow someone with their eyes. Participants continue to move then at the "signal" of the facilitator freeze in place expressly staring at a person. Participants return to their work, and with a new "signal" from the facilitator, they eagerly seek to communicate with the greatest number of people possible with their eyes.

Exercise 2: Standing in a circle, in turn, participants send to whomever they want an energy boost with part of their body, the person who receives it must necessarily receive it with which the organ the partner has sent: elbow, knee, head, hand, etc. Then they are free to circulate it as they want within themselves, with their bodies before returning it to another person.

Exercise 3: Standing in pairs, one person takes the fixed position of a sculpture, a body that will be worked by the other, in which a form is proposed, while the second will take the role of the sculptor, who infuses the form. This exercise can be done with the breath, or fingers with a light touch. By breathing on the sculpture's body or slightly putting her/ his fingers on the desired body areas to be carved, the sculptor will offer different forms, while respecting the other's body.

Once the sculptor finished her/ his work, s/he will observe and admire while the sculpture will remain frozen.

At the facilitator's signal, all sculptors can move in the place and admire the made works, then roles will change.

Exercise 4: Sitting two by two, they imagine the other slowly aging before their eyes. How will this person be in ten years, twenty years, thirty years? Once this is done, each person will try to physically represent the other.

Exercise 5: Two people face to face, at distance, imagine being on a sidewalk each lost in thoughts. They move toward each other and when they cross, without slowing down their pace but by slowing breathing, they think they recognise each other, causing a pleasant or unpleasant emotion. Who is this? Who do they look like? What do they remind me of?

Exercise 6: This exercise is done in pairs. Each participant will guide the other (who is blinded by means of a headband) through sounds. At the beginning of the exercise, we chose to lead by voice, with simple commands (right, left, stop...) and the guide has the right to move with her/ his "blind". To increase difficulty, we first ban moving to guide the person, then we impose a voice code that determines the pair (example, "ah" to move left, "whistling" to stop, "a clap" to move right...).

The 5 senses

Being aware of one's senses and their use is an experiment that requires a lot of concentration and that requires a capacity of discovery and surprise.

Exercise 1: The facilitator brings with a bag full of items that s/he will distribute randomly around the place. Participants who had their eyes closed, will open them very slowly and look around, select an object they would like to examine, and then get up, go slowly to this item and use all their senses to determine its characteristics.

This exercise can have many variations, objects can be placed in a bag or in a box, placed in the centre of the circle formed by participants. Each in turn will rise, will draw an object and examine it by using all their senses.

Exercise 2: A table loaded with objects is put in the centre of the place. The objects are covered with a sheet. At the facilitator's signal, we discover them without touching the objects for 10 seconds, and then cover them with the sheet.

Participants all together describe objects and their details while the facilitator notes everything they say. Then, s/he uncovers the table and check.

Exercise 3: Participants sit in a semicircle, except one. This one person has to stand facing participants for 10 seconds. We examine them and they leave. The sitting participants describe in great details while the facilitator takes notes, then the person is called back in and checked.

Exercise 4: This is a listening exercise in complete silence. The sounds of one's body and the noises in the room, then those on the street and those in the city, etc.



Exercise 5: Smell the air around you to guess the smell, feel everything in the room. Move your smell outward. Propose various objects and suggest participants feel them.

Exercise 6: Touch, feel under one's fingers all the information (surface, texture, shape, volume) of a series of items proposed by the facilitator.

Exercise 7: All together. Guided by the facilitator, everyone imagines a rather deep glass jar, "see" its shape and dimensions. They sit in a comfortable position and explore its walls and curves. They look through the glass, try different positions: kneeling, standing, etc. taking into account the shape and dimensions of the jar.

A series of other exercises

A significant number of other exercises can be offered in connection with:

Concentration
Imagination
Gesture and precision of gesture
Relaxation
Affective memory
Improvisation

These exercises urge facilitators to be familiar with theatrical techniques and have previous stage experience.

They can then use their own directories to supply workshops that they gradually build with groups they are responsible for.

Conclusion

The set of themes and fun workshops and the proposed scenic workshops are constructed to strengthen protective factors of resilience, and to identify the risk factors that vulnerable populations face in order to accompany them to a primary level or make the necessary specialised guidance.

Animators, professionals and facilitators of their groups should be creative and rigorous in their work to complement and adapt the proposed series of exercises according to needs.

They will also provide support groups for their interventions to maintain an objective view and their work, and to protect themselves from all transference and counter-transference aspects that they will face.

This work is based and is clearly inspired by the applied research, led by Pr. Castelli, C. of the Catholic University of Milan, "Resilience tutors. Guidance for psycho-educational interventions".

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Chapter Five

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Chapter Five

Supporting Child Survivors of Sexual Abuse

Definition of Child Sexual Abuse (CSA)

“Child abuse is the abuse of power over a child and a violation of child’s rights to life and normal development through healthy and trusting relationships”. Child sexual abuse (CSA) can be defined as any form of sexual activity with a child by an adult or by another child who has power over the child. This includes, but is not limited to:

- Touching the child’s genitals or private parts, or making a child touch someone else’s genitals;
- Putting objects or body parts in genitals or private parts of the child for sexual purposes;
- Showing pictures of sexual scenes or pornographic movies to a child;
- Exposing the child to see adult’s genitals for sexual purposes, or forcing the child to watch or hear sexual acts;
- Watching a child undress or photographing a child for sexual purposes;
- Forcing a child to witness rape or any kind of sexual violence;

Core guiding principles for working with child survivors

When working with child survivors, MHPSS staff members agree to adhere to the following guiding principles:

1. Ensure the child’s **safety and comfort**:

Children who disclose sexual abuse should be comforted by all service providers who come into contact with them. This means that service providers believe children and do not blame them for the violence they have experienced;

Ensuring physical and emotional safety of children is of utmost importance when working with child survivors. All actions taken on behalf of a child must prioritise safeguarding a child’s physical and emotional safety;

Each child has a fundamental right to life, survival, and development to the maximum extent possible (Article 6 of the Child Rights Convention);

2. Involve the child in **decision-making**:

Children have the right to say what they think should happen and have their opinions taken into account. Service providers are required to listen to the opinions of children, provide them with the necessary information and involve them in decision-making, as appropriate. Children should be assured the right to express their views freely and their views should be given “due weight” in accordance with the child’s age and level of maturity (Article 12 of the CRC);

Listening to children’s thoughts and opinions should not interfere with the parent’s/caregiver’s rights and responsibilities to express their views on issues affecting their children;

3. Promote the child’s **best interest** at all times:

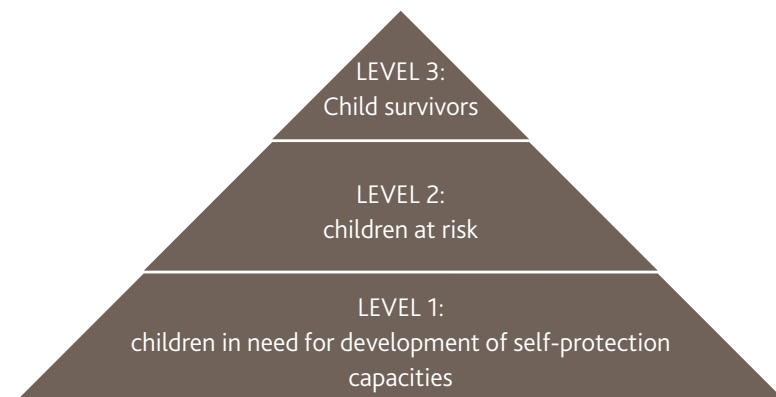
The best interests of the child shall be a primary consideration in all actions affecting children. This means that when a course of action affecting a child is taken, that course of action should reflect what is best for that child (Article 3 of the CRC);

All adults, including caregivers and parents, should do what is in line with the best interest of children to ensure their rights are respected and implemented;

4. Ensure **non-discrimination** in all interactions with child survivors:

There shall be no discrimination against any child. This means that all children, at all times, in all circumstances are equal and all have the right to protection (Article 2 of the CRC).

Introduction to the case management pyramid: the role of MHPSS counsellors



Counsellor roles are limited to level 1 and level 2 of the case management pyramid. The identification by counsellors of a child at high risk of sexual abuse or other forms of violence must immediately be referred to the school counsellor. This manual is primarily intended to provide guidelines for counsellors on how to provide primary support at level 1 and level 2 and the guiding principles for working with child survivors.

Level 1: children in need for development of self-protection capacities

All children are in need for support to develop their own self-protection capacities. This form of prevention can significantly be addressed throughout the educational and recreational activities planned within the MHPSS education setting; the counsellors can play a central role in developing the children's self-protection capacities.

Level 2: Children at risk

Children at risk will need more attention and will require, in addition to the development of their self-protection capacities, a referral to the school counsellor. **The counsellors have a significant role in identifying and referring the children in need for more focused and specialised support.** It is important for each team of school counsellors to determine the indicators that define the criteria for "children at risk". Based on the contextual specificities, each team should be aware of these indicators in order to identify and refer the child when needed.

Some indicators of risks can be, but are not limited to:

- Separated or unaccompanied children (especially in the current emergency context);
- Child labour;
- Early marriage;
- Children who have no access to means of transportation and who walk long distances to reach the school or other child spaces in the camp;
- Siblings and cousins of a child survivor, especially if the abuser is a family member;
- Children in families where caregivers suffer from alcohol or substance abuse;
- Children presenting psychological disorders or mental or physical disabilities;

According to school counsellors, it is commonly suspected that a child has been or is being currently abused when:

- They hear rumours about it in the school from the child's peers, from other teachers or from the school principal;
- The child discloses the abuse and asks for their help;
- They observe changes in the child's behaviour in the school setting.

Children react differently according to their age, developmental stage, sex and cultural and environmental specificities. Here is a list of possible behavioural and emotional reactions that should draw the attention of counsellors or caregivers:

- children exhibiting extremes in behaviour from overly aggressive to overly passive or regressive behaviour;
- Children showing signs of being frightened of a parent or other caregiver, or is afraid to go home or being alone with a particular person;
- Excessive attachment to adults and places that give comfort;
- Children with knowledge of sexual behaviours inappropriate for their age or sexualised behaviours inappropriate to

their age (including sexually touching other children or themselves) as well as excessive curiosity/interest in sexual subjects;

- Self-destructive behaviour, emotional numbness, flashbacks and avoidance, nightmares, depression or suicidal thoughts.

Some of the most common physical reactions might include:

- Itchiness, pain or sores, cuts or bleeding in genital areas, anus or mouth;
- Persistent or recurrent pain during urination or bowel movement;
- Enuresis;
- Weight gain or loss;
- Unexplained bruises, broken bones, burns or welts (often the child is unable to explain an injury, or explanations given are inconsistent)

In all cases where the counsellor detects a child survivor of sexual abuse, the counsellor must refer to the school counsellor.

Level 3: Child survivors of sexual abuse

Children identified to be at high risk and children who have survived sexual abuse should immediately be referred to the school counsellor. **School counsellors who are involved in the case management process must, when a survivor is referred to them, consult the Sexual and Gender-Based Violence Referral System (SGBV) Standard Operating Procedures (SOPs) for specific guidelines on case management for child survivors.**

Case management core groups:

The Protection unit coordinates case management core group meetings in each area. These meetings are held on an ad hoc basis, based on needs by each member of the case management core group.

Case management meetings are small, closed meetings where sensitive information is discussed. These meetings are not regular open meetings for staff members, but strictly closed meetings for school counsellors and the protection team. In some instances, the counsellor may be invited to participate in the case management core group meetings, especially since it is crucial to coordinate the roles of the school counsellor and the roles of the counsellor in order to ensure the complementarity of the services received by a child and to prevent overlap.

The **case management core group meetings** are held in order to:

- Address any immediate protection problems and coordinate response actions for each individual child survivor;
- Plan support that ensures the child's best interest; Identify measures to engage the child in the process of decision making; Ensure that the follow up mechanism is functioning and agreed-upon interventions are implemented.

Key questions to be asked in the case management core group meetings:

- Is the child safe now? What are the current risks and protective factors?
- What are the serious physical or psychological risks that the child should be protected from?
- What is the objective of our intervention? Does it ensure the child's best interest?
- At what level can the child have an active role in the process of decision making regarding the referrals?
- Who should we consult and do we have allies (parents, other family members, community leaders or supporters, other specialist services or organisations, health services, police or statutory authorities) to find the best solution or referral step?
- What decisions have been taken so far and why?
- What personal or environmental (familial/ community) resources can be used to ensure the protection of the child?
- What is our plan for intervention and what is the timeline of action?
- Is this within MHPSS objectives?
- Has the child been made aware of the resources that are available?
- Documentation of lessons learned: What can we learn from our intervention?

Key considerations while supporting child survivors

School counsellors can often interact with child survivors of sexual abuse. Whether in the general schools settings or within a primary support session, it is crucial to remember that:

The child should not be blamed

Child survivors need to build and rebuild trusting relationships with others

The child's identity should not be reduced to the event he/she survived

The child should be aware of the decisions and steps of support

The symptoms are a message that the child is sending to call for help

The disclosure of "what happened?" should only take place in a specialized setting.

Counsellors should not push the child to tell the details of the abuse.

Any intervention should be confidential and should respect the specific needs of the child

The child should not be blamed:

In many instances the society, the caregivers and even the parents themselves might think that it is the child's fault – partially or completely – if he/she was sexually abused. It is important to remember that the psychological and developmental capacities of the child do not enable him/her to perceive and understand the risks related to this matter as we, the adults can do.

Educational professionals and teachers might say: "if the mother told her child do not go out on the street after 5:00 p.m., and the child did, and he/she was abused, then the child is to be blamed because he or she disobeyed his/her mother, otherwise he/she would have not been abused. In the above case, two major events occurred. The first: the child disobeyed the mother. The second: the child was abused. From an educational point of view, one can argue that the child disobeyed the mother by going out on the street after 5:00 p.m. and the child should be responsible for the disobedience. However the child cannot under any circumstances be held responsible for the second event that occurred.

While interacting with a child who survived sexual abuse always ask yourself the following questions:

- 1- What is my specific role of intervention with this child? (Educator, parent, counsellor, etc.)

If you are intervening as a counsellor, remember your role is to provide primary support and to refer to the school counsellor for further specialised support.

- 2- Can the child be blamed or held responsible for any of the events that might have occurred?

At this stage **the child survivor has many other priority needs such as feeling secure, being protected, and feeling understood.** Those priority needs will hinder the child from understanding or learning what is right or wrong, even if the latter is communicated in the most appropriate manner; it is the timing that is inappropriate no matter who says it and how it is said. **Judging, blaming and pointing fingers** is what the child may be confronted with in many situations following the abuse he/she survived. **Counsellors should always remember that in many instances, they might be the only opportunity the child may have to experience genuine human understanding, support and interaction.** Blaming the child is wasting this only chance!

Child survivors need to build and rebuild trusting relationships with others

Child survivors find difficulties in trusting others especially when they were harmed by people they trusted or when there was no one in their network with whom they were able to build a trusting relationship. Trusting the counsellor can happen gradually and it is the counsellor's role to ensure that this trust is respected and appreciated in order to help the child rebuild the principles of healthy interactions with others. The "Trust map exercise" can help the child work on this concept.

The child's identity should not be reduced to the event he/she survived

When a child survives a sexual abuse, caregivers and parents tend to focus on the event to the point where the identity of the child is reduced to the abuse; every time they look at the child, they can't help but remember that he/she is a survivor. Service providers might also tend to call the child: "case of abuse, case of rape, case of sexual assault etc..."

While ensuring a human support to child survivors, it is important to remember that the child is not only "the event". He/she:

- Has a name and it is recommended to remember his/her name while working with her/him;
- Has a past, is living a difficult present but will have a better future if the service providers succeeded in ensuring a healthy support;
- Have risk factors in his environment but in most of the cases the child also has resources, whether on the individual, family or environmental/community level. These are resources that the counsellors can help the child identify and develop in order for the child to overcome the difficult situation he/she is facing.

The child should be aware of the decisions and steps of support

In the situation of abuse, child survivors lose control of the sense of security of their bodies, and over their living and non-living environment; this is especially the case since the abuser will not inform them when, how, for how long, etc. the abuse might take place. Ensuring primary support to child survivors starts by giving them the opportunity to know how and when to expect the support. In other words, child survivors can first experience what it means to have a choice and to decide how to protect oneself throughout the primary support session. Helping the child to feel in control means that the counsellor should:

- Genuinely and explicitly inform the child about the role of a counsellor and about the objective of the support session;
- Inform the child about the time of the session and give him/her the choice to leave at any moment;
- Inform the child that he/she can have access to the support of the counsellor;
- Inform the child that he/she can come back and ask for support or information anytime he/she needs it.

The symptoms are a message that the child is sending to call for help

Child survivors might have different behavioural, physical or emotional symptoms following the abuse and other possible familial and environmental difficulties. The symptoms are generally perceived as a problem and service providers will usually try unsuccessfully to make it disappear. It is important to remember that the symptom is not the problem, but the consequence of the problem. The child, who doesn't have the verbal capacities or the psychological and emotional maturity to identify and express his/her feelings or his/her needs, might call for help through the symptom. When the child catches the attention of the counsellor or of any other service provider through an "inappropriate" sexual behaviour or verbal expression or indecent drawing, the child might:

- Have survived a sexual abuse and through the symptom he/she is telling the adults that he/she is in need for protection and support;
- Have witnessed sexual acts or was exposed to sexual photos or videos or stories, at an inappropriate age and through the symptom he/she is telling the adults that he/she is in need for information to understand what he/she saw or heard.

Trying to remove the symptom as a first reaction by asking the child to behave or by educating the child without looking at the reasons behind the symptom will make the counsellors' and other caregivers' role in supporting the child more difficult, because by removing the symptom, the chance of knowing what are the child's needs is also highly likely to be removed.

In most of the cases, when a child receives the adapted support-protection, mental health support, information or sexual education, the symptom will disappear by itself.

The disclosure of "what happened?" should only take place in a specialised setting. Counsellors should not push the child to tell the details of the abuse.

Remembering difficult situations can be very harmful for every human being and more specifically for child survivors. Whenever adults are asked to think about a very difficult or sad moment they went through, the entire body remembers and feelings of sorrow or fear as well as tears, accelerated heartbeats, etc. might accompany the difficult memory; sometimes as if the difficult moment is taking place again in the present. The same happens when adults are asked to remember a happy memory; the body also reacts with the memory of the positive emotions. A child survivor experiences fear, pain and harm on the body and at the emotional level, and by asking him/her to remember what might have occurred in the near past or what might still be occurring; we might be asking the child to relive the difficult situation. **Avoiding this harmful question is an essential step in the process of primary support.** Whatever happened to the child, the reality is that now he/she needs to feel secure and understood. When these needs are met, children, if they can and when they are ready, usually will disclose.



Any intervention should be confidential and should respect the specific needs of the child
 Counsellors might hesitate in the process of planning the intervention to support a child survivor; being sure that the intervention is respecting the child’s needs is a challenging task.

In addition, counsellors and school counsellors generally report that the respect of confidentiality is another challenge within the community/camp or school setting. Furthermore, in complex and difficult situations such as child sexual abuse where counsellors need opportunities to ‘debrief’ and themselves feel supported, the need to talk to others will increase. The case management core group meetings are an opportunity to debrief and seek peer support. The information shared at this meeting is strictly confidential and will focus on actions taken and actions needed. Information sharing must only include relevant information and should not include personal - and irrelevant - details about the survivor or the incident. Whenever possible, discussion on individual survivors should not disclose their identity. All members of this meeting are responsible for ensuring that the dignity and confidentiality of survivors are maintained and that information discussed is only that which is needed to resolve problems and coordinate actions.

Guidelines during a primary support session:

Counsellors might have to ensure a primary support session to child survivors until the referral to a school counsellor takes place. It is important to remember that the objective of this session is to provide a primary support and not a therapy. The table below can serve as a useful checklist for teacher and school counsellors in their interaction with a child in a primary support setting:

Do	Do not
1 Explain to the child your role: even though you are at school and you have an authority as a counsellor, you can explain that in this particular support, you are only providing information and support when needed.	1 Tell the child that you are his/her friend or like a big brother/sister, etc. Trying to be truthful will help the child more than anything else. Remember that your relations to the child should be trustworthy in order for the child to learn how to trust others again.
2 Ask the child about his/her name	2 Ask the child about any details regarding what happened. Remember that bringing back memories can be harmful if it is not done in a containing and specialised setting.
3 Explain to the child that you will meet for about 20 minutes and he/she has the choice to leave anytime if he/she is not comfortable	3 Let the child feel that he/she is being investigated. Remember that the child is not to be blamed for what happened.
4 Explain to the child that the objective of this session is to share with him/her the possible sources of support to access, when and if needed.	4 Ask difficult questions in order to push the child to disclose who the abuser is or who is aware of the abuse. Remember that the child might be threatened and asking him/her such details without a possibility of immediate intervention can put the child at risk.

Do	Do not
5 Explain to the child that whatever happened, he/she is not to be blamed.	5 If the child is having “inappropriate behaviours”, do not educate/punish/ask to stop at this level. Remember that the symptom is a message and refer directly to the school counsellor.
6 Explain to the child that you will be available whenever he/she needs information or support and that this space of support is confidential unless you and the child decide to share any information with other caregivers who might help.	6 Do not give the child false hopes or promises that you cannot keep. Remember, your relation with the child might be the only chance that the child will have at this stage to discover healthier human relations.
7 Ask the child if he/she has any question or concern and that you as a teacher counsellor will do your best to answer.	
8 Thank the child for his/her time and remind him/her that you will be available when and if needed.	

- In the case where the child survivor discloses and shares with counsellors details of the abuse that took place or that is taking place:**
- While listening to the child, thank him/her for the trust he/she is putting in this space of expression. This will give you time to breathe and ask yourself: what am I feeling right now? (Sad, angry, feeling the injustice, etc...). **When you identify your feeling, share it in a gentle sentence to help the child feel that you are empathising with him/her.** For example if you feel very angry that this could happen to a child you might say: “thank you for trusting this space of expression and for sharing with me the difficult situation you are in. While listening to you I felt angry that all of this could happen to a boy/girl your age.”
 - If you had the chance to do the **peer support exercise** before the session, you will be more aware of the child’s needs. However if you did not have the time to do it, always try to put yourself in the child’s shoes and think: if I was in this child’s place, what would I need in this particular moment? Always remember that child survivor’s main needs are: the need to be reassured, the need to feel understood, to know what can be done or who can help, to know that what he/she shared will not be shared with others. **The child needs to know that he/she talked to and asked for help from the right person, this is why it is crucial that you share with him your understanding of his/her needs** by saying something like: “I will share with you what I think can help you in this moment, but I will also ask you about what you think can help. What you are telling me will stay in this space of expression until we both decide together what can help you.” Or “ from what I am hearing you did not do anything wrong and you did a courageous step by coming here to ask for support”
 - Give the child an active role in identifying priority needs and possible allies.** Remember that giving the child the possibility to develop his/her capacities of self-protection is a step towards healing. Therefore you can ask the child if he/she:
 - thinks that there is a priority need that should be addressed

- has an idea of who in his/her family can help or can protect him/her at home? For example: "we need to identify together someone from your own family who can protect you when needed, can you think of someone who usually listens to you or helps you when you are in trouble? Do you think this person can help us in this situation?"
- 4- **Inform the child of the possible steps to follow**, i.e. talking to the school counsellor and/or protection team: "when children share with me their difficulty I usually introduce them to my colleague, miss/Mr. X who is a person with a lot of experience in this matter and who can, like me, respect the confidentiality and do her best to protect and help. I will ask you to think about it and to let me know at the end of the session or afterwards if and when you would like to meet miss/Mr. x"
- 5- **Give the child the possibility to contact you or any other person who can help when needed** by giving the phone number of a protection hotline or by sharing with the child your schedule, when and where he/she can find you.

Prevention: Developing children's self-protection capacities

In many cases, child survivors and children at risk know and/or feel that something is wrong. However, many personal, social, cultural and educational factors can prevent the child from any explicit communication and can hinder the child from asking for help and protection. The 3 group exercises outlined in the subsequent sections can be implemented by the counsellors in the school settings. All exercises have the following common objectives:

- To develop the child's emotional self-awareness; the child can build more awareness of him/herself when he/she is not comfortable;
- To develop the trust in his/her inner feelings and thoughts; the child can become more knowledgeable when he/she is in a harmful situation;
- To help the child identify people around them who can help; the child can better understand and identify whom to trust and where to seek help when needed.

In addition, some short animation movies can also be used in a school setting to work on the same above objectives. Here are some links:

SRHR Girls

https://www.youtube.com/watch?v=7JTng_dOln0

SRHR Boys

<https://www.youtube.com/watch?v=jY30dgXT39E>

Exercise 1: Feelings and Faces

Objective: to develop the capacity of the child in recognising feelings and thoughts in order to build self-expression skills and through it strengthen self-protection capacities

Instruction:

- 1- Ask children to walk in a well-defined play space (part of a room, part of a playing ground, etc.). The space should allow for privacy and minimal interruption, for example the school counsellors' rooms. Guide them as following:

"Try to fill each empty spot of the space with your steps and walk in all directions. Focus on your breath: take a deep and gentle breath and slowly let it out; repeat it again until you feel relaxed."

- 2- Ask children to walk in different paces/ rhythms that you suggest gradually (slow, slower... fast, faster, even faster...). Make them alternate several times between slow, medium and fast. From time to time ask children to freeze in their positions when you say "stop" then ask them to walk again.
- 3- Now guide the group through one of the following suggestions: "Now we will suggest different feelings one after the other and you will have to express it through your body posture, facial expressions, and voice while saying your name out loud: you are walking and you are feeling happy (give it some time and ask participants to say their names in a happy tone)..... Go back to the neutral walk.... go back to the neutral walk.... now you are feeling angry....very angry... go back to neutral walk... now you are feeling anxious... etc. Go back to the neutral walk... now you are feeling relaxed"
- 4- Now ask children to go back to their seats or to sit in a circle on the floor and discuss for every feeling: what were the

body feelings and what were the thoughts that accompanied each feeling? Let the children identify their body reaction to the expression of each feeling and the thoughts that usually accompany the body reaction. You can initiate the discussion by giving some examples: "when I am feeling happy, my mouth will smile and my eyes will twinkle, at the same time I would be thinking something like: Oh!! I am so glad I am here... or I wish this party will never end...or I will ask my mom if I can be here again", "when I am feeling angry, my face might turn red, I might frown and I would be thinking something like: This is so unfair! I feel like screaming out loud: Enough!! I will show you who I am!

- 5- After you make sure that all children are aware of the feelings you worked on today and about the body reactions and thoughts of each feeling, ask children to split in pairs and ask each pair to draw faces that express a number of feelings on paper cards (for example if you worked on 9 feelings during the "walk in space" exercise, give the first pair 3 feelings, second pair 3 different feelings, etc. depending on the number of feelings you worked on and on the number of participants)
- 6- Now ask each pair to present their cards and make sure all the children become aware of all the cards' meanings. Discuss with children that in many cultures, naming feelings and expressing them is difficult. Explain that in some of the exercises that you will use later in the classroom, all children can identify their feelings and express them by using the cards as a first step until the group reaches a phase where feelings are easily identified and expressed verbally when needed.

Exercise 2: Places and emotions

Objective: to develop the capacity of the child in identifying feelings and linking them to specific situations to strengthen self-protection capacities

Instructions:

- 1- Reintroduce the Feelings and Faces cards and place them in the room where everybody can see them.
- 2- Ask children to think about 4 different places or activities they go to or do during the week (house, school, playing with friends, etc.). Now ask them to draw 2 perpendicular lines that will divide an A4 paper into 4 sections/boxes. Invite the children to draw an activity or a place in each box.
- 3- Now ask the children to think about how they feel at the different places or activities they have drawn. They can look at the feelings and faces cards and draw the face/feeling on the top of each box. Explain to children that we can have, in the same place or activity more than one feeling, so they could have more than one face in each box.
- 4- Ask children if they would like to share their drawing and the selection of the feelings/faces to the group.

Discussion points:

- why do we feel comfortable and happy in some places more than in other places?
- What is so special about the places where we feel happy and comfortable?
- Are there people in these places who make us feel this way?
- Can we ask them to help us in the other places where we feel less happy?

Note for school counsellors:

This exercise is not an assessment tool.

However child survivors or children at risk

might draw and talk about places/situations where they are not comfortable, especially situations where they are at risk of abuse, have been abused, or are currently being abused. In this case it is crucial to:

- 1- Listen to children without interrupting them or judging their stories
- 2- Thank the child for participating and use the “library of life” exercise to close the session, especially if the child talked about inappropriate sexual details in front of his/her friends
- 3- Make sure you discuss the situation with the school counsellor as soon as possible to plan the adequate steps for the referral

Exercise 3: The Trust map

Objective: To develop – with the child – the concept of trust and to help the child assess the resources in his network or the people he/she can trust in case he/she needs help to strengthen protective structures around him/her.

Instructions:

- 1- Ask children to draw on an A4 paper different people they interact with during the week; “think of people you live with, you play with, people you see at school or on the streets, etc. you can draw up to 20 people on the paper if you would like to.”
- 2- Invite children to draw:
 - a red flag next to the people they think they can never tell a secret or they can never ask for help from in case they are in trouble or they can never trust
 - a yellow flag next to people they think they might trust or they might ask help from in case they really need to and they did not have the choice
 - a green flag next to people they surely can trust with no hesitation and they are sure that they will get the needed help whenever they ask for it.

Discussion points:

Through an open discussion, ask children to identify their own definition of trust and mistrust. When hearing their friends and discussing it in a group, children will be more aware of the indicators that usually help us trust a person or not. In addition, children (and you as a counsellor) will be more aware of the people they trust.

- “Why did you put a red flag next to the people on your paper? What makes you mistrust this person? Why?” The counsellor can write on the board the indicators of mistrust as identified by children. For example: “because he always tells the secrets of others”, “because I always see her angry at children”, etc.
- “Why did you put a yellow flag next to some people”. Again the counsellor can write the indicators on the board and then repeat the question regarding the green flag.
- “Do you think there are other people in your surroundings with whom you can build a trust relationship? What does it mean and how will it help you?”
- At the end of this exercise, let the children come out with take home messages from the identified indicators.

Reintegration of child survivors

Following the referral to the school counsellor and the access to multisectorial services, the school counsellor can help the child in the process of rebuilding healthy relations with others. In this process, counsellors can use the following exercises in general with the entire classroom of the child (without specifying that this exercise is for the child survivor’s follow up) or in individual sessions based on the adequate form of follow up that was planned with the school counsellor.

• The trust map exercise

This exercise listed in ‘prevention’ chapter can also be used as a follow up in order to help the child in rebuilding the concept of trust and relation to other

• The library of my life exercise

Objective: to help the child in the process of healing his/her wounds by symbolically building bridges between the past, present and future.

Instruction:

- If you have a library in your school, you can implement this exercise in the library. Otherwise, you can bring to the classroom a minimum of 5 children's stories.
- start by dividing the group in smaller subgroups of around 3 or 4 children each and provide for each subgroup 1 story (preferably a common/well known story like Snow White, Little Red Riding Hood, etc...)
- Ask children to read or sample the book and answer 4 questions:
 1. Who is the hero of the story?
 2. What was the problem he/she faced?
 3. Who was responsible for that problem?
 4. Who helped the hero in solving the problem?
- Ask each subgroup to share with the whole group the story they read and their answers to the 4 questions
- Tell the children the following: our lives are like a library of story books, where you can find funny stories, scary stories, stories that can make us angry, sad, laugh. We all had stories in the past, we now have many stories in our present lives, and we anticipate that we all will have many stories yet to come. Moreover, in each story, there is always someone who was there for the hero to help him/her overcome the challenges.
- Ask the children to identify in their library of life, one person who helped them during a difficult point and draw that person on an A4 paper. Also ask if they would like to share with the rest of the group what they appreciate the most about this person
- **Circle of support**
Objective: to help children become more aware of their own support network and get encouraged to ask for help when needed. Children might also be encouraged to enlarge their support network by identifying

in their current life new people who can be included in their circle of support

Instructions:

- Ask children to take a paper and coloured pencils and to draw a circle in the middle of the paper. Then ask each child to write his/her name or a symbol that represents him/her inside this circle.
- Ask each child to draw around the circle that represents him/her 2 or 3 other circles that represent persons who used to support him/her in the past, or who are still a source of support today in his/her life. Explain the idea in simple words "draw circles for people who helped you in the past or who are helping you in the present when you were or you are going through difficult moments in your life. Write the names of these people (2, 3 or more) who encouraged you, loved you, ensured a financial or emotional support, or listened to you, etc. in the different circles. You can also choose to draw them..."
- After completing this step, ask each child to draw an arrow coming from each circle toward his/her circle in the middle and ask him/her to think and write next to this arrow what kind of support each identified person is providing or provided to him/her: "what kind of support they offered or are offering?"
- After completing this step, ask each child to draw a new arrow going from his/her circle in the middle toward each one of the other circles, and ask him/her to think and write or draw next to this arrow what kind of support he/she already gave back to them or he/she would like to give them. Very important safety note that you should mention to children at this stage of the exercise: if the person you identified as a source of support is no longer in your life for any reason, you are already giving him/her a lot in return

since you are mentioning him/her on your circle of support; it is like you are acknowledging what you received from this person and you are telling him/her thank you. We can discuss this point further if you would like when we finish the exercise.

Points of discussion:

- How did you feel about this activity?
- Was it hard to identify the people who support you? Was it the same when you thought about how you can support them?
- Do you remember often those people?
- Are there obstacles that hinder you from asking for support? If any, what are these obstacles?
- How do you feel usually when you receive support? And how do you feel when you give support?
- Would you like to enlarge your support network? How can you do that?
- What did you learn from this activity?

Tips for facilitators

- It is normal that some children might remember lost loved ones; this might make them feel sad or cry. This exercise might help some participants in their mourning process. Try to listen to them as much as possible and ask them if they would like to tell the group more about why this person was so special.
- This is a personal reflective exercise and children do not have to share the content of their work with their peers; they can choose to only share their point of views regarding the exercise during the discussion. Thus it is advisable to explain this point to them before they start.
- Pay attention to children who seem to have a poor support network and take note for the future in order to positively encourage any progress.
- During the discussion, highlight the importance of the support network in children's lives and emphasise on the right of every human being to ask for support. Consequently, in case a child did not find any source of support in his/her life, you will directly encourage her/him to try and look for this person in her/his network today and follow up with him/her on the matter.

In summary, school counsellors are in frequent and regular contact with children within a school setting. Sometimes, they might be the only chance a child at risk or a child survivor can have to be identified and to receive the needed support. The role of the counsellors are therefore crucial:

At the prevention level: help developing the child's own self-protection and self-help capacities through the provision of primary support

At the intervention level: identifying and referring children at risk and child survivors to school counsellors while ensuring on-going primary support in coordination with the school counsellor

At the reintegration level: ensuring that children have a chance of rebuilding healthy relations with others

Peer Support

While working with child survivors, school counsellors as well as other caregivers will have to deal with their personal frustrations, feelings of helplessness and injustice, etc. Repeating the story outside professional settings and breaking the confidentiality of the child can be a need to “debrief”; the story might be heavy and overwhelming to the point where school counsellors feel the need to share it with others in order to decrease the burden that every witness can carry. This is where peer support becomes important.

The following peer support exercise can be used by school counsellors in the school setting or in case management core group meetings, even when technical support is lacking. Its main objectives are to:

- ensure a professional and confidential space of expression where school counsellors can share difficult stories of child survivors with other professionals/colleagues;
- identify with other professionals/colleagues the main priority needs of the child and plan the primary support accordingly, until the referral to the school counsellor takes place.

Let us imagine that your name is Maher.

- 1- Start by choosing 4 to 5 colleagues that you trust and explain the above objectives of your meeting. Ensure that all colleagues agree to respect the confidentiality of this space of expression
- 2- Choose one colleague from the group, who will be the facilitator, explain to him/her the role of the facilitator and give him/her the following questions for him/her to facilitate the process
- 3- The facilitator:
 - “good morning and thank you for participating in this meeting where we will try to support our colleague Maher who asked for our help today.”
 - the facilitator will now invite you (Maher) to share with the group the story of the child you are having difficulty to plan an intervention with without revealing the identity of the child survivor. The facilitator will make sure that you only share facts of the story without analysing or interpreting. The group will listen to you and write questions they would like to ask you on a later stage in case they need more clarification to understand the situation. The facilitator can say: “we will now listen to our colleague Maher without interrupting and then we will have the time to ask him about more clarification if needed. I invite everyone to avoid interpretation and analysis of the situation. We will only discuss the facts at this level.”
 - while sharing with your colleagues remember to give a pseudonym and not the real name of the child (let us suppose that you chose the pseudonym “Sarah”) and after you shared the situation by telling the details and facts you know about the child’s story, the facilitator can ask the other group members if they have questions, and you can answer the factual questions to give more details when needed.
 - Now the facilitator will move to the second phase of the exercise. All the group members should have papers and pens to write:

“I will now ask you to move to another step of this exercise, the step where we will further try to support our colleague Maher. First you listened to the story of Sarah, now I will ask you to put yourself in the child’s shoes and complete the sentences that I will share with you. Maher at this stage you do not write anything on your paper. As for the rest of us, we will try as much as possible to imagine we are in the child’s place while completing the sentences; however each one of us has the choice to do this exercise or not. If any of the group members is feeling very sad or overwhelmed by the story, you have the choice to withdraw. The sentences are:

- As Sarah, in this difficult situation I feel that...
- As Sarah I am scared of...
- As Sarah what I think will help me is... or what I need is...”

The facilitator will give the group few minutes to complete the first set of sentences then will move to the next set: “Now let us move to the following step and I will ask you to put yourself in our colleague Maher’s shoes and complete the sentences:

- As Maher I feel that...
- As Maher my body reactions to this story are...
- As Maher I am mostly afraid of...
- As Maher what I need is...”

The facilitator will give the group few minutes to complete the sentences and then will ask: “Please start by sharing with our colleague Maher what you wrote when you were in Sarah’s shoes, you will share by saying: “As Sarah I feel...”. Maher, while you are listening to your colleagues please write on your paper what you think is the closest to what Sarah is feeling or thinking”

- Following the first round, the facilitator will now invite the group to share what they wrote when they were in Maher’s shoes: “please share what you wrote by saying: “As Maher I feel/ my body reactions are, etc.” Maher, please write what you feel is the closest to you”
- The facilitator will now invite you to share what you wrote on your paper: “Maher please share with us what you found the closest to you and to Sarah. And at the end please let us know what you learned from this process”

Planning for the content of the support session:

In most of the cases, sharing the story of a child survivor in such a framed setting will help the counsellor feel supported and will decrease the need for breaking the confidentiality. Sometimes, what the colleagues will share will also draw the attention of the counsellor to points that he or she did not think about before. Planning the support session will be based on the points that each of the group members identified when they completed the sentence: “As Sarah I need...”. When we put ourselves in the child’s shoes, we are the closest to what he/she really needs. If your colleagues identified the need for safety, for understanding, for information to understand what happened and how to deal with it, etc., this will help you know what to say to the child during the support session.

Chapter Six

PSYCHOSOCIAL ANIMATION THROUGH INTERACTIVE FORUM THEATRE

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Chapter Six

Psychosocial Animation Through Interactive Forum Theatre

1. General Concepts

1.1 Background

Interactive Forum Theatre, or the Theatre of the Oppressed, formulates a curriculum for social intervention targeting two aspects at the same time:

1. A group of young people who will be equipped with tools to express their concerns and their community's needs in a creative way, in the same time gives them the opportunity to communicate with society.
2. The end beneficiaries of whom the trainees will present their work to. they are the communities consisting of similar demography to the trainees (school or university students, refugees, a group of people who share a profession, women survivors of violence...), aiming to promote awareness, sensitise and advocate on various social subjects.

This guide includes a detailed description of a 3-dimensional training module aiming to reach the aforementioned goals, involving 15 to 20 young man and woman. In the first stage of this its objective is to create a safe space in which young people feeling comfortable to express their fears in creative ways in a neutral and welcoming environment, which can be set by various drama-techniques that develop an interactive and harmonised group with its own rules and rituals. At this stage, the participants learn the techniques of the Theatre of the Oppressed and its importance in social communications. In the second stage, the participants develop scenes based on real-life scenario that relates to their fears and needs, in preparation for an interactive presentation through a play. Additionally, during this stage participants, learn the skills of connecting with the audience. During the third stage, sessions are organised with the audience where 3 interactive plays that reflect their thoughts are enacted and discussed with their local community and its leaders.

1.2 Why use the Psychosocial Approach?

The main definition of "psychosocial" can be in Oxford dictionary (1997) is "that related to the influences of social factors on thinking and an individual's behaviour, and in mutual relation between sociological and behavioural factors. Also, generally, that which relates to the mutual relation between thought and the society" (1)

The psychosocial approach focuses on the mutual relation between psychological factors and social ones. It cannot be exclusively contained by the social factors, or a sociological understanding of psychological needs, or psychiatry through treatment and healing as common among many specialists in mental health care globally. The psychosocial practices entails working with individuals in social and collective settings to develop, adjust, and build the individual and collective identity (2). Psychosocial programmes should focus on the rational communication skills and relations, and aims to adjust the individuals and communities roles.

The key word in the psychosocial theory is "the role", which is a concept that places itself on a crossroad between the individuality and collective consciousness, between psychological beliefs and social customs. Therefore, the psychosocial approach proves its value particularly in settings where the roles of individuals and communities are dismantled as a result of war, disasters, migrations, and social instabilities, and in need of reconstruction and/or adjustment. In all these settings, it is not only difficult to separate social factors from psychological ones, but it is also difficult to separate the individual dimensions from the collective ones, taking into consideration the societal roots of the issues (3). The readjustment of individual and collective roles, and responding to unexpected situations creatively, as well as developing the social practices in relation to an individual are main aspects of psychosocial work, particularly through working with conflict-affected communities. Thus, it is clear that there is a big role for theatre- especially social theatre- in psychosocial interventions (4).

During armed conflicts that result in mass migrations, theatre animation participates interactively in enforcing the social roles of young people, and subsequently enforcing their individual and collective identities.

1.3 Theatrical Animation and Social Theatre

They are terms used since the mid 20th century in the West in an attempt to engage certain demographics that were excluded from intellectual and artist's activities in general. Animation is considered part of a social movement in the 60s aimed to break the isolation that the Westerners were experiencing, and attempting to rebuild connections among individuals, particularly in the suburbs of large cities and poor neighbourhoods (5). It was also used in other domains like psychological treatments and rehabilitating people with disabilities. Additionally, it was used in schools in Europe following the movement in May 1968 to create new relationships between students and teachers that alters the boundaries of exchanging knowledge, to a more expressive and creative approach that enable more freedom for the students to expand their intellect and their horizons. The most common form of Theatrical Animation is games through improvisational drama that is popular among children and young people in schools and cultural centres, or in work spaces, the streets and specialised professions (6). Social Theatre is considered one of the main forms of Theatrical Animation as part of Anthropology interventions in society: it facilitates the social construction of individuals and forwards the dynamics of relationships among individuals, and increased the understanding of the "self" among them, and organises local communities as a whole and other smaller social foundations like schools, hospitals, villages, and others (7).

The three main characteristics of Social Theatre are:

1. The attention that it gives to individuality among a group, and focuses on strengthening the differences and rather than focusing on the collective experience.
2. The attention that focuses on training individuals and group is more than that given on generic social activities or public events.
3. the role of the trainer: the new trainers should be qualified and have the capabilities to identify behavioural clues in relation to the participants' theatrical, social, psychological and rational interactions with the group and generally.

Social Theatre differs from other kinds of theatre by:

1. The goal is not ecstatic and artistic, yet it is a process of building relations through creative ways. Thus, the artistic aspect is a result of the process and not the main goal.
2. Social Theatre is not among the commercial socio-economical structures of mainstream theatre.
3. It realises theatre as an inclusive activity and not restricted to those with dramatic talents or professionals who build their skills with time.

1.4 Theatre of the Oppressed (TO)

The name comes from the Brazilian Augusto Boal 1931 – 2009, where he used the name on a theatrical experience in Peru and the other Latin American countries in the 70s (8).

Boal started his work with an illiteracy campaign in Peru in 1973. He relied on his experience to use different techniques used in different geographical locations and cultures (mental health institutions, poor villages, and industrial cities). He concluded later that this experience is a comprehensive theatrical concept, which he detailed in his book "The Theatre of the Oppressed" in 1975 (9).

Boal relied on the notion that all human activity is political in a way, and all theatre is political. He considered the political dimensions of theatre that relates to the viewer. Therefore, he considered that the active participation with the show is a primary goal, and changed his perspective of the viewer and what he/she sees. TO relies on "sketches", a small scene that portrays the reality of a situation which formulates a starting point for the show that evolves depending on the interaction with the audience; making the show a platform for dialogue and discussion. Because theatrical shows are a game, there must be a character that runs the show (or plays the game), whom Boal called "The Joker" (10). The Joker's role is to facilitate the discussion, ignite it, and change its course based on the reactions and updates from the viewers and actors, and promotes people's engagement to express their opinions and suggested, and to take the stage and enact their ideas publicly (11). As for the actors, they can play different roles which lead to his detaching him/herself from the group and from the "self", making it closer to a psychodrama (12).

2. The Main concepts of TO

2.1 The Concept of an actor and the Skills of the Actors

2.1.1 Between the Professionals and the Amateurs

The TO absorbs professional and amateur actors equally. Yet Boal tends to work with "non-specialised" because in his opinion, the actor "should not adopt the problem he is embodying on stage, opposite to the person who is actually suffering from that problem" (13). The actor wants to transform everything to a piece of art and tends to go on the side-lines saying "this is not my problem, it is a personal problem". Yet average people are not actors: "yes, this is my problem" (14). Boal considers people are born equal, yet "specialisation" creates a difference between them. Specialisation here refers to various professions that people dedicate themselves to. This specialisation leads to excessive growth of all physical and mental elements of an individual to conduct certain tasks, and often causes the suppression of other unnecessary elements that do not contribute to the tasks he/she wants to implement. The worst suppression people suffer from is ecstatic oppression, because it accompanies human beings, since we all feel it, yet it is only a sensory communication method (15). Therefore, all TO techniques aim to develop the artistic tendencies of humans, as indicated by the methodologies used on stage like the means of communication, without the necessity of that person to be a professional (16).

2.1.2 Theatre and the Conflict of Wills

The concept of an actor in TO can be summarised by the enacting the "will" not the "character". The difference is vast. The actor should not ask "who is" yet "what does he want?". This first question can create emotional pools, yet the second is more dynamic, argumentative, and loaded with conflict, thus purely theatrical. Yet the will that the actor chooses is not arbitrary, yet based on a core idea. It is not enough to "want" to be happy, yet we want something specific that makes us happy (17). If the actor is on stage carrying only the abstract wishes of love, happiness and power (etc.), it will not be beneficial. He needs a specific subject: to practice a specific exercise with a specific person, in specific settings, in order to experience happiness. If he cares wishes of power and victory, he needs to overcome that specific person in those specific settings. Yet in TO even this is not enough as his will should have a higher purpose at the same time. Similar to overcoming a specific person because he is a feudal lord that exploits his workers, or because he is a man that abuses his wife; where all these should be conveyed in the context of social activism to attain a goal that helps many marginalised and oppressed groups.

The actor's realisation of the will is important, yet not enough to attract and engage the audience. For the actor to truly live the experience on stage, he should find the counter-will for his will/subject. For example, we cannot portray a mutual love that is deeper and purer than that of Romeo and Juliet. It is clear that the will is pure for both characters yet it is difficult to find the counter-will. When we deeply analyse Shakespeare's play, we will find a constant conflict: a conflict with others (the external counter-wills), and the internal conflicts (internal counter-wills), and the existing conflict between the two. No matter how beautiful Juliet was, no matter how much she deserved love and admiration, she is still a young stubborn girl, and a little vein. Juliet must have some reservations towards Romeo. Since they both have a number of counter-wills, their will to love should be stronger, and that love should violently explode in these 2 characters. The actor who uses the will alone, he will seem "stupid" on stage, since he will be the same all the time. He loves and loves and loves.... (18) and people watch him as he loves, yet after 5 minutes, the people's perception of him remains constant. There is no variation in the next scene, thus, losing his attractiveness and the attention of people. The internal conflict between the will and the counter-will creates theatrical dynamics in performance, thus the actor will not be himself, yet constantly progressing. Therefore, it is important for actors to deal with their roles using the will and the counter-will. This internal conflict will manifest on the actor which will make him more alive and dynamic on stage all the time and in constant progressive motion. Between the conflict of the Will and the Counter-Will, there will always be an external controlling fact, which is an expression of the conflict with other characters. While the actors look for the will and the counter-will of their characters, they should also refer to the Dominant Will, which manifests in a conflict between all the other will objectively.

2.2 The concept of Spect-Actor and the Basics for Actors to Work on

2.2.1 The concept of Spect-Actor

In TO, there are 2 levels of actors:

1. Pre-trained actors on the roles they will perform, to show an enactment to an audience. They are not necessarily professional actors initially. They can become serious actors as mentioned above, through a series of trainings detailed in this guide.
2. Spect-Actors, which is a term created by Boal to indicate any member of the audience that suggested a solution to the problem at hand on stage, where the facilitator asks that person to play one of the characters in front of other pre-trained actors. This person is an actor-by-chance, or momentary actor. It is the most honest kind of actors because he represents his own point of view, and works hard to defend it using acting. He is an untrained actor, and certainly not for the role he will be improvising. He does not play the character yet plays the Will.

The best spect-actors to honestly portray characters rising against oppression, are victims of oppression themselves. The concept of finding solutions does not relate to the context of the play alone, yet spect-actors look into themselves, their real lives. Spect-actors should be true heroes of the drama, and by that, they prepare themselves to be heroes of their own lives. That is the essence of TO (19).

There are roles for engaging spect-actors, and the main tasks of the facilitator is to invite the spect-actor to respect these rules. First, the social setting and elements of the problem cannot be changed, and no change in the

familiarity of the characters with each other, their ages, their economic situation, etc... that affect their behaviour. If modifications were done to these elements, the suggested solutions from the spect-actor will be useless because they fit a situation irrelevant to the problem at hand. Second, the motives of the characters cannot be changed. In case the conflict revolves around a young woman who was forced to leave her job to join her husband who moved to another city, the motive here is an important part in the decision to move with him, and her love and wish to stay. A spect-actress might go on stage and say "let my husband go to hell". In this case, one of the main elements of this character changed. If the woman despised her husband, then him moving to another city would be the solution. Therefore, the spect-actor is given little options and should work out his tricks and creative skill to find a solution to the problem.

2.2.2 The Basics of Interacting between the Actors and Spect-Actors

TO requires a different approach from acting. In some African countries, people measure the talent of a singer or a storyteller by how much they engage the audience with them in singing or with the story. While in the West, the means to measure a singer's talent differs. That also applies to the actors in TO (20). In their shows, there should be no display of narcissism that generally exists among many actors in a closed theatre. The basis of acting is presenting an opposite module. There is a reaction to every action, and every phrase should be open for a counter-argument, where every "yes" allows us to imagine a "no", or a "maybe" (21).

During the forums of the TO, the actors should be argumentative. When the spect-actor aims to face the oppression, he takes a position opposing the character he is playing, and should be true to the fact that oppression is not easily defeated. The actors should encourage the spect-actor to continue perusing the opposition against the oppressor (22).

If the actor was very assertive and firm, he might frustrate or frighten the spect-actor. If he was too soft and sensitive and does not have a counter-will, he might allude to the spect-actor that the problem is easier to solve than what was anticipated (23). The actor should know how to give and take in such situations, advance and retreat, and not feel threatened to lose his position.

2.3 The Concept of the Facilitator- The Joker

The facilitator in the TO is what Augusto Boal calls the Joker, who is a theatrical animator playing the role of the medium between the actors on stage and the audience. He is what breaks the barrier between the space set for enacting the story, and the space set for watching it. He manages the session on stage, maintain its rhythm or escalate the tension, to keep the dynamics active. One of his major roles is inciting the audience to participate in the discussion and acting, and transforming them from viewers to spect-actors.

Here we summarise the basic rules for the facilitator/Joker's behaviour in the TO, and that of which we work on training the participants on:

- The facilitator should be neutral, relies on open conclusions while questioning instead of affirming
 - The facilitator does not decide anything with his personal input, yet sets the rules of the game with complete acceptance from the beginning that the audience might change the course of the story, if the need arises, to discuss the subject further.
 - The facilitator should keep the audience doubtful, so the audience themselves reach the conclusion and final decisions. He should always ask "is this the right solution or not?", "is this true or not?". This depends on the facilitator's style to engage the spect-actors and how "successful" they are in resolving a problem; as in he must always consult the audience if the intervention taking place was rational or not.
 - The facilitator should always watch the solutions proposed by the audience/actors, and alert them to not resolving to "magical" or unrealistic solutions. In this context, he can inquire the audience if the suggested
- Based on the performance, the facilitator should be confident and decisive in his movement, tone, and behaviour. If he was tired or confused, he will reflect that or a distorted image to the audience. The body language of the facilitator is very important. He should not do side talks with another actor, because it will distract the audience. Visual communication with the audience is crucial, as he should look into their eyes in a way that makes each person in the audience feel that he is addressing them directly. Verbal communication is important as well of course, as the facilitator should speak in a clear, confident, calm yet firm tone, while fluctuating with the rhythm of his voice, giving moments of effective silence in between for reflect and anticipation.
 - The facilitator should choose his phrases carefully. It should be understood by the viewers, while avoid using complicated and long sentences, or fluctuating between languages. He should be close and familiar with the audience without being vulgar, and respecting the religious and cultural beliefs and customs of the audience.
 - The facilitator should be risk having one of the actors or viewers slip into a psychological risk or stress, as he should only push them to express certain feelings or thoughts without excessive pressure. He should be able to manage the reactions of the audience to achieve his goal with energy and dynamical reaction yet not through hysteria, clowning or aggressive insistence to engage the viewers and actors.

solution is a kind of magic or it is actually a creative way to resolve the problem.

2.4 Identifying the Subjects and Building a Scenario

The best types of subjects for the TO are those that include cases of chronic oppression, where the oppressor and the oppressed are part of the scenario. It is important to differentiate between oppression and aggressiveness. Augusto Boal mentions in one of his examples about "a man in a gas chamber and has only few minutes before the executor open the gas pipes in, or a person handcuffed in front of the executioners, or a girl in the middle of the night in an isolated area facing 4 armed men who want to rape her..." (24). In such a case, the girl can only scream and physically defend herself, and there is nothing here to be expected except a catastrophe. It is difficult- yet impossible- for the TO to start a scenario with such given information if the spectator (the hero) cannot say "STOP!" to go on stage and find a solution. The exit strategy and scenarios are very limited in such context, thus going with such a subject will be a negative experience and outcome for the TO. Boal says that "the TO aims to create cracks, not lead people into wall" (25). The cases mentioned above do not represent oppression and a person fighting against it, it represents inescapable violence. Here "violence" is used to differentiate from "oppression". Oppressions is not exclusively a physical phenomenon that can always be resolved with a physical response. Generally, oppression is multi-layered and stretches across time, and the oppressed can liberate themselves even after a long struggle. The victims of violence have only one choice, other than screaming, is to fight back physically. In these cases, the best outcome is to go back in time to a particular moment, and capture the background story that lead up to the current events. This will help identify the areas where the oppressed had choices prior to the unfolding of the violence scenario. Here lies the major difference between Drama and TO- that Boal refers to as the "Arbitrary Theatre", where the audience has no choice but to watch and witness the moment of

violence, while in TO, the audience watches a series of events and settings that builds up the oppression, and eventually leading to violence. The audience in this case has alternative choices to avoid reverting to violence. TO is applicable when there are alternative solutions, counter-arguments, so it can be a "destined theatre" as Boal expressed (26).

When a central idea is chosen to work on, it is crucial to take into consideration all the factors involved so the characters' will evolve on a solid foundation. It is important to avoid going on tangents away from the central idea. The existence of solid ideas and factors form the backbone of the work at hand, where the central idea and will of each character will stem from and are coherent and consistent in thought and even conflict. These Wills should be personal, related to the self, and related to the subject at the same time. For example: a Boxing game is a conflict of wills, because both players know exactly what they want, and they know how to fight for it and achieve their goal. Despite this, a boxing game is not necessary dramatic because this conflict is personal only. Yet it the game can be dramatic and theatrical if we assumed that the boxer wants to win in order to prove something, to someone, thus, in this case the actual punches become of another value and meaning.

It is not important in TO to reach a solution during the session. The discussion with the audience is a better than finding an emanate solution. What engages the audience in the game is the conversation and discussion, and not the solution sought. Even if the session reached a solution, it could be good and beneficial for the person who proposed it, within the context of the debate, yet not necessary applicable or realistic for the other participants. The debate, opposition, argument, and arguments, and counter-arguments, are all motivators that engage the viewer in a way that relates to them in reality. Therefore, reaching a solution during the session is not essentially crucial.

2.5 The Artistic Element of the Show

Some facilitators tend to work with TO by adding artistic elements to the session, like a performance, music, or set decorations. It is common among professional directors who practice this kind of activity, and more common among amateur artists who want to show their artistic and directing capabilities. TO is unique in a sense where the social factors are more dominant than the artistic ones, and how it can open a discussion or conversation about a problematic issue, promoting a collective brainstorming to find creative solutions. Therefore, decoration and expensive sets-scenography in theatre terms among other artistic additions- do not add anything on the value of the TO, yet on the contrary, it distracts the attention of the audience and participants from the main subject. The two important artistic elements in TO are: A strong plot/ scenario and honesty in performance. These two elements require a director or supervisor with a strong capacity. All the artistic and academic experience (if it exists) should be poured into achieving these two elements.

Some artists incorporate artistic elements in TO to enrich the session, such as using a bell similar to that used in boxing games, that acts as a marker of an intervention by a spectator. Some means used rely on rhythms for drama-effects and to create a timeframe for the interventions to push every spect-actor to think fast, which adds excitement and anticipation elements to the session (27).

In some TO sessions, the performers tend to go with comedy or humour, especially when it is a large audience. This is important for the audience yet if it can be weakening to the session if done excessively. The same goes for the set decoration and scenography, from accessories, lighting, make-up, and others.

There is no need for a completely realistic set for TO, thus no need for scenography concepts. All that is needed are minimal elements that indicate the setting of the scenario or some accessories to enhance the characters and their actions. A small plastic or wooden table can substitute a fancy office of a company owner, or a school or dining table. Few chairs can substitute a salon or bedroom.

Fashion or clothing play an important role in TO. It is important but not to be considered as an artistic element on its own. There is no need to design expensive clothing. Its main role is to indicate the nature of the characters and the nature of the oppression they are facing or suffering from. The viewer should be able to know more about the characters from the clothing and the tools they use. The tools and clothing should be a realistic and clear reflection of the character. Each character should use a tool or a clothing item that tells us more about it. When the exchange happens between the actor and the spect-actor, they should also hand over these tools or accessories, as if they are handing over the banner. It could be a scarf, a stick, a special hat, sunglasses, backpack...

Music is important as it determines the milestones or change during the show. We are not referring to musical theatre. Sound effects can be used to indicate events, yet not excessively to avoid causing any distractions.

2.6 The Protocol to Follow During TO

2.6.1 Introduction

- The facilitator goes through a general introduction of the project
- The facilitator introduces the audience to TO, its nature, rules, and difference from the traditional theatre, without focusing on the point that the audience will participate in acting
- The facilitator introduces the participants, noting that they are not professional actors and stating what their actual jobs are.
- The facilitator introduces the characters each participant will be playing. Each participant were a sign that represents the character they are playing (a scarf, sunglasses, hat, stick...). The sign should be simple and easy to switch; can be given to another person easily as if they are handing them over the character itself.
- The facilitator reminds everyone that the scene is based on a real-life-story and it will be range between 5 to 10 minutes, and he signals the beginning of the scene: "watch carefully all the details as we want to hear your opinions when it is over".

2.6.2 Enactment of the Scene

- The actors play the scene
- On a crossroad or a tough-spot, the facilitator asks the actors to stop the scene, prior to reaching a solution to the situation. He thanks the actors
- The facilitator runs a quick and brief general discussion with the audience about the scene; a quick poll
- The facilitator announces that the scene will be repeats, and each person from the audience can stop the scene in case he has a suggestion on an action that the characters could do
- The actors restart the scene again

2.6.3 The Process of Engaging the First Spect-actor

- Someone from the audience asks to stop the sketch (from experience, there is always at least one person who would stop the sketch; there is no fear from the audience not participating)
- The facilitator stops the sketch and asks why did that viewer wants it to stop, what does he suggest (if you were in X's position, what would you've done exactly?)
- After the facilitator listens to the viewer's suggestions, he asks them to go on stage and play the role he suggested.
- When that person goes on stage, the facilitator asks him to introduce himself in front of everyone, and ask what character he wants to play
- Before starting with the act, the facilitator informs that person with the rules of the game (no cursing, no touching or hitting, no engaging about religion, sectarian, or racial issues, and not giving their back to the audience)
- The facilitator asks the person from where he wants to start the sketch
- The original actor hands his microphone and the tool that relates to this character. From here, that person from the audience becomes the spect-actor
- The facilitator draws an invisible line between being a viewer and being an actor, and he asks the spect-actor to cross that line; thus going in the role of the character he will be playing. This line has a psychological role; helping to separate between the person himself and the character he will be playing

- The original actors enact the sketch with the spect-actor (only one spect-actor at a time is allowed, no more). During the sketch, the original actors have to do their best to obstruct what the spect-actor disclosed he will be doing. Here, the contradictions of each character on stage becomes visible as well as the various options that are created as a result of the actions/suggestions by the spect-actor. The goal here is to strengthen the dramatic element, excite the audience, and pushing their imaginations to come up with creative solutions for the problem at hand
- When reaching a break-point in the sketch (a very important update on the scene, the failure of the spect-actor executes his suggestion, going in an endless loop, or developing new problems in addition to the original one...), the facilitator stops the scene.
- The facilitator helps the spect-actor to go out-of-character again through:
 - Crossing the invisible line, that separates between himself and the character he was playing
 - Thanks him for his courage and encourages others to participate as well
 - Asks him about his feeling and impression of what he did, sharing it with the audience
 - Asks him how effective his character's behaviour was and what additions it did provide to the overall situation, and if that helped moving forward towards a solution for the problem or not
 - The facilitator thanks the spect-actor and asks him to take his seat amid applause from the audience after assuring he is completely out of character

2.6.4 The Process of Engaging the other Spect-Actors

- The facilitator starts a discussion with the audience, out of which he asks another spect-actor to go on stage
- The abovementioned steps are repeated with every spect-actor (3 or 5 spect-actors can participate in each session)

2.6.5 The Process of Closing a Session

- The facilitator thanks all the spect-actors who participated, then thanks the audience
- The facilitator thanks the actor individually, and restates their real names to the audience
- The facilitator gives the word to a person from a civil-society-organisation that called for starting or organising this session

3. The Foundations of Training and Standard Techniques

3.1 The Goals of the Training and the Skills that the Trainers Gain

3.1.1 Building the Individual Capacity of the Trainees

The social value of the TO is building the capacity of amateur individuals and giving them new skills to identify the issues in their communities, as well as looking for solutions, promote the discussion in their communities, or at least spreading awareness about a subject.

The TO presents a module to prepare “non-actors” to play roles in a conscious and honest manner. The primary goal in this module is to strengthen an individual's control with his body not only as a tool to do daily activities, but to as a tool of communication and expression. This is achieved through a series of exercises aimed at the development of the senses and the memory of the senses. It also aims at developing the ability of people to express their emotions through theatre (28). By working with individuals with diverse disciplines or careers, we note that their professional specialisation leads to the injury of various body functions due to being accustomed with the particular nature of the activity/work they do. Thus, it is our core efforts at this stage are to “awaken” the diverse sensations that pass through various body movements (joints, breathing, five senses...). The awakening of the expressive functions of the body leads to enhancing the individual's self-confidence and his ability to express and communicate with others.

3.1.2 Enhancing Communication between Individuals

After enhancing the expressive capacities of individuals, the second goal arises, which is to strengthen the communication between them by creating a “safe space”. It is a space of mutual trust between individuals that allows them to overcome some of the social restrictions imposed on them, and enables a deeper and more smooth and honest communication among them. In our daily life, social restrictions are imposed on us and by us, where we are often forced to wear mask on our faces, blocking many sides of our personality and a lot of our emotions in order to maintain an acceptable level of “social dignity” or status. These masks make people look similar to a large extent, and help them to perform their professional life and jobs safely, but with time, these masks start to distance them from their individual identity. Some people remove their masks in front of people they trust; their family, close friends, while others cling to their masks all the time and do not abandon them in front of anybody.

During the training, a number of exercises and activities is designed to enhance mutual trust between individuals so they are able to express freely in front of each other. By inviting them to participate in the games, that awakens memories of childhood play, where social constraints on behaviour are not yet enforced on us, and where we unleash our emotions and senses openly. These games and exercises result in individuals abandoning their masks gradually, and subsequently, enhance their self-confidence to trust their colleagues. They experience different ways to express their concerns in front of others and safely, and then boldly in front of society or their communities.

3.1.3 Building Technical Skills of the Theatre of the Oppressed

After working on the objectives related to the personal skills of expressing and communicating, we work on building the technical skills of the Theatre of the Oppressed. In the first objective, we work on enhancing the individual's relationship with their body and their ability to express. In the second objective, we focus on the individual's relationship with others within the closed group, whereas our focus shifts on communication skills with the wider open group, i.e. the local community, in the third objective.

These skills are employed in identifying community concerns, clarifying them and re-introducing them to the local community in a creative way, then effectively working on finding solutions to these problems. These three stages are technically summarised in the Theatre of the Oppressed in the following steps: preparing a scenario that reflects a social problem that includes a clear case of persecution (or oppression); performing this scenario in front of an audience; communicating with the audience through a facilitator; engaging the audience in a discussion around the problem and potential solutions; expanding the discussion to the level of the local community.

Throughout the sessions, participants are trained on performing the role of the facilitator (the joker); but only three individuals receive a more extensive and thorough training on that role, based on the nature and communication skills of the participants.

3.1.4 Building the Organisational and Social Skills

All the acquired skills become more effective when they are combined with the organisational skills at the societal level. In fact, participants in the training are the ones who will promote for their new expression skills that they acquired. Thus they will organise the shows of the Theatre of the Oppressed by cooperating with local organisations to invite people to watch the plays. They will also follow up on the results of the discussions that will generate during the shows, in order to employ them at the social and developmental levels. Therefore, the training will cover the principles of organising shows for the Theatre of the Oppressed and ways to benefit from it.

3.2 Training Programme and the Desired Results

To achieve the above-mentioned objectives, we rely on a training program composed of four stages as follows:

- Dramatic stimulation through warm-up exercises and stimulating the participants' focus, imagination, and improvisation skills. This aims to build their bodies as means of expression and to create a safe space to improve communications between the participants (3 days).
- Identification of a number of current sensitive social topics that would be addressed in the Theatre of the Oppressed. This is followed by preparing and training on three shows to be performed in theatre that cover these topics (2 days).
- Performing the shows of the Theatre of the Oppressed with an audience made up of members of the local community (3 shows for 3 days).
- Dedicating one day to watching the shows' recordings, discussing them, and evaluating them.

3.2.1 Stage one: The Exercises and Drama Games

This consists of three consecutive days whereby they work on identifying and developing the inner capacity of each individual, in verbal and non-verbal communications, and positive engagement in a group. The participants are then introduced to the concepts of interactive theatre and its social role in addition to its technical and professional rules. In the end, they work to identify individual and social concerns and they try to turn this into a positive and constructive act represented in the Theatre of the Oppressed.

At this stage, work is mostly concentrated on physical, cognitive, and sensory-motion based exercised, leading to building trust between the group members and, therefore, creating a "safe space" for expression. Different dramatic means are used to encourage the participants to search for individual concerns and to safely and creatively express on them.

The trainer works from the start on putting the participants in a frame similar to that of the Theatre of the Oppressed, indirectly at the beginning, and later in a direct way. This is done to make them feel the importance of the Theatre of the Oppressed and to make it easier for them to meet the spectators in a confident way in the second stage of the project. The outputs of the first three days are as follows:

- Creating a more harmonious group
- Creating a safe space for communications
- Setting and abiding by a minimum set of rules for communications that depend on listening to others, voicing one's opinions in a convincing way, and then reaching a collective decision
- Initial identification of topics that will be raised in the Theatre of the Oppressed
- Specifying an initial scenario for the three

scenes and choosing the individuals who will play the different roles

- Agreeing on the mechanism, the timing, and the place of the remaining two days of training

3.2.2 Stage two: Preparing for the Shows

This stage is formed of two distant days, separated by a full week. This technique is used to give the participants the chance to conduct some field work around the topics being raised in the Theatre of the Oppressed. The most important part of these topics is that they are open, with no end; the purpose of having such topics is creating discussions with the audience which makes way to inviting the spectators to the theatre in order to take part in the discussions, the suggestions, and performing the suggestions.

During these two days, the same technique in physical and psychological exercises that was used in the first stage is employed, but to a lesser extent, whereby they focus more on technical exercises to perform the three scenes, as well as exercises on communications with the spectators while performing the Theatre of the Oppressed.

Outputs of stage two of the training include:

- Finalising all the necessary arrangements to run the Theatre of the Oppressed from a technical and professional point of view
- Agreeing on a place and time for the mentioned sessions
- Agreeing on how to organise the topics as they will dedicate the first session for the topic of pre-fabricated houses, the second for the topic of unemployment, and the third to talk about addictions

It is possible to practice a session of the Theatre of the Oppressed with a small audience made up of friends, while actively engaging them in this session.

3.2.3 Stage three: Performances

This stage of the project is dedicated to have three sessions/ performances for the Theatre of the Oppressed with an audience formed by members of the local community (in cooperation with local or international organisations) around topics chosen by the trainees.

During the three performances, the trainer plays the role of the facilitator, as in the mediator between the actors on stage and the audience, in order to invite the spectators to participate in the discussions and to take on the roles. In some cases, one of the participants in the workshop can be invited to play the role of the facilitator in the second or third performance, after having the trainer facilitate the first one.

After each performance, the trainer and trainees meet to discuss and evaluate the session; they talk about all the details of the show and evaluate the way in which the trainees performed their roles as well as how the spectators were involved and engaged. They also discuss the performance of the facilitator and the ways in which one of the trainees can do the role in the next show. Before the first show, the trainees would usually be scared of failing or of getting mocked by their friends. Yet, after the show, they will feel the success and the positive ways in which their friends and older generations (the parents) are dealing with them and what they are doing. This will help encourage them to perform the other two acts in complete enthusiasm, fluency, and will help them break the fear barrier.

Through our experiences, we often get told by participants as well as organisations involved in setting up the project, that the shows create distinct dynamics in the local community in the days that follow the show. Discussions around the raised topics continue, which pushes the local authorities to show interest in these subjects and to take part in searching for

solutions. This interest boosts the participants' self-confidence and their confidence in what they are doing. Some of the participants mentioned that they felt a change in the way some of the local community elders' behaviours with them, whereby they now deal with them in an unusually more serious way.

3.2.4 Stage four: Evaluations and Future Plans

After finishing all three performances, the trainer meets with the trainees to watch the video recording of the sessions. The performances are discussed in their positive and negative sides; they also discuss the impact that they have had on the local community, as well as the one they have had on the participants themselves. They then evaluate the project as a whole and set future plans to follow up on the work after the project ends.



3.3 Creating the Training Sessions

Director and researcher Konstantin Stanislavski starts with the idea that the human being is an integrated and indivisible unit, which therefore means that the body systems cannot be separate from the psychological ones. Physical exercise clearly and directly reflects on one's psychological state; one's psychological state also directly reflects on one's physical behaviours. An idea can express itself through the body, just like how the idea of food can be manifested by drooling, love drawing a smile on one's face, or hatred causing a person touch and rigid expressions (29). The five senses form an essential connection between body and mind. They are the body crossing through which to get to the internal feelings; and one can get to the emotional memory through the sensory one. The five senses are interconnected, and the physical activity is one that is connected for the entire body; we breathe through our whole body, using our arms, legs, and feet, despite having the olfactory system play the leading role in this operation. We talk or since with our whole body and not only through our vocal cords.

Based on Augusto Boal's curriculum, most of the games and exercises are linked to activating the five senses, eventually reaching to an emotional memory connected to the senses. The body faces the external world with the senses, as it is the one receiving all of the signals and it is the one suffering. We only feel a little of what we touch, listen to a little of what we hear, and see a little of what we look at; we touch, listen, and see based on our characteristics: the body adapts itself to the task it is performing.

Therefore, all the training sessions are built on three stages. Every session starts with series of exercises and games to warm-up, and we then get into the more precise exercises that are

related to focusing, that especially works on activating the senses and the sensory memory. We finally move to the improvisation exercises that work on easing the creativity process, leading to the stage.

3.3.1 Warm-up

Warm-up is a term used for exercises aimed at preparing the body that a group goes through when starting a drama session or practicing for a play. It is a series of exercises that work on fuelling an individual with calories and energy allowing them to make continuous physical effort.

Since our main tool in drama is the body, we have to utilise and carry this tool to be able to express freely and fluently. The trainee might come to the drama session feeling excited or down; the warm-up exercises play the role of the balance or the compass for this energy. They open up the space for that person to accept other people's energies and to smoothly transmit their own in harmony with the others. In its daily routine, the body sometimes goes through wrong behaviours which affect its flexibility, its ability to interact, its level of spontaneity, and its ability to understand and interact with its surrounding. Thus, the warm-up exercises work on softening the limbs that form the gates through which our bodies absorb the energy gained from breathing. If these gates remain closed, the energy would pile up behind it and gradually turn to knots and pains, sometimes leading up to illness. That is why the key to a healthy body is through healthy breathing patterns (30).

Children naturally breathe from the bottom of their stomachs, and send each breath to all of their body parts without any obstacles. As the child grows older and they start forming their conscience of their surrounding and of their existence in a group, they start losing their spontaneity bit by bit, their breathing starts to recede, and they change the place from which they push their breaths from the lower abdomen gradually to their chest area. When this child accumulates experiences, especially those that trigger negative reactions, their breaths fall short, and their abilities to smoothly swift through the veins and between the limbs weaken. This in turn creates tensions in the muscles, stresses on the tendons, and diminishes one's ability to reach some physical positions that used to be easier for them to do as a child (31).

Warm-up exercises focus on enhancing proper breathing and its role in opening the different body canals. Several physical exercises were designed to trigger the respiratory system and to alter its work, such as walking, jogging, collective breathing, limb-softening exercises and others, which encourage the trainee to move their body to a new area they haven't experienced before, or to one they had forgotten its existence with time. These exercises also help in building a coherent group and in creating mutual trust between its members after breaking the obstacles that hinder casual communications.

In the first stage, the warm-up exercises form a third of the training time of a single session. The warm-up time shrinks in the second stage as they prepare for the performances, to reach a total of 10 to 15 minutes.

3.3.2 Focus

Focusing is the awakening of the senses and their interaction towards a specific goal. This type of exercise follows that of the warm-up in a drama session. Focusing helps prepare one's mind to do something in-depth while maintaining connection with the other surrounding elements.

Focus exercises help stir the trainee's senses, provoke their imagination, develop their feelings, and connect abstract meanings in linguistic, sensory, and physical expressions, which in turn improves the quality of their performance and their ability to be aware of themselves and their surroundings.

Exercises that work on awakening the senses help the trainee develop more awareness on their surroundings, not only directly during the drama sessions, but it also reflects on their general presentation in everyday life. Refreshing one's memory has a dual importance, both for the present and future, as it takes the trainee to new areas of their self-conscience, activates their imagination, and helps them reach the fantasy world.

Focus exercises help prepare one's mind after prepping the body during the warm-up exercises, until the trainee reaches the improvisation stage, where the soul launches to the creativity phase (32).

In the first stage, the focus exercises form a third of the training time of a single session. The warm-up time shrinks in the second stage as they prepare for the performances, to reach a total of 10 to 15 minutes.

3.3.3 Improvisation

Improvisation is the process where you create something or perform it without any preparations (33). Improvisation in theatre means that an actor goes on stage and performs something that they would not have prepared for, based on an idea or specific theme, which gives their act a sense of innovation and creativity. With its spontaneity, improvisation on stage is considered to be the opposite of the rehearsed performance that would be based on what the actor gained and developed when preparing for the show (34). Improvisation was known in different civilisations in the form of skills or games where they would come up with something for the performer or the played to do. Improvisation was used to help prepare an actor as part of the trainings before a show, which is why it takes part in the theatre institute's curricula in the form of different exercises. One of the most important experiments that were based on improvisation in pepping an actor was that of the Russian director and actor Konstantin Stanislavski (1863 – 1938), Vsevolod Meyerhold, Peter Brook, and others (35). Improvisation techniques are also used in school theatres with the aim of inciting the children's creativity. On the other hand, improvisation techniques have proven its effectiveness in psychotherapy and became an important part of psychodrama.

This is the part where the trainee employs all the energy accumulated from the various exercises, and weaves it together then presents it while adding their interactions with the others. There are high dynamics and numerous skills in improvisation.

It is the most important part since it is a laboratory where the different experiments are carried out, ones that prompt spontaneity and imagination, in order to move towards building characters and situations, and defining their interactions and movements in time and space

towards a specific goal. It is the liberator of creative energy, the indicator for talent, and the developer of scientific knowledge.

Improvisation moves to the show, and it is measurable. The trainee employs their cognitive awareness to the exercise facts and their sensory and organic perception of the character in the role during improvisation; the latter also helps develop the trainee's spontaneity during interactions based on their character's relationships with the others and on the different events. Improvisation improves linguistic expressions and deepens the sense of responsibility and the social conscience.

With age, a child loses their spontaneity and their ability to swiftly and abundantly provoke their imagination, as they are affected by the socialisation and by the cultural environment determinants of their society. That is why we gradually see children starting to lose their impulse and giving up on role play, which constituted their favourite game during childhood. In their teenage years, individuals tend to move more into isolation and introversion in case they go through violence or reprimanded during their childhood. Thereafter, improvisation assures the ability to rebuild their character and their communication skills.

The biggest timeslot of the session is usually dedicated to building the character, specifying the time and space, confirming the actions, and finding the interrelationships between the different elements of the theatrical work, whether or not improvisation is based on the script.

3.4 Safety Measures

Drama-related activities are focused on asking the individual to search internally for their feelings, in their body and sensory memories, which leads to igniting reactions and the emotional memory. This personal involvement is very important and should help the person to release their emotions and reactions, and to control them. But this personal “workshop” does not lack some effects on one’s psychological balance.

3.4.1 The Need to Practice before Applying on Others

To stop and to reflect on the effects of life on the body and imagination is not an easy thing to do, despite the important results that can be produced. Therefore, one of the most important goals of this type of workshops is to ensure the existence of the right conditions for each trainee to test the nature of the feelings and reactions they would be going through, prior to implementing this training on the final beneficiaries.

No individual can run any of the activities mentioned in this guide without personally testing them on him/herself.

If a person tests these activities and emotions that come as a result, they become more careful and rational when dealing with other beneficiaries. Any exercise that we read can seem like an easy, simple, and self-evident game. But it is only when we do it that we discover how it opens the door to numerous projections. When we activate our imagination, it can bring back some nice and beautiful memories as well as some painful images from the past.

These reactions, be it happy or painful, should preferably come out in the framework of a safe training in the presence of a trainer highly experienced in dealing with such cases, rather than coming out in an uncontrolled environment, with other beneficiaries for

example or even on stage. Therefore, the level of caution is usually high when going through the exercises for the first time. It is even much safer if the trainer had tested it on him/herself before.

3.4.2 Safe Space for Expression

During the training, we work on creating what we call a “safe space for expression” which is space of mutual trust that the trainees gradually develop towards one another and towards their trainer. That is why we always start with light movement exercises and leave the more difficult and deep ones to the more advanced stage of the training.

The safe space starts from a fundamental principle that **whatever happens in the room, stays in the room**. That requires every trainee to maintain the level of confidentiality that protects his/her colleagues from any behaviour that might generate from the free expression that we encourage. Confidentiality protects everyone since they all participate and express. We therefore encourage everyone to release their expressive abilities to the maximum in a harmonious and parallel way.

The trainer should also make sure to protect each person from themselves! This means that the former should set limits to the level of expression whereby he/she doesn’t permit any of the participants to slip towards open expression of feelings and emotions that one would regret later on. The trainer always makes sure that he/she **sets the tempo** for expression, meaning that the level of expression of the participants should be almost equal and sequential, so as not to have one of them feel exposed in front of the others while the rest protect themselves from exposure. The safe space is created in a spontaneous and gradual way.

The safe space flourishes with the regulations set by the trainer on how every participant should deal with the different forms of expressions that the others will have. The first rule is “no moral or professional **judgment**” on the other from their behaviours. Then “**no analysis**”, as in to stay far from analysing other people’s personalities based on their behaviours when expressing. When every participant discusses the results of the improvisation and the acts that their colleagues would have performed, they should speak of **their personal impression and feelings** while watching, and should not attempt to guess or analyse the feelings of those who were expressing on stage.

There are formal measures that contribute as well to enhancing a safe space, such as not allowing anyone from outside of the group to watch any of the rehearsals, except for in extreme circumstances and after getting the approval of all the participants. Other measures include asking all participants to abide by the rules like entering and leaving on time, not using their mobile phones and social media during the training, getting the participants’ approval before taking any pictures or videos, informing them right before they start taking them, and not taking any picture during emotional activities.

The safe space is achieved for the participants through **mutual recognition** of the humane sides of their personalities and not through **exposure** in front of each other. There are major differences between recognition and exposure, and the trainer should be well aware of this and should control for it.

3.4.3 Adapting the Training based on Psychological and Social Reality

The suggested exercises are numerous and diverse, and some of them include instructions like holding hands, closing eyes, lying down, relaxing, or moving the limbs and others. In

some cases, these instructions contradict with some norms and customs of a specific community. The trainer should be aware of this and should immediately adapt the exercises in a way that does not contradict with any of the customs and traditions. Nothing is set in stones in these exercises; everything can be modified in a way that maintains the spirit of the exercise and its purpose. Some exercises require sitting on the floor, and we sometimes meet people who would not want to do so. We should respect their will and ask everyone to rather sit on chairs, or find a way to have some people sit on chairs and others to sit on the ground. It goes the same for laying down, especially in relaxation exercises, as participants could adjust their sitting positions to one that comforts their body and helps them go through the relaxation exercise instead of laying down on the floor.



As for closing the eyes, this issue is a bit more sensitive. A person sometimes goes through a state of psychological imbalance, whereby they feel that they lost control of the surrounding space, of time, of them self, and of their behaviours around others. This feeling intensifies in case one person goes through trauma or painful experiences. Some of those people cannot bear to close their eyes. There are others who simply avoid closing their eyes because they feel that they do not trust their surroundings. The trainer should be aware not to put pressure on anyone to close their eyes in case they didn't want to. Moreover, he/she should always ask each person if it bothers them to close their eyes or not. In extreme cases, the trainer can modify the exercise in a way that doesn't require anyone to close their eyes, or can also cancel the entire exercise and replace it with another. There are 84 exercises suggested in this guide, among which 10 require some group members to close their eyes. Some of them can be conducted while having the participants' eyes open, while others can be cancelled or modified when needed.

3.4.4 Emotional Breakdowns during the Workshop

In case any of the participants goes through an emotional state in one of the exercises, the trainer should not ignore this nor should he/she panic, but rather control the state of panic that might reign among the participants. Emotional states are states of expression that can take the shape of crying, screaming, silence and spacing out, sudden exit from the room, or (in extremely rare cases) fainting. It comes sometimes as a result of remembering a picture, a memory, a painful physical sensation, or when remembering a loved one they lost. If the trainer and participants act properly, expressing these emotions can help the person feeling more comforted, to the point that they can also help him/her overcome the ordeal and liberate a suppression that acted as an obstacle

in their life. It can also help him/her get over a state of mourning that they'd been stuck in for some time. There are series of measures that the trainer should take in such cases such as:

- The trainer should keep their calm. He/she should give the person a few moments to express their emotions.
- The trainer should keep quiet for a moment, and should think about the effects of this emotional state on him/her personally. What pictures and memories this state awoke in him/her. He/she should understand the nature of how he/she was affected and of how involved he/she is, and should attempt to control him/herself and his/her emotions. The trainer will be not able to control the other participants' emotions if he/she cannot control his/her feelings and internal reactions.
- The trainer asks everyone to get away from the person expressing their emotions, then asks from the person closest to him/her to grab his/her hand and to assure him/her, without any preaching. They can present him/her with water and it would be important to have him/her sit in a place more exposed to fresh air.
- After the person calms down and regains control of him/herself, the trainer should express his/her gratitude for the trust that he/she has given the group to let him/herself react in front of everyone without feeling embarrassed. The trainer then expresses his/her wish to the rest of the group to be worthy of this trust.
- The trainer then asks the person if they wish to share with the group anything that has to do with the topic that led to this emotional breakdown or to another topic. In case the person doesn't wish to do so, the trainer should not insist. The person often feels guilty and talks about it, then apologises from the group for disturbing the session. The trainer should clarify that it is their right to do so, that dealing with it is part of the

group work, and that it doesn't delay the training but rather reinforces and enriches it.

- The trainer asks from all the participants to share that person with a word or a sentence "from the heart, to the heart" that expresses their emotions during the emotional breakdown that took place. It is important to warn everyone that **no word or sentence should include any "advice"** directed to that person nor any "analysis" of what happened, but to rather stick to describing the participant's emotions and personal impressions.
- The trainer personally says to that person a sentence "from the heart, to the heart".
- The trainer then asks the person who went through the emotional breakdown to also say something from the heart to the heart to the others
- When the trainer makes sure that the subject was overcome, he/she can suggest a game or a team-building exercise or closing exercises (some of them mentioned in the next segment)
- The trainer asks the person in private if they need any help or individual psychological counselling. In case the trainer was a counsellor, they can offer their assistance; in case a psychologist was available in that place or in the organisation that is running the training, he/she refers them to the right person.

3.4.5 Emotional Breakdowns during a Performance

During a performance for the Theatre of the Oppressed, an emotional breakdown can also take place among the spect-actor while performing their roles on stage or slightly after that. We will mention two incidents that have happened while organising shows for the Theatre of the Oppressed, whereby the writer of this research was playing the role of the facilitator:

In one of the villages, there was a group of professionals performing a show around gender-based domestic violence. In the story, the husband persecutes his young wife as she was doing some household work using a long broom. One of the audience members presented a solution and the facilitator asked him to present it by playing the role of the wife. The spect-actor, a tall and well-built man, got up on stage. When he started performing his solution, the actor playing the role of the husband tried to do his role in obstructing the proposed solution, so the spect-actor throws the broom on the face of the actor with all his power and determination. Luckily, the actor managed to let go and was not hurt.

After this incident, the facilitator started stressing, before carrying on with any performance by a spect-actor, on the need to abide by certain rules such as not conducting any act of physical violence, not touching someone's hands under any pretext, not directing any expression that might hurt the feelings of the people present, and not to insult any religion or belief.

In another incident, where the topic was about the sexual exploitation of children, one of the spectators suggested a solution and went up to the stage to play the role of the child being abused. While performing his role, the facilitator was watching him and noticed that he started spacing out as if he was restoring images he had lived. The

facilitator then asked one of the actors to create a new event whereby they would distort the views from the main incident, which eventually helped the spect-actor regain control of himself. The facilitator then asked him to leave his role in the customary way of the Theatre of the Oppressed, by trying to calm him down and by helping him come back to reality in peace. After the spect-actor got back to his seat and the performance continued till the end, the facilitator approached the former in a personal way and asked him if something bothered him during his presence on stage. The person said that he remembered an old incident and was about to start talking about it, but the facilitator advised him to go to a therapist working in the local community where this person lives. That is how the referral was made.

The status of the open performances of the Theatre of the Oppressed completely differ from that of the closed workshop. Safety measures here should be tighter. During the workshop, the trainer works with a group on creating a safe space for expression. Therefore the group would be more prepared to embrace any emotional state and turn it in a positive and safe way. Whereas in the case of the performances of the Theatre of the Oppressed, the large audience that meets for an hour or two would not be prepared for any embrace. The facilitator would not even know who the spectators are not what is the nature of their psychological or social state is, to be able understand any emotional breakdown and to embrace it. Therefore, the facilitator should be aware of the type of people who are volunteering to participate as spect-actors, and should remind the actors to take precautions in not to persist in adding psychological pressure on them. That is why, getting to know the spect-actor before they start performing their role is very important. During the introductions, the facilitator should anticipate any incident that might happen. In some cases, the facilitator can dispense from inviting the person to act and, instead, turn the topic into a general discussion instead of an act. If, in any case, an emotional breakdown happens, the facilitator could take the following measures:

- Stops the scene, or asks one of the actors to start another act in order to change the emotion and to change the scene, then to stop the scene.
- Asks the spect-actor to leave the acting area and to leave their role, calls him/her by their original name and talks about the character that he/she plays in its name. The facilitator would then thank him/her on their courage and their participation, and praises their good acting skills. The goal here (unlike in the training) is to distort the audience's eyes from the psychological state of that person in order to protect him/her in front of their local community from moral judgment, sarcasm, bullying, or pity. This is done by changing the subject to praising that person on their performance. The spect-actor often gets the signal and enters the game.
- Asks that person some personal questions on the character that he/she played and around its motives while focusing on differentiating between the character's name and his/her real name, in order to turn the person's attention from him/herself to the character. This leads to changing this person's self-attention into a much safer projection.
- After thanking him/her on their participation, and after finishing the discussion, the facilitator asks the audience to applause, then asks the person to get back to their seat.
- After finishing from the show, the facilitator goes to him/her personally to check up on him/her. He/she then suggests to refer him/her to the right place for help.

4. Detailed Description of the Exercises

4.1 Day 1 / Part 1

4.1.1 Names and Expectations

Type of activity: Warm-up

Unit: The Group

Subject: Introductions

Format: in pairs then in a large group

Duration: 20 minutes

Objectives of the exercise: Introducing the trainer to the background of the participants and their expectations

The trainer divides the participants into groups of two. Every person should introduce themselves to their partner by answering the following questions:

- Their name: its linguistic meaning, what it symbolises, and the story behind why they were called as such (if known)
- Place they came from
- Their specialty and what they currently do for a living
- Their expectations from the training

Every person introduces their partner to the rest / the trainer introduces him/herself

4.1.2 The Contract or Commitment or Charter

Type of activity: Organisation

Unit: The Group

Subject: General Rules

Format: The large group

Duration: 5 minutes

Objectives of the exercise: Setting the general rules of the training

The Contract (or Commitment or Charter): the trainer asks every participant to suggest clauses for the ground rules of work and communication during the training. He/she writes down the suggestions on a large paper after getting the approval from the group as a whole; the paper is then hung on the wall to be used as a reference throughout the training.

4.1.3 Happy Day

Type of activity: Warm-up

Unit: The Group

Subject: Introductions

Format: The large group

Duration: 5 minutes

Objectives of the exercise: Introductions to names / Enhancing visual communications / Ice Breaking

- The trainer identifies a square in the room that the participants should commit to not trespassing its boundaries.
- He/she asks from the group members to walk within the square in order to fill all gaps inside that space without stopping.
- The participants should walk in all directions while making sure not to turn around in one direction to avoid feeling dizzy.
- Each participant should stop for a moment in front of a colleague, look into their eyes and greet them with a smile.
- Each participant should stop in front of a colleague and greet them with a handshake (this can be cancelled in case social norms do not allow for people from different sexes to touch hands)
- Each participant should stop in front of a colleague and mention their name
- Each participant should stop and mention their name while adding a sense of fear/ then joy/ then sadness/ then irony ...

4.1.4 Visiting the Limbs

Type of activity: Warm-up

Unit: The Body

Subject: Preparedness

Format: Circle

Duration: 10 minutes

Objectives of the exercise: Visiting and awakening the body's limbs

- The trainer asks the participants to stand in a circle
- Everyone should organise their feet in a parallel fashion while bending their knees and loosening their shoulders and hands
- Deep breathing while activating their limbs

The trainer starts to move his/her toes in circular motions while inhaling then exhaling. Everyone should imitate the trainer's moves then in turn move every limb from the bottom up in the same circular motion, while inhaling then exhaling. They should move and relax every limb from the feet to the head, while focusing on moving them slowly and gently without tightening any muscle or creating spasms. Participants should also move their lower back vertebrae and their chest area in small circular motions without making any large movements, in order to properly activate the area. They should also focus on the shoulder and neck area.

4.1.5 Walking at Different Speeds

Type of activity: Warm-up

Unit: The Body

Subject: Softening the body

Format: Random Group

Duration: 5-7 minutes

Objectives of the exercise: Loosening the body from its normal speed

- The trainer asks from the group to walk in the space in different directions while keeping an eye and all possible directions
- Participants should walk in normal speed (speed zero)
- The trainer asks from everyone to increase their speed by 25%, then to maintain their speed and their breathing patterns
- Participants should then increase their speed by 50% and maintain it
- Participants should then increase their speed by 75% and maintain it
- Participants should then increase their speed by 100% and maintain it
- The trainer then asks the group to change their speeds randomly (from 100 to 25 then 75 then 0 then 50 ...)
- He/she then asks from everyone to walk at a speed of -25 (negative speed, as in slow motion)
- The trainer then asks them to move to a speed of -50, -75, then to -100 (as in complete freeze)

4.1.6 Walking in a Space in Groups

Type of activity: Warm-up

Unit: The Body

Subject: Softening the body

Format: Random Group

Duration: 5-7 minutes

Objectives of the exercise: Breaking the physical boundaries between the members of the group

- This exercise can be cancelled in case it goes against any cultural norms of the group (such as no physical touching between both sexes)
- The trainer asks from the group to walk in the space in different directions at different speeds
- While walking, the trainer asks to form groups of two people / each group should walk in coherence as if they are one person
- The trainer asks them to change speeds (25, 50, 100, -75, -50 ...)
- Then groups of 3 people should be formed / changing speeds / changing directions
- Then groups of 4 people should be formed / changing speeds / changing directions

4.1.7 Walking with Eyes Closed

Type of activity: Warm-up

Unit: The Void

Subject: Feeling the Space

Format: Group

Duration: 3-5 minutes

Objectives of the exercise: Gaining bigger trust in the surrounding space

- The trainer asks from the participants to close their eyes really good and to walk in the space
- Everyone should walk at a speed of 25% while maintaining their breathing/ maintaining control of their bodies
- Everyone should freeze/ every person should try to know their exact location in the space and who the people next to them are/ they should open their eyes and look around
- Everyone then closes their eyes again and start walking again at different speeds as indicated by the trainer.

Needed items: items in the void.

4.1.8 Circle of Trust

Type of activity: Warm-up

Unit: Team-Building

Subject: Trust

Format: Medium-sized groups

Duration: 1-2 minutes

Objectives of the exercise: Strengthening the individual's complete trust in the group

- The trainer divides the participants into 3 medium-sized groups (5-7 individuals)
- Each group's members stand collated in a circle while having one of them stand in the middle
- Participant (A) stands straight in the centre of the circle, his/her feet collated and eyes closed
- When the trainer signals, participant (A) should lean his full body slowly in one of the directions without bending his knees
- The group should grab participant (A) gently and with trust as he/she sways and should not let him/her fall on the ground; they should bring him/her back to the centre every time
- More than one person can help receive participant (A) at once
- Participants should focus on receiving or pushing from the frontal or posterior shoulder area, the higher chest area, or the higher back area.

4.1.9 Untying the Knot

Type of activity: Warm-up

Unit: Team-Building

Subject: Formations

Format: Two groups

Duration: 3 minutes

Objectives of the exercise: Creating a spirit of cooperation and easing the tension

- The trainer divides the participants into two groups (they can be divided into a group of males and another of females in case there are social norms that ban them from being together)
- A group stands in the middle of the room, the members collated one next to the other with their hands raised in the air
- Each participant should hold another's hand with their right one, and then a second participant's hand with their left one while keeping all hands raised in the air
- When all hands tangle whereby each participant holds the hand of others, the group starts to walk
- Members of the group should try to untie the knot and to form one large circle while focusing on keeping their hands tangled and not letting go
- Group (B) should go through the same exercise

4.2 Day 1 / Part 2

4.2.1 Proper Breathing

Type of activity: Warm-up

Unit: Breathing

Subject: Proper Breathing

Format: Random then in circles

Duration: 5-10 minutes

Objectives of the exercise: Introductions to proper breathing

- The trainer asks from the participants to walk in the space in different directions
- The trainer asks them to gradually increase their speed from 0 to 100% then to change their speed in varied ways while walking
- The trainer asks them to stop by saying: Freeze
- Each individual is asked to monitor their breathing and to get to know their breathing patterns, including how air enters and leaves their body
- Participants are asked to stand in a circle after which the trainer explains how to properly breathe / each participant puts their hand on their stomach and starts to freely breathe
- While inhaling (from the nose), the stomach should bloat and not the chest, since air enters to the bottom first and then fills the space
- While exhaling (from the mouth) the stomach shrinks as it would have emptied all the air from the body

When the group is asked to inhale again, the trainer asks the participants to try to send the air to the bottom of the stomach and to monitor their hand as it moves while the stomach gets bloated, then to empty it from air / the group should practice inhaling and exhaling as the trainer goes around the room

4.2.2 Breathing in a Circle

Type of activity: Warm-up

Unit: Breathing

Subject: Breathing in a Group

Format: Circle

Duration: 5-10 minutes

Objectives of the exercise: Creating harmony between members of the group

- Participants stand in a circle / the trainer stands in the centre to monitor them at the first stage
- Each participant should put their hand on their stomach and empty their body of air
- The trainer counts from 1 to 4 and the participants should organise the process of inhaling based on the number suggested by the former
- The participants should trap their breath in accordance with the counting to 4 / then exhaling should also be in accordance with the counting to 4
- This process gets repeated multiple times until the group manages to properly breathe on the require rhythm
- Counting can be increased to 6, 8, and 10 based on the nature of the group / the trainer should always remind the participants of the importance of always relaxing when conducting this exercise

4.2.3 Volleyball

Type of activity: Warm-up

Unit: The Voice

Subject: Softening the Voice

Format: Pairs

Duration: 3-5 minutes

Objectives of the exercise: Using the different pitches

- The trainer divides the participants into pairs (A & B)
- Group (A) stands in front of group (B), each one standing on opposite sides of the room
- Each pair starts to play volleyball in the void by using their voices as the ball. Sounds can be a word or a letter
- The voice coming out is the ball that each participant should shoot to their partner standing in front of them
- In the first stage, the paired groups should stand still in their places. When the trainer signals, they start moving
- The size, weight, and speed of the ball change based on instructions from the trainer
- Hands should not be used in this exercise but all other body parts can be utilised
- The ball should remain in the air

4.2.4 Searching for a Partner Through Touching

Type of activity: Focusing

Unit: Senses

Subject: Sense of Touch

Format: Two Groups

Duration: 10-15 minutes

Objectives of the exercise: Activating the sensory memory

- The group gets divided into two: (A) and (B) / both groups stand on two straight lines, facing one another with their eyes open
- Each participant from group (A) touches the hands of the person facing them from group (B) and tries to remember their characteristics
- Each participant from group (A) should move one step to the right in order to have them face someone else from group (B)
- The participant from group (A) would also touch the hands of the new person in front of them as before and then moves one step to the right / by that every person from group (A) would have touched the hands of all members of group (B)
- Members of group (A) should then close their eyes / members from group (B) should stand in line with their hands stretched but in a different order than they did the first time
- Members of group (A) should pass in turn on the different members of group (B) / every person from group (A) should identify their first partner only from touching their hands
- When a person recognises the hands of the right person, they should keep holding them and stand still
- This exercise should be done in complete silence

4.2.5 Walking Towards the Goal

Type of activity: Focusing

Unit: Senses

Subject: Sense of Sight

Format: The Entire Group

Duration: 3-5 minutes

Objectives of the exercise: Training on focused sight

- The group spreads in the space / when the trainer gives the signal, everyone starts to move in the space
- Every trainee chooses a specific point in a place to focus on and then walks towards it
- Walking towards the goal takes place at different speeds
- When the trainee gets to the targeted point, they should focus on a different point in the opposite direction and then walk towards it

4.2.6 Electric Current

Type of activity: Warm-up

Unit: Games

Subject: Concluding Games

Format: Circular

Duration: 3-5 minutes

Objectives of the exercise: Have the group relax and feel united and harmonised before splitting up at the end of this encounter

- The group stands in a circle while holding hands, the trainer standing among them
- In the first stage, the trainer asks the participants to look at the current that is passing from one hand to the other; the current causing the tied hands to lift as it goes through them
- In the second stage, the current moves by putting slight pressure from one hand to the other until it goes around the full circle
- In the third stage, the trainer asks the participants to close their eyes and to focus on feeling the current moving from one hand to the other

4.3 Day 1 / Part 3

4.3.1 What Would You Have Done?

Type of activity: Improvisation

Unit: Acting

Subject: Acting as a Movement

Format: Individuals

Duration: 5 minutes

Objectives of the exercise: Having the trainee become aware of the event before assuming their role

- Participant (A) specifies what they were doing outside before entering into the acting area
- Participant (A) enters the acting area without talking, and communicates with the audience through body expressions to introduce them to the exercise they were doing before they reached the acting area
- Everyone participates in this exercise in a fast and sequential manner

4.3.2 The Traveling Merchant

Type of activity: Improvisation

Unit: Acting

Subject: Acting as a Profession

Format: Individuals and Groups

Duration: 5 minutes

Objectives of the exercise: Introducing a profession through physical expression and interaction with others

- Participants are divided into medium-sized groups / a group goes to the acting area and waits in the corner so as to have one person enter after the other
- Participant (A) enters and starts to sell items of some sort (with fictional or real accessories) trying to persuade the audience to buy them

- Participant (B) then enters and tries to do the same thing by with items of a different kind / then each member of the group should attempt to do the same thing
- Each participant should clarify the importance of their items, why the audience should buy it, and why it is the best of all other participants' items

Needs: Accessories to sell

4.3.3 Why Should I Stand From My Chair

Type of activity: Improvisation

Unit: The Motive

Subject: Internal Motive

Format: Individuals

Duration: 10 minutes

Objectives of the exercise: Searching for internal motivations to act

Participant (A) sits on a chair in the centre of the acting area / they should search for their internal motivation: Why should I stand now from this chair? / when participant (A) finds the motive, they should quickly stand up and leave / Participants should guess the motivations behind why (A) stood from the chair. Everyone can participate in this exercise.

4.3.4 The Chair Trick

Type of activity: Improvisation

Unit: The Motive

Subject: External Motive

Format: The Group

Duration: 7 minutes

Objectives of the exercise: Developing an awareness around the role of motivators for movement

- Participant (A) sits on a chair in the middle of the acting area / participant (B) tries to make participant (A) to stand from the chair to sit in their place
- Participant (A) should interact and constantly respond to participant (B)'s will and should stand
- For example: (B) enters and says to (A): your dad is waiting for you outside; (A) stands and runs outside and then (B) takes their place
- Participant (C) enters to say: fire is burning beneath your feet, so participant (B) stands up and leaves and that is how everyone gradually sits on the chair / this is a fast exercise

4.3.5 Who am I?

Type of activity: Improvisation

Unit: Character

Subject: Knowing the Character

Format: Individual with a Group

Duration: 5-8 minutes

Objectives of the exercise: Being aware of the importance of reactions and its impact on one's character

- A participant (A) should leave the room / the group should decide who participant (A) should be (an engineer, a cleaner, a thief running away from prison ...)
- Participant (A) enters and part or the entire group should start to improvise with him/her based on the character they have assigned him/her

- While improvising, participant (A) should try to guess their character and should interact with the rest of the group members accordingly
- The group members should not help (A) in knowing their character in a direct way / (A) should try to guess through acting; there is no need for him/her to speculate

4.3.6 Complete the Picture

Type of activity: Improvisation

Unit: Acting

Subject: Acting as a Movement

Format: Pairs with a Group

Duration: 5-8 minutes

Objectives of the exercise: Being aware of the importance of building the theatrical act

- Two participants should stand on two sides of the acting area / when the trainer signals, they should move towards each other to shake hands / they shake hands
- The trainer asks for the picture to freeze at the moment when they are shaking hands
- The trainer then asks the participants on the meanings behind this picture (work meeting, farewell of lovers, drug deal, do they hate each other...?)
- Development: everyone stands in paired groups (A) and (B) / they start the same exercise, and then everyone freezes at the moment when they are shaking hands
- Participant (A) should leave the picture and look at (B) to understand what the picture is like and then go back to the handshake carrying with it a meaning
- (B) then goes out from the picture to try to understand the motives of (A) in the same way

This topic can be repeated by getting into different improvisations.

4.3.7 The Handshake

Type of activity: Improvisation

Unit: Acting

Subject: Acting as a Movement

Format: Pairs with a Group

Duration: 30 minutes

Objectives of the exercise: Start to understand the different positions of the Theatre of the Oppressed

- (A) and (B) stand in front of each other on both sides of the acting area
- The trainer gives a theatrical scene such as: a young woman feels happy as she walks towards a young man and extends her hand to shake his. When she gets to him, he surprises her by turning his back to her.
- In this scene, there are essential elements of the dramatic struggle in the Theatre of the Oppressed: A woman has a will and tries to execute it, but the man has contradicting will / problem: what can she do?
- The trainer opens the discussion with the audience on the woman's situation and the motives of the young man / the trainer then opens the floor for suggestions around the possibilities of how the woman can act in such a circumstance / the trainer would also allow participants to go up to the acting area to whoever wants in order to re-enact the same situation in the way they would have suggested during the discussions

4.4 Day 2 / Part 1

4.4.1 Name and Ball

Type of activity: Warm-up

Unit: The Group

Subject: Introductions

Format: Circle

Duration: 5 minutes

Objectives of the exercise: Re-introductions to the names smoothly and fast

- The group stands in a circle, the trainer standing with them
- The trainer passes a ball to participant (A) to their right and mentions their name
- Participant (A) takes the ball then passes it in turn to participant (B) to their right
- The ball gets passed to all participants in two circular rounds
- The group then starts to pass the ball randomly around while mentioning the name of the receiver
- Each participant then starts to pass the ball while mentioning their name and the name of the person facing them / the trainer also asks from the participants to speed up the game
- The trainer releases the participants from standing in the circle and the game turns to a challenge whereby the participant who gets a name wrong leaves the group

Needed items: small ball.

4.4.2 Visiting the Limbs

Type of activity: Warm-up

Unit: The Body

Subject: Preparedness

Format: Circle

Duration: 10 minutes

Objectives of the exercise: Visiting and awakening the body's limbs

- The trainer asks the participants to stand in a circle
- Everyone should organise their feet in a parallel fashion while bending their knees and loosening their shoulders and hands
- Deep breathing while activating their limbs

The trainer starts to move his/her toes in circular motions while inhaling then exhaling. Everyone should imitate the trainer's moves then in turn move every limb from the bottom up in the same circular motion, while inhaling then exhaling. They should move and relax every limb from the feet to the head, while focusing on moving them slowly and gently without tightening any muscle or creating spasms. Participants should also move their lower back vertebrae and their chest area in small circular motions without making any large movements, in order to properly activate the area. They should also focus on the shoulder and neck area.

4.4.3 Organs Lead the Way

Type of activity: Warm-up

Unit: The Body

Subject: Preparedness

Format: Circle then spreading in the space

Duration: 10 minutes

Objectives of the exercise: Actively move the limbs

- Everyone stands in a circle
- The trainer names the body parts that should be moved: the head, the shoulders, the elbow, the palm of the hand, the chest, the pelvis, the knee, the foot
- The trainer asks everyone to move these parts in a sequential manner
- He/she then asks from everyone to walk in the space
- The trainer then suddenly asks to head to the right through the left shoulder (the left shoulder should lead the entire body)
- The trainer then asks everyone to freeze, monitor the position of their body, monitor everyone else, then continue walking
- He/she then suddenly asks everyone to move forward through the head (the nose)
- The group should then repeat the freezing and monitoring of their bodies, then that of the others, and then continue walking
- The group should then head to the right using their right knee
- The group should then move to the back using their left hand palm / instructions and movements can vary

4.4.4 Dealing with a Variable Object

Type of activity: Warm-up

Unit: The Void

Subject: Objects in the Void

Format: Circle

Duration: 5 minutes

Objectives of the exercise: Developing the imagination through dealing with a fictional element / activating the creativity

- The group stands in a circle, and the trainer joins them
- The trainer passes a fictional object from one hand to another / he/she names every object he/she is passing: flower / ice cube / live fish
- After passing 3 fictional objects, everyone should suggest to the trainer to pass a fourth object: an onion for example
- Participant (A) should handle the object for 5 seconds and then pass it to participant (B)
- Participant (B) should turn it to another object of a different kind and handle it for 5 seconds then pass it to participant (C)
- The object should be passed to all the group and every time this object should be turned into another fictional object

4.4.5 Dealing with an Object in the Void

Type of activity: Warm-up

Unit: The Void

Subject: Objects in the Void

Format: medium-sized groups (8-10)

Duration: 10 minutes

Objectives of the exercise: Developing one's promptitude / activating the creativity

- The trainer divides the participants into two groups (8 to 10 people per group)
- The first group starts walking in the space / each person watching their surrounding
- The space is filled with fictional objects, some of it known, others they see for the first time
- Each person should collect an item, try to recognise it with their bodies and their senses / its size, colour, texture, weight, nature ... Is it big, small, soft, hard, heavy, light, glass, metallic...?
- After getting to know it more, the person should throw it in the void and keep walking / they should pick something else and handle it in the same way
- Members of the second group should monitor every person and try to guess the item they are carrying
- Groups are then switched / a discussion is launched after as well as an exchange of experiences.

4.4.6 What is My Profession?

Type of activity: Warm-up

Unit: The Void

Subject: Objects in the Void

Format: Individual

Duration: 10 minutes

Objectives of the exercise: Using all of the body to express an idea

- The trainer asks the group to play the role of the audience
- The trainer asks from (A) to enter the acting area
- The trainer asks from (A) to explain to everyone about a specific profession without using any words but by using their body instead, and by dealing with fictional objects
- Everyone should try to guess this profession
- (A) is then replaced by another participant

4.4.7 The Machine

Type of activity: Warm-up

Unit: Team-Building

Subject: Formations

Format: Two Groups

Duration: 3-5 minutes

Objectives of the exercise: Training on cooperation and harmony / regularising to one rhythm

- The trainer divides the participants into two large groups / group (A) goes up to the acting area and waits on the side
- One of group (A)'s members enters without previous preparations and becomes part of a big machine; they start making a repetitive movement and sound
- This person should use different parts of their body; their movements should be coherent with the sounds (big watch, unrealistic machine, fictional animal ...)

- Another person from the group enters to form another part of the machine with a movement and sound different from those performed by the first person
- Members of the group enter one after the other in order to fully form the machine at the end
- When all the members of the group enter, the first participants should withdraw, and then the second, then third etc. until the last person who entered stays alone
- The trainer asks members of the group (B) what they saw; they should try to know the nature of the machine
- The trainer then asks members of group (A) on the nature of their activity (starting from the last person who entered until the very first one) / groups are then switched

4.4.8 The Leader and the Blind

Type of activity: Warm-up

Unit: Team-Building

Subject: Trust

Format: Pairs

Duration: 3-5 minutes

Objectives of the exercise: Enhancing mutual trust

- The trainer divides the participants into groups of two
- (A) plays the role of the leader; (B) plays the role of the blind
- (A) covers (B)'s eyes with a blindfold
- The trainers puts some obstacles on the way with the help of the others
- (A) gently grabs the arm of (B) and they both start walking in the space / (A) should make sure that (B) doesn't hit any of the set obstacles
- They both then switch / experiences are exchanged with the group

4.5 Day 2 / Part 2

4.5.1 Proper Breathing

Type of activity: Warm-up

Unit: Breathing

Subject: Proper Breathing

Format: Random then in circles

Duration: 5-10 minutes

Objectives of the exercise: Introductions to proper breathing

- The trainer asks from the participants to walk in the space in different directions
- The trainer asks them to gradually increase their speed from 0 to 100% then to change their speed in varied ways while walking
- The trainer asks them to stop by saying: Freeze
- Each individual is asked to monitor their breathing and to get to know their breathing patterns, including how air enters and leaves their body
- Participants are asked to stand in a circle after which the trainer explains how to properly breathe / each participant puts their hand on their stomach and starts to freely breathe

- While inhaling (from the nose), the stomach should bloat and not the chest, since air enters to the bottom first and then fills the space
- While exhaling (from the mouth) the stomach shrinks as it would have emptied all the air from the body

When the group is asked to inhale again, the trainer asks the participants to try to send the air to the bottom of the stomach and to monitor their hand as it moves while the stomach gets bloated, then to empty it from air / the group should practice inhaling and exhaling as the trainer goes around the room

4.5.2 Breathing in a Circle

Type of activity: Warm-up

Unit: Breathing

Subject: Breathing in a Group

Format: Circle

Duration: 5-10 minutes

Objectives of the exercise: Creating harmony between members of the group

- Participants stand in a circle / the trainer stands in the centre to monitor them at the first stage
- Each participant should put their hand on their stomach and empty their body of air
- The trainer counts from 1 to 4 and the participants should organise the process of inhaling based on the number suggested by the former
- The participants should trap their breath in accordance with the counting to 4 / then exhaling should also be in accordance with the counting to 4
- This process gets repeated multiple times until the group manages to properly breathe on the require rhythm
- Counting can be increased to 6, 8, and 10 based on the nature of the group / the trainer should always remind the participants of the importance of always relaxing when conducting this exercise

4.5.3 Breathing with Speech

Type of activity: Warm-up

Unit: Breathing

Subject: Individual Breathing

Format: Individuals

Duration: 5-10 minutes

Objectives of the exercise: Organising breathing while talking

- The group stands deep in the room
- Every participant should choose a text to recite (popular proverb, a monologue, lyrics of a song, a poem, or a text the trainer suggests)
- The trainer requests from every participant to individually stand in the other side of the room, facing everyone else
- This person takes deep breaths, recites the chosen sentence in an audible way; he/she can repeat it until their breath runs out / they then inhale deeply then exhale
- The trainer specifies the needed power of the voice and its nature (loud, low, whisper ...)

4.5.4 Disturbance

Type of activity: Focus

Unit: Senses

Subject: Auditory Sense

Format: Groups of 4

Duration: 5-6 minutes

Objectives of the exercise: Maintaining communications with one another in difficult circumstances

- The participants are divided into groups of 4: two having a conversation (A) and (B), and two creating disturbances around them (C) and (D)
- (A) and (B) choose a topic of discussion
- When the trainer gives the signal, (A) and (B) start their discussion from a distance no less than 3 meters, while (C) and (D) interrupt their discussions without touching any of the former
- (A) and (B) should focus on one another and should not stop talking whatsoever / the exercise stops in case the discussion ends
- The exercise can be upgraded by including two or more groups simultaneously

4.5.5 Walking in Different Ways and Atmospheres

Type of activity: Warm-up

Unit: The Body

Subject: Softening the Body

Format: Collectively, Random

Duration: 10-15 minutes

Objectives of the exercise: Increasing spontaneity in how to use the body / prompting the body promote impressions and to interact with them

- The trainer asks from the group to walk in the space in all directions and at different speeds
- The trainer asks the participants to walk on their tiptoes, then on the external edges of their feet, then on the internal edges, then on their feet
- They should walk at different speeds (25, 50, 100, -25, -50...)
- While walking, every participant is asked to monitor their body
- Participants are asked to imagine walking on hot sand, under the cold rain, in the mud, on spikes, in the hot desert, on snow, on nails, on the moon, on eggs, in water...
- they are also asked to fight off heavy winds from the front, then from the back
- It is important that everyone commits to all the instructions without any cost, or acting, or display
- Every person should look internally for the requested feeling without needing to display it to the others

4.5.6 Send your Hearing to the Outside

Type of activity: Focus

Unit: Senses

Subject: Auditory Sense

Format: Circle

Duration: 3-4 minutes

Objectives of the exercise: Focusing on far sounds

- The group stands in a circle or spread out in the room / the participants should close their eyes
- When the trainer gives the signal, the participants should start listening to the different sounds around them and try to recognise their sources
- Hearing should be sent out of the body, even outside the room / they should listen the furthest of sounds, especially those that are very low
- They should attempt to recognise the source of each sound
- Discussion after the exercise

4.5.7 Who Started the Movement in the Circle?

Type of activity: Focus

Unit: Senses

Subject: Visual Sense

Format: Circle

Duration: 5-10 minutes

Objectives of the exercise: Enhancing the attention to detail

- The group stands in a circle (or sits in one) / one of the group members (A) leaves the room
- The remaining group members agree on who would start the movement; they will choose (B)
- (B) starts certain movements and the rest of the group should imitate him/her
- (A) is asked to re-enter the room and to stand in the centre of the circle to watch the movements / (A) should attempt to identify the leader who initiated the movement
- (B), as the leader, changes the movement in a moment that he/she finds convenient (the movement can be with their hands or with any other body organ)
- (A) is given 3 possibilities to try to guess who the leader is
- (A) is later changed and another participant is chosen

4.5.8 Who is the King?

Type of activity: Warm-up

Unit: Games

Subject: Games for the Beginning and the End

Format: Circle

Duration: 3-4 minutes

Objectives of the exercise: Entertainment and enhancing the attention to detail

- The group stands in a circle with their eyes closed
- The trainer passes behind the group and touches the back of one of the group members, by that choosing the king in this game
- The king should hide his/her identity from the rest

- The trainer asks the group to open their eyes and to watch one another / everyone should attempt to guess who the king is
- After minute, the trainer asks from everyone to point at the same time to the person they think is the king
- The game is repeated two or three times

4.6 Day 2 / Part 3

4.6.1 The Other Decides Who I Am

Type of activity: Improvisation

Unit: Character

Subject: Knowing the Character

Format: Pairs

Duration: 3-5 minutes

Objectives of the exercise: Getting the trainee to know their character through the acting of their partner

- The participants are split into groups of two (A) and (B)
- (B) decides on their character, and (A)'s character, without informing the latter about it
- (B) goes to the acting area and starts improvising with (A) based on the character the former chose for the latter
- (A) needs to find out who their character is / when they do, they can continue acting until they both find an end to their scene
- (A) and (B) switch

4.6.2 Me Through Space

Type of activity: Improvisation

Unit: Character

Subject: Building a Character

Format: Pairs

Duration: 10 minutes

Objectives of the exercise: Using space to help define the character

- Two people from the group volunteer / they agree on two characters: who they are and what they do
- The trainer defines a location for the scene (café, hospital, school, market, mall ...)
- The pair go to the acting area and start improvising to build their characters based on the specified location

4.6.3 Discussion on the Phone

Type of activity: Improvisation

Unit: Script

Subject: Discussion with Accessories

Format: Individuals

Duration: 8-10 minutes

Objectives of the exercise: Training on the reactions of a character over the phone

- (A) goes to the acting area / starts talking on the phone / he/she should be precise on how they are using the phone and in dealing the number
- The trainer pre-defines who (A) is talking to (police, doctor, friend, enemy, maintenance guy, husband or wife, lover ...)
- The trainer can also specify the topic of discussion (thank you, ending a relationship, blame, apology ...)
- (A) should start the discussion fully (Hello, defines who they are in case the other person doesn't know who he/she is, ...)
- Develop: the trainer asks the group the mention any word that crosses their mind / (A) goes to make or receive the phone call
- During the discussion, the speaker use one of the words that the participants would have chosen to be the topic of the conversation

4.6.4 The Depressed Secretary

Type of activity: Improvisation

Unit: Script

Subject: Discussion with Accessories

Format: Small Groups

Duration: 12-15 minutes

Objectives of the exercise: Training on focusing on 3 things simultaneously

- 3 phones are set in the acting area / the trainer asks (A) to play the role of the secretary who answers the phones in a company
- The first bell rings, so (A) starts the conversation with an imaginary caller / bells 2 and 3 then ring
- (A) has to manage 3 different conversations at the same time and should remember the topic of every discussion and continue each one from where it stopped at some point

4.6.5 The Chair and the Message

Type of activity: Improvisation

Unit: Acting

Subject: Reactions

Format: Individuals

Duration: 10-15 minutes

Objectives of the exercise: Expressing a certain reaction without any preparations / improving spontaneity and imagination, and linking them with movement

- The trainer sets a chairs and put a blank piece of paper on it (letter or document like a school certificate, results of a medical test, a traffic ticket, divorce papers, a map ...)
- Participant (A) goes to the acting area; they should see the letter, grab it, and read it / They should express their reactions while reading it based on the content, then go improvise for no longer than half a minute
- Each of the participants goes to do the same exercise, but while changing the type of the paper

4.6.6 Story from a Collection of Accessories

Type of activity: Improvisation

Unit: Script

Subject: Text as a Story

Format: Circle

Duration: 10-15 minutes

Objectives of the exercise: Training on how to create a story by using an object

- The group sits in a big circle / the trainer puts a specific item behind every participant
- The first participant grabs their item from their back and starts to improvise part of a story (two or three sentences)
- The exercise continues until every person partakes in building the story by using their item

Needs: different objects

4.6.7 Adding Colour to the Story

Type of activity: Improvisation

Unit: Script

Subject: Text as a Story

Format: Circle

Duration: 10-15 minutes

Objectives of the exercise: Training on how to add new details to an improvised text

- The group sits in a circle / (A) starts to improvise a story (two or three sentences)
- (B) repeats what (A) said then adds the detailed colours of each object mentioned in the story
- (C) continues improvising the story / (D) repeats what (C) said then adds details on the colours
- The exercise continues as such

4.6.8 Luckily ... Unfortunately

Type of activity: Improvisation

Unit: Script

Subject: Text as a Story

Format: Circle

Duration: 7 minutes

Objectives of the exercise: Training on how to narrate, express, and listen

- The group sits in a circle
- (A) starts to improvise a story that should start with the word "luckily"
- (B) should add another sentence that starts with the word "unfortunately" / improvisation continues until everyone takes part in the exercise

4.6.9 Improvising a Story by Adding One Word

Type of activity: Improvisation

Unit: Script

Subject: Text as a Story

Format: Circle

Duration: 3 minutes

Objectives of the exercise: Training on how to narrate, express, and listen

- The group stands in a circle / (A) starts improvising a story by pronouncing only the first word
- (B) adds to it one word as well / the rest of the participants then sequentially add one word at a time until the story finishes when everyone would have participated

4.6.10 Text from a Personal Story

Type of activity: Improvisation

Unit: Script

Subject: Text as a Story

Format: Small Groups

Duration: 30 minutes

Objectives of the exercise: Preparing a story for acting

- The participants are split into small groups of 5 people at most
- Each participant narrates a personal story or any story to the other members of their small group that they think can be enacted
- Members of each group agree on one story that they would wish to turn to a theatrical scene
- The trainer supervises each group's work whereby they set up the story with a beginning, a dilemma, and an ending

4.6.11 Discussion with a Starting and Ending Sentence

Type of activity: Improvisation

Unit: Script

Subject: Text as a Story

Format: Pairs

Duration: 10 minutes

Objectives of the exercise: Training on a discussion while maintaining their stand

- (A) and (B) leave the room / They agree outside secretly on who and where they are, and what they are doing
- The rest of the group stays in the room and come up with two sentences that they write on the board or on a large piece of paper
- One sentence will be used by (A) or (B) at the start of their improvisation, and the second sentence to be used to end the conversation
- (A) and (B) enter the room and read the sentence; one of them starts the scene by using one of the sentences, whereas the other finishes the conversation by using the second one

4.7 Day 3 / Part 1

4.7.1 Name and Movement

Type of activity: Warm-up

Unit: The Group

Subject: Introductions

Format: Circle

Duration: 5 minutes

Objectives of the exercise: Renewing the introductions to names while prompting some creativity

- The trainer asks everyone to stand in a circle
- The trainer asks from every person to take a step forward, and to perform a certain movement while mentioning their name
- All the group should re-do the same movement and should mention the name of the person who started it
- The other participants repeat the same steps when it is their turn

4.7.2 Visiting the Limbs

Type of activity: Warm-up

Unit: The Body

Subject: Preparedness

Format: Circle

Duration: 10 minutes

Objectives of the exercise: Visiting and awakening the body's limbs

- The trainer asks the participants to stand in a circle
- Everyone should organise their feet in a parallel fashion while bending their knees and loosening their shoulders and hands
- Deep breathing while activating their limbs

The trainer starts to move his/her toes in circular motions while inhaling then exhaling. Everyone should imitate the trainer's moves then in turn move every limb from the bottom up in the same circular motion, while inhaling then exhaling. They should move and relax every limb from the feet to the head, while focusing on moving them slowly and gently without tightening any muscle or creating spasms. Participants should also move their lower back vertebrae and their chest area in small circular motions without making any large movements, in order to properly activate the area. They should also focus on the shoulder and neck area.

4.7.3 Connecting Body and Mind

Type of activity: Warm-up

Unit: The Body

Subject: Preparedness

Format: Sitting or Lying Down

Duration: 15 minutes

Objectives of the exercise: Developing the connections between body and mind

- This exercise is done quietly and slowly and everyone should listen to the trainer and follow him/her without any comment
- The trainer asks from everyone to sit or lie down in a comfortable way
- Eyes can be open or closed in order to avoid any distraction throughout the exercise
- The trainer starts by naming parts of the human skeleton from the bottom up till the head
- He/she then asks the participants to mentally build their own skeleton gradually as the former names new body parts, without moving any of their actual body parts though (toes, feet, vertebral column, eye cavity ...)
- The trainer mentions the muscles, the veins, the large organs, the skin, and then the hair (heart, lungs, veins outside the heart, small veins in the brain, the veins that pass by the eyes and ears, the skin that covers the head, the hair on the eyelids ...)
- With the trainer's instructions, participants are asked to awaken the body by moving the body parts gradually
- At the end, the trainer asks those who would like to share their feelings with others to evaluate the sensations that they went through during the exercise

4.7.4 The Dragon

Type of activity: Warm-up

Unit: Team-Building

Subject: Formations

Format: Group in the Space

Duration: 3-5 minutes

Objectives of the exercise: Controlling the body during collective movement in a space / adding some enthusiasm

- The participants collectively form with their bodies one moving body by having each of the participants put their hands on the shoulders of their peer standing in front of them
- Participant (A) in the front represents the head of the dragon / participant (B) in the back represents the tail of the dragon



- (A), the head of the dragon, should attempt to grab the tail; (B) should not allow him/her to do so
- In case (A) succeeds in catching (B), the former moves to the back to become in turn the tail, and participant (C) in the front becomes the head
- The group should always stay connecting, by that always forming one being

4.7.5 Master of Puppets

Type of activity: Warm-up

Unit: The Body Subject: Softening the Body

Format: Pairs

Duration: 10-15 minutes

Objectives of the exercise: Controlling the limbs and the body movement

- The trainer divides the large group into pairs (A & B) / (A) is the puppeteer and (B) is the puppet
- (B) is a puppet attached to fictional strings in all the different parts of its body; (A) is the puppeteer who controls the puppet using the strings
- (A) should move the fictional strings in a clear and visible way to (B)
- Moving the strings should not be fast but rather slow and calm, and on all levels (up and bottom ...); the puppet should not resist
- Roles are changed after
- Some strings can be cut and replaced by only one string
- The group can work as a theatrical team in a way that makes the puppet interact among everyone

4.7.6 Knowing Object Descriptions

Type of activity: Focus

Unit: Senses

Subject: Sense of Touch

Format: Circle

Duration: 10 minutes

Objectives of the exercise: Enhancing the recognition of details

- The group stands in a circle
- (A) stands in the centre of the circle with his/her eyes blindfolded
- The trainer gives (A) a certain object / (A) should try to recognise it and to describe it to the rest of the group
- The others should ask (A) questions on the object to help him/her recognise it (its colour, size, texture, material, temperature, ways to use it ...)
- When (A) finally recognises the object, they would be replaced by another participant

Needed items: different unfamiliar objects

4.8 Day 3 / Part 2

4.8.1 Proper Breathing

Type of activity: Warm-up

Unit: Breathing

Subject: Proper Breathing

Format: Random then in circles

Duration: 5-10 minutes

Objectives of the exercise: Introductions to proper breathing

- The trainer asks from the participants to walk in the space in different directions
- The trainer asks them to gradually increase their speed from 0 to 100% then to change their speed in varied ways while walking
- The trainer asks them to stop by saying: Freeze
- Each individual is asked to monitor their breathing and to get to know their breathing patterns, including how air enters and leaves their body
- Participants are asked to stand in a circle after which the trainer explains how to properly breathe / each participant puts their hand on their stomach and starts to freely breathe
- While inhaling (from the nose), the stomach should bloat and not the chest, since air enters to the bottom first and then fills the space
- While exhaling (from the mouth) the stomach shrinks as it would have emptied all the air from the body

When the group is asked to inhale again, the trainer asks the participants to try to send the air to the bottom of the stomach and to monitor their hand as it moves while the stomach gets bloated, then to empty it from air / the group should practice inhaling and exhaling as the trainer goes around the room

4.8.2 Breathing in a Circle

Type of activity: Warm-up

Unit: Breathing

Subject: Breathing in a Group

Format: Circle

Duration: 5-10 minutes

Objectives of the exercise: Creating harmony between members of the group

- Participants stand in a circle / the trainer stands in the centre to monitor them at the first stage
- Each participant should put their hand on their stomach and empty their body of air
- The trainer counts from 1 to 4 and the participants should organise the process of inhaling based on the number suggested by the former
- The participants should trap their breath in accordance with the counting to 4 / then exhaling should also be in accordance with the counting to 4
- This process gets repeated multiple times until the group manages to properly breathe on the require rhythm
- Counting can be increased to 6, 8, and 10 based on the nature of the group / the trainer should always remind the participants of the importance of always relaxing when conducting this exercise

4.8.3 Breathing with a Movement

Type of activity: Warm-up

Unit: Breathing

Subject: Breathing in a Group

Format: Groups in a Circle

Duration: 10 minutes

Objectives of the exercise: Making proper breathing part of the participants' subconscious

- The participants are divided between two or three groups
- The group lies on the ground, on their backs, with their heads pointed towards the centre of the circle
- Each participant starts to breathe while searching for their own rhythm
- When the trainer signals, collective breathing starts with a count (1-2-3-4)
- The trainer asks the group to raise their right hand off the ground when they are inhaling (10 cm), leave it hanging when they are holding their breaths, then letting it go when exhaling
- The same exercise is repeated with the left hand
- Then both hands
- Then the left leg / then right leg / then both legs

4.8.4 Snowball

Type of activity: Warm-up

Unit: The Body

Subject: Relaxing

Format: Random Group

Duration: 3 minutes

Objectives of the exercise: Connecting body and voice during the relaxation process

- The trainer asks the group to walk in the space in different directions and at different speeds
- While walking, participants should listen to the trainer's prompts and do them as if they were really happening:
 - While walking, the (fictional) snowball enters the body of each participant through their feet
 - They feel the ball crawling up their body and they feel how cold it is; it grows instead of melting as it goes up their back, spine, chest, head ...
 - The ball gets to the mouth and then comes out in the form of a voice
 - They continue walking
 - The ball comes back now to the body, but now a hot snowball!
 - It moves randomly inside the body; It is in the hand, in the head, in the stomach. It comes out of the mouth in the form of a waterfall with the word "no"
 - They continue walking
 - The ball comes back again, this time from the head towards the neck and chest; It is big but very light
 - It grows bigger and lighter every time it comes down
 - It reaches the bottom of the guts and comes out in a sporadic and mild voice
- The body is then relaxed by bending, then kneeling, then laying
- At the end, the trainer asks those who would like to share their feelings with others to evaluate the sensations that they went through during the exercise

4.8.5 Pushing the Nail into the Wall

Type of activity: Warm-up

Unit: The Voice

Subject: Softening the Voice

Format: Individuals

Duration: 3-5 minutes

Objectives of the exercise: Softening the voice and increasing its power

- The group splits in a way that each person stands 50 cm away from one of the walls while facing it
- Each participant should push a fictional nail in the wall by using their voice as the hammer / each participant should practice alone
- Each participant should use the different pitches to push the nail in
- The voice requires a lot of concentration to launch from the feet and come out of the mouth in the form of a hammer / the voice can be a word or a letter
- The exercise starts slow then builds up its speed
- After this exercise, the participants start massaging the neck and cheek areas using their fingers

4.8.6 Who Am I?

Type of activity: Focus

Unit: Senses

Subject: Auditory Sense

Format: Individuals

Duration: 3-5 minutes

Objectives of the exercise: Recognising someone else from their voice

- Participant (A) stands in the acting area and turn his/her back to the audience
- Participant (B) approaches a bit and says a small sentence in a voice different than their original one / (A) should try to recognise who (B) is
- (B) can repeat their sentence 3 times to help (A) recognise him/her
- If (A) is able to recognise who (B) is, he/she stays still and should attempt to recognise another voice / If (A) was not able to do so, then (B) steps in and it becomes his/her turn to guess
- The winner is the one who can guess the most voices

4.8.7 Recognise the Object from their Smell

Type of activity: Focus

Unit: Senses

Subject: Sense of Smell

Format: Two Groups

Duration: 5-6 minutes

Objectives of the exercise: Activating their sense of smell / enhancing their senses and connecting them to their conscious

- The participants are split into two groups / each group stands in a circle
- The trainer gives each group a number of objects (fruits, vegetables, different sets of tools ...)
- The group passes around a number of objects among each other and each participant should smell the object in their hands to try to recognise its smell

- They then close the eyes of participant (A) who stands in the centre of the circle
- Participant (A) is given a specific object and should recognise it from its smell, without touching it

Needs: fruits, vegetables, items

4.8.8 What is the Group Looking At?

Type of activity: Focus

Unit: Senses

Subject: Sense of Sight

Format: Groups

Duration: 3-4 minutes

Objectives of the exercise: Enhancing the usage of sight to identify objects

- The participants get divided into two or three groups / each group agrees on a specific event to look at
- Group (A) goes to the acting area and each member takes a spot
- When the trainer signals, the members of the group start looking at the agreed-upon event without having any direct contact between one another
- They should not speak; they have to use their entire body, and should not act in an entertaining way
- Is the event close or far, direct or through a device, fun, exciting, sad, scary...?
- Members of the other group should try to guess what event members of group (A) are looking at

4.8.9 Getting to Know my Profession

Type of activity: Warm-up

Unit: Games

Subject: Final Games

Format: All the Group

Duration: 3-5 minutes

Objectives of the exercise: Training on creative thinking and group work

- One of the group members leaves the room
- The other members specify his/her profession without him/her knowing
- The participant comes back to the room and the others start to ask him/her questions as if they are in a press conference
- He/she should answer all questions as if he/she knows about their profession / (questions should not be direct so as not to expose it)
- The person should attempt to guess his/her profession from the prompts and the questions asked

4.9 Day 3 / Part 3

4.9.1 How Old Am I?

Type of activity: Improvisation

Unit: Time

Subject: Time as an Age

Format: Individuals

Duration: 2-3 minutes

Objectives of the exercise: Focusing on a specific age to build a character

- Participant (A) decides on their own age and only tells the trainer about it, without informing anyone else
- Participant (A) goes to the acting area and sits on a chair / the trainer launches the exercise
- Participant (A) should show his/her age to the audience without any acting or performance, but only from the way they are sitting and standing
- He/she should feel their mouth, face, eyes, feet, spine, back, and hands
- At a later stage, the trainer sets the age of another participant and the same exercise is repeated

4.9.2 How Old Am I? (2)

Type of activity: Improvisation

Unit: Time

Subject: Time as an Age

Format: Small Groups

Duration: 3-5 minutes

Objectives of the exercise: Expressing their age using body language

- The participants are split into small groups
- The trainer specifies the location where the different characters are (bus station, waiting room at the dentist's, in a prison, on a boat ...)
- The entire group goes up to the acting area after each person specifies their own age
- Each member should introduce their age to the audience by their movements
- The trainer would later add some elements (now it is 8 am, everyone is going to work, the bus is late, here she comes from far away, getting closer, stops, there is only one stop left on the bus, and it is about to move, how do you feel in all of your body ...?) (it is 12 noon, it is 5 in the afternoon, everyone is coming back from work ...) (it is 2 am ...)

4.9.3 Interacting with Time through a Specific Character

Type of activity: Improvisation

Unit: Time

Subject: Time as an Age

Format: The Group at Random

Duration: 3-5 minutes

Objectives of the exercise: Interaction of the different characters at a specified time

- The trainer asks each participant to specify their age, character, and profession / the group moves around in the room
- The participants should interact while noting the trainer's comments:
 - Each participant moves by themselves / they should think about their age, character, and profession / it is 12 now, what are you doing? / express the time through movement, it is 5 am now ... The most important thing is to express without any acting or performance



4.9.4 Facial Expressions Written on a Paper

Type of activity: Improvisation Unit: Personality Subject: Developing the Character

Format: Small Groups

Duration: 5 minutes

Objectives of the exercise: Looking for the largest number of facial expressions while improvising

- The trainer asks every participant to write on small papers a number of facial expressions (the lower jaw is sad, the upper jaw is rude or lousy, the nose is upset, the eyes are envious, the chin is eager to fight, shape of the face is stylish and rude / the forehead is threatened ...)
- Papers are closed and is gathered in one pile
- Participants are split into small groups (4-5) / every group agrees to a specific daily routine activity such as (a family watching TV ...)
- Group (A) goes to the acting area, and every participant opens a paper or more
- Every participant should maintain their facial expression that they read from the paper while improvising

4.9.5 Who is Stronger – Picture

Type of activity: Improvisation

Unit: Personality

Subject: Confirming the Status

Format: Small Groups

Duration: 5 minutes

Objectives of the exercise: Training on physical expression about the strongest status

- The participants are split into small groups
- Participant (A) goes to the acting area and forms with his/her body a picture of a person with a high status
- Participant (B) goes and tries to form with his/her body a picture that indicates that he/she is of a higher status
- Participant (C) goes and tries to form with his/her body a picture of an even higher status than both
- All group members eventually go up and always try to show that they are of a higher status
- The audience sees the picture (it can be captured with a camera) and they decide which character showed the higher status and why

4.9.6 The Picture that Lives

Type of activity: Improvisation

Unit: Pictures

Subject: Picture as a Scene

Format: Pairs

Duration: 10-15 minutes

Objectives of the exercise: Improvising on a scene without preparations, starting from a picture

- The group moves at different speeds that the trainer specifies / the trainer asks to use all the capacities of the body during movement and at all levels
- The group stops with the word “Freeze”

- Every participant looks around them, and in moments, every two or three participants start improvising starting from the body formation of each of them
- Improvising should go on for a minute at most / when the trainer says the word “continue”, the group starts walking again
- The group stops when the trainer says “Freeze” again / every time the trainer adds new capacities for improvisation such as having a discussion
- Every participant can get inspired from their neighbour based on their body image when they are freezing
- Participants can, at a later stage, get inspired by the nature of the relationships (who is the strongest and who is the most vulnerable)
- This improvisation can be turned to the Theatre of the Oppressed run by the trainer

4.9.7 Story from a Picture

Type of activity: Improvisation

Unit: Script

Subject: Text as a Story

Format: Small Groups

Duration: 20 minutes

Objectives of the exercise: Using a picture to creating a theatrical script

- The trainer brings some photographs / the participants are split into small groups (5-6) / he/she gives each group a picture
- Each group tries to invent a story inspired by the picture they have

Needed items: pictures from different social statuses

4.9.8 From a Scenario to a Scene

Type of activity: Improvisation

Unit: Script

Subject: Text as a Story

Format: Three Groups

Duration: 30 minutes

Objectives of the exercise: Moving to the stage of preparing a scene

- Participants are split into small groups of 5 people each / each group chooses a story proposed by one of its members the day before
- The group works on turning the story into series of acts while specifying the locations, the characters, and motives for each character
- The scene is splits into several small scenes / collection of the needed accessories takes place
- Presenting the scene in front of everyone else

4.10 Day 4 / Part 1

4.10.1 Stadium Spectators

Type of activity: Warm-up

Unit: The Body

Subject: Softening the Body

Format: Individuals or Groups

Duration: 5 minutes

Objectives of the exercise: Developing body reactions while activating the imagination

- The large group gets divided into small groups of 5-8 people
- Group (A) stands confronting all of the others
- The trainer asks the group to watch an event like a (fictional) football game and to play the role of the supporters of one of the teams
- With the word "Start", the supporters start to watch the game with much enthusiasm / the trainer comments on the game while the supporters interact with the events:
 - Your team scored a goal / a goal got scored in your nets / one of your team's players got a serious injury / the ball hit the spectators' front / your team won / your team lost / your team scored a goal which got cancelled by the referee ...

4.10.2 Groups of Colours

Type of activity: Warm-up

Unit: Team-Building

Subject: Formations

Format: The Group in a Space

Duration: 3-5 minutes

Objectives of the exercise: Developing promptitude and team-building

- The trainer asks from all the participants to walk in the room in all directions and at different speeds
- Each two persons gather together / they keep walking
- Each three persons gather together / they keep walking
- Those who are wearing white gather together / they keep walking
- Those who are blond gather together / those who are wearing black pants ...

4.10.3 Guess What I Do?

Type of activity: Warm-up

Unit: Team-Building

Subject: Formations

Format: Two Groups

Duration: 7 minutes

Objectives of the exercise: Forming a coherent group through non-verbal communication

- The trainer divides the participants into two large groups / group (A) goes to the acting area and waits on the side
- One of the group members thinks of a certain activity, without preparing for it (cleaning the kitchen, trimming the garden trees, building a wall ...)

- This person enters the acting area alone and starts acting out the activity using fictional tools
- Another group member joins him/her in the activity after they figure out what they are doing
- The other group members enter in turn to continue the activity
- When all the members of the group enter, the first one who entered should withdraw, then followed by the second then third, until the only one left is the one who entered last
- The trainer asks group (B) what they saw, and if they can guess the type of activity that was going on
- The trainer then asks members of group (A) on the nature of their activity that they were conducting (starting from the last one who entered until the very first one who started the activity)
- Groups are changed and then it would be group (B)'s turn to go through this exercise

4.10.4 Who Started the Movement?

Type of activity: Focus

Unit: Senses

Subject: Visual Sense

Format: Groups

Duration: 5-10 minutes

Objectives of the exercise: Enhancing the attention to detail

- One of the group members (A) leaves the room
- The remaining group members agree on who would start the movement; they will choose (B)
- The participants start to walk in the room
- (B) starts certain movements and the rest of the group should imitate him/her
- (A) is asked to re-enter the room and to start walking among the rest of the group members / (A) should attempt to identify the leader of the group
- (B), as the leader, changes the movement in a moment that he/she finds convenient (the movement can be with their hands or with any other body organ)
- The group should not stop walking and to keep following the leader at all times
- (A) is given 3 possibilities to try to guess who the leader is
- (A) is later changed and another participant is chosen

4.11 Day 4 / Part 2

4.11.1 Me through an Animal

Type of activity: Improvisation

Unit: Character

Subject: Theatrical Character

Format: Three Groups

Duration: 30 minutes

Objectives of the exercise: Benefitting from animal attributes to build a character

- After preparing the scene and during practice, every participant secretly decides on an animal close to their theatrical character based on the play script and the relationship of their character with the others (can be a cat, elephant, snake, fox, dog, giraffe, bull, mouse ...)
- During the improvisation, each participant should look for routes in their character that are close to this animal: the movement, the voice, the pronunciation, the form of the body ...

- Each participant can choose multiple animals for each character
- Participants should identify how the animal sees, what their internal impressions are to what is happening around them, what they might be feeling ... They should not be acting

4.11.2 Resume

Type of activity: Improvisation

Unit: Character

Subject: Theatrical Character

Format: Three Groups

Duration: 60 minutes

Objectives of the exercise: Getting to know the theatrical character's resume

NB Participants should prepare for this exercise at home before attending the training.

- Each participant writes the resume on a paper for each character, and can draw it in the form of a graph:
 - Age, education, how were they born, siblings, family, their origins, and biography, hobbies, culture and beliefs, how they would act in certain situations, relationship with relatives and others, what they like and hate, what scares them ...
- Each participant reads the information they have collected to their small group / others in the group ask them questions as if trying to understand the different sides of their character's history

4.11.3 Take my Picture and Carry on

Type of activity: Improvisation

Unit: Script

Subject: Text as a Discussion

Format: Three Groups

Duration: 15 minutes

Objectives of the exercise: Training on group work / training on different positions in the play

- Each group prepares the scene that they would be working on to present it in front of the others / each group goes to the acting area to perform
- During the performance, one of the spectators (A) (from the other groups) says "Freeze"; when he/she does, all of the participants on stage stop acting
- (A) goes to the acting area and chooses a participant (B) to take their place / (A) takes the same physical position that (B) was in
- The trainer then signals to continue the scene
- Spectator (C) says "Freeze" and does the same exchange
- Every participant should maintain on the same character with some additions to make it richer

4.12 Day 5 / Part 1

4.12.1 Goalkeeper

Type of activity: Warm-up

Unit: The Body

Subject: Softening the Body

Format: Individuals or Groups

Duration: 5 minutes

Objectives of the exercise: Enhancing body reactions while activating the imagination

- The large group is divided into different groups of 5-8 people / group (A) stands facing all the others
- The trainer asks from the group to play the role of the goalkeeper
- When the trainer says the word "Start", the goalkeeper starts their work / the trainer comments on the game and the participants should interact with the event:
 - The goalkeeper feels bored because the game is at the other end of the field / the other team scored / corner kick in the direction of the goalkeeper / the spectators are throwing objects at the goalkeeper / the goalkeeper yells at the defenders to alert them (without actually talking) / saves a deserving goal / blocks a high ball / a goal enters his/her goal / screams at the defenders (without actually talking) / grabs the ball from behind the net and throw it towards the field

4.12.2 Police and Thief

Type of activity: Warm-up

Unit: Games

Subject: Games for the Beginning and the End

Format: Circle

Duration: 5-10 minutes

Objectives of the exercise: Preparing the group and discharging their excess energy / focusing on the auditory sense

- One of the participants volunteers to play the role of the "police", guarding the jewellery / the police sits on a chair in the middle of the room and covers his/her eyes
- Some accessories and items that make noises are spread around him/her (jewellery)
- The rest of the group sits in a large circle around the police officer
- When the trainer signals, three participants playing the role of the "thieves" come forward to try to steal the "jewellery"
- The police officer should try to know where the thieves are coming from and try to catch them by pointing in their direction
- The moment when the officer points towards one of the thieves, the trainer stops the game by saying the word "stop". The group would then stop any movement / when the police officer captures the thief, they switch.

Needed items: accessories that make noise



4.12.3 What the Group Eats

Type of activity: Focus

Unit: Senses

Subject: Sense of Taste

Format: Groups

Duration: 3-5 minutes

Objectives of the exercise: Using the sense of taste to identify an object

- Participants are divided into small groups / each group agrees on an object to taste
- Group (A) goes to the acting area and starts to taste the fictional object when the trainer gives the signal
- The group should use all of the body to express on the taste, without any acting or performance, and without any sort of communication between the group members
- They should feel the temperature of the object and its taste (salty, sweet, spicy, sour ...)
- Others should try to guess the object that the group is tasting
- Exchange between groups and competition

4.12.4 What Am I Eating?

Type of activity: Focus

Unit: Senses

Subject: Sense of Taste

Format: Individuals

Duration: 2 minutes

Objectives of the exercise: Using the sense of taste to identify an object

- (A) stands in the acting area facing the rest of the group
- When the trainer signals, (A) starts to taste a fictional object without mentioning what he/she is eating
- He/she should use all of their body to express on the taste, without any acting or performance
- He/she should feel the temperature and the taste of the object (salty, sweet, spicy, sour ...)
- Members of the group should try to guess the object that (A) is tasting

4.13 Day 5 / Part 2

4.13.1 Drawing a Map of a Location and moving it to the Void

Type of activity: Improvisation

Unit: Place

Subject: Identifying a Place

Format: Three Groups

Duration: 15-20 minutes

Objectives of the exercise: Dealing with the void as a tangible space

- The trainer gives every group (3 groups) a paper with some pens
- Each group is asked to specify a place and then to draw the map of its content (kitchen, salon, office, garden ...)
- Each group is given a few minutes to agree on the place and to draw it

- Group (A) goes to the acting area and moves around in the place they have drawn; members of the group interact with the fictional furniture and accessories
- They should know where the doors and furniture are, the place's nature, the entrances and exits, and the way the house is organised
- They can use some chairs only when specifying the elements of the place

Needed items: papers, pens, chairs

4.13.2 Changing Locations

Type of activity: Improvisation

Unit: Place

Subject: Identifying a Place

Format: Three Groups

Duration: 15-20 minutes

Objectives of the exercise: Improvising in a theatrical place without any prior preparations

- Continues on the previous exercise / after group (A) finishes the exercise on the place
- The trainer asks from group (B) to take the map that group (C) drew and asks the former group to look at it and to walk in the space based on the map / they should try to know where the doors and furniture are, the place's nature, the entrances and exits, and the way the house is organised
- They can improvise the scene / open the discussion with group (C) around the accuracy of how they followed the map
- The same thing is repeated with group (C)

4.13.3 Reviewing with Eyes Closed

Type of activity: Improvisation

Unit: Script

Subject: Text as a Scene

Format: Three Groups

Duration: 30 minutes

Objectives of the exercise: Remembering the movement, location of the décor, and activating the senses / breaking the tension before the show

- This exercise should be done after the groups are done from rehearsing the scenes
- The participants close their eyes after preparing the décor and accessories of every scene
- The scene is re-enacted, and every participant tries to move and act as if moving with their eyes open
- The participant is not allowed to extend their hands to touch the place / The trainer helps the participants in case it gets dangerous for them to hit something or to fall
- This exercise is done to break the tension as a final exercise before performing the play
- This exercise can be implemented in different ways: in the form of a comedy, tragedy, Indian movie, musical, crying, whispering, quick motion (Chaplin), slow ...



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Chapter Seven

Self-Care

Editorial Foreword

This is an important topic as growing evidence, from key experts and organisations, suggests that there is a potential risk of workers suffering from general stress and strain or more specific vicarious traumatisation in the roles that MHPSS workers undertake in emergency situations.

Self Care versus Staff Care

It may be helpful to make a distinction between staff care and self-care as these terms are sometimes used interchangeably in the MHPSS field. The main consumers of this chapters will probably be MHPSS staff and much attention has been given in the next chapter to what they can do as individuals to look after themselves.

The prevailing occupational health view is that “**staff care**” is the responsibility of the organisation to “take care of their staff” and make sure that their employees work in safe and optimal conditions in order to fulfil their contractual obligations and suffer no severe mental or physical harm or ill-health as a result. There are a number of legal case precedents and legislative examples of this “health and safety” view and approach to preventing psychosocial hazards in the workplace in America, Europe, Australasia and beyond.

Ideally, “**self-care**” should feature as an integral component of an “organisational **staff care** package” where the individual can take responsibility and action for a number of steps that will optimise their resiliency and minimise their susceptibility to occupational stress and ill-health - while the organisation simultaneously takes steps to monitor protect and support them in their work. However, even in the absence of a comprehensive organisationally-driven staff care policy, individuals can still take a number of positive steps to protect and manage themselves effectively. In this respect, self care packages can be a stand-alone exercise under the control of the individual MHPSS worker.

It is therefore judged that the complexities of staff care (from an organisational perspective) is beyond the remit of this Training Pack as the two related manuals are primarily designed to enhance the skills of individual MHPSS workers rather than serve as an agenda for organisational change for any one organisation. Even in the absence of a coherent and overt Staff Care Policy and Programme, there is nothing to prevent an individual or organisation using the following material to base their future actions, within their organisation, if they so wish.

In summary, this chapter on **self care** is not a replacement for a comprehensive organisational response to **staff care** but is best regarded as a repertoire of skills for the MHPSS worker to enhance their own coping and self-help skills and perhaps utilise any available support from any source inside or outside their organisation. On a positive note, there are certain actions that individuals could take, in terms of approaching or having a dialogue with their organisation, where there are persistent difficulties. In keeping with the intended purpose and target audience of this **MHPSS Training Pack**, the next author deals comprehensively with self care and discusses the distinction **between self care and staff care** where appropriate.



Introduction

This chapter aims to provide information on self-care and staff well-being necessary for humanitarian workers in emergency settings. It builds on the findings of an assessment study, carried out by ABAAD and supported by the EU, on the self-care needs and resources of MHPSS workers in Syria [1]. It also builds on identified needs of humanitarian workers working with crisis-affected populations, the common existing challenges and gaps in self-care and staff-care interventions and best practices in the field.

The chapter discusses the rationale behind self-care and staff-care, describes some common sources of stress for humanitarian workers, presents information that help humanitarian workers identify signs of stress and burnout, and provide some practical tips and recommendations on stress management and self-care at the individual, relational and organisational levels. The chapter describes some obstacles in the way of self-care and staff-care while highlighting the need for more holistic organisational wellness policies, programmes and self-care systems for humanitarian workers.

We hope that this chapter will prompt humanitarian workers to promote effective self-care strategies and also prompt humanitarian and development organisations to ask searching questions about their staff care provision to protect and promote the psychosocial well-being of their staff.

Self-care for humanitarian workers in emergency settings: Background, Rationale and Purpose

The context of humanitarian work is intrinsically stressful. It involves responding to emergencies and being routinely exposed to a wide variety of sources of stress. Humanitarian workers increasingly work in complex environments where problems related to prolonged civil conflicts, extreme poverty, and personal tragedies are common and inescapable. These workers often find themselves involved in stressful, distressing and sometimes traumatic sights, sounds and situations. They work in some of the toughest circumstances and often experience overwhelming workloads, long working hours, massive needs that need to be addressed, direct exposure to misery, ever-growing numbers of people affected by humanitarian crises, deteriorating safety and security conditions, unpredictability, lack of personal space and limited available resources. Regardless of their background, specialty and specific roles, humanitarian workers in the field are repeatedly exposed to stories of suffering and experiences of personal tragedy, and they may themselves witness horrific scenes, have distressing experiences, or be chronically exposed to serious risks.

These stressors place humanitarian workers, national or international, at risk of experiencing cumulative psychosocial effects. Without proper self-care, these stressors, on the short-term, can leave humanitarian workers feeling overwhelmed, insecure, sometimes de-motivated and chronically fatigued. On the long-term, these stressors cause cumulative stress that can have more serious effects of burnout, chronic anxiety and depression, apathy and sometimes post-traumatic stress syndrome.

Humanitarian workers' strong desire to provide assistance, care and support to people in need often masks their own needs. Despite their professional capacities, they usually overlook and/or are unaware of stress as a phenomenon that can influence their capacities, performance and motivation. Accumulated stress affects not only their motivation, personal morale and individual performance, but also the quality of care they provide. These stressors place humanitarian workers at risk of causing more harm to the organisation and project, and also to the people they are trying to serve. When humanitarian workers experience severe stress, burnout or compassion fatigue, their beneficiaries suffer as well. Workers suffering from the effects of stress are likely to be less efficient and less effective in carrying out their assigned tasks. Experiences from different emergency settings show that if humanitarian workers neglect their emotional well-being and do not practice regular self-care, their ability to care for others will be diminished or even depleted.

Why is it important to make a personal commitment to oneself to focus on self-care? The answer is simple and compelling, as presented by Saakvitne and Pearlman [2]:

- Because I hurt.
- Because I matter.
- Because my clients (people I work with) matter.
- Because the work I do matters.
- Because the profession matters.
- Because I must.

Humanitarian work carries along with it great opportunities for learning and development on the personal and professional levels; however, it is, at the same time, characterised by being stressful. Since staff in humanitarian and development organisations work in emotionally demanding environments and experience multiple stressors, they need appropriate support in reaching their potential and promoting their resiliency.

The growing number of crises around the world is stretching the humanitarian system, where needs are currently exceeding the existing resources. Reports and studies have abundantly documented the negative emotional consequences of exposure to these stressors on various groups of humanitarian workers. In the last twenty years, the number of attacks on aid workers around the world has risen and continues to grow sharply. Nearly 80% of aid worker victims are nationals of the country being served [3].



In addition to these physical security risks, there are growing psychological risks for aid workers. Research has indicated that the longer aid workers are in the field, the more psychosocial support may be needed. Illuminating research was conducted by the Centres for Disease Control and Prevention in 2000, in which longitudinal impacts on humanitarian aid workers were studied over a period of time. What the CDC found was, at around the fifth assignment, there was a dramatic increase in levels of clinical anxiety, depression, cumulative stress, burnout and potential post-traumatic stress disorder. Surprisingly, the longer people work (as aid workers) does not necessarily mean that there is more resilience. In fact, it could be that the longer people work in this field, the more they are cumulatively negatively exposed and affected [4]. Burnout and turnover of staff indeed are becoming realities for aid organisations.

On the occasion of the World Humanitarian Day [5] (August 19, 2014), Jan Eliasson, Deputy Secretary-General referred to dangers faced by humanitarian workers on the frontlines of disaster and war that represent a “world-wide deficit of humanity”, stressing that the situation was getting worse, and that humanitarian and aid workers are increasingly coming under direct attack.

Why manage staff stress?

Managing stress in staff of humanitarian organisations is crucial for many reasons. Stress of humanitarian workers is not just the problem of the individual staff member. Beyond its detrimental effects on the personal level, the stress experienced by individuals has a negative effect on the functioning of their team and agency. Staff that are “stressed out” have higher accident rates and higher rates of illness. They are absent more often and use more health services. They also show less commitment to their employing agency and have higher rates of turnover. The result is a loss of skilled, experienced staff in the field and increased recruitment and training costs. Moreover, under conditions of chronic stress, staff may be poor decision-makers and may behave in ways that place themselves or others at risk or disrupt the effective functioning of the team. Their own safety and security and that of beneficiaries may be put at risk, and their team may experience internal conflict, regular fights and scape-goating. “Stressed out” staff members are usually less motivated, less efficient and less effective in carrying out their assigned tasks.

Although stress among humanitarian workers is unavoidable, some stress can be prevented or reduced and the effects of stress on individual staff members, on their team, and on their agency can be lessened. This requires actions undertaken by individual staff members, by managers and supervisors, by teams, or by the agency as a whole [6].

Theoretical perspectives on self-care & staff-care

The concept of self-care is multidimensional, with many defining elements. Self-care is not a new idea. Since the beginning of humankind, people have taken action to ensure personal safety and have developed strategies to address illness and other health challenges [7, 8]. Primitive societies developed healing rituals that sometimes involved the consumption of special foods to promote the health of particular individuals or entire communities [9]. Implementing self-care strategies to address day-to-day concerns about health is normal and usual. Individuals select self-care behaviours in order to maintain an acceptable level of health or well-being, to prevent illness or injury and to promote health. These self-care behaviours contribute to one’s ability to perform a variety of tasks, ranging from ensuring survival to attaining self-actualisation.

Today, there is absence of a consistent and generally agreed-upon definition for the term “self-care”. A review of the concept of self-care from the perspectives of experts in six disciplines which are: medicine, psychology, nursing, public health, economics and anthropology-did not find complete consensus but found agreement on four characteristics specific to self-care [10]. Self-care was seen as: situation and culture specific; involves the capacity to act and make choices; is influenced by knowledge, skills, values, motivation, locus of control and efficacy; and focuses on aspects of health care under individual control [11].

Historical, social and economic factors and perspectives have shaped the current concept of self-care and the more recent term “self-management” drawing on a range of epistemological and philosophical backgrounds. Medicine, psychology, nursing, public health, economics and anthropology have all contributed to knowledge on self-care. This creates rich diversity on one hand and fragmented information derived from differing and often opposing theoretical perspectives and frameworks on the other [12].

Different definitions include or even emphasise different aspects of self-care. What is needed for practical implementation of self-care is a description of elements under different domains or areas. The International Self-care Foundation (ISF) proposes that a framework for self-care can conveniently be visualised or organised around seven “pillars” or “domains” which are [13]:

1. Health literacy – includes: the capacity of individuals to obtain, process and understand basic health information and services needed to make appropriate health decisions
2. Self-awareness of physical and mental condition – includes: knowing your body mass index (BMI), cholesterol level, blood pressure; engaging in health screening.
3. Physical activity – practicing moderate intensity physical activity such as walking, cycling, or participating in sports at a desirable frequency.
4. Healthy eating – includes: having a nutritious, balanced diet with appropriate levels of calorie intake.
5. Risk avoidance or mitigation – includes: quitting tobacco, limiting alcohol use, getting vaccinated, practicing safe sex, using sunscreens.
6. Good hygiene – includes: washing hands regularly, brushing teeth, washing food.
7. Rational and responsible use of products, services, diagnostics and medicines – includes: being aware of dangers, using responsibly when necessary.



From the literature, it appears self-care could be understood as people being responsible for their own health and well-being through staying fit and healthy, physically, mentally and where desired, spiritually. This includes taking action to prevent illness and accidents, the appropriate use of medicines and treatment of minor ailments (Department of Health, 2005 in Gantz, 1990; Orem, 1991; Astin and Closs, 2007; National Health Committee, 2007). Self-care can be defined as the ability of individuals, families and communities to promote health, prevent disease and maintain health and to cope with illness and disability without the support of a health care provider [14]. Beyond just focusing on health and well-being, self-care incorporates self-management. Self-management means people drawing on their strengths and abilities to manage or minimise the way a condition may limit their life, as well as what they can do to feel happy and fulfilled. Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness. It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure etc), environmental factors (living conditions, social habits, etc.) socio-economic factors (income level, cultural beliefs, etc.) and self-medication.

The issue of self-care and staff-care for humanitarian workers is gaining more attention recently. The Antares Foundation Framework, the Interagency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings, Sphere Core Standards and People in Aid Code of Good Practice have all increased the attention on staff-care. Together with increased attention - if not cohesiveness - of staff welfare initiatives, many organisations are modifying their

historical approach. This includes a recent petition circulating to get it on the agenda at the upcoming World Humanitarian Summit.

The effects of working in the humanitarian and development sector have been well documented, but there is little research into how organisations mitigate the negative consequences and enhance staff care practice [15].

The humanitarian and development sector has made considerable progress with respect to staff care in the last 10-15 years; however, no organisations have conducted research - that is shared and made publicly available - on staff care. Staff care practices vary among organisations and no monitoring and evaluation of such practices is made. By providing scientific evidence on the effects of staff care, organisations can determine the effects of the intervention on the staff (positive or negative), as well as the return on investment. The need for stronger staff wellness/staff-care strategies is expected to increase in the deteriorating security context of the humanitarian aid environment.

There are also no consistent definitions relating to staff-care practices in the humanitarian and development sector, and the scope of staff-care provision within agencies is also inconsistent. Staff care, in general, refers to self-care and institutional responses to stress among humanitarian workers intended to mitigate distress, support staff in managing stress and enhancing their resilience in response to stressors encountered during the course of providing humanitarian assistance. The purpose of staff care is to create a healthy and productive workforce; to create well-being among staff and improve the quality of their work. Well-being is influenced by internal and external factors, and refers to emotional, cognitive, spiritual, and physical health. Each

organisation and each individual has different staff-care needs.

Under Bel Salameh, ABAAD's European Union-funded project in Syria, ABAAD organised a Training of Trainers on "Self-Care and Staff well-being in Humanitarian Settings". The training was based on the findings of the Self-Care Needs and Resources of MHPSS Workers in Syria Rapid Participatory Assessment, conducted by ABAAD and supported by the EU. It aimed at addressing the different need and challenges related to humanitarian workers self-care. This training covered several topics (see training agenda in Annex-), including but not limited to:

- Rationale behind self-care in emergency settings (why do we need self-care?)
- Distinction between self-care and staff-care, and theoretical perspectives
- Psychosocial effects of humanitarian work
- Identifying signs of severe stress and/or burnout (including tools for self-evaluation)
- Developing appropriate self-care plans
- Practicing different relaxation, mindfulness, breathing techniques and stress management activities
- Skills of conducting self-care and staff-care trainings

Building a common ground of concepts & terminologies: Definitions

During the ToT workshop on Self-care in humanitarian settings, a session was conducted and aimed at building a common ground of concepts & terminology; thus, building a framework of definitions. Since there is no clear, unified and agreed upon definition of self-care, participants worked in small groups and a general discussion followed that allowed a synthesis of an agreed upon definition of self-care & staff-care. Participants also worked on defining related terms including resilience, coping, stress, adversity-activated development and other terms that shall be used throughout the training.

Results of group work in the ToT workshop in Beirut- Agreed upon definitions of self-care & staff-care

Self-care: Interventions or activities targeting one's physical, psychological, social, spiritual, and professional wellbeing, aiming at promoting resilience and wellbeing, alleviating and managing stress. Self-care could be understood as people being responsible for their own health and well-being through staying fit and healthy, physically, mentally and where desired, spiritually.

Staff-care: institutional responses to stress among humanitarian workers intended to mitigate distress, support staff in managing stress and enhancing their resilience in response to stressors encountered during the course of providing humanitarian assistance. The purpose of staff care is to create a healthy and productive workforce; to create well-being among staff and improve the quality of their work.

Common Sources of Stress for Humanitarian workers in emergency settings

Stress is the body's way of getting energy to operate outside an individual's normal comfort zone. Stress is caused by stressors, these can be internal, such as thoughts or feelings or external, such as poor health, conflict, noise etc. If it is not possible to relax between demands, or there is not enough time to unwind between the problems, the stress builds up. It is not the actual difficulty of the task that causes chronic stress; it may be the sheer quantity or continuity of work [16].

Recognising the Signs of Stress

Suffering from stress in humanitarian work is only normal and not a sign of weakness or inadequacy. Stress management starts with being aware that stress may cause problems and being able to recognise how these are manifested. Stress reveals itself in five main aspects appearing in physical, emotional, cognitive, behavioural, and spiritual/philosophical reactions. Because each individual has characteristic ways of reacting to it, responses to the same situation vary. Responses may also be both gender-specific and culturally-defined. Other factors affecting the number, duration and intensity of stress reactions may include personality traits, personal history, training and sufficient knowledge, previous disaster or humanitarian emergency experience and current life situation. Additionally, stress reactions depend on the type of stress encountered.

Three main categories of stress affect humanitarian workers [17]:

- Day-to-day Stress as one manages the competing demands of personal maintenance, transport, and work.
- Cumulative Stress is the most common, familiar and corrosive kind of stress encountered at humanitarian work sites. If unmanaged, it erodes the effectiveness of both workers and work groups over time.
- Critical Event Stress is a combination of acute responses to violence, trauma and threats to life. These require immediate attention from colleagues and the organisation. Critical events cluster in emergency response situations, but may occur anywhere and at any time.

Stress factors faced by humanitarian workers can be also categorised as:

Situational factors	Job-related factors
<ul style="list-style-type: none"> • Insecurity and lack of safety • Surrounding poverty and violence • Demanding relations with populations, local authorities • Health risks, poor facilities, lack of resources 	<ul style="list-style-type: none"> • Ambiguity in roles and responsibilities • Dislocation: social, cultural, spiritual • Excessive workload or inactivity • Tense relationships within the team • Working with difficult and severely stressed cases • Difficulty of setting boundaries and limits
Organisational, management factors	Personal risk factors
<ul style="list-style-type: none"> • Management issues (bureaucracy, decision making process) • Programme roles and objectives (unrealistic, ambiguous) 	<ul style="list-style-type: none"> • Limited contact with home, pressure from home • Poor social supportive network • Lack of or insufficient experience in humanitarian work • Unrealistic expectations and motivations • Poor self-care behaviour

Many dedicated health and mental health professionals who work in under-resourced settings with clients or patients with enormous needs overextend themselves and have a hard time setting appropriate limits. These situational factors are common professional hazards that can contribute to the development of burnout.

Some possible psychosocial effects of humanitarian work include:

Conflict of emotions

Humanitarian workers may experience different conflicts of emotions, such as feeling powerless facing the immensity of humanitarian needs, feeling guilty for benefiting from better living conditions or for not being able to respond to people's needs, feeling powerful and playing the role of a "rescuer", feeling of frustration when plans are disrupted by security problem, and also feeling of anger towards the differences in priorities with the local government, or due to the organisation bureaucracy.

Re-Entry Syndrome

Re-entry syndrome is a psychological response experienced by many people returning home from field work in a different culture. After an initial couple of days of euphoria, many returned aid workers experience feelings of loss, bereavement and isolation. They feel that no one really understand what they have been through and what is more, people are not that interested.

Compassion fatigue, vicarious trauma and burnout

Professional quality of life is comprised of two aspects of the helping process: compassion satisfaction (the positive aspect- the satisfaction drawn from the act of helping and the positive outcomes of helping others) and compassion fatigue (the negative aspect-burnout and vicarious traumatic stress). Humanitarian workers whose work involves working with individuals, families or communities that have experienced significant trauma and suffering need to be aware of these issues. Understanding the psychosocial impacts and stress reactions that might result from helping people who survived extremely difficult experiences is crucial.

In working with severe cases of trauma survivors, humanitarian workers providing mental health care and psychosocial support might experience vicarious trauma and counter-transference reactions that might go unnoticed. Counter-transference, known by psychotherapists, arises in the therapist/helper as a result of interacting with their client and identifying with their client's feelings and experiences, as well as when the therapist's own repressed emotions are aroused. When professionals work with survivors of severe human-perpetrated trauma, the counter-transference reactions may be particularly intense. The therapist's counter-transference is characterised by emotional reactions that develop due to the interaction between multiple factors, including the therapist's own unresolved inner conflicts, the stories the client shares with them (including of trauma), and the client's behaviour and personal characteristics [18].

The recovery from trauma is promoted when the survivor experiences the therapy environment as a safe and secure place to integrate and work through the trauma and its effects. One of the key tasks (and challenges) of the therapist in this endeavour is to sustain empathy for the client throughout the process. Empathy involves the capacity to understand, be aware of, and vicariously experience the world and perspective of another and feel their distress. The clinician's capacity to maintain their empathic stance and stay in tune with the client can become strained as the survivor shares more and more pain and details of their traumatic experience [19].



Burnout, which refers to work-related feelings of hopelessness, emotional exhaustion, and being overwhelmed, may result from work environments that involve excessive workloads and little support. Compassion fatigue, which refers to evidence of secondary traumatisation, is a term people also use to refer to changes in feelings toward beneficiaries, loss of interest, compassion, or work satisfaction—and increasing self-doubts about one's abilities or choice of profession [20]. Compassion fatigue is caused by empathy. It is the natural consequence of stress resulting from caring for and helping suffering people or people who experienced severely traumatic events. It involves a preoccupation with an individual or his or her trauma, and it does not require being present at the stressful event. It is extremely important to encourage humanitarian workers to recognise and accept symptoms and to commit to addressing personal issues.

Recognising Signs of Cumulative Stress

Cumulative Stress is pervasive and subtle. It occurs when a person suffers prolonged unrelieved exposure to a combination of personal, work, and situation related factors that are causing frustration. The best defence against the harmful effects of any kind of stress is information about some of the more common signs and symptoms. Although stress is experienced in a highly individualised manner, the following list provides examples of what people suffering from cumulative stress may experience.

Physical Reactions

- extended fatigue
- physical complaints, headaches
- appetite changes
- loss of energy, chronic fatigue
- frequent and prolonged colds
- sleep problems (insomnia, nightmares, excessive sleeping, interrupted sleep, early awakening)
- psychosomatic reactions including ulcers, gastrointestinal disorders, headaches, muscle aches
- weight loss or gain
- flare-up of pre-existing medical disorder
- injuries from high-risk behaviour

Emotional Reactions

- anxiety
- feeling alienated from others
- desire to be alone
- negativism/cynicism
- suspiciousness/paranoia
- depression/chronic sadness
- feeling pressured/ overwhelmed
- diminished pleasure
- loss of sense of humour
- helplessness
- feeling trapped
- irritability/anger

- frustration
- over-reactions/under-reactions

Cognitive Reactions

- tired of thinking
- obsessive thinking
- difficulty concentrating
- increased distractibility/ inattention
- problems with decisions/ priorities
- diminished tolerance for ambiguity
- constricted thought
- rigid, inflexible thinking

Behavioural Reactions

- irritability
- anger displacement, blaming others
- reluctance to start or finish projects
- social withdrawal
- absenteeism from work
- unwillingness to take leave
- substance abuse, self- medication
- high alcohol consumption
- disregard for security, risky behaviour
- increased consumption (caffeine, tobacco, alcohol, drugs)
- difficulty expressing oneself

Spiritual/Philosophical Reactions

- doubt of value system/religious beliefs
- questioning the major life areas (profession, employment, lifestyle)
- feeling threatened and victimised
- disillusionment
- self-preoccupation

Reactions at the level of work

- de-motivation
- high job turnover
- frequent conflicts
- lowered work output
- increased sick leave
- scapegoating (blaming one individual for every problem)
- lack of initiative



Other Signs of stress

Stress among caregivers in the field of humanitarian work manifests itself in a wide range of signs and symptoms, psychological, behavioural and physical. Typically, they include:

- loss of interest in and commitment to work;
- loss of punctuality and neglect of duties;
- feelings of inadequacy, helplessness and guilt;
- loss of confidence and self-esteem;
- a tendency to withdraw – both from clients and from colleagues;
- loss of sensitivity in dealing with clients;
- loss of quality in performance of work;
- irritability;
- difficulty getting on with people;
- tearfulness;
- loss of concentration;
- sleeplessness;
- excessive fatigue;
- depression; and
- Psychosomatic complaints including bowel disturbance.

Many of these feelings are not of themselves unhealthy, but they become so if they are neglected or suppressed and allowed to accumulate. These should be considered warning signs that should encourage the humanitarian worker to give more time to him/her , seek possible ways of self-help, expression and support.

Resilience in Humanitarian work

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress— such as family and relationship problems, serious health problems or workplace and financial stressors. It means “bouncing back” from difficult experiences (American Psychological Association APA).

A combination of factors contribute to resilience and enhance the person’s coping abilities. During the Training of Trainers on “Self-Care and Staff well-being in Humanitarian Settings”, a session was focused on resilience. After defining resilience and its different elements, participants worked in small group on identifying factors & elements of resilience on the individual as well as institutional levels.

The results of the group work were as follows:

Individual level	Institutional level
<p>At the level of personal traits:</p> <ul style="list-style-type: none"> Self confidence Good skills Good self-care skills & strategies Social support network Peer support Motivation to work Availability of a supportive environment Sense of stability and inner balance Belief in the value of humanitarian work Coping skills <p>At the level of knowledge:</p> <ul style="list-style-type: none"> - understanding one’s experiences and awareness on what is going on; making use of experiences and learning from them <p>At the level of attitudes:</p> <ul style="list-style-type: none"> - positive & objective expectations - acceptance of changes - acceptance of others who are different - adopting positive attitudes <p>At the level of skills:</p> <ul style="list-style-type: none"> - effective communication skills - Ability to apply self-care strategies - Ability and readiness to ask for help when in need - Formative years + Cognitive – Emotional – Spiritual – Behavioural – Relational/social factors 	<ul style="list-style-type: none"> Team spirit Recognition of staff efforts Provision of supportive activities Clear job description & clear roles and Responsibilities Clarity in institutional structure Effective two way communication between Management & staff Regular staff meetings and complaint box System of promotion that is neutral and fair Limiting of bureaucratic issues Respecting rights of employees/ staff (health, vacations, emergency situations) Salaries appropriate with living conditions and amount of work Providing opportunities for training, Capacity building and professional development Provision of regular and on-going technical support

Findings of the Rapid Assessment of Self-care Needs and Resources of MHPSS Workers in Syria

A study on the self-care needs and resources of MHPSS workers in Syria was implemented by ABAAD and supported by the EU as part of “Bel Salama” project. The study was launched in October 2015 and ended in January 2016. The study aimed at identifying needs and forms of self-care among humanitarian workers who work in the field of mental health and psychosocial support with individuals and families affected by the Syria crisis. The assessment was conducted to provide ABAAD, other organisations and public health and humanitarian actors with information necessary for planning and designing protocols and policies for proper staff-care and staff well-being. The assessment aimed at:

- Exploring the strategies of self-care among humanitarian workers who work in the field of psychosocial support and protection with individuals and families affected by the Syria crisis.
- Identifying the self-care needs and the existing gaps and obstacles as well as the existing and available resources that can be built upon.

The assessment study revealed substantial and diverse self-care needs and challenges faced by humanitarian workers working in the psychosocial and mental health fields in Syria, which impair their psychosocial well-being on one hand and their ability to respond effectively to the growing mental health and psychosocial needs on the other.

Study respondents, who are national humanitarian actors working in mental health and psychosocial support, have been substantially affected by the protracted crisis and the on-going violence in Syria. Besides the stress resulting from their work with crisis-affected population, the majority of study respondents have themselves experienced traumatic events and/or loss of someone dear or people they know. Some have experienced displacement and significant changes in their living conditions.

Results indicated that stress is common among humanitarian workers and negatively influences their psychosocial well-being. Many respondents described their reduced ability to relax and pointed out to frequent disturbances in their eating habits.

Self-care at the physical level

Self-care at the physical level revealed some unhealthy behaviours among the study participants. Many reported that they skip meals, rarely engage in physical activity, rarely miss work when they are sick and sometimes neglect themselves. Alcohol consumption, as revealed by the study, is not common among national humanitarian actors in Syria.

Self-care at the spiritual level

Results on self-care at the spiritual level revealed positive indicators. The majority of respondents reported always feeling that their work has value and meaning, hoping that things will get better even when they go wrong (indicator of optimism and positive thinking), practicing meditation or praying, and making sure they get time to rest.

Self-care at the psychosocial and emotional levels

On the psychosocial and emotional levels, respondents reported some positive indicators. Being frequently aware of their feelings and sensing when they are not feeling well, giving themselves time to review and reflect on what they experience, talking to someone when they are stressed, feeling adequate and appreciating themselves, encouraging themselves and engaging in a positive and supportive inner dialogue, being kind and empathetic with themselves, having a supportive social network, being empathetic with others, having positive and realistic expectations and motives are all indicators of positive emotional and psychosocial well-being and self-care. Many study respondents explained that they believe that it is their duty to intervene and help others during these difficult times. They also explained that their work makes them feel they are actively helping their country during the crisis and contributing to its recovery.

On the other hand, respondents reported some negative indicators on psychosocial well-being that require prompt interventions. These indicators include feeling overwhelmed with stories of people they work with, sometimes feeling emotionally numb, frequently feeling stressed because of the workload, feeling exhausted and frustrated because of work in the humanitarian field, feeling easily irritable and unable to relax.

Studies on humanitarian workers' self-care needs and psychosocial well being

Concerning research on the needs of humanitarian workers in Syria, to date, there are no assessment studies exploring risks to mental health and psychosocial well-being among humanitarian workers currently working in Syria or assessing their psychosocial and self-care needs and resources. The psychosocial and self-care needs of those workers are usually overlooked.

Resources on self-care

In Syria, there is lack of resources on self-care, and scarcity of self-care and staff-care trainings and stress-management activities. Study respondents referred to a strong need for learning opportunities on recognising signs and sources of stress, understanding the consequences of cumulative stress and its impacts on well-being, recognising indicators of severe stress and burnout, and learning ways of dealing with stress (stress management). The only available resource that includes information on stress management and self-care is the WHO Psychological First Aid Guide for Field workers and Facilitator manual. Some humanitarian workers who participated in this study are not aware of this resource and the majority pointed out to a pressing need for Arabic, contextualised resources on self-care and stress management to help them personally and assist them in facilitating self-care sessions for other staff. As per the study results, the most stressful cases that the study respondents deal with are cases of people suffering from financial difficulties and cases of people suffering from severe mental or psychological conditions (including those struggling with loss and grief).

Self-care at the organisational and professional levels

With respect to self-care at the organisational and professional levels, results indicated good self-care skills related to work, such as humanitarian workers' ability to set appropriate boundaries with the cases and their ability to set realistic goals, timelines and work plans. However, the study revealed significant stressors related to work. Weak coordination among stakeholders, insufficiency in technical support and supervision, insufficiency of available and appropriate resources and information, the poor referral system along with the humanitarian workers' stress at the personal and professional levels were among the main stress factors identified by study respondents.

At the level of agencies, the main self-care needs identified were related to the lack of proper and adequate interventions to mitigate stress among staff. Results of the study respondents indicated significantly poor staff-care initiatives, activities and protocols at the organisations they work at. There is a significant need for appropriate and regular staff-care and psychological support interventions.

Obstacles to self-care

Among the obstacles MHPSS practitioners identify as standing in the way of self-care are lack of energy, too many responsibilities, time constraints and the fear of appearing weak or vulnerable. However, most of the study respondents reported that they need to promote their self-care practices and that they deserve to engage in self-care activities.



Study Recommendations

The main recommendations drawn from the study can be summarised as follows:

The diverse identified needs necessitate coordinated and well-planned interventions and a strategy on staff-care to ensure that humanitarian workers can access psychosocial support services when needed.

- Psychological first aid should be immediately available to workers who have experienced or witnessed extremely distressing events.
- There is a need for activating a MHPSS taskforce to establish a long term MH strategy and coordinated activities that aim at responding to the various needs, including self-care needs of humanitarian workers.
- Specific percentages of programme budgets must be dedicated to staff-care activities that aim at providing regular support to humanitarian workers.
- Additional efforts should be made to improve coordination between organisations and service providers, establish a clear referral system and ensure proper case management and follow up. Moreover, efforts need to be made to secure on-going, sufficient and culturally sensitive technical support and supervision of MHPSS practitioners.

To prevent and reduce the risk of burnout and compassion fatigue in staff members, organisations should focus on:

- Creating an open environment where staff members have a venue for mutual support. Encouraging staff members to meet with supervisors to talk about how they are affected by their work
- Encouraging peer support within the organisation or with other humanitarian workers
- Offering training that educates humanitarian workers about burnout and compassion fatigue and how to recognise the symptoms
- Sharing the caseload among team members, particularly the most difficult cases
- Making time for social interaction among teams
- Organising appropriately planned social events and retreats away from the workplace
- Encouraging healthy self-care habits such as good nutrition, sleep, taking work breaks
- Offering training that focuses on self-care and a balanced lifestyle as a way to promote resilience

Practical self-care tips

Stress will not resolve spontaneously. People need to act and take steps to break the cycle of stress. It is important for a humanitarian worker to identify what causes stress and put in place some steps to reduce and manage stress. There is no single approach to stress management that works for everyone and in all situations.

There are many benefits to be gained from developing a self-care plan. However, unless one devotes time and attention to developing a plan to take care of oneself, it rarely or only sporadically happens. In addition, one is less likely to spontaneously implement an optimally effective plan without some planning. Equally important is reviewing this plan periodically to

reflect on whether it is working (in part or in whole) and/or whether changes should or need to be made.

Some self-care tips that might help you deal with the stress you face:

- Think about your motivations and expectations, be realistic, coherent and honest about your goals and drivers
- Increase awareness of specific stressors, more positive or harmful coping mechanisms
- Identify emotions in yourselves, in your colleagues and in those you will be helping; learn how to build up appropriate response to your own emotions
- Articulate your thoughts and write them down or discuss
- Think about what has helped you cope in the past and what you can do to deal with the stressors.
- Be sensitive to your emotions, learn coping skills to protect emotionally, distancing techniques (positive images, relaxation, exercise)
- Monitor your sleeping, eating habits, promote physical exercise and hygiene, and avoid temptation to use alcohol or drugs as coping behaviours. Try to take time to eat, rest and relax, even for short periods.
- Minimise your intake of alcohol, caffeine or nicotine and avoid non-prescription drugs.
- Try to keep reasonable working hours so you do not become too exhausted.
- Consider, for example, dividing the workload among helpers, working in shifts during the acute phase of the crisis and taking regular rest periods.
- People may have many problems after a crisis event. You may feel inadequate or frustrated when you cannot help people with all of their problems. Remember that you are not responsible for solving all of people's problems. Do what you can to help people help themselves.
- Check in with fellow helpers to see how they are doing, and have them check in with you. Find ways to support each other.
- Talk with friends, loved ones or other people you trust for support.
- Regularly read novels that have nothing to do with your work
- Establish an informal peer group within the organisation, a type of peer support group, to hold regular meetings where workers can freely express, discuss and share issues of common interest as well as challenges faced during their work. Such groups can benefit psychosocial health workers by collectively thinking about possible and available opportunities;
- Promote coordination with other workers in the field, by organising and/or taking part in regular events to share available resources and lessons learnt;
- Take part in different training workshops and ask for on-going supervision in field work, where one can feel supported whenever faced by difficulties.



Ideas for a self-care plan

Below are some ideas to get you started in developing your own self-care plan. It may be helpful to start with a couple of ideas and build on that.

Physical self-care

Physical self-care is an area that people often overlook. It includes:

Food

Food is a component of self-care that humanitarian workers often overlook. They are often so busy that they do not have time to eat regularly or that they substitute fast food for regular meals. It is not always reasonable to expect people to get 3 meals and a snack a day but everyone should make sure they get adequate nutrition. Remember that skipping meals, forgetting to drink fluids, and overdosing on sugar, fatty snacks and alcohol can create nutritional stress.

Exercise

Exercise is one of the most overlooked types of self-care. It is recommended to carry out at least 30 minutes of exercise 5 times a week. Exercise, even if it is just a quick walk at lunchtime, can help combat feelings of sadness or depression and prevent chronic health problems.

Sleep

Although everyone has different needs, a reasonable guideline is that most people need between 7-10 hours of sleep per night. One example of a self-care goal: I will go to bed by 11:00 p.m. during the week so that I can get enough sleep.

Medical care

Getting medical attention when you need it is an important form of physical self-care. Some survivors put off getting medical care until problems that might have been relatively easy to take care of have become more complicated.

Emotional self-care

- Take every day at a time
- Allow yourself time to talk, grieve, be angry, or cry according to your needs. Allow time for exercise, rest, and recreation.
- Focus on the things that you need to accomplish today.
- Try not to get disturbed over what you cannot influence.
- Face reality, this will help you come to terms with the event(s).
- Talk, express your experiences and how you feel about them.
- Encourage yourself to practice supportive inner dialogue or self-talk (words of encouragement, remind yourself of your strengths...)
- Give yourself time to review & reflect on what you experience
- Ask others for help (friends, family members, others) when you are feeling stressed
- Learn to be assertive and say no if you are unable to accomplish what is asked from you
- Seek out privacy, you need that to relax, sleep, and to sit quietly with your own thoughts and feelings.
- Combine exercise with relaxation and rest; it will sooth some the physical reactions.
- Try to keep a journal if you have difficulties to sleep; for yourself – not to share with others.

- Try to listen to your feelings and sense when you are not feeling well.
- Practice self-compassion, and use it whenever you are experiencing a tough day
- Do not bottle up thoughts and feelings.
- Do not fight back recurring thoughts, dreams, and flashbacks to try and keep them away. They decrease over time. Share them with someone and they will lose power.
- Do not avoid talking about what has happened or is happening.

Self-care at the organisational and professional levels

- Work on setting appropriate boundaries at work with the cases you work with (ex: no phone calls after work hours...)
- Set realistic goals, work plans & timelines
- Meet with your colleagues and talk about issues, share problems and solutions
- Talk to your colleagues at appropriate times about your feelings and reactions to professional issues

Indicators for the need of referral to specialised care

Promoting enhanced resilience among humanitarian workers, through proper self-care and staff-care, could help mitigate the adverse effects of stress and trauma, with a consequent positive impact on both their professional and personal lives. Some humanitarian workers, however, might experience severe and acute stress that requires specialised care.

Signs of severe stress – warning signs of unmanageable stress

Humanitarian workers should be aware of warning signs of unmanageable severe stress and burnout either in themselves or in their colleagues. These signs include:

- Mental/ psychological confusion, inability to make judgments and decisions, inability to concentrate and to prioritise tasks
- Inability to clearly express verbally or in writing
- Feeling unappreciated by the organisation
- Anxiety, nervousness, tension, irritability, depression, excessive rage reactions
- Agitation, excessive sweating, hyperventilation,
- Neglecting one's own safety and physical needs
- Sleep difficulties
- Appetite disturbances
- Excessive tiredness and extreme fatigue
- Progressive decline in efficiency
- Loss of spirit



- Self-blame
- Decreased self-esteem
- Heroic but reckless behaviour
- Changes in behaviour, including impulsivity and/or aggression
- Grandiose beliefs about themselves
- Sleeping difficulties (e.g. sleep apnea, excessive sleeping)
- Body aches and pains
- Excessive use of alcohol, tobacco or drugs

Acute stress requires professional help when it persistently interferes with important areas of one's life. It is important for humanitarian workers to ask themselves the following questions, and they should consider talking to a mental health professional if they answer positively on more than one of the following questions:

- Am I having difficulty carrying out or completing my normal activities and responsibilities?
- Am I unable to do my work, or has my work suffered, because of the way I have been feeling or acting?
- Am I having difficulty interacting with friends, colleagues and other people?
- Has my behaviour or temper damaged my relationships with friends or family members?
- Have I been avoiding people or important events frequently because I have been feeling anxious?
- Has my drinking or drug use interfered with my relationships, my performance or my other responsibilities?
- Do I need to drink or smoke to feel better?
- Am I having suicidal (or self-harm related) thoughts?

Consider a referral for a more thorough evaluation with a mental health professional if:

- Traumatic stress reactions are severe or prolonged (more than a month).
- Traumatic stress reactions interfere with recovery or with returning to normal activities.

Critical events

Critical Events are unexpected and violent occurrences that present a threat to personal safety and challenge one's sense of security and predictability in life.

Examples include:

- Witnessing the death or serious injury of another human being
- Involvement in actual or potentially life threatening situation
- Injury or death of a co-worker
- Dealing with serious injuries, death or severe human-rights violation
- Exposure to mass casualties
- Involvement with any event described as an atrocity



Humanitarian workers who experience critical events may experience the following:

- Feeling vulnerable, frightened, sad, angry and afraid of losing control
- A periodic feeling of unreality, events seeming dream-like
- Increased alertness, heightened response to loud noises, reminders of the event scene, or any other surprise
- Discomfort at being alone
- Discomfort being in a group
- Difficulty concentrating on what to do next
- Difficulty making decisions and thinking creatively
- Difficulty relating to those who were not part of the event
- Difficulty resting and sleeping, fear of nightmares
- Increase or decrease in appetite

Some humanitarian workers who have experienced a severely critical or potentially traumatic event might suffer from symptoms of Post-traumatic-stress disorder (PTSD), including re-experiencing and avoidance symptoms. The following necessitate referral to a mental health professional for specialised mental health care:

- Symptoms of acute stress with onset after the event
- Difficulties in day-to-day functioning
- Re-experiencing symptoms - which are repeated and unwanted recollections of the event as though it is occurring in the here and now (e.g. through frightening dreams, flashbacks or intrusive memories accompanied by intense fear or horror).
- Avoidance symptoms - which involve deliberate avoidance of thoughts, memories, activities or situations that remind the person of the event.
- Symptoms related to a sense of heightened current threat -which involve hyper-vigilance (excessively watchful for potential threats) or exaggerated startle responses (e.g. easily startled or jumpy with fear).
- Prolonged grief symptoms (e.g. persistent and severe yearning for the deceased, preoccupation with the deceased or circumstances of the death; bitterness about the loss, difficulty accepting the loss; difficulty progressing with activities or developing friendships; feeling that life is meaningless) with associated emotional pain.

Psychological first aid should be immediately available to workers who have experienced or witnessed extremely distressing, life-threatening or traumatic events. Professional mental health care and medical care should be made available for staff members who require it. Organisations should facilitate referral of staff members to specialised services within or outside the organisation.

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