

# SUPPORTING SURVIVORS OF VIOLENCE

## The role of linguistic and cultural mediators

With a focus on gender-based violence  
and sexual violence against men and boys

A TRAINING CURRICULUM



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## Abbreviations

<b>BPRM</b>	United States Bureau of Population, Refugees and Migration
<b>FGM/C</b>	Female genital mutilation/cutting
<b>GBV</b>	Gender-based violence
<b>IASC</b>	Inter-Agency Standing Committee
<b>LCM</b>	Linguistic and cultural mediator
<b>LGBTQI+</b>	Lesbian, gay, bisexual, transgender, queer and intersex people or others of diverse sexual orientation, gender identity and expression, and sexual characteristics
<b>PFA</b>	Psychological first aid
<b>STIs</b>	Sexually transmitted infections
<b>SVAMB</b>	Sexual violence against men and boys
<b>WRC</b>	Women's Refugee Commission
<b>UNICEF</b>	United Nations Children's Fund

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# 1 INTRODUCTION

**Refugees and migrants around the world face serious risks of violence, including sexual violence, exploitation and abuse. For many, the threat or reality of violence may be the tipping point that drives them from their home countries. But they often find that violence accompanies them throughout their perilous journeys and continues to blight their lives on arrival as they try to carve out a new life. This is particularly true for women and girls whose migration experience is often characterized by gender-based violence (GBV). Men and boys are also targeted for violence including sexual violence. And for young adults, adolescents and children – particularly those travelling alone – the dangers are severe.**

Despite extensive exposure to GBV and sexual violence along migration routes, survivors who arrive in Europe face a variety of barriers that prevent them from accessing appropriate care. These barriers include xenophobia and racism, under-trained staff, poor referral networks and language barriers. To overcome the language barrier, humanitarians rely on linguistic and cultural mediators (LCMs) and interpreters who can speak with the survivors. However, they are rarely equipped with the tools and knowledge to provide effective support and referrals for survivors of violence. Given their connections to refugee and migrant communities, LCMs are well-placed to support those who have been through difficult and often traumatic experiences. However, few have been trained to do so.

That is why the Women's Refugee Commission (WRC) and UNICEF developed this training curriculum, which aims to equip this vital group of humanitarian workers with the foundational knowledge they need to respond effectively to and support survivors of GBV and sexual violence – including male survivors (see section 2.2). While the training focuses on LCMs, it is also useful and relevant for interpreters who work in the context of service provision for refugees and migrants. The training aims to:

- raise awareness among LCMs about GBV against women and girls and sexual violence against men and boys (SVAMB)
- explain the principles for the provision of survivor-centred services, including the importance of the GBV guiding principles: confidentiality, safety, respect and non-discrimination

- promote self-reflection to understand and, where necessary, address personal values, attitudes and beliefs around GBV and SVAMB
- clarify the roles and responsibilities of LCMs in the context of service provision and the provision of support to survivors
- explain how LCMs should handle disclosures of violence, provide psychological first aid (PFA) and refer survivors to services
- share self-care practices to help minimize the impact of stress on LCMs, including potential vicarious traumatization, and promote well-being among LCMs.

The curriculum was developed for the European context, which differs from other refugee contexts in some important respects. While women and girls make up around half of most refugee populations worldwide, more than 85 per cent of refugees and migrants who have entered Italy via the central Mediterranean route since 2016 have been men and boys.<sup>1</sup> Nearly two-thirds of children arriving in Europe through the various Mediterranean routes in 2018 and 2019 were boys;<sup>2</sup> boys also represent a high percentage of those who arrive unaccompanied by or separated from their families. It should also be noted that unaccompanied and separated girls, because of the specific ways in which they travel, are not always identified and may, therefore, be poorly represented in official statistics.<sup>3</sup>

As such, this training curriculum provides special consideration for male survivors. It also addresses GBV against women and girls, who require specialized GBV services to support their recovery.



# 2 KEY CONCEPTS

## 2.1 What is a linguistic and cultural mediator (LCM)?

This training uses the term linguistic and cultural mediator (LCM) to refer to anyone who 'facilitates mutual understanding between a person or a group of people (e.g., the migrant/refugee population) and a caregiver (e.g., a doctor) by providing two-way verbal translation (interpreting) and helping them overcome cultural barriers.'<sup>4</sup> While this term is not commonplace across every refugee and migrant situation, it is used in a number of European contexts.<sup>5</sup>

As well as providing interpretation services for governmental, NGO and community-based organizations, LCMs are often expected to build trust with refugees and migrants – a particularly vital aspect of their work. Service providers and refugees also turn to LCMs to understand and interpret unspoken social and cultural norms, fears and taboos within the community. They are well-placed to provide such assistance because they often come from the same country and culture as the refugees and migrants they support. In other words, LCMs act as an essential bridge between authorities and service providers on the one hand, and refugee and migrant communities on the other.

### What is an LCM in your context?

Although the need to provide services in different languages is common to all countries of transit and destination, there is no common terminology or standardized roles and responsibilities for people who facilitate understanding and interpretation between the refugee/migrant population and service providers, let alone whether and to what extent cultural elements should be explained.

In Italy, for example, there is no single name for the LCM. The same person may have many different job titles and roles (such as cultural mediator, intercultural mediator, transcultural mediator, or community interpreter) depending on where they work in the country, their educational background and their qualifications. Their role might be limited to verbal interpretation, or include a much broader set of responsibilities, including community outreach and liaison.

In Bulgaria, the expression most commonly used is cultural mediator. Those who work for State agencies are strictly limited to interacting with refugees only while interpreting during a formal interview. Cultural mediators who work for NGOs, however, may spend more time interacting independently with communities and provide outreach services. In Greece, the term community interpreter is often used, focusing on interpretation offered in the context of public service provision to ensure that refugees and migrants have access to the country's health and administrative procedures, such as reception and asylum procedures. Other terms that have often been used since the movement of Syrian refugees into Greece in 2015 include: intercultural interpreters, cultural mediators, interpreters, and intercultural mediators.<sup>6</sup>

The profession is developing differently in different contexts, and even within the same country. Even so, LCMs – at a minimum – share the role of facilitating communication between refugee and migrant communities as they have ties to those communities and valuable insights into culture. Given their ability to communicate and their knowledge of the context, they might also be tasked with outreach work.

To include and describe this broad category of professionals, this training uses the term LCM.<sup>7</sup> However, in preparation for the implementation of the training in different settings, it is important to reflect on roles, responsibilities and terminology in the local context.

### How did linguistic and cultural mediation develop?

As we have noted, linguistic and cultural mediation is a profession that is still under construction. However, it has been incorporated increasingly into Europe's refugee and migrant response in recent years.

European countries of destination like Italy and Greece have seen the arrival of refugees and migrants from countries as diverse as Afghanistan, Bangladesh, the Gambia, Eritrea, Syria and the Democratic Republic of the Congo. There has been a pressing need for interpreters in many non-European languages that are not taught by Europe's traditional interpretation and translation schools.

One early solution put in place by service providers was to call on multilingual members of the refugee and migrant communities to work as improvised interpreters in an ad hoc fashion. These service providers then realized that they needed additional support, not only for interpretation, but also to enhance understanding of the different cultural practices of both the new arrivals and of their host communities and, in certain cases, connect these new communities to basic services.

This need for support led to the creation of the profession of the LCM. LCMs that work in the European Region were often found to lack sufficient training and formal certification because most Member States lack an accreditation process. In many countries, intercultural mediation remains a precarious, temporary occupation with an uncertain income. For these reasons, today's LCM plays a complex role that is not always well defined and that can be applied in different ways in different contexts. As it is a new profession, training, standards and even the titles of those who provide such services vary across countries and contexts. There has been growing demand for the greater professionalization of LCMs in many countries as refugees and migrants have started to settle more permanently.

### What are some of the challenges in the context of linguistic and cultural mediation?

Discussions and feedback from experts, including LCMs themselves, have shown that this new profession faces a number of challenges – both for services that use LCMs, and for the LCMs themselves.

- LCM training programmes are often poorly funded or may not exist, as this is not yet a recognized profession in many countries.
- Service providers may not have incorporated budget lines for LCMs.
- Service providers often use LCMs on an 'on-call' basis and pay them hourly rates. As a result, they are not always seen as part of the service provision team.
- Many LCMs are employed in organizations on short-term projects for a few months. They are often poorly paid (and payments are often sporadic), particularly if there is limited demand for a certain language.
- Some service providers do not provide clear job descriptions for LCMs and there is often a lack of systematic or adequate support and supervision.
- Some LCMs may not have formal levels of training in their mother tongue and/or the vehicular<sup>8</sup> languages with which they work.

One consequence of these challenges is that – despite growing recognition of their pivotal role – few LCMs have been fully trained to engage effectively with survivors of GBV and sexual violence. Similar to many other front-line workers, they might not be aware of the principles for working with such survivors. Like any of us, LCMs may also hold attitudes and personal beliefs that, if left unaddressed, can hamper effective support for survivors.

The priorities remain to develop training programmes and accreditation systems, to conduct further research into the effectiveness of linguistic and cultural mediators in services provision, and to develop strategies that guarantee access to LCMs in all the services to which refugees and migrants have access, wherever and whenever needed. Together, these actions will improve the quality of life and social integration for refugees and migrants.<sup>9</sup>

## 2.2 What are gender-based violence (GBV) and sexual violence against men and boys (SVAMB)?

Gender-based violence (GBV) is one of the most pervasive yet least visible human rights violations in the world. As defined by the Inter-Agency Standing Committee's GBV Guidelines,<sup>10</sup> GBV constitutes 'any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females.' The term is used primarily to describe violence that is an expression of the gender inequality between women and men, which leaves women and girls with less social, economic and political power than men and boys. At least one in three women and girls – more than one billion worldwide – will experience physical and/or sexual violence in their lifetime, simply because they are female.<sup>11</sup>

GBV inflicts untold harm globally among girls and women, with adolescent girls at a heightened risk of exposure to GBV. Examples of GBV throughout the life cycle include sex-selective abortion; infanticide; differential access to food and services; female genital mutilation or cutting; sexual violence, including exploitation; child marriage; dowry/bride price abuse; femicide, including so-called 'honour'-based murder; intimate partner violence; deprivation of inheritance or property; and elder abuse. Situations of displacement and migration often exacerbate pre-existing vulnerabilities to GBV and present new forms of violence against women and girls.<sup>12</sup>

Sexual violence, however, is perpetrated against people of all genders and sexualities: women, girls, men and boys, and LGBTQI+<sup>13</sup> individuals. Women and girls account for the majority of survivors, and LGBTQI+ individuals are at high risk. At the same time, sexual abuse of boys occurs around the world, and adult men are also targeted for sexual violence. The World Health Organization defines sexual violence as 'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.'<sup>14</sup>

SVAMB is perpetrated in a variety of ways. In conflict-affected settings, men and boys may be forced to witness sexual violence against other people, or subjected to the enforced rape of others, and genital violence, including beatings, electroshock and mutilation. In countries of origin, during migration and in countries of asylum, adolescent boys and men may be subjected to sexual exploitation, and young boys targeted for sexual abuse. Gay, bisexual and transgender (trans) men and boys (as well as lesbians and others with diverse sexual orientation and gender identity), are particularly vulnerable to sexual violence, including sexual exploitation and abuse.

While certain types of violence may be targeted at a man or groups of men and boys, we do not define this violence as 'GBV'. One root cause of GBV is gender inequality, which men and boys do not experience. While SVAMB is a gendered phenomenon, applying the term 'GBV' conflates different issues and can confuse practitioners.<sup>15</sup>

In this training we have chosen, instead, to use 'SVAMB', recognizing that the different types of violence have different drivers, and that the needs of men and boys are not necessarily the same as those of women and girls (even though there are similarities in the impacts and the services that should be provided).

## 2.3 What is stress, including vicarious traumatization?

Staff who provide services to survivors are exposed to highly stressful situations. Stress is a state of psychological and physical tension that comes about as a result of a threat, challenge or change in one's environment. Day-to-day stress is common to all people: it is part of everyday decision-making and problem-solving, and it often motivates people to be more productive. Managed routinely, stress is a normal and natural response designed to protect, maintain and enhance our lives.<sup>16</sup>

Negative types of stress, however, occur when stress lasts too long, occurs too often or is too severe. It is the reaction to a challenge, demand, threat, or change that exceeds our coping resources and results in distress. This includes distress related to a critical incident (such as being the victim of an assault) and/or cumulative stress, which builds up over time. Those working with survivors of GBV, SVAMB and other types of violence are particularly at risk of cumulative stress, including vicarious traumatization.<sup>17</sup>

Vicarious trauma refers to the emotional residue of exposure carried by service providers who listen to people's suffering and become witnesses to the pain, fear and terror that they have endured.<sup>18</sup> It is a state of tension around, and preoccupation with, the struggles and difficult experiences described by clients. Other terms used include secondary traumatic stress and secondary victimization.<sup>19</sup>

Many psychologists and social workers are trained and supported by their organizations to manage work-related stress, including learning how to be alert to signs of potential vicarious traumatization. This is also increasingly true of mental health and psychosocial service providers in humanitarian settings. However, this is rarely the case for LCMs.

Working in situations as LCMs do – on the front line of the refugee and migrant response – can also lead to severe stress, including vicarious traumatization. Repeated exposure to accounts of suffering, violence and loss may reactivate their own stressful or traumatic experiences. Many LCMs are refugees and migrants themselves, making vicarious trauma a particular risk.<sup>20</sup> Informal discussions with service providers in Europe have found that LCMs who have been used on an ad hoc basis to work with survivors of sexual violence have been deeply distressed by these experiences and have shown signs of vicarious traumatization.

Unmanaged stress and vicarious trauma can have a negative impact on a person's personal life, causing friction in relationships with their family and friends, and harming their health (emotional as well as physical). Distress and vicarious trauma can also affect job performance as mistakes increase and morale falls. Yet few organizations that engage LCMs offer them targeted support for this, such as supervision and education in self-care.



# **3 HOW TO IMPLEMENT THIS TRAINING**

### 3.1 About the training curriculum

The training curriculum is composed of this Facilitator Guide, a set of PowerPoint presentations and a set of handouts. The training includes an introductory module and five modules on concrete topics, with each module covering a variety of key issues. The training is intended to be implemented in three days. However, it is possible to shorten the training, if participants already have some GBV-related training and/or experience. Annex 1 provides a draft agenda for a three-day training programme for the facilitator.

### 3.2 Choosing facilitators

The ideal balance is to have at least two facilitators – one with a background in GBV and one with a background in linguistic and cultural mediation. The two facilitators can provide support to each other, mitigate and resolve conflicts if the need arises, and work together to deal with the complexity and sensitivity of the issues discussed.

Given the focus on GBV and SVAMB, and on the social inclusion of LGBTIQ+ people, it is also beneficial if the composition of the facilitation team reflects diverse gender identities, sexualities and experiences.

Both facilitators should have skills in dealing with conflict resolution and intense reactions. It is also important that they both have a solid comprehension of, and be ready to rebut, some common misconceptions, particularly for the exercise on Values Clarification.

The GBV facilitator should, ideally, have experience in social work, psychosocial work or in GBV response. More importantly, the GBV facilitator should have an understanding and knowledge of GBV, sexual violence, gender equality and gender roles, as well as how these subjects translate to humanitarian settings.

The facilitator with a background in linguistic and cultural mediation should have experience in working with survivors of GBV and sexual violence, if possible. The practical experience of having worked with both survivors and service providers will help them to establish trust and credibility with the participants and

also address any questions that the participants may have about actual interactions – including disclosures of sexual violence and GBV – that they may have experienced.

It is important for the facilitation team to discuss beforehand the steps that should be taken to ensure that team members work well together and to address any specific challenges that prevent that happening. This discussion should include the following:

- Agreement on clear roles and responsibilities within the team: Teamwork goes better when everyone has a clear understanding of their own roles and responsibilities and those of others within the team (this is a vital part of LCMs' preparation for their work in the community). This discussion of roles and responsibilities can help in:
  - Being the change we want to see: The way the team works together must show its commitment to the values and principles of gender equality and non-discrimination more broadly. In practice, this will involve:
    - setting clear standards for behaviour that can be used to hold team members to account for oppressive behaviour (such as sexist or homophobic jokes or sexual harassment), and
    - reinforcing clear organizational policies on all forms of discrimination (including discrimination based on gender, sexual orientation and HIV status, among others).
  - Planning ways to support each other: Such support is important for teamwork on any project, but is particularly crucial in this area, where painful memories and experiences may emerge.
  - Making time to practice and get feedback: People learn best by doing, so practice using the learning activities of this curriculum and gather feedback from people with more experience of this work. It is important that facilitation team members have an opportunity to practice facilitating the activities before the workshop.

For more information on Core Facilitation skills, please see Annex 2.

### 3.3 Before the workshop

As noted, it is important to practice the activities of the curriculum before the workshop with colleagues who have some expertise and knowledge on the issues raised. There are also additional steps you can take to ensure that you are well-prepared for the workshop.

#### Review the training modules

The modules of this training are meant to follow on from each other, with each one building upon the learning objectives achieved in the previous module. They work best if the participants are 'warmed up' by discussing, for example, core concepts and the GBV guiding principles, before moving on to learn how to apply the principles to their work. They will then refer back to core concepts such as definitions of GBV, the GBV guiding principles, and the survivor-centred approach throughout the training.

The modules of the workshop focus on:

- Introduction to the workshop and each other
- GBV core concepts and definition, and the definition and dynamics of SVAMB
- A principled approach to supporting survivors
- The roles and responsibilities of the LCM in supporting survivors
- Bringing it all together: how the LCM supports survivors
- Managing stress.

#### Review the materials and set-up for the training

The workshop includes many different small-group activities and exercises that require an open space for participants. It is optimal to have a room with a U-shaped table or several small tables to encourage all participants to face the facilitator, but they must also be able to break up into small groups for discussions.

Each module and topic includes a specific list of materials, but all of the following will be needed at some point: flip charts, markers, projector and screen, speakers, small index cards, sticky notes, name tags, tape and the other training materials that are common at such workshops.

Two videos will be shown during the training and their URLs have been included in the relevant modules.

Ensure you have speakers so participants can hear the sound.

Hungry or sleepy participants find it harder to learn. So, make sure that you have nourishing snacks and treats for participants and build in energizers and adequate breaks. This lets participants know that their needs are being considered, and it helps to keep everyone happy – including the facilitators!

#### Contextualize the training for your setting

This training was developed for the European response as a whole, with pilot trainings conducted in Bulgaria and Italy and with inputs from those working on the Serbia and Greece response. It was designed, however, to be contextualized to different settings, including non-European settings. When contextualizing for a new context, it is important to have a baseline knowledge of GBV against women and girls in your setting, as well as an understanding of the issue of SVAMB, including the situation of LGBTIQ+ people.

The case study (Handout 13) for Module 4 is generic enough to be adapted to a refugee camp, an informal settlement or even an urban environment with a drop-in centre for migrants or refugees. The names of the refugee and the cultural mediator can be changed to be more representative of the ethnicities of migrants in your context. The gender of the interpreter can also be changed.

Other handouts, such as Handout 3: Human rights: The Basics, can be updated to include a reference to the constitution of the country where the training is taking place, while Handout 4: Sexual violence against refugee and migrant boys and young men in Europe, can be adapted for your setting with information about the contexts in the countries of origin of refugee and migrant communities, as well as along migration routes, and in displacement.

#### Establish the timing of the workshop

As noted, the workshop was designed to be delivered in three days. However, that time could be reduced to 2.5 days, depending on the focus chosen or the experience of the participants. If participants have received



GBV training that focuses on the core concepts of GBV, including gender, power and consent, the time could be reduced. However, if they have not had such training, it is important to deliver the core concepts module (Module 1).

The timing of plenary activities will be longer if you are using interpretation and you should account for this in your planning as the plenary discussions should not be rushed: they contain many of the key learning moments for the group. Simultaneous interpretation, while more costly, allows for more free-flowing discussion among participants and facilitators than consecutive interpretation. However, consecutive interpretation was used in both pilots and also worked effectively.

### **Create a participatory environment to support change**

The training is intended to be used with a group in a workshop setting. The learning activities cover a range of issues and use a mix of training methods and tools to encourage participants to reflect on and explore these issues as they relate to their own experience.

When planning the workshop, think carefully about how to create a positive learning environment for this particular group of participants. Some of the issues covered may be considered sensitive and some participants may feel uncomfortable about discussing issues of gender, sexuality and violence.

Many LCMs may come from refugee or migrant populations themselves and may have experienced or witnessed the issues that are discussed in the training. When discussing issues of violence, some participants may be reminded of violence that they have experienced themselves. Careful preparation is vital to ensure that the workshop is a positive and supportive learning environment, as this can help participants deal with difficult or uncomfortable feelings that may arise during the training.

### **Prepare to maintain the group's energy and model stress reduction**

Maintaining the energy of group members during the training is important. When dealing with difficult and sensitive issues, there is a possibility that group members will feel overwhelmed. Being creative about ways

to maintain the energy of the group is necessary; this may include using warm-ups, energizers, ice breakers or relaxing activities. Asking participants to suggest ice breakers or energizers keeps it culturally centred, and Annex 3 offers some ideas for energizers and for relaxation techniques.

It is also important to model stress reduction exercises throughout the training. Before and/or after each break, a short energizer or stress reduction activity is recommended to ease the transition between spaces. Before each break, a brief relaxation exercise can help participants to shift modes to relax during their breaks and return more refreshed and ready to learn. Encourage participants to socialize or take personal time and to not work during breaks. After the breaks, energizing activities to re-enter the learning space can raise energy (particularly in the afternoon) and help participants re-engage.

Use these opportunities to model to participants how to set boundaries with work. Given that different people find different things relaxing, it's useful to have a variety of activities. Some examples include: chair yoga that allows people to move their bodies and stretch, playing relaxing music, showing funny videos, encouraging people to use humour, playing active games that involve catching or running, and doing simple breathing and grounding exercises. This will give the participants some hands-on techniques to take away from the workshop to manage stress and also help others to manage stress. See Annex 3 for more examples.

### **Prepare to deal with disclosures of violence**

Some participants may start to talk about experiences of violence that they have witnessed, experienced or even perpetrated. This kind of disclosure can be powerful for the individual participant, who may feel safe enough in the workshop to be able to speak for the first time about a painful personal experience. Such disclosure can be moving for other participants, helping to reduce their own sense of isolation in dealing with similar experiences.

It may, however, be distressing for other participants to listen to a personal experience of violence. Such a story may remind them of their own difficult experiences of violence or loss. It may also have repercussions if confidentiality is not respected.

As the facilitation team, it is important that you prepare participants for dealing with disclosure by:

- explaining at the beginning of specific learning activities that participants may feel moved to talk about their own experience of violence and remind the group that while this may be beneficial, it may also be distressing for the rest of the group and for themselves
- preparing and supporting participants to make good decisions about whether, what, when and how much to disclose by reminding them to think through their motivations for disclosure and the possible impacts on themselves and the rest of the group
- reminding participants that this workshop cannot provide (or substitute for) therapy, and that the facilitation team does not necessarily have the particular skills or training needed to provide counseling support to people dealing with difficult experiences
- being ready to provide participants with the contact details for local organizations and individuals who are skilled in providing counselling support to people exposed to significant violence and harm
- reminding everyone (as always) about confiden-

tiality, even in the context of friends or relatives who might have survived violence.

Facilitators should identify ahead of time an organization that they can refer participants to if they need further support after the workshop. Some participants may talk about their experiences with violence because they are in a crisis and need urgent help. The task for the facilitator in this situation is to assess how urgently help is needed and where the person might go to get such help. As already noted, it is important that the facilitator has already identified the support services that are available in the local area. If someone is experiencing a real crisis, the facilitator may need to take time during a break or, in the most serious cases, during the workshop itself, to deal with it. This could involve assessing the group member's situation, making a referral or even accompanying the person to the appropriate service.

For more tips on how to be prepared to deal with a range of issues during the training, please consult Annex 2.

# MODULE 0

## Introduction

### Learning objectives

- To complete a pre-test before the workshop to gauge levels of awareness around gender-based violence (GBV) and sexual violence against men and boys (SVAMB)
- To get to know each other
- To set ground rules for the workshop
- To familiarize participants with the agenda and objectives for the workshop

### Time Topics

30 min	0.1 Workshop registration and pre-test
30 min	0.2 Workshop introduction
30 min	0.3 Getting to know each other
30 min	0.4 Introduction to the agenda and overview of course objectives

### Core materials

- PPT Module 0: Introduction
- Handout 1: Pre- and post-test

### Preparation

- Arrange room as appropriate for each topic
- Review relevant slides
- Review relevant handouts
- Review facilitator notes and step-by-step guide

## 0.1 Workshop registration and pre-test

### Time

30 minutes

### Core materials

Handout 1: Pre- and post-test  
Name tags for all participants  
Sign-in sheet

### Equipment

Sign-in desk

### Facilitators' notes

Have participants sign in. Ensure that they all take the pre-test before the workshop begins.

### Step-by-step guide:

1. Welcome the participants and have them sign into the workshop.
2. Distribute Handout 1 and ask them to fill it out immediately, before the workshop begins.
3. Remind them to put their name on the pre-test.
4. Give them a copy of the printed agenda and a name tag.

## 0.2 Workshop introduction

### Purpose

To set the ground rules and community norms for the workshop and give participants an opportunity to understand the methodology.

### Time

30 minutes

### Format

Plenary discussion  
Plenary exercise

### Core materials

PPT Module 0: Introduction

### Equipment

PowerPoint projector and screen  
Flip chart and markers

### Facilitators' notes

If the training space allows, create a 'safe space' somewhere in the training area where participants who may feel overwhelmed or need some quiet time for reflection can be alone to gather their thoughts. One approach is to use an area of the training room that is curtained off and that has a sofa in it. Any special guests or hosts can be invited to deliver the welcome and stay for the introduction and the get-to-know-you games.

### Step-by-step guide:

1. Show slide 0.1 and welcome the participants, unless there are any special guests or hosts: in which case, they should welcome the participants before handing over to you.
2. Show slide 0.2 and introduce yourself, giving a short summary of your bio. Introduce other members of the workshop team, including those who are providing logistical support, and give a general overview of the facility, the building and information on logistics, including fire exits, toilets, etc. Show slide 0.3 and introduce the ground rules/classroom norms by using a flip chart and markers to create a list in front of the participants. Encourage them to develop a collective agreement on how they will work together. This is an important part of the workshop and should not be rushed as it gives the participants and the facilitators the ability to refer back to agreements about confidentiality and the need to be non-judgemental.

5. Make a clear working agreement on confidentiality: this is essential to build trust within the group. This agreement should state that group members should not tell anyone outside the workshop any details about what specific individuals have said within the group. Participants should also practice the principles of respect and non-judgement, treating each other with dignity.
6. Using a flip chart, ask the participants to develop the ground rules that our small group will abide by during the workshop, asking them to contribute suggestions. Some useful examples of ground rules are as follows:
  - Raise your hand to ask a question
  - Mobiles off: phone calls to be taken outside/during coffee and lunch breaks only
  - No computers open during the workshop
  - Be on time: at this point it can be helpful to appoint a participant to be the time keeper, so that they can alert you throughout the workshop when it is almost time for breaks, etc. Make an agreement with participants that if they return from breaks on time, you will end the sessions on time
  - Make sure that everyone understands that this is a safe space for questions, and they can ask anything.
7. Mention the physical safe space, if one is available. Discourage the use of this space for anything else, including taking work calls. Let participants know that they are free to leave the training room without asking for permission at any time, and can visit the 'safe space' if they need some time to themselves.

## 0.3 Getting to know each other

### Purpose

To help participants relax and learn a little more about each other in a fun way.

### Time

30 minutes

### Format

Group activity

### Core materials

PPT Module 0: Introduction

### Equipment

None

### Step-by-step guide:

1. Show slide 0.4 and take the participants to a large open space where they can line up in a long line. Ask them to re-organize themselves in a line in the following ways:
  - Shortest to tallest
  - The person born furthest from the training facility to the person born closest
  - Number of years of experience in providing interpretation from least to greatest.
2. When all the participants are in a line from the least number of years interpreting, ask them to turn so they are all facing you and can see each other. Ask them to take one step forward if they speak the following languages:
  - the language of the country in which the workshop is taking place: Greek? Italian? Bulgarian?
  - other European languages: English? French? Spanish?
  - other languages: Arabic? Hausa? Igbo? Bangla? Tigrinya? Amharic? Farsi? Dari? Pashto? Urdu? Swahili? Jula? Bambara? Lingala?

- sign language?
  - any others?
3. Thank them and ask them to return to the training facility.

## 0.4 Introduction of the agenda and overview of course objectives

### Purpose

To ensure that all participants understand the objectives of the training and share their expectations to be certain that everyone is on the same page.

### Time

30 minutes

### Format

Presentation  
Plenary discussion  
Individual reflection

### Core materials

PPT Module 0: Introduction  
Handout 2: Draft agenda

### Equipment

Flip chart and markers  
Small index cards, preferably coloured, to list the expectations  
PowerPoint projector and screen

### Facilitators' notes

If possible, pin the index cards that are completed by the participants to a wall or board where they can be grouped and kept on display throughout the workshop. Otherwise, put them on flip chart paper, grouping similar expectations together.

### Step-by-step guide:

1. Show slide 0.5 and ask participants to sit quietly for a few minutes and write down their expectations – one per card.
2. Invite them to come to the front of the room and pin or tape their expectations to the wall or flip chart.
3. Go through the expectations and group those that are similar together. Revisit the cards before the lunch break to reflect back, assuring participants that you will try to meet their expectations.
4. Show slide 0.6 and remind the participants of the overall objectives of the training, noting that by the end of the workshop, they will:
  - understand the core concepts of GBV and be able to explain how sexual violence affects men and boys
  - understand the complexities of the role of the linguistic and cultural mediator (LCM) in relation to GBV and SVAMB
  - feel more confident in their role as LCMs in receiving disclosures of GBV or SVAMB and in providing psychological first aid
  - understand how to manage stress more effectively in themselves and within their teams
5. Distribute Handout 2: Draft Agenda and show slide 0.7 to go through the agenda with the participants, letting them know if there have been any changes to the printout.
6. Ask participants if they have any questions at all before you move on to the core of the agenda

## MODULE 1

# Introduction to gender-based violence (GBV) and sexual violence against men and boys

## Learning objectives

- To understand and describe the core concepts of gender-based violence (GBV), including the relationship between GBV and power, the difference between sex and gender, the use of violence and the nature of consent
- To understand the definition of GBV
- To understand the root causes, contributing factors and types of GBV
- To understand the vulnerabilities of women and girls to GBV along migration routes
- To understand the vulnerabilities of men and boys to different forms of sexual violence
- To understand some of the main consequences of GBV and sexual violence against men and boys (SVAMB)
- To understand the services that survivors need and some of the barriers to accessing them

## Time Topics

Time	Topics
105 min	1.1 Gender-based violence (GBV) core concepts 1.1.1 Introduction 1.1.2 Power 1.1.3 Gender 1.1.4 Violence 1.1.5 Informed consent 1.1.6 The definition of GBV
45 min	1.2 Understanding the dynamics of GBV 1.2.1 Defining acts of GBV using the GBV Tree 1.2.2 GBV in the context of migration
60 min	1.3 Understanding sexual violence against men and boys (SVAMB) 1.3.1 SVAMB 1.3.2 SVAMB in the context of migration
60 min	1.4 GBV and SVAMB consequences and a multi-sectoral response 1.4.1 Consequences of GBV and SVAMB 1.4.2 Multi-sectoral response for survivors and barriers to care

## Core materials

- PPT Module 1: Introduction to GBV and SVAMB
- Video: 'Tea and consent': ([www.youtube.com/watch?v=oQbei5JGiT8](http://www.youtube.com/watch?v=oQbei5JGiT8)), available in multiple languages
- Handout 3: Human Rights: The Basics
- Handout 4: Sexual violence against refugee and migrant boys and young men in Europe
- Handout 5: Consequences of GBV and SVAMB

## Preparation

- Arrange room as appropriate for each topic
- Review relevant slides
- Review relevant handouts
- Review facilitator notes and step-by-step guides

## 1.1 Gender-based violence (GBV) core concepts

### Purpose

To introduce the topic of GBV and to start to develop a shared and common understanding of the term 'gender-based violence' by exploring the GBV core concepts, including understanding the abuse of power, the difference between sex and gender, the use of violence and the nature of consent.

### Total Time

105 minutes

### Format

Presentation  
Plenary discussion  
Individual reflection  
Presentation of video

### Core materials

PPT Module 1: Introduction to GBV and SVAMB, slides 1.1 to 1.19  
'Tea and consent' video: [www.youtube.com/watch?v=oQbei5JGiT8](http://www.youtube.com/watch?v=oQbei5JGiT8)

### Equipment

PowerPoint projector and screen  
Flip chart and marker pens or whiteboard  
Paper and pens/pencils  
Internet connection or downloaded video  
Speaker for video presentation  
Whiteboard (optional)

### 1.1.1 Introduction

#### Purpose

To start building a shared and common understanding of the term 'gender-based violence'.

#### Time

10 minutes

#### Facilitators' notes

As a reminder, according to the IASC GBV Guidelines: 'Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private. [...] The term "GBV" is most commonly used to

underscore how systemic inequality between males and females – which exists in every society in the world – acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls.' Later in this module (topic 1.4) we will also explore SVAMB, which has some different root causes. But first, all participants need to share and understand common terms and core concepts.

Participants may feel too shy at first to share their opinions, so energizers are important to build camaraderie. You can also call on specific people to answer questions at the beginning to get things moving. Reassure participants that there are no wrong answers and we are all learning together to develop a common understanding of a term that is often used, but not always explained.

### Step-by-step guide:

1. Show slide 1.2 and write 'gender-based violence' on a flip chart or whiteboard, then ask if anyone knows what it means. While the participants give their suggestions, note the key words from their definitions on the flip chart/whiteboard. After a few minutes, circle any relevant key words that connect to the core concepts: power, gender, violence and informed consent.
2. Tell participants that, to make sure we all share a common understanding of what GBV is, we will discuss its root causes: abuse of power and gender inequality, and other core concepts that make up the definition of GBV.



- Note that the term GBV includes all acts of violence against women and girls that are based on gendered power differences, including sexual violence, but that violence against men and boys has some different root causes that will be explored later in the training. Show slide 1.3 and explain that first, we need to make sure that we are all sharing common terms and understand all the GBV core concepts, this is why we will spend some time going through them starting with 'power'.

### 1.1.2 Power

#### Purpose

To better understand different forms of power and how they can be abused.

#### Time

20 minutes

#### Facilitators' notes

This topic focuses on power because men have more power than women in almost all social systems. Un-

equal power relationships are often exploited, and this abuse of power is a root cause of GBV. There are many different types of power and they are not always physical. Make sure that the participants understand the different types of power so that they can better understand that GBV does not always require physical violence, or even the threat of physical violence, to be an abuse of power.

### Step-by-step guide:

- Explain to the participants that we are going to think about who has power in our lives and ask ourselves: What exactly is power?
- Ask participants to reflect on two questions about power for five to six minutes, and write their individual thoughts about these questions on a piece of paper. First: Who do you have power over at home and at work? And second: Who has power over you?
- Show slide 1.4 and ask participants to draw a circle like the one shown in the slide. Explain to them that each of us is in the middle of this circle. Every person we have power over, or who has power over us, also has their own circle that is outside our circle. Ask participants to draw an arrow from their own circle to someone else's if they have power over that person, or an arrow from that person's circle to their own circle if they have power over you. Some people might have arrows going in both directions.
- Reassure participants that they do not have to share what they have drawn with the rest of the group unless they want to.
- After 5–6 minutes, ask them to reflect on the following questions:
  - How did it feel to think about having power over someone?
  - How did it feel to think about someone having power over you?
  - Is power always a bad thing? Does having power mean you abuse it? Note that power is also positive!
  - Ask them to think about power in their own role as LCMs. Do you have power over the people you interpret and mediate for? Can you think of any examples? After hearing their answers, highlight that they themselves hold a lot of power as LCMs. On the one hand, they may decide whether or not to interpret something a refugee or migrant (including a survivor of violence) is saying in front of other people in authority. On the other hand, they also have the power to make sure two people can understand each other as well as possible.
- Tell the participants that we will now look at different forms of power – not all of them physical.

7. Using the flip chart and markers, ask participants to come up with forms of power and examples of those who have it. Make sure that you note down the answers and that the following are discussed (as a minimum) showing slide 1.5:
  - Economic: when examples are shared, explain that this power can be abused by those who control money or access to goods or services or favours. Then ask for examples of who holds economic power: a boss, or sometimes a husband or father.
  - Political: ask for examples, such as elected (or unelected) leaders, presidents and prime ministers
  - Social: ask for examples, such as peer pressure or bullying, or the influence of leaders, celebrities, teachers and religious leaders
  - Age-related: ask for examples, such as those who often have the least power because of their age group, such as children, young people and the elderly
  - And, of course, physical: ask for examples, such as those who are stronger or larger, those who have weapons or who control access or security: perhaps soldiers, police, robbers and gangs.
8. Show slide 1.6, noting that power is related directly to choice – or the lack of it. The more power we have, the more choices we have about where and how we live and what we do. The less power we have, the fewer choices we have. And because they have fewer choices, disempowered people are more vulnerable to abuse and exploitation. Power, in and of itself, is not a bad thing. Indeed, positive use of power – social, economic, physical, power based on race or class or privilege – can be a means to demonstrate self-acceptance and respect for yourself and others that in turn fosters acceptance of others as equals. On the other hand – we are all too familiar with the abuse of power. This is the root of GBV and can manifest itself in many other known and unintended ways. Power, when abused or misused or misunderstood, can impose obligations on, restrict, prohibit and impose decisions about the lives of others. All relationships are affected by the exercise of power in both positive and negative terms.
9. Ask participants whether all people with power abuse that power. The answer is 'No', but those who have power can abuse it in many different ways. Because we all have power, we need to become aware of it and use it with care in our daily life.

### 1.1.3 Sex and gender

#### Purpose

To better understand the difference between two terms – sex and gender. This will help the participants understand what gender inequality is – another root cause of GBV.

#### Time

25 minutes

#### Facilitators' notes

In many cases, it would be useful for participants to arrive with some knowledge on gender. While their understanding of the concept of gender is important, this session includes just one brief exercise to verify and reinforce participants' knowledge of the difference between sex and gender. The more they already know, the deeper the discussion and reflection can be.

You can determine whether your training group would benefit from additional exercises or reading to better understand the concept of gender. You can refer them to this link if they want to learn more: [www.plannedparenthood.org/learn/gender-identity/sex-gender-identity](http://www.plannedparenthood.org/learn/gender-identity/sex-gender-identity).

Understanding the concept of gender is important because it helps us to understand that women and men have different life experiences that are impacted by many factors. All people around the world have ingrained assumptions and stereotypes about men and women. We also have assumptions about the ways in which power impacts men and women. These assumptions can, in turn, reinforce gender inequality, which is rampant worldwide.

## Step-by-step guide:

1. Ask the participants: 'What is gender?' Explain that people tend to use the terms sex and gender interchangeably, often as a way to describe the differences between men and women.
2. Give the participants a brief exercise to explain the difference between sex and gender. Ask them how they would describe you if they saw you walking down the street: as male or female? Listen to their answers, and then ask them how they made that decision. Explain that you can't know someone's biological sex from looking at a person.
3. Show slide 1.7 and explain that sex refers to the physical and biological aspects of being female or male that are encoded in your body, and that include things like genitals, chromosomes and hormones. Sex is determined by a variety of factors including X and Y chromosomes (XX chromosomes are usually associated with female, and XY chromosomes are usually associated with male), hormones, reproductive organs and genitals. Some persons are intersex, which means they don't fit into the typical definitions of 'female' or 'male'. There are many different ways in which someone can be intersex, such as having XXY chromosomes or having both testicular and ovarian tissues.
4. Point out that in the exercise about identifying if someone was male or female, they can't be certain about your chromosomes or hormones just by glancing at you. You can, however, determine what you believe to be their gender. This is assessed through many different assumptions about, for example, what someone is wearing, how they move, their hair style, and whether they wear makeup. Explain that society teaches everyone from an early age what a woman or a man is expected to look like – and that this early learning feeds into our views on gender.
5. Specify that gender refers to the attributes and roles that are socially assigned to women and men that are learned, NOT biological or physical. Gender is influenced by different social factors, including history, culture, tradition, societal norms and religion. In any society, gender shapes how boys, girls, men and women are socialized, as well as their roles, responsibilities, opportunities, privileges, limitations and expectations. Gender norms are deeply rooted in every culture, with variations, but they can change: perhaps within a single lifetime or over many decades.
6. Give an example from the location of the workshop. In many European countries, for example, women were not encouraged to work outside the home just two generations ago: they were expected to stay at home to care for children. Today, many European women are far more likely to work outside the home and have fewer children than their grandmothers: their gender roles have changed over the past 50 years.
7. Show slide 1.8 and explain that transgender refers to people who were assigned as male or female when they were born, but their gender differs from this designation. For example, a baby is born as a boy but later does not identify as, or feel like, a boy. They may identify as a girl or may not feel like they are a boy or a girl at all. Their sex and gender do not align. This is normal and there are transgender people in different cultures around the world.
8. Remind participants that an understanding of gender will help them to understand that women and girls, men and boys, and transgender people have different life experiences. All of us grow up with ingrained assumptions and stereotypes about men and women and we all have assumptions about the ways in which they are affected by power.
9. Ask participants about gendered power differences in different areas: economic, political, social and physical. Who tends to have more power in each sector in their society? Women or men? Remind them that this differs from country to country, town to town, and community to community. Show slide 1.9 and note that in every country, unequal power relationships influence:
  - Roles
  - Responsibilities
  - Expectations
  - Privileges
  - Rights
  - Limitations
  - Opportunities
  - Access to services.

## 1.1.4 Violence

### Purpose

To better understand that violence is any act that causes harm. Violence involves the use of some type of force, real or implied – and this is a key element in defining what we mean when we say ‘gender-based violence’.

### Time

20 minutes

### Facilitators’ notes

Many people associate the word ‘violence’ with physical force and physical violence, but it has many other forms including some, like coercion, that can be very difficult to identify. Therefore, this concept needs to be clarified for participants.

### Step-by-step guide:

1. Show slide 1.10 and ask participants for their definition of violence. Capture any definitions or examples of violence they share on a flip chart.
2. Show slide 1.11 and explain that violence is any act that causes harm. It involves the use of some type of force, real or implied – and this is a key element in defining what we mean when we say ‘gender-based violence’.
3. Show slide 1.12 and explain that violence is not always physical force. Violence can also include emotional, social or economic abuse, coercion or pressure. It can be overt, like physical assault or threatening someone with a weapon. Or it can be a threat of such overt violence. It might be emotional, social or economic, and can include coercion, intimidation, threats, persecution or other forms of psychological or social pressure (e.g., in the case of forced marriage). It can also be hidden, like intimidating someone or using coercion to control them.

Explain that coercion means forcing or attempting to force another person to engage in behaviours against her/his will by using threats, verbal insistence, manipulation, deception, cultural expectations or economic power.

Point out that coercion is context specific: what does not seem threatening to you may be very threatening to another person. For example, threatening to share a photo of a woman sitting next to a man may seem harmless in many contexts. But in some cultures, a woman can be disowned or may even be murdered by her family for being seen with a man who is not a relation, even in a professional setting. We must, therefore, set aside our own biases and interpretations and focus on the knowledge, beliefs and perceptions of the survivor.

## 1.1.5 Consent

### Purpose

To better understand what consent means, and that saying yes does not always mean giving consent.

### Time

20 minutes

### Facilitators' notes

You will show the video 'Tea and Consent' during this activity ([www.youtube.com/watch?v=oQbei5JGiT8](http://www.youtube.com/watch?v=oQbei5JGiT8)).

Please note: There are several language versions of the video. If possible, play a version that is narrated in the language of the participants.

### Step-by-step guide:

1. Show the video: 'Tea and Consent'.
2. Show slide 1.13 and ask participants to describe consent, and lead a short discussion. Ask participants "Can you withdraw your consent, i.e., say no without facing consequences?"
3. Show slide 1.14 and explain that when we talk about consent, we mean a complex concept that is made up of many ingredients.
4. We use the expression 'informed consent' as one of the core concepts of GBV. Informed consent means making an informed choice freely and voluntarily by people in an equal power relationship. That means that the person understands the consequences of their choice, has equal power, and chooses to accept the consequences freely. Informed consent also means being informed about the right to say "no". Acts of gender-based violence occur without informed consent. Even if someone says "yes," this is not informed consent if it was said under duress — the perpetrator(s) used some kind of force/abuse of power to get that person to say yes. If there is coercion or force, consent cannot occur!
5. It is important to understand that children under the age of 18 are deemed unable to give consent for acts such as female genital mutilation/cutting, early marriage or sexual relations because of their relative lack of power. This concept also applies to people under the influence of drugs or alcohol or with certain intellectual disabilities.
6. Ask participants what happens to a person's ability to consent when they are very vulnerable with limited power. For example, if you are hungry, don't have a place to stay or food to eat, and someone offers you money or shelter or food to have sex with them, can you truly consent?
7. Show slide 1.15: tell participants that it is easy to remember the concept of consent by thinking about sharing some 'fries' ... FRIES: Freely given, Retractable, Informed, Enthusiastic, Specific.<sup>21</sup>

## 1.1.6 The definition of gender-based violence (GBV)

### Purpose

To build a shared definition of GBV from the Core Concepts.

### Time

10 minutes

### Facilitators' notes

This session is about pulling together the concepts that have been discussed so far to help participants

develop a clear understanding of GBV. While laws are written in many different ways, and not all forms of GBV are illegal in all countries, the Inter Agency Standing Committee (IASC) definition is always helpful to determine whether or not an act is a form of GBV. If anyone has questions about SGBV (an acronym used by UNHCR and some other agencies), this stands for 'Sexual and Gender-based Violence' and has a broader definition that can be found in other documents.

### Step-by-step guide:

1. Show slide 1.16: explain that our understanding of the term 'gender-based violence' is enhanced if all these core concepts are combined. Recap and connect the concepts in the following way:
  - **Power:** GBV is about the **abuse of power**. In most cases of GBV, men abuse their power over women in a number of ways that may not be limited to the physical.
  - **Gender:** GBV is violence that is based on gender roles, expectations and limitations. It reflects the gender inequality in all of our societies.
  - **Violence:** GBV causes harm, and violence is exactly that: 'any act that causes harm'. The harm can take different forms: not only physical.
  - **Consent:** Acts of GBV are characterized by the **lack of consent**.
2. Show slide 1.17: explain that we use the IASC GBV Guidelines' definition of GBV. The IASC is the governing body for international humanitarian response and includes UN agencies and NGOs working in this area. The IASC develops humanitarian guidelines and policies and that are agreed to by all the agencies that are a member of the IASC. Many organizations and countries have their own definitions of GBV, but this overall definition is very thorough and has been agreed upon by key humanitarian agencies. Some agencies refer to it as SGBV to emphasize sexual violence.
3. Ask a participant to read out the first bullet on slide 1.17, the definition of GBV: "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females." The term 'gender-based violence' is used primarily to underscore the fact that structural, gender-based power differentials between women and men around the world place women and girls at risk for multiple forms of violence. Point out the different definitions of the concepts we just used in the word.
4. Afterwards, summarize by saying that GBV:
  - is an umbrella term for any harmful act – i.e., violence
  - that it is perpetrated against a person's will – without consent
  - and that it is based on socially ascribed differences between men and women – gender, and power differentials.
5. Show slide 1.18 and remind the participants that the term 'GBV' is used most commonly to underscore how systemic inequality between men and women i.e., gender inequality – which exists in every society in the world – acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls.

6. Mention that acts of GBV violate universal human rights protected by international instruments and conventions. Many — but not all — forms of GBV are illegal and are seen as criminal acts in national laws and policies. Distribute Handout 3: Human Rights: The Basics.
7. Present slide 1.19 and recap the key points discussed during Module 1, Topic 1. Remind the participants that the roots of GBV are abuse of power, disrespect for human rights, and gender inequality. Mention that we will now look at a way to help visualize this.

## 1.2 Understanding the dynamics of gender-based violence (GBV)

### Purpose

To understand the key aspects and dynamics of GBV overall and in the context of migration.

### Total Time

45 minutes

### Format

Presentation  
Plenary discussion

### Core materials

PPT Module 1: Introduction to GBV and SVAMB, slides 1.20 to 1.27

### Equipment

PowerPoint projector and screen

### 1.2.1 Defining acts of gender-based violence (GBV) using the GBV Tree

#### Purpose:

To offer participants a visual way to understand the key aspects of GBV that we need to remember: a mental framing that goes beyond the core concepts to show the 'tree' of the roots of GBV, its contributing factors or fertilizer, its types – branches and its consequences – the fruit.

#### Time:

25 minutes

#### Facilitators' notes:

By now, participants should have a clear definition and understanding of how GBV – which affects women and girls – is formed. This exercise will help to explain the different forms of GBV. Using the 'GBV Tree', this exercise will allow them to talk about the many different forms of GBV that are prevalent around the world, including sexual violence, intimate partner violence, harmful traditional practices, trafficking for sexual purposes, sexual slavery and more.

If you are in doubt about something that is mentioned by a participant, write it on the side of the tree and come back to it later with the whole group to assess whether or not it is a form of GBV, once again drawing upon the IASC definition. Remind the participants that the categories of physical, sexual, emotional and psychological violence include many different forms of GBV.

Be ready with examples of the different forms of GBV that have been experienced by the refugees and migrants with whom the LCMs work within their countries of origin, during their journeys and on their arrival. In Greece, for example, there are many refugee and migrant women and girls who have experienced early marriage or female genital mutilation. In Italy, there are many refugee and migrant women and girls who have experienced trafficking for sexual purposes and/or intimate partner violence.



## Step-by-step guide:

1. Draw a blank version of the GBV Tree.<sup>22</sup>
2. Explain that the three roots of the tree are **abuse of power, gender inequality and disrespect for human rights**. These roots are found in every culture and community worldwide, but the individual roots can be long and strong, or short and weak, depending on the context.
3. Explain that while we focus on the concepts of abuse of power and gender inequality in this training (refer back to topic 1.1), we also want to note that GBV is rooted in the disregard for (or lack of awareness about) human rights. Explain that human rights are basic rights and freedoms that every person is entitled to, such as freedom from slavery and the right to an education. Human rights are universal and inalienable – they cannot be taken away from you. Every person has human rights, regardless of their race, ethnicity sex, gender, religion, political opinion, national or social origin, or other status. Acts of GBV violate several basic human rights that are guaranteed in international human rights laws. These rights include, among others: the right to life, liberty and security of person; the right to the highest attainable standard of physical and mental health; the right to freedom from torture or cruel, inhuman or degrading treatment or punishment; the right to freedom of opinion and expression; the right to social security; and the right to personal development.
4. Explain that we have talked extensively in the first section about power and abuse of power. Ask for different examples of how power can be abused by governments, communities, families and individuals.
5. Give examples of different countries' experiences with gender inequality. While some countries have less gender inequality than others, no country is 'immune' and gender inequality is found in every country around the world, no matter how developed.
6. Ask participants to call out the different forms of GBV that they know about, then write them around the different branches of the tree and explain that these are the toxic fruit of GBV.
7. Try to ensure that the following are covered and discussed:
  - **Sexual violence** includes rape, attempted rape, sexual 'groping', sexual exploitation, and other forms of sexualized harm.
  - **Sexual exploitation** is a type of sexual violence involving the abuse of a position of vulnerability, differential power or trust for sexual purposes. This includes profiting monetarily, socially or politically from the sexual exploitation of another person. Promising or giving rewards or money for sexual activities with a child (a person under 18) is sexual exploitation.
  - **Child, early and forced marriages** are forms of sexual violence. Early marriage refers to forcing under-aged children into sexual relationships under the cultural or legal heading of marriage. Explain that this is a form of sexual violence because the girls and boys are still children and, therefore, too young to provide consent for sexual relationships. Explain that anyone under 18 years old is considered to be a child (this could be the first time some participants hear this). Many lesbians and other LGBTQI+ people are forced into marriages against their will by their family members.
  - **Trafficking for sexual purposes and sexual slavery** are also forms of sexual violence. Some of the LCMs may have come into contact with women and girls who have been sexually enslaved, such as in territories once held by the so-called Islamic State (ISIS or Daesh). Trafficking women and girls for sexual purposes, to work as sex workers in brothels, is also prevalent in the European context. These women often cannot consent to 'legal sex work' because of the abuse of power by their traffickers.
  - **Intimate partner violence and domestic violence** include violence between those in an intimate relationship whether they are married or not (such as dating violence) and whether they live together or not (separated or polygamist relationships). Intimate partner violence also includes sexual violence.
  - **Harmful traditional practices** include practices found around the world such as female genital mutilation/cutting (FGM/C), acid burnings, dowry-related murder, breast ironing, dry sex, and more. Be sure



to include so-called 'honour'-based killings and femicide – i.e., the murder of a woman because she is a woman. If someone proposes a practice that others are not familiar with, ask them to explain it to the group. Tell the participants that there are forms of harmful traditional practices in all countries. So-called 'honour' killings still take place in many European countries. And in some European countries the possibility for a perpetrator of rape to marry the victim 'in exchange' for a reduced sentence was only removed from penal codes as recently as the 20<sup>th</sup> century.

- **Other forms of violence may be mentioned** such as denial of resources (which includes, for example, preventing a woman or girl from receiving an abortion or using contraception, or blocking her access to economic resources or to psychological help); so-called revenge porn or sharing naked photos/videos without consent; forced abortions; the list goes on and on.
8. Point out that some of these acts of GBV can combine many different forms of violence at once: intimate partner violence, sexual violence and a harmful traditional practice, for example.
  9. Show slide 1.20, the 'complete' GBV tree. Introduce the 'fertilizer' or contributing factors that stimulate or hamper the growth of the tree (the rain, sun or fertilizer). For example, alcohol abuse, lack of education and poverty are not root causes of GBV (despite common misconceptions around them) but they contribute to additional risks. Stress that some perpetrators never touch alcohol or drugs and that some are highly educated and wealthy.
  10. The roots of GBV are also strengthened by the 'fertilizer' of humanitarian emergencies. In emergency situations, and often also in migration, systems of safety and protection mechanisms are eroded, and social cohesion is disrupted. Girls and women may be exposed to new and/or higher levels of violence that were already occurring in a community during times of stability.
  11. If time allows, encourage a discussion about the factors in the home countries of refugees and migrants that drove them to leave, the violence they faced along their migration routes, and the violence they have experienced since their arrival.
  12. Remind participants that there are different acts of GBV in different countries and that no country is without GBV, and that these affect women and girls as a result of gender inequality. In the next session, you will learn about SVAMB, which is both similar to and different from sexual violence against women and girls.
  13. Present slide 1.21 on individuals who are at particular risk of GBV. Highlight that those with the least power in society are the most at risk of GBV due to abuse of power.
  14. Present slide 1.22 on Violence Against Children and GBV; Violence against children constitutes any violence experienced by a person under 18 years and is linked to a person's age. Efforts to address GBV and VAC are complementary and closely linked and therefore, addressing common risk factors can help reduce both GBV and VAC.
  15. Present slide 1.23 and lead a discussion on what participants know about GBV in their setting. Have they heard about the different forms of GBV we illustrated in the GBV tree? Does it happen in the host community setting?

## 1.2.2 Gender-based violence (GBV) in the context of migration

### Purpose

To describe the characteristics of GBV in the context of migration, including GBV risks in the countries of origin, along the migration route and in Europe.<sup>23</sup>

### Time

20 minutes

### Step-by-step guide:

1. Introduce the topic of GBV in the context of migration, explaining that migration is gendered, with gender roles, relations and inequalities all influencing who migrates, why and how they move, and where they end up. Girls and women on the move face specific GBV risks before, during and after migration and these risks are exacerbated for those who are traveling on their own.
2. Present slide 1.24 explaining that GBV perpetrated against women and girls in the country of origin is often one of the reasons they leave. Some girls escape from child marriages or abuse. Conflict-related sexual violence, including sexual torture, can also drive migration, as can female genital mutilation.
3. Present slide 1.25 on GBV on migration routes (this slide can be modified for your context):
  - Explain that significant evidence shows pervasive and chronic GBV, including sexual violence, against girls and women on migration routes the world over. While every route to Europe is challenging, the risk of violence and abuse is particularly high for those using the Central Mediterranean route, which passes through Libya.<sup>24</sup>
  - Many women and girls are exposed to sexual exploitation in conditions that amount to sexual slavery.
4. Present slide 1.26, explaining that GBV risks do not end when refugees and migrants arrive in Europe:
  - In Europe, the risk of trafficking for women and girls continues, and the main reason women are trafficked is for sexual exploitation in the European Union (EU).<sup>25</sup> For example, it was estimated that the vast majority of women and girls arriving by sea in Italy in 2016 were likely to be trafficked for sexual exploitation in Italy or in other countries of the EU.<sup>26</sup> Sexual exploitation is defined as the actual or attempted abuse of a position of vulnerability, power or trust, for sexual purposes, including profiting monetarily, socially or politically from the sexual exploitation of another person. This could involve buying sex, forced prostitution or paying for sex with vulnerable people who need the money.
  - Because of the insecure and risky living conditions in reception centres across Europe (which include a lack of security and privacy, mixed-gender reception facilities and poor access to critical services), the women and girls who live in them are at increased risk of GBV.
  - Once in Europe, women and girls also continue to face intimate partner violence because, among other issues, asylum claims often focus on the family unit and this can – unintentionally – cause women to stay in abusive situations.
  - The vulnerability of women and girls is made worse by limited services for GBV survivors and by different barriers to access to care. This topic will be further discussed later on in the training.
5. Present slide 1.27 to recap the key points discussed during topic 1.2.

## 1.3 Understanding sexual violence against men and boys (SVAMB)

### Purpose

To understand the differences and similarities between GBV and SVAMB, to describe the characteristics of SVAMB in the countries of origin, along the migration route and in Europe, and to learn more about vulnerable groups.

### Time

60 minutes

### Format

Presentation  
Plenary discussion

### Core materials

PPT 1: Module 1: Introduction to GBV and SVAMB, slides 1.28 to 1.37  
Handout 4: Sexual violence against refugee and migrant boys and young men in Europe

### Equipment

PowerPoint projector and screen

### 1.3.1 Defining sexual violence against men and boys (SVAMB)

#### Purpose

To introduce the issue of SVAMB and highlight the differences between and similarities with GBV against women and girls.

#### Time

30 minutes

#### Facilitators' notes

This session provides a brief introduction to SVAMB and how it is related to GBV. Further contextual details are addressed in the next session.

### Step-by-step guide:

1. Present slide 1.29: explain that GBV and SVAMB have both similar and different root causes, but that both are underpinned by an abuse of power and disrespect for human rights. We prefer not to use the term 'GBV' to describe violence against men and boys because one of the root causes of GBV against women and girls is systematic gender inequality, which is not experienced by male survivors. Instead, we talk about sexual violence against men and boys (SVAMB). It's important to remember that sexual violence is harmful to all survivors – women, men, girls, boys and transgender people – and that the harm caused is not more severe for one gender or another.
2. Explain that, unlike GBV against women and girls, SVAMB is sometimes perpetrated to undermine traditional masculine gender norms. Men's gender norms often revolve around their expected role as protectors of the family and community. For example: men may be targeted for conflict-related sexual violence to make them feel powerless and helpless, and that they have failed in their gender role of being strong or protecting their families. One example of this is *forced witnessing*, such as forcing a man to watch his wife being raped when his culture says that he should be strong enough to protect her. This can be deeply psychologically harmful and can erode the man's relationship with his family and community.
3. Show slide 1.30 explaining that SVAMB can be perpetrated against anyone, anywhere. This violence can occur in their home countries, along their migration routes, once they arrive in Europe and in their final destination.
4. Explain that, as with GBV, the vast majority of perpetrators appear to be heterosexual men, but women as well as LGBTQI+ people can also sometimes perpetrate SVAMB, including sexual exploitation. It is important to recognize this because some adolescent boys and young men may think that all sexual activity with women and girls is 'positive' and may not understand that they have suffered abuse.

- Using slide 1.30, ask participants to share their knowledge about sexual violence against men, male youth and boys in their context. Invite them to share examples, including examples of sexual exploitation in their countries. Be sure to remind them that most perpetrators of SVAMB are men, as some participants may assume equal numbers of women perpetrate SVAMB.

### 1.3.2 Sexual violence against men and boys (SVAMB) in the context of migration

#### Purpose

To describe the characteristics of SVAMB in the countries of origin, along the migration route, and in Europe, and to learn more about vulnerable groups.

#### Time

30 minutes

#### Facilitators' notes

The handout and the slides for this session should be modified to include specific information about

SVAMB that is most relevant to the setting where the workshop is held.

For more information about SVAMB on the central Mediterranean migration route through Libya into Italy, see: [www.womensrefugeecommission.org/research-resources/more-than-one-million-pains-sexual-violence-against-men-and-boys-on-the-central-mediterranean-route-to-italy/](http://www.womensrefugeecommission.org/research-resources/more-than-one-million-pains-sexual-violence-against-men-and-boys-on-the-central-mediterranean-route-to-italy/).

### Step-by-step guide:

- Present slides 1.32 to 1.34 and highlight that sexual violence against men and boys is perpetrated at different stages of migration. It is perpetrated in the home countries of refugees and migrants, along migration routes and in countries of refuge, including throughout Europe.  
When discussing slide 1.34, note that although it is difficult to be precise about the extent of the problem, some adolescent boys, young men and gay, bisexual and transgender refugees and migrants are being sexually exploited, including in urban areas and along borders. Few have any options for regular income through formal employment and are highly vulnerable to sexual exploitation, including by members of the host community and other refugees.
- Present slide 1.35, noting that there are many different forms of SVAMB. Sexual violence goes beyond rape alone. In conflict settings and in detention, men may be forced to witness sexual violence against others, or be forced to sexually harm another person. There are numerous other forms that don't involve penetration, such as sexual humiliation like forced nudity or forced masturbation. Burns and abuse of the genitals, such as forced circumcision, are also forms of sexual violence. However, many men do not think of it as sexual violence and may instead refer to it as torture. Boys and men can also be forced into sexual slavery and subjected to sexual exploitation, which is a form of sexual violence.
- Give participants **Handout 4: Sexual violence against refugee and migrant boys and young men in Europe**. Ask them to read the handout quietly on their own for a few minutes. Ask participants whether they have ever heard any similar stories, and what they think about them. Having read the handout, seen the presentations and discussed this issue, have they learned anything new about SVAMB? Give them a chance to share their views. Some may not be ready to acknowledge that sexual violence happens to men and boys, while others may already be aware of this. If participants try to equate the prevalence of SVAMB with GBV against women and girls, explain that research consistently shows higher sexual victimization of women and girls than men and boys. Remind them that systematic gender inequality means that one out of every three women experiences some form of GBV in their lifetimes. While men and boys may experience abuse of power and violence, they do not face systematic gender inequality.

4. Present slide 1.36 and discuss groups of men and boys who may be particularly vulnerable to sexual violence. For example, men and boys held in detention centres or in prison (or any form of captivity) are at high risk of sexual violence. Unaccompanied boys and young men are also particularly vulnerable to sexual abuse and sexual exploitation. Gay, bisexual and transgender people and others with diverse sexual orientation or gender identity are especially vulnerable to sexual violence because they are often perceived as 'being different' or violating gender norms. They usually have very little economic support because of stigma, discrimination, homophobia and a lack of legal protections. They may face violence from within their own families and have fewer resources and support. Ask participants if they can think of any other groups who are vulnerable to sexual violence in their context.
5. Ask participants whether anyone has met or had to interpret on behalf of a male survivor. Note: few are likely to have had discussions about sexual violence specifically, but they can share what they have heard about violence in general or their own thoughts. Remind them of the group norms on confidentiality and non-discrimination.
6. Present slide 1.37 to recap the key points discussed in topic 1.3 and to remind participants that SVAMB goes beyond rape, and is perpetrated against many different men and boys in many different settings, including sexual exploitation here in Europe.

## 1.4 Gender-based violence (GBV) and sexual violence against men and boys (SVAMB): Consequences and multi-sectoral response

### Purpose

To help the participants understand the far-reaching consequences for survivors of GBV and SVAMB, the essential services that a survivor might need to reduce these harmful impacts and enable their recovery, as well as key barriers to accessing care.

### Time

60 minutes

### Format

Presentation  
Plenary discussion  
Group exercise

### Core materials

PPT Module 1: Introduction to GBV and SVAMB, slides 1.38 to 1.44  
Handout 4: Sexual violence against refugee and migrant boys and young men in Europe  
Handout 5: Consequences of GBV and SVAMB

### Equipment

PowerPoint projector and screen  
Flip chart and markers

### 1.4.1 Consequences of GBV and SVAMB

#### Purpose

To help the participants understand the impacts of GBV and SVAMB on survivors.

#### Time

30 minutes

#### Facilitators' notes

To cover this topic, you will need to divide the participants into three small groups to focus on specific consequences:

- Group 1: Physical consequences
- Group 2: Mental health consequences
- Group 3: Social consequences.

#### Step-by-step guide:

1. Show slide 1.38 and divide the participants up into three small groups to focus on specific consequences. Explain that each group will focus on a specific topic. Group 1: Physical consequence, Group 2: Mental health consequences, Group 3: Social consequences. Ask each group to think about the impacts of GBV on women and girls and the impacts of SVAMB.
2. Ask the groups to brainstorm for 15 minutes on the different consequences of violence for a survivor, referring back to the different forms of GBV on the tree and **Handout 4: Sexual violence against refugee and migrant boys and young men in Europe**. They should note any differences for women, men, boys and girls, including LGBTQI+ persons.
3. Ask each group to appoint a speaker who will report back in the plenary.
4. List each consequence of violence on a flip chart aiming to cover the following:
  - **The physical consequences of GBV and sexual violence may include:** sexually transmitted infections (STIs) including HIV, cuts, wounds, acid burns, bruises, traumatic brain injuries and death (including deaths resulting from suicide and murder, such as so-called 'honour'-based killings, as well as femicide – being murdered for being a woman). For female survivors, including lesbians and transgender men, consequences can also include unwanted pregnancy and unsafe abortion/termination of pregnancy, forced abortion, vaginal and rectal tears and fistulae (resulting in incontinence), and death from unsafe abortion. For male survivors, the impacts can include genital trauma, including cutting of the penis and testes, and rectal trauma including tears and fistulae, which may result in fecal incontinence. Some survivors may experience hernias and abdominal tearing.
  - **The mental health consequences:** while each survivor (regardless of their sex or gender) will be affected differently, some consequences include anxiety, depression, post-traumatic stress disorder (PTSD), dissociation, nightmares, suicidal thoughts, and negative coping strategies such as abusing alcohol or drugs. Female survivors may struggle more with eating disorders and self-harm, such as cutting. Male survivors may suffer from erectile dysfunction and some may struggle with managing anger or might engage in risky behaviors. In general, LGBTQI+ people tend to have higher levels of depression and anxiety (as a result of stigma and discrimination),<sup>27</sup> and these can become worse as a result of sexual violence and GBV.
  - **The social consequences may include:** ostracism, humiliation, stigma, loss of child custody, separation or divorce, exclusion from the community, job loss or inability to secure a livelihood. For boys and girls, the consequences can include being unable to perform in school and greater vulnerability to severe bullying, for example. Female survivors may be abandoned by their husbands and forced to care for their children without support and may sometimes be forced to stay isolated inside the home. Some men may be divorced or abandoned by their partners. Male survivors may also face such stigma that they are no longer 'seen as a man' and some may flee their communities. LGBTQI+ survivors may be

blackmailed into ongoing sexual abuse or forced marriage, through threats of being ‘outed’ to their families or communities.

5. Show slide 1.39 after the discussion and distribute **Handout 5: Consequences of GBV and SVAMB**. Summarize the consequences, pointing out that there are many different consequences of GBV and sexual violence that may have an impact on survivors. It is important to remember that all survivors will react differently and will need different support. Reflect back on the ways in which society treats men and women differently and how this might mean that our approaches to men and women will have to be different. In some cultures, women may feel more comfortable to express their feelings in groups, while men might not. Women may feel more comfortable showing emotions like sadness or despair, but men might feel like they are not ‘allowed’ to. There is no ‘right’ or ‘wrong’ way to feel after suffering GBV or sexual violence and we should accept and support all of the feelings that survivors experience.

## 1.4.2 Multi-sectoral response for survivors and understanding barriers to care

### Purpose

To ensure that participants understand the essential services to which all survivors have a right, and some key barriers to accessing these services.

### Time

30 minutes

### Facilitators’ notes

This topic outlines the essential services for survivors of sexual violence and GBV, and describes some of

the common barriers that survivors face in accessing care. Key takeaways include that survivors of all genders often face many barriers to accessing care, that many survivors encounter the same barriers, and that some of these barriers are gender specific – we are still learning about how men and boys disclose violence. Underscore that all GBV and SVAMB survivors have a right to services, that they all face various barriers to accessing these services, and that it is very difficult for many survivors to disclose.

## Step-by-step guide:

1. Show slide 1.41 and ask the group what kinds of services and support a survivor might need to reduce the harmful consequences of their experiences and enable their recovery. As participants suggest responses, write these on a blank flip chart, organized into quadrants by sector area. After a few examples are on the flip chart, write the names of the sectors in each quadrant. The resulting flip chart should look something like this:

### Health

Emergency contraception to prevent pregnancy  
Treatment for injuries  
Treatment for any possible STIs  
Post-exposure prophylaxis (PEP) to minimize HIV transmission

### Psychosocial

Emotional and mental health support (counselling, peer support)  
Income generation activities  
Skills training  
Social reintegration, social support

### Security

Physical safety  
Safe house or temporary housing  
Police protection (where appropriate)

### Legal

Legal assistance  
Prosecution and adjudication



2. Ask participants to tell you which of the services are available in your context and if they are accessible for everyone.
3. Continue to ask for, suggest, discuss and clarify potential responses until you have listed as many key response services as possible. Emphasize that services for sexual violence and GBV survivors are essential and life-saving, such as medical treatment after rape. Highlight that some health facilities can provide treatment to minimize HIV transmission within the first 72 hours after a rape and can prevent unwanted pregnancy within 120 hours after rape: it is important to let refugees and migrants know this, so they can seek care as soon as possible.
4. Ask participants if they think survivors encounter any barriers or challenges to accessing care. Ask for specific examples of the barriers that different survivors may face, such as an adolescent boy or girl, an elderly woman or a gay man.
5. Show slide 1.42. Explain that survivors often face many barriers to accessing service and that many of these, in turn, apply to all survivors. For example, survivors are often afraid of confidentiality breaches and fear that their families or communities will find out about the violence and blame or ostracise them. Survivors often suffer from deep shame and self-blame, and these feelings can deter survivors from seeking care. In addition, many don't know about available services or where to find help.
6. Mention that one key barrier that deters all survivors is negative attitudes on the part of providers, including LCMs, who may ridicule, shame or even blame survivors. Some may not believe the survivor or may not take the violence seriously. Others may gossip about the survivor, violating confidentiality and potentially putting the survivor at risk of further harm by the perpetrator, their family or their community. These are significant – and often severe – barriers for survivors who have the right to seek services.
7. Present slide 1.43 and describe the ways that male survivors may indirectly reference or refer to sexual violence. Tell the participants that we are still learning how men and boys disclose sexual violence in different contexts and it is sometimes different than how women and girls do. Refer participants to the end of Handout 4 and ask them to re-read section 4.1 How to Support Male Survivors. Ask the participants if they have anything to add if they have worked with male sexual violence survivors. Ask them if they have learned anything new about the ways men and boys disclose violence.
8. Provide further examples explaining that the vulnerability of refugees and migrants in Europe may be exacerbated by limited or inappropriate services for survivors. Violence against migrant and refugee women might be normalized, not taken seriously and blamed on 'culture' by service providers. Because of the large number of unaccompanied boys, unaccompanied girls often remain 'invisible': many service providers are unaware of the need to adapt their services to reach girls who simply do not show up in the statistics that influence where and how services should be provided, leaving them even more vulnerable.
9. Explain that there is a lack of recognition among many service providers that boys and young men are being sexually exploited – or the misconception that they are less affected by this abuse than girls – and that this also prevents them from accessing much needed care. Many turn a blind eye to the fact that, like female refugees and migrants, male refugees and migrants may sell sex or be sexually exploited by people in the country of refuge. There is often a lack of services that are designed to be inclusive of LGBTQI+ people, who may face ridicule, discrimination and harassment by service providers or other refugees/migrants when trying to access services.
10. Conclude by reminding participants that sexual violence and GBV are perpetrated in every context. It is our job to create the conditions to allow survivors of all sexes and genders to access essential services without fear of judgment or shame, so that they can get the help they deserve.
11. Present slide 1.44 to recap the key points discussed during topic 1.4.



## MODULE 2

## Supporting survivors: A principled approach

## Learning objectives

- To gain an understanding of the personal values that can shape attitudes to gender-based violence (GBV) and sexual violence against men and boys (SVAMB)
- To understand the survivor-centred approach
- To define the GBV Guiding Principles: Confidentiality, Safety, Respect, Non-discrimination and (for children) Best Interest Determination of the Child
- To practice a survivor-centred approach

## Time | Topics

- | Time   | Topics  |
|--------|---|
| 60 min | 2.1 Self-reflection and values clarification  |
| 70 min | 2.2 A survivor-centred approach<br>2.2.1 Introduction to the GBV guiding principles<br>2.2.2 Practicing the survivor-centred approach |

## Core materials

- PPT Module 2: Caring for survivors: A principled approach
- Handout 6: Values clarification exercise
- Handout 7: Seven guiding principles for working with child survivors
- Handout 8: Mandatory reporting
- Handout 9: The survivor-centred approach and the GBV Guiding Principles

## Preparation

- Arrange room as appropriate for each topic
- Review relevant slides
- Review relevant handouts
- Review facilitator notes and step-by-step guides

## 2.1 Self-reflection and values clarification

### Purpose

To allow the participants to share their understanding and their values around a few 'controversial' statements in a safe place – which allows them to reflect on why someone might have different views and discuss common myths without having to declare that these are their own views and values.

### Time

60 minutes

### Format

Plenary discussion  
Plenary exercise

### Core materials

PPT Module 2: Caring for survivors: A principled approach, slides 2.1 to 2.4  
Handout 6: Values clarification exercise

### Equipment

PowerPoint projector and screen  
Paper and pens/pencils

### Facilitators' notes

This exercise requires a room that is big enough for participants to walk around and talk to each other. This is a popular activity as participants usually have a lot to say about the different topics and want to add their own comments. You need to keep strict time, or you will run over!

This session should take place once participants are familiar with each other, as they may be reluctant to share their personal beliefs with strangers. You can also modify the handout using different statements about common rape myths—such as that women can't be rapists or that all male rapists are gay – or other myths and misconceptions that are relevant to the country in which the training is taking place. Be sure to reinforce the key messages after each discussion and encourage debate that is empathetic and compassionate.

### Step-by-step guide:

1. Show slide 2.2 and explain that we need to understand our own personal value systems, how our values underpin beliefs, and how our beliefs shape our behavior. How people behave reflects their beliefs, and their beliefs reflect their values. This is not only relevant to us and to our roles in preventing, mitigating and responding to GBV and SVAMB, it is also relevant to the communities we work with.
2. Give each participant a copy of Handout 6: Values Clarification exercise, and ask them to fill it out with their true views on the statements it lists **without writing their name on it**. After a few minutes, invite everyone to roll up the paper into a ball and throw it into the middle of the room.
3. Mix up the responses and then ask each participant to select one of the balls of paper. They will be representing the views on the piece of paper, even if they disagree with them. It can be useful for the facilitator to fill out one with the 'wrong' answers so as to avoid everyone answering with what they think they are supposed to say.
4. Tell participants that one side of the room is for those who 'agree' and the other for those who 'disagree'.
5. Read out each statement on Handout 6. After each statement, ask participants to move to the side of the room that reflects the answer they have on the piece of paper they are holding, whether they agree with it or not.
6. Ask participants on the 'agree' side to defend the statement written on the paper that they are holding with empathy and respect, even if it does not reflect their own personal viewpoint. Ask the participants on the 'disagree' side to also defend the statement. Others may jump in to provide support in the discussion. As the discussion continues, ensure that the following key messages are mentioned and highlighted in relation to each statement:

**STATEMENT: Having sex to pay for your journey to Europe is not violence.**

Key message: Ask participants to remember the definition of GBV, and think back to the key concepts. Ask them to decide whether this situation meets the criteria, and respond to the following questions:

- Is it based on an equal power relation? No, as the person has less financial power than the person paying them for sex.
- Does it increase harm? Yes, as the person is unlikely to be able to negotiate condom use and may expose themselves to the risk of sexually transmitted infections (STIs), HIV or physical violence. It may also cause them emotional harm.
- Is it based on consent? No, as consent could not be given in the context of an equal power relationship. It is, therefore, a form of violence because it does not involve free and informed consent (the ability to say no without repercussion).

**STATEMENT: Men cannot be raped.**

Key message: the definition of rape is similar whether we are speaking of men or women.

- Rape is perpetrated to humiliate and take away power – whether the survivor is a man or a woman.
- Even if some men are physically strong, this does not mean that it is impossible for them to be raped: perpetrators may use physical force, a weapon or other means of coercion, such as blackmail.
- Gay and bisexual men can also be raped: sexual orientation has nothing to do with being forced or coerced into sex.
- All sex without consent is rape – whether it is against the law or not. Always.

**STATEMENT: Flirting or dressing in a sexy way is consenting to sex.**

Key message: some people think that anyone who flirts or dresses in a sexy way is encouraging sexual activity, i.e., 'asking for it'. This is a false assumption that we all need to be aware of, as we might judge people's behaviour based on our own preconceptions and our cultural or personal beliefs.

- It is important that we always refer back to the **definition of consent**, and the concept of FRIES (Freely given, Retractable, Informed, Enthusiastic, Specific).
- No one asks to be harmed emotionally or physically without their consent. The person who does the harm is the one who has made the decision to use violence.
- No matter what you wear, you are never 'asking' for violence. Six-month-old babies and 80-year-old women wearing full burqas are also sexually assaulted. No one asks people who have been robbed what they were wearing to see if this was a factor in their robbery.
- The person who is flirting can change their mind about having sex and can withdraw consent (remember consent is retractable). The other person has no right to force them to have sex.

**STATEMENT: Being lesbian, gay, bisexual or transgender is a choice.**

Key message: Sexual orientation and gender identity are natural parts of who you are – they are not choices.

- Sexual orientation refers to a person's physical, romantic and/or emotional attraction towards other people.
  - Research shows that sexual orientation is shaped by a wide variety of factors, including factors that are biological.
  - Gender identity refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
  - People cannot change who they're attracted to, and therapy, treatment or persuasion will not change their sexual orientation or gender identity.
  - A lot of emotional, physical and sexual violence is carried out against people who are lesbian, gay, bisexual and transgender as a result of this harmful myth.
7. Show slide 2.3 and point out that there are many myths and misconceptions about SVAMB and GBV. These are harmful because they prevent survivors from realizing that SVAMB and GBV can happen to anyone, and help to create a culture of silence around the issue because they discourage survivors from speaking out. It is important that we dispel these misconceptions. Ask participants whether they have heard of any other myths.
  8. Show slide 2.4 and conclude by highlighting that we need to be aware of myths that surround GBV and SVAMB. We all bring our own cultural beliefs with us to our work, but we also have a duty to remain neutral and to help the survivors, no matter what we believe. Being aware of our own biases is important to be professional. Self-awareness is a lifelong journey, but such awareness helps us to understand the personal values that inform our attitudes, beliefs and behaviours. Adopting a principled approach to work can help us do our job well and successfully. As such, in the next session, we will focus on the GBV guiding principles.
  9. Show slide 2.5 to recap the key points discussed in topic 2.1.

## 2.2 A survivor-centred approach

### Purpose

To help participants understand the theoretical aspects of the survivor-centred approach and to help them understand how to practice this approach in their role as linguistic and cultural mediators.

### Total Time

70 minutes

### Format

Presentation  
Plenary discussion  
Group exercise

### Core materials

PPT Module 2: Caring for survivors: A principled approach, slides 2.6 to 2.22  
Handout 7: Seven guiding principles for working with child survivors  
Handout 8: Mandatory reporting  
Handout 9: The survivor-centred approach and the GBV guiding principles

### Equipment

PowerPoint projector and screen

### 2.2.1 Introduction to the guiding principles

#### Purpose

To help participants understand the survivor-centred approach and the importance of the guiding principles to work with survivors by examining them in detail.

#### Time

30 minutes

#### Facilitators' notes

This topic introduces the guiding principles that are well-established and accepted rules for behaviour when interacting with survivors. They must be understood and respected by those who work with survivors, including LCM. It is impossible to create rules for every situation in which an individual working with survivors may find his/herself – instead, these

principles set up a framework within which to operate.

Before the workshop, gain an understanding of the current laws in your specific context around mandatory reporting so that you can adapt slides 2.18 and 2.19 and Handout 8: Mandatory reporting to your setting and, if preferred, add a few relevant slides to the presentation. You could ask someone who is familiar with the law to make this presentation, particularly if this is a key concern in your context. It is also a good idea to have someone, possibly a participant, who works with child protection to prepare a short explanation of the 'best interests of the child'. In addition, be ready to refer the participants to the handouts.

### Step-by-step guide:

- Show slide 2.7:
  - Explain that programming for GBV or SVAMB should be guided by a survivor-centred approach. This approach was developed by GBV specialists working with GBV survivors. It is a cornerstone of GBV prevention, mitigation and response and should be integrated into every part of the work.
  - Mention that applying a survivor-centred approach is important because it aims to position the rights of each survivor at the forefront of all actions. By putting the survivor at the centre of the support process, this approach promotes their recovery, reduces the risk of further harm, and reinforces their agency and self-determination.
  - Mention that a survivor-centred approach is applied through the guiding principles and other principles that guide the work of everyone – no matter what their role is – in all interactions with survivors.
  - The use of this approach is particularly important for LCMs as they are on the 'front line' and interact

with survivors in many ways. For LCMs, practicing a survivor-centred approach means establishing a relationship with the survivor that promotes their emotional and physical safety, builds trust and helps the person regain some control over their life.

2. Show slide 2.8 and briefly list the guiding principles, mentioning that each principle will be explained in more detail.
3. Present slide 2.9 on confidentiality.
4. Show slide 2.10 on exceptions to confidentiality.
5. Present slides 2.11 to 2.14 on safety, respect and non-discrimination (respectively).
6. Present slides 2.15 and 2.16 on informed consent.
7. Explain that those who work with children need to be familiar not only with the guiding principles, but the specific principles that apply to children. Refer participants to Handout 7: Seven guiding principles for working with child survivors and present slide 2.17 to provide a brief overview of the principle of the 'best interests of the child'.
8. Explain that the 'best interest of the child' is a cornerstone of the Convention on the Rights of the Child. It is, therefore, a primary consideration in all actions affecting children. This means that decisions and actions that affect girls and boys, including LGBTQI+ adolescents, should reflect what is best for the well-being of that child. Note the following:
  - Every child is unique and will be affected differently by violence, and the decisions and actions that affect them should reflect what is best for the safety, well-being and development of that child.
  - The primary purpose of intervening is to provide care, support and protection for individual children, not to meet any other objective.
  - Explain that a child's best interest is central to good care. Service providers must evaluate the positive and negative consequences of actions with the full participation of the child and their caregivers (as appropriate). The least harmful course of action is always preferred. All actions should ensure that the child's rights to safety and ongoing development are never compromised.
9. Present slide 2.18 on mandatory reporting, referring participants to Handout 8: Mandatory reporting. Note that mandatory reporting refers to laws or policies that require service providers to report acts of violence to the authorities. Mandatory reporting rules often exist in cases of suspected or actual child abuse, but there may, in some cases, be mandatory reporting laws that also apply to adult survivors. Mandatory reporting can pose a significant barrier to survivors who want to access care, because they may not want to report. Tell the survivor at the outset about the limits to confidentiality, so that they can then make an informed choice about what to disclose.
10. Present slides 2.19 and 2.20 on mandatory reporting, which you have adapted, based on the laws in your specific context.
11. Share Handout 9: The survivor-centred approach and the guiding principles.

## 2.2.2 Practicing the survivor-centred approach

### Purpose

To encourage empathy with survivors and help participants understand the importance of respecting the GBV guiding principles and demonstrate how to

put the survivor-centred approach into practice.

### Time

40 minutes

### Step-by-step guide:

1. Show slide 2.21. Tell participants that they will now take part in an activity that will give them an opportunity to reflect on the GBV guiding principles in their experience.
2. Divide the participants into four groups by assigning each participant a particular colour (e.g., red, blue, orange and purple) and ask them to group themselves by that colour. This is a good way to mix the groups up so that participants get to talk to those they may not have met before and hear about different experiences. Assign a principle to each group that they will work on: Confidentiality, Safety, Respect or Non-discrimination.
  - Ask each group to spend 10 minutes discussing the importance of their principle and answer: How would I feel, if I were a survivor, if this principle was not respected? Would there be negative consequences for me?
3. Ask each group to report back with a summary of their findings and try to ensure that the following points are touched upon, at a minimum.

#### **If the principle of confidentiality is not respected, a survivor might:**

- fear severe consequences, including being ostracized from the community
- feel betrayed and deceived and therefore lose trust in service providers and others who are trying to provide support
- feel deprived of her/his own dignity
- be put at risk of further harm, including being murdered by the perpetrator or the perpetrator's family
- other survivors might also feel discouraged from coming forward for help and lose trust in the services that are there to support them.

#### **If the principle of safety is not respected, a survivor might:**

- be put at risk of further violence from the perpetrators and those protecting them, as well as members of their own family due to notions of family 'honour'
- be 'punished' by the perpetrator or have their loved ones, such as a child or a pet, hurt
- face an escalation of violence: for many women who are trying to leave their abusive partners, violence can increase when they try to seek support, and this is when they are at greatest risk, including the risk of murder.

#### **If the principle of respect is not respected, a survivor might:**

- feel ashamed, and the effectiveness of the response may, therefore, be reduced or harm may be caused
- blame themselves, which causes more anguish
- lose trust in the LCM or service providers and may stop trying to access care if, for example, a survivor

is pushed to take any action (such as reporting to police or going to a doctor) that they do not wish to take, or need more time to consider

- feel forced, once again, into doing something that they don't want to do.

**If the principle of non-discrimination is not respected, a survivor might:**

- feel even more helplessness and shame
- feel discouraged from seeking help and support
- feel distrust of people in the host community, and feel that they are not welcome.

4. Ask each group to spend another 10 minutes discussing the importance of their principle and answering as an LCM, how do I apply this principle in my daily work?

**An LCM practicing confidentiality will:**

- understand that a survivor who discloses their experience of sexual violence is sharing something that could have severe consequences, including being ostracized from the community, and expelled from or harmed by their own family. They may fear that the perpetrator will learn of their disclosure and harm them further, including even murdering them, to protect themselves
- reassure the survivor about confidentiality, while being very clear that there are times when confidentiality cannot be guaranteed, and your team may have to tell someone else without their permission. Explain that these limitations to confidentiality refer to situations in which there may be legal or other obligations that override the individual's right to confidentiality
- remind the survivor of the exceptions to confidentiality, such as mandatory reporting. Explain that these exceptions are in place to keep the survivor and/or others safe. Mandatory reporting does not always mean that authorities will be involved. Always discuss with your team when you think you have to breach the right to confidentiality.

**An LCM practicing safety will:**

- understand that all of their actions must safeguard the well-being of the survivor – including their emotional and physical safety
- avoid taking action that could put the survivor at further risk of harm, including involving the perpetrator
- avoid allowing family members to interpret
- make the survivor feel comfortable, and that they can trust you
- be aware of all necessary emergency numbers, such as emergency medical services and the police
- never try to 'mediate' between the perpetrator and the survivor
- make sure the survivor can meet you in a safe place where they cannot be overheard or where they can decide whether or not to talk about what happened.

**An LCM practicing respect will:**

- understand that respect is important to survivors because they have been forced into doing something that they did not want to do
- understand that one of the first steps in helping a survivor to heal is for them to regain control over their own body and their ability to decide what is best for them (it is vital to respect their will, especially as their will has already been ignored)
- use an approach that is validating, non-blaming and non-judgemental



- support the survivor in making their own decisions about their own care
- store the survivor's information safely and securely.

**An LCM practicing non-discrimination will:**

- believe and support all survivors without discrimination or bias
  - understand that people who face discrimination are very vulnerable to gender-based violence, and perpetrators may target them as they know that 'no one will believe you', which makes it particularly important to them that they are believed, as they may expect to face discrimination
  - be aware that, because of our own culture and the way we are raised, it is natural for us to have some discriminatory feelings on occasion. If you are helping a survivor who has disclosed a personal characteristic that you disapprove of (such as selling sex), it is important to reflect on whether you can adhere to the principles of non-discrimination and respect to support the survivor or not. If not, talk to your supervisor, who can assign a different LCM, if necessary. This should not put your job in jeopardy as you are focusing on the rights and needs of the survivor.
5. Present slides 2.22 and slide 2.23 to recap the key points discussed in topic 2.2. Remind the participants that it is important that we 'do no harm' and follow the guiding principles to encourage healing from the first moment that the survivor encounters someone who can help them. Distribute Handout 9: The survivor-centred approach and the GBV guiding principles.

## MODULE 3

# The roles and responsibilities of linguistic and cultural mediators (LCMs) in supporting survivors

### Learning objectives

- To understand and clarify the differences and similarities between the roles of an LCM and an interpreter
- To understand the roles played by an LCM, depending on the context and situation
- To understand the limitations of verbal and non-verbal communication and emphasize the need for accurate interpretation
- To understand the basic elements of communication as a two-way process
- To understand the importance of the words we use and of having a discrimination-free glossary.

### Time Topics

- |               |   |
|---------------|---|
| <b>30 min</b> | 3.1 Linguistic and cultural mediators (LCMs) and interpreters: roles and responsibilities |
| <b>50 min</b> | 3.2 The complex role of linguistic and cultural mediators (LCMs)                          |
| <b>60 min</b> | 3.3 Communication in linguistic and cultural mediation                                    |
| <b>45 min</b> | 3.4 The power of words  |

### Core materials

- PPT Module 3: The roles and responsibilities of linguistic and cultural mediators (LMCs) in supporting survivors
- Handout 10: Example of a Linguistic and cultural mediator (LCM) job description
- Handout 11: Tips for remote linguistic and cultural mediation
- Handout 12: Glossary of terms

### Preparation

- Arrange room as appropriate for each topic
- Review relevant slides
- Review relevant handouts
- Review facilitator notes and step-by-step guides

## 3.1 Linguistic and cultural mediators (LCMs) and interpreters: Roles and responsibilities

### Purpose

To understand and clarify the differences and similarities between the roles of linguistic and cultural mediators (LCMs) and interpreters.

### Time

30 minutes

### Format

Presentation  
Plenary discussion

### Core materials

PPT Module 3: The roles and responsibilities of linguistic and cultural mediators in supporting survivors, slides 3.1 to 3.8

### Equipment

PowerPoint projector and screen

### Facilitators' notes

It is important to come to this part of the workshop with some knowledge of the main roles and responsibilities of LCMs and interpreters in the context where the training is taking place. Be sure to consult partner organizations with expertise in this field before the workshop to contextualize and clarify this topic. The training refers to 'vehicular language' to indicate a language used when two or more speakers do not share a native language.

### Step-by-step guide:

1. Ask participants to raise their hands if they are LCMs, and then ask them to raise their hands if they are interpreters.
2. Lead a short discussion, asking participants to suggest some of the differences and similarities between these two professions from their understanding. Point out that while the two jobs can be similar, they diverge in some key areas. Highlight that LCMs and interpreters can find themselves working in the same field, and it is important to understand the similarities and differences between these two roles to minimize any conflicts.
3. Mention that interpreters may sometimes feel that they have more training and qualifications than LCMs, while LCMs may feel that they are more qualified as, in addition to speaking more than one language, they also know the cultural habits and symbols of their community.
4. Present slide 3.3 and highlight that interpreters are a recognized professional category in many countries, with specific training that must meet standardized criteria.
5. Present slide 3.4 and mention that LCMs are not a recognized professional category. There is, therefore, no standard training, and LCMs may have a variety of backgrounds. This does not necessarily mean, however, that they are not well prepared. Explain that LCMs use both their mother tongue and vehicular languages that go beyond the boundaries of their original community: languages that are used as a second language for communication between communities. For example, the mother tongue of a Bulgarian person who speaks Farsi to Afghan people is Bulgarian, but the vehicular language they use is Farsi.
6. Present slide 3.5 and point out that the level of support needed to interpret cultural elements varies significantly according to the assignment, the environment and the different models of work adopted in different European countries.
7. Show slides 3.6 and 3.7 and summarize by saying that LCMs and interpreters may find themselves working in different areas of service provision and supporting clients in health care, psychological and social support, safety and protection, and in legal services. The presence of both qualified LCMs and interpreters helps to build trust and support the survivor's recovery process.
8. Present slide 3.8 to recap the key points discussed in topic 3.1.

## 3.2 The complex role of linguistic and cultural mediators (LCMs)

### Purpose

To highlight the complexities of the LCM role and to clarify that while the main role of LCMs is bilateral interpretation within service provision, there might be an explicit or implicit requirement to work independently, for example as outreach workers, or to accompany survivors to different services.

### Time

50 minutes

### Format

Presentation  
Plenary discussion  
Group exercise

### Core materials

PPT Module 3: The roles and responsibilities of linguistic and cultural mediators in supporting survivors, slides 3.9 to 3.14  
Handout 10: Example of a linguistic and cultural mediator (LCM) job description

### Equipment

PowerPoint projector and screen  
Flip charts and markers

### Facilitators' notes

This session highlights the many different tasks that LCMs might be required to do. It is important to be aware that, as explained above, the roles and responsibilities of LCMs may vary substantially in different contexts. During the discussion on this topic, therefore, you will identify tasks that are common (such as interpretation) and others that are less common. For example, the extent and scope of an LCM's role beyond interpretation (such as outreach work or accompanying survivors to services) varies significantly from country to country and from context to context.

### Step-by-step guide:

1. Split participants into four groups by identifying four fruits and assigning each participant a fruit. Ask them to group themselves by the fruit they were assigned.
2. Explain that this exercise will help us understand the different roles and tasks that LCMs might find themselves doing. There is often a difference across non-governmental service providers, public services and authorities in the roles that LCMs are expected to play.
3. Give each group 15 minutes to write a job description for an LCM who works in a non-governmental health facility, drawing upon their own experiences. This job description should indicate their roles and responsibilities – capturing everything that the service provider may ask them to do.
4. Ask each group to write the job description on a flip chart and be prepared to report back to the whole group for 5 minutes.
5. Once the 15 minutes are over, ask participants to come back to plenary, and report back, group by group.
6. Capture all the tasks they mention on a flip chart at the front of the room.
7. Conclude the exercise by mentioning how diverse the emerging roles and responsibilities are, distribute Handout 10: Example of an LCM job description, and give everyone a few minutes to read it.
8. Lead a plenary discussion by pointing out that Handout 10 is based on a real LCM job description from a non-governmental service provider in Italy.
9. Ask the participants the following questions.
  - Do you think this job description reflects the reality?

- Is anything missing?
  - Is anything included here that does not feature in the role of an LCM in your context?
10. Summarize the key points, re-emphasizing that the job description reflects the experience for some, and that some LCMs find that they have different responsibilities with different service providers or institutions with different rules, such as a court or a medical clinic, a police station or a school. Organizations and clients often have many different expectations of LCMs. It is important, therefore, to clarify their role and understand what they can and cannot do.
  11. Present slides 3.10 to 3.12 and highlight that LCMs have to understand how to shift from one role to another, from a dialogue to a trialogue, following different rules in each setting and paying attention to all the aspects that we have discussed.
  12. Present slide 3.13 and conclude that managing the complexity of this role is a continuous learning journey, which will be challenging and frustrating at times. However, ongoing learning, as well as exchanges with peers and with service providers, remain essential tools that will allow LCMs to become more efficient and resilient.
  13. Present slide 3.14 to recap the key points discussed in topic 3.2.

### 3.3 Communication in linguistic and cultural mediation

#### Purpose

To understand the basic elements of communication as a two-way process that includes encoding, transmission and decoding, to be aware of the potential barriers to effective communication and acquire tips for good communication.

#### Time

60 minutes

#### Format

Presentation  
Plenary exercise

#### Core materials

PPT Module 3: Linguistic and cultural mediators' (LCMs) roles and responsibilities in supporting survivors, slides 3.15 to 3.29  
Handout 11: Tips for remote linguistic and cultural mediation

#### Equipment

Large folded piece of flip chart paper  
PowerPoint projector and screen  
Flip charts and markers

#### Facilitators' notes

Communication is the basis of human interaction and follows certain rules and patterns. It is important, therefore, to understand the basic elements of communication as a two-way process that includes encoding, transmission and decoding, and to be aware of the potential barriers to effective communication.

The goal of communication in the context of service provision is to establish a trusting, safe and supportive helping relationship. Helping relationships empower survivors to feel cared for and respected by the service provider. Facilitating communication between parties is the core of linguistic and cultural mediation, making it essential for LCMs to be aware of the power and limitations of different forms of communication.

For this session, the participants will play a game to help them understand these concepts. This requires a space large enough for everyone to stand in a circle without being cramped; this can be outside or inside. At the end of the activity, the participants will then return to the main plenary setting.

## Step-by-step guide:

1. Show slide 3.16 and ask the participants to go to the large space and form a circle. Remind them that they all rely on the spoken word for their work as interpreters or LCMs, yet not all communication relies on words alone. Facial and body expression often provide the non-verbal communication of emotions.
2. Explain the game: each person will hide under a big paper sheet and pass on a facial expression that they 'receive' from the person before them. The facial expression should be one of the fundamental human emotions (such as fear, anger, sadness, disgust, joy or surprise). The person under the piece of paper should show this expression only to the person next to them without saying anything and while remaining hidden from the rest of the group.
3. Start by telling the person next to you the emotion you have chosen, making sure that nobody else hears, and make sure that the person is clear about the emotion that they now have to show to the next person.
4. Once the facial expression has passed through the whole circle, ask the last person what emotion they have identified and then check their answer with the first person.
5. Then pass a message by whispering a sentence into the first person's ear, taking care not to be overheard. The sentence should be easy and descriptive, such as: 'Luca's trousers are blue with red stripes'.
6. That person then whispers the sentence into the ear of the second person – again, taking care not to be heard by others. Participants should whisper the sentence from one person to the next.
7. The last person who receives the message should say the sentence aloud.
8. The facilitator should ask participants about their observations of whether the message was communicated properly or whether there were any obstacles.
9. During this reflection by participants, the following points should be covered:
  - communication is both verbal and not verbal: both can help, but both can also be misinterpreted
  - sometimes it is easier to 'see' how someone feels than understand it from words, although we should not make assumptions
  - accents can be hard to understand, and words can be misheard.
10. Ask participants to return to the plenary setting.
11. Explain to participants that this is only an introduction to the topic of communication, but that we hope it spurs thinking about their important role in communication as interpreters and LCMs.
12. Ask participants whether they have had any specific training to become interpreters and LCMs. For example: have they been trained in interpretation and/or mediation? Have they had any other training on the communication process?
13. Show slide 3.17, explaining that there are three parts to the communication process:
  - Encoding, which is the formulation of the message to be sent
  - Transmission, which is the way a message is sent (mostly through body language, spoken words and/or writing)
  - Decoding, which is the way the message is received and understood.
14. It is important to note that the message sent may not always match the message received. This is because, as demonstrated earlier, there are limitations to both verbal and non-verbal communication. Some of the chal-

allenges to effective communication have cultural roots.

15. Show and explain slide 3.18, noting that it's necessary for the sender or the speaker to pay attention to the formulation of the message, which should be as clear as possible.
16. Show and explain slide 3.19, emphasizing that the message may be composed of spoken or written words and non-verbal signs, for example:
  - In face-to-face communication: words, the content of what you say and tone of voice, as well as non-verbal clues, such as body language
  - in telephone communication: words are the main medium, plus tone of voice
  - in written communication: words are the main medium.
17. Present slide 3.20 on how the receiver decodes the message.
18. Show slides 3.21, 3.22 and 3.23, noting that, as LCMs facilitate communication, they might often be called upon to move back and forth from a 'trialogue' (between a service provider and the survivor) to a 'dialogue' where they work directly with the survivor.
19. Show slides 3.24 and 3.25, highlighting that perception is the ability to see, hear or become aware of something through the senses. There are several limitations that affect personal perception. Further clarify that the halo effect is a type of cognitive bias in which our overall impression of a person influences how we feel and think about their character. Essentially, your overall impression of a person ("He is nice!") impacts your evaluations of that person's specific traits ("He is also smart!").
20. Show slide 3.26 and explain that understanding is also shaped by the characteristics of the sender, cultural cues and the physical environment.
21. Show slides 3.27 and 3.28, explaining that effective communication is two-way: as well as requiring good communicators, it requires good listeners. Highlight the importance of active listening. Mention that this is essential, including in remote mediation, which has come to the forefront during the COVID-19 pandemic and the response measures put in place by various governments. Distribute Handout 11: Tips for remote linguistic and cultural mediation.
22. Conclude the session by highlighting that understanding how communication works – and the obstacles to good communication – can help to make us better communicators in our daily lives and in our work. This is important for LCMs, particularly when they are supporting a survivor. Mention that in the next session we will focus on words and their use.
23. Present slide 3.29 to recap the key points discussed in topic 3.3.

## 3.4 The power of words

### Purpose

To understand the need for care in the words we use and for a discrimination-free glossary, with an emphasis on the ways we can avoid discriminatory language. To enable participants to reflect on the language that they use regularly and determine whether it includes any possible negative connotations related to culture, social position, status, gender or religion.

### Time

45 minutes

### Format

Presentation  
Plenary discussion  
Plenary exercise

### Core materials

PPT Module 3: Linguistic and cultural mediators' (LCMs) roles and responsibilities in supporting survivors, slides 3.30 to 3.39

Handout 12: Glossary of terms

### Equipment

PowerPoint projector and screen  
Flip charts and markers

### Facilitators' notes

Careful attention to the words we use, particularly in the context of linguistic and cultural mediation and service provision, is important because we express our attitudes and beliefs through language and vocabulary. We need to reflect on what our terminology means – particularly when we talk about violence and other issues that might be sensitive or complex. As language is in constant evolution, it is important to keep up with changes, such as new terminology or norms related to sexual orientation and gender identity.

### Step-by-step guide:

1. Show slide 3.31 and explain that languages:
  - may have words with negative connotations: languages are full of implicit meanings that reproduce certain attitudes and beliefs
  - may lack necessary words: some languages may not have words that translate certain words precisely (such as masturbation, rape or transgender) and people may use terms that are considered offensive (such as terms related to the evolving language around LGBTQI+ people).
2. Show slide 3.32 and ask participants to recall the four GBV guiding principles: Confidentiality, Safety, Respect, Non-discrimination. Highlight that because non-discrimination is a guiding principle for working with survivors, we should be careful to avoid using discriminatory language. As LCMs, it is important that we develop discrimination-free approaches to mediation and translation to help us carry out our work in the best possible way.
3. Ask a few participants if they have experienced difficulties because they did not know how to interpret a word related to GBV, sex or sexual orientation during their daily work. Ask them to share how they have overcome these challenges.
4. Present slide 3.33, and add an example at the end of the slide. In the Italian context, for example, the word 'marocchinate' was once used to refer to women who were raped by Moroccan soldiers during WWII, to highlight the double shame of been raped and 'stained' by a foreigner. Sadly, it is still in use today as a sexist and racist term to refer to women who have relationships with men from Africa or the Middle East.
5. Present slides 3.34 and 3.35, highlighting the importance of deepening our knowledge about our own attitudes and beliefs by practicing self-reflection, by taking part in training and by having regular exchanges



with your team.

6. Highlight that, so far, we have focused on the discriminatory and therefore disempowering use of words. At the same time, LCMs can also use the power of words in a positive and empowering way. Show slide 3.36, which includes the example of the key word 'survivor', explaining that this is the term generally preferred in the psychological and social support sectors because it implies resilience.
7. Present slide 3.37 and summarize the possible obstacles to adequate mediation. If necessary, remind everyone of the relevant definitions provided above.
8. Remind participants that if they realize they cannot provide services in a neutral and empowering manner, it is important to let their supervisor know and to take a step back from certain cases if needed, while working to address that issue. This is an essential part of a survivor-centred approach: when necessary, stepping back to prioritize the survivor.
9. Show slide 3.38 and tell participants that the following exercise will help them practice what they have just been discussing:
  - Draw 3 or 4 columns on a flip chart:
    - Column 1: neutral (=)
    - Column 2: negative (-)
    - Column 3: positive (+)
    - Column 4: 'ambivalent' (?)
  - Write a few words in the training language (such as 'rape', 'gay', 'transgender', 'girl').
  - Ask each participant to translate them into their own language and to write them down on a different sticky note, always including the word used in the training language for easy reference.
  - Ask them to add a symbol next to the translated words, according to their connotation: neutral (=), negative (-), positive (+), 'ambivalent' (?)
10. After a few minutes, ask participants to get up and place the sticky note with their translation in the corresponding column on the main flip chart.
11. Read each word. And after each word, lead a discussion on the connotation of the translation. Ask if there are other options that could be used, or suggestions on what to do in situations where words have a negative or ambivalent connotation.
12. Mention to participants that a survivor might use a word with a negative connotation to describe themselves. In this case, you might interpret the word used by the survivor in the most literal way, including choosing a word in the language of the service provider that has a negative connotation followed by a short explanation to the service provider about why you have used that term. If possible, suggest that the service provider explains this to the survivor and asks them if they would prefer an alternative word.
13. Distribute Handout 12: Glossary of terms, and conclude by noting that, in terms of the GBV guiding principles, the use of language is a fundamental way to uphold the principle of non-discrimination. Using slang or derogatory words sets the tone for discrimination and can harm the survivor. They must, therefore, be avoided. Taking the time to reflect on the words we use will help.
14. Present slide 3.39 to recap the key points discussed in topic 3.4.

## MODULE 4

# Bringing it all together: Linguistic and cultural mediation to support survivors

### Learning objectives

- To understand how to provide psychological first aid (PFA) and support survivors
- To practice PFA and the survivor-centred approach
- To understand collaboration approaches between LCMs and other professionals

### Time Topics

- |                |   |
|----------------|---|
| <b>40 min</b>  | 4.1 Linguistic and cultural mediation and supporting survivors: the use of psychological first aid (PFA)  |
| <b>165 min</b> | 4.2 Case study<br>4.2.1 Case study of Omid and Azar: handling disclosure of violence<br>4.2.2 Case study of Omid and Azar: collaborating with other professionals in the support process<br>4.2.3 Case study of Omid and Azar: self-awareness |
| <b>15 min</b>  | 4.3 Recap   |

### Core materials

- PPT Module 4: Bringing it all together: Linguistic and cultural mediation in the recovery process
- Handout 13: Case study of Omid and Azar
- Handout 14: Dos and don'ts of linguistic cultural mediation
- Handout 15: Example of Code of Conduct

### Preparation

- Arrange room as appropriate for each topic
- Review relevant slides
- Review relevant handouts
- Review facilitator notes and step-by-step guides

## 4.1 Linguistic and cultural mediation to support survivors: The use of psychological first aid (PFA)

### Purpose

To clarify that any service provider, including an LCM or interpreter, might find themselves receiving a disclosure of violence directly from a survivor. They have a responsibility, therefore, to understand how to support and provide psychological first aid (PFA) and handle such a disclosure.

### Time

40 minutes

### Format

Presentation  
Plenary exercise

### Core materials

PPT Module 4: Bringing it all together: Linguistic and cultural mediation in the recovery process, slides 4.1 to 4.9

Flip chart with the GBV Tree displayed

### Equipment

PowerPoint projector  
Sticky notes  
Pens/pencils

### Facilitators' notes

Survivors may see LCMs as a part of the service-provider system and may feel more comfortable talking to them and sharing difficult information because they share a language or a culture. Like any other service provider, therefore, LCMs may receive disclosures of violence. It is important for LCMs to be trained and prepared for this, as they can be part of the recovery process by applying the GBV guiding principles and providing psychological first aid (PFA). PFA is an important tool for any person who works with vulnerable individuals. While LCMs will have an independent role in some places, even where they do not, they might be approached by people who want their help. It is important to adapt the session to the context, and also be clear about the limitations around the role of the LCM.

### Step-by-step guide:

1. Ask participants if they have ever received a disclosure of violence. If so, what was that experience like? Were they nervous? Did they know what to say?
2. Explain that everyone can help to support the recovery process of a survivor who discloses violence. At the same time, the survivor's recovery process can be seriously hindered if the person receiving the disclosure reacts in a negative, judgemental or dismissive way. This is why we promote the GBV guiding principles. One useful approach to use while receiving a disclosure of violence is **psychological first aid (PFA)**.
3. Show slide 4.2 and explain that PFA is a supportive reaction to those in distress who may need help. Clarify that PFA is a methodology that can be used by anyone in any emergency or stressful situation to support people; it is not limited to the response to a disclosure of violence and it is not just for 'specialists'.
4. Show slide 4.3, noting that PFA can be summarized in four steps: Prepare, Look, Listen and Link. Show and present slides 4.4 to 4.8.
5. Show slide 4.9 and outline the idea of 'healing statements', noting that one of the first responses for any effective recovery process should be acknowledgement of the issue, accompanied by supportive and non-judgemental statements. In the case of disclosure of violence, in particular, we should acknowledge that we have heard what the survivor has said and reassure them. Remind participants that it can be difficult to receive a disclosure. Having some healing statements ready can be helpful.
6. Explain that PFA is based on effective communication and ask participants to think about how to communicate and respond to someone who discloses in a way that will support their recovery.

7. Introduce an exercise: invite participants to write some healing statements on different sticky notes (giving them 5-10 minutes). They can write these in their own languages.
8. Invite participants to come to the front of the room and attach the sticky notes to the GBV Tree from the previous day.
9. Ask some of them to read the healing statements out loud in all the languages in which they wrote them.
10. Conclude that we have to make sure that the survivor knows that we care for them and that we respect them and their decisions. The healing statements should be guided by a survivor-centred approach to reassure the survivor that they are in charge of their lives and that they can count on us for help.
11. Present slide 4.10 to recap the key points discussed in topic 4.1.

## 4.2 Case study of Omid and Azar

### Purpose

To help participants to understand how:

- to practice PFA
- to apply a survivor-centred approach
- to practice managing the different roles of the LCM, from working directly with a client to supporting another professional
- to manage the limits of LCM roles and responsibilities.

### Time

165 minutes

### Format

Group exercise  
Presentation

### Core materials

Handout 13: Case study of Omid and Azar

Handout 14: Dos and don'ts of linguistic and cultural mediation

Handout 15: Example of Code of Conduct

PPT 4 Module 4: Bringing it all together: linguistic and cultural mediation in the recovery process, slides 4.11 to 4.21

### Equipment

Flip charts  
Pens and markers  
Power point projectors and screen

### Facilitators' notes

This session is structured to follow different stages in a case study. Facilitators should prepare by being clear on the key points that should flow through each stage of the group work.

To ensure that participants can follow the case study in the right way, it is important to print and share each part of the case study separately. This is a critical part of the training as it gives the LCMs the chance to practice many of the key concepts of the training. It is also important to provide clear instructions and keep to time.

As they work their way through the case study, participants may want to talk about discrimination and the negative treatment of refugees and migrants they have encountered on the part of some service providers. Note that they may feel frustrated as a result of these negative experiences. Not every service provider responds in the right way or is sufficiently organized to meet minimum standards. Listen to, and validate, the frustrations of the LCM when they describe challenges in services for migrants and refugees.

## 4.2.1 Case Study of Omid and Azar: Handling a disclosure of violence

### Purpose

To practice handling disclosure of violence, and the use of PFA and the survivor-centred approach

### Time

55 minutes

### Step-by-step guide:

1. Tell participants that for the next couple of hours we will focus on a long case study, made up of three different parts and related questions. We will work in groups of four or five participants, and we will stay within the same group for the entire time. The case study has been designed to help them to apply and practice the different elements discussed over the course of the training, so participants should try to remember and use this new knowledge. All groups will work on all questions, but only one group will be chosen to report back on each question (the other groups will be invited to add their views). Ask participants to try to have key messages to share back in a short time, and to identify one or two presenters. Encourage participants to support each other and share responsibilities in the group work.
2. Distribute part 1 of the case study (Handout 13) to each participant, and then divide them into four groups.
3. Explain that they will have 30 minutes to work this part. They will then have five minutes to report back to plenary, and five minutes for feedback from other groups.

#### Part 1

Omid is a young Afghan man who lives in an informal settlement near a bus station. According to his residence permit, he is 19. Omid speaks some of the local language and attends a school near the station. Azar is an LCM who works for a local health clinic. Twice a week, she and the rest of a team from the health clinic – composed of Azar as a Pashtu-speaking LCM, a social worker and a nurse – provide outreach services around the station, sharing information about access to health and social services for young people like Omid. He knows Azar because they have interacted a few times together with the social assistant. In recent weeks, his appearance has changed: he has lost weight and his beard has grown long and unkempt.

While her colleagues are talking with a man who lives nearby, Azar and Omid begin to talk, and she asks him how he feels and how things are going. At first, Omid is vague, and he seems hesitant to talk to her. He is apparently troubled and seems worried about something. Omid tells her that no one should know what he is about to tell her: not her colleagues or any of the other Afghan men and boys in the area.

Omid tells her about some practices in his area of Afghanistan. Some adult men go to parties where boys dance for them and sometimes expect the boys to have sex with them. He was one of those boys. Omid also tells her that during the journey to this country, he began to exchange sex for money, food and phone top-ups.

**Question 1:** Please describe, step-by-step, what Azar should do to apply psychological first aid (PFA). In addition, provide examples of how she can practice the guiding principles.

Omid tells Azar that he is feeling depressed and has not felt well for some time: he is always tired and often feels so nauseated that he cannot eat. Azar asks him if he has seen a doctor recently and he replies no, because he doesn't really trust doctors. Azar gives him precise information on where Omid can go to see a doctor at a nearby clinic and suggests that he make a visit. Omid says – again – that he does not want to go to the clinic and that he doesn't trust doctors. Azar mentions that the clinic also offers other services and support.

**Question 2:** What should Azar do when Omid refuses to go to the clinic? What Guiding Principle becomes particularly relevant?

4. After 20 minutes, invite a group of your choice to report back on question 1, then allow five minutes for the other three groups to add their comments.
5. Once they have presented, be sure to provide feedback that emphasizes how Azar should apply PFA at this point in Omid's story as follows.
  - Even before going out to do her outreach work, Azar should be familiar with essential services available in the area, with some of the protection issues faced by young people, and with PFA (**PREPARE**).
  - During one of her rounds, Azar observes Omid, notices his physical changes and decides to approach him (**LOOK**). She takes the opportunity to start a conversation with him: at this point she should greet him kindly, reminding him of who she is and what kind of work she does.
  - She should listen to him carefully (**LISTEN**), making him feel heard and reassuring him by using some healing statements such as: "I am very sorry this happened to you", "It took a lot of courage for you to share this", "You are not alone in this" and "I will do my best to support you, if that is what you want".
  - Azar then suggests a place where Omid can find support by giving him information about where the health clinic is where she works, when it is open and how to get there. She could also leave a pamphlet or a number to call the clinic or other support services (**LINK**). She should encourage Omid to seek support and provide any necessary information, but she should also accept his decision if he does not want to access the service.
  - She should leave him with some kind words and remind him that she will be back on another day and he can always change his mind. Stress to the participants that direct dialogue with a client can create a bond between an LCM and a client, who may, in turn, disclose additional information.
6. In terms of how the guiding principles can be applied in this situation:

Confidentiality: Azar should explain to him that what he shares is confidential and that she will maintain such confidentiality; she can invite him to talk in a comfortable and quiet place nearby.

Safety: Azar could ask Omid if he feels safe at the moment and provide the number for an emergency shelter where he can spend the night if he wants to, rather than sleeping in the station.

Non-discrimination: Azar should provide information and support to Omid, even if she is uncomfortable with, or disapproves of, something he says (such as a disclosure that he has had to exchange sex for money or goods).

Respect: this will be discussed in more detail after the next question.
7. Invite a different group of your choice to report back on question 2, then allow five minutes for the other three groups to add their comments.
8. Once they have presented, provide feedback that highlights aspects of the principle of respect that Azar can apply.
  - Azar should make sure she practices respect by respecting the wishes of Omid as he is an adult and can make his own informed decision about accessing services. Respecting his wishes will build trust. If Azar puts pressure on Omid, she may make him feel uncomfortable and he may not want to continue to speak with her. We must always remember: every individual has a right to make their own decisions and it's up to them whether to share something with us or not. Emphasize that Azar should look for ways to build trust with Omid. A good service provider and LCM knows that it is vital to respect a client's choices.
  - Explain that some people might argue that 'not pushing' a survivor to access services poses a risk to their life or health. But as a survivor of sexual violence, Omid has already been deprived of his power and the LCM should not deprive him still further by pressuring him to do something he doesn't want to do. LCMs have to respect a survivor's will, even if they are younger, vulnerable or less experienced. At the same time, empowering a survivor to take a decision is an important step towards their recovery.

- Sometimes, the best thing we can do is to ‘plant seeds’ with the client by giving them useful information if they decline to follow our ‘links’ right away. Omid’s refusal to seek services is not a failure on Azar’s part.
  - Even if Omid refuses to access the services, Azar has carried out all of the correct support methods: she has provided PFA, she has listened and provided information, she has made Omid more aware of the services available and his options for seeking care and she has followed a survivor-centred approach.
  - Remind the participants about the centrality of teamwork. When we deal with complex cases, it is important to ask for help from colleagues, and it’s good to remember that you are not alone: you are part of a team. You can (and sometimes must) ask your team or supervisors or more experienced people for advice if needed, while respecting confidentiality. Emphasize that Azar should also seek support for her own frustration and feelings – again, while respecting confidentiality.
9. Present slide 4.12 to recap the key points that emerged during the first part of the case study.

## 4.2.2 Case study of Omid and Azar: Collaborating with other professionals in the support process

### Purpose

To highlight the rules of collaboration between LCMs and service providers and ensure that LCMs practice managing their different roles, as well as to further reflect on the use of words.

### Time

55 minutes

### Step-by-step guide:

1. Explain to participants that we will go through a short presentation on how to collaborate with service providers before going into the next part of the case study.
2. Present slides 4.14 to 4.17 and explain that even a good team may sometimes ignore good practices because of personal characteristics or a difficult situation in a specific context.
3. Show slide 4.18 and remind participants about the importance of activating positive collaboration practices with the teams in which they work, including sharing problems and solutions with peers and supervisors, and organizing periodic team meetings on complex cases or topics.
4. Once you finish presenting the slides and you have answered any questions, show slide 4.19 and give the participants part 2 of the case study (Handout 13) and explain that the groups will have 30 minutes to work on this. Again, everyone should be ready to present back.

### Part 2

The day after Azar and Omid meet, Omid decides to go to the clinic. Azar is there, working her normal shift and is happy to see him. She explains to him that because she works there, she can help him during his visit, if he would like that. Omid agrees. Azar asks him if it is okay for her to tell the doctor they have previously met, and he agrees, but tells her that he does not want the doctor to know about his past. Once in the room, the doctor examines Omid, with Azar interpreting questions and answers. Omid does not talk about his experience of violence during the visit. The doctor prescribes some tests. Once the visit is finished, Azar helps Omid to fill in some forms and helps him to get a follow-up appointment for the test results.



**Question 3:** What should Azar do and say to the doctor before the consultation? What should Azar do and say once they are in the medical room? Which LCM role is Azar playing?

Omid returns to the clinic to receive the results of the medical tests. With Azar's support, the doctor informs Omid that he has Hepatitis B. He must follow a special treatment that requires him to come to the clinic regularly and he should not miss any appointments. When Omid asks what kind of illness Hepatitis B is, the doctor gives him a pamphlet on the consequences of the viral infection and the ways it can be contracted – including sexual transmission. The doctor reads out the information to Omid, who becomes very agitated and looks worried when he learns the ways in which the virus is transmitted. At this point Omid abruptly says 'Yes, I got this virus because they turned me gay,' using an offensive term in his language.

**Question 4:** What should Azar do when Omid expresses this point?

5. Invite a group of your choice to report back on question 3 for five minutes, then allow five minutes for the other three groups to add on.
6. Once the groups have reported back, summarize by highlighting the following:
  - It is important that Azar explains her role to Omid clearly before they start the session with the doctor to avoid any confusion. She should mention that during the consultation the doctor will be guiding the process and she will interpret everything they say.
  - Mention to the participants that this part of the case study shows one way in which LCMs have to manage their complex role, and move from independent outreach worker, to linking a community member to services and service providers (e.g., doctors, psychologists, social workers, educators, legal, law enforcement), to facilitating communication by interpreting during medical consultations.
  - Add that Azar has had to shift her roles many times, from interpreting between the medical service providers to supporting Omid to fill in forms. She must always keep this in mind and help others to understand her role as well as the limits around that role. LCMs should acknowledge these limits without interfering with the functions of others. The professional role of the service provider (doctor, nurse, social worker, psychologist) must always be respected. Good teamwork will provide a better service to clients, as well as a more supportive environment for the members of the team itself.
  - Before the session with the doctor starts, Azar should also have a short discussion with the doctor, mentioning that she knows the patient from her outreach work. However, it is Omid's choice whether or not he wants to share his experience of violence with the doctor, and Azar should respect confidentiality. In this case, Omid consented to share some information but not everything, so – going back to the concept of informed consent – we should remember that a survivor has the right to share information with whom and when they want. It's important for Omid to feel comfortable speaking, and to be reassured that whatever he talks about will remain confidential.
7. Now, invite a fourth group of your choice to report back on question 4 for five minutes, then allow five minutes for the other three groups to add their comments.
8. Once the groups have reported back, highlight the following:
  - We should always remember the risks around vocabulary and the negative connotations of certain words. Azar should translate the wording used by Omid literally, but she could also add a brief explanation of the words he used to the doctor.
  - She should remember to practice her active listening skills and be aware of body language.
  - Even if a specific expression or term used makes her uncomfortable, she should provide interpretation in a complete manner without displaying negative reactions.
9. Show slide 4.19 to recap the key points that emerged in part 2 of the case study.



### 4.2.3 Case study of Omid and Azar: Self-awareness

#### Purpose

To practice how to support a service provider in a consultation, and how to handle a situation where your attitudes and beliefs will have an impact on service provision.

#### Time

55 minutes

### Step-by-step guide:

1. Explain that the four groups will now work on part 3 and that they will have 30 minutes to read, discuss and answer the questions. Distribute part 3 of the case study (Handout 13). Again, everyone should be ready to present back.

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#### Part 3

Omid eventually discloses to the doctor and tells him about the violence he endured when he was a child and the way he was able to survive during and after his migration. Azar's translation makes it clear that he is deeply ashamed and blames himself. He is visibly distressed and speaks of Hepatitis B as a punishment for his guilt.

The doctor listens carefully and when Omid finishes his story, the doctor tells Omid that he is not to blame for the many forms of violence and abuse he has experienced. The responsibility lies with those who have abused him. The doctor tells Omid that many other boys and young men have been similarly abused – he is not the only one and he is not alone. He also explains that the fact that Omid has been abused has no bearing on his sexual orientation.

At this point, Azar begins to fidget in her chair, and she has a frown on her face and avoids the eyes of Omid and the doctor. She asks the doctor to repeat what he has said, and she interprets everything back to Omid, very precisely. There is some tension, but the consultation ends on a positive note. The doctor suggests to Omid the possibility of having psychological support and having an interview with the social worker, and Omid agrees. At the end of the consultation the doctor and Azar have a short debrief.

**Question 5:** Taking into consideration the guiding principles and Azar's roles and responsibilities, what are the most important things that Azar should do during the session? What could Azar have done differently?

**Question 6:** During the debrief with the doctor, what should Azar discuss with the doctor?

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2. Invite a group of your choice to report back on question 5 for five minutes and give the other groups five minutes to add their views.
3. Once the group has completed its presentation, summarize by mentioning that during the consultation:
  - Azar should interpret everything said by the doctor and by Omid, even if she is worried about someone's reaction or if the topic is sensitive or emotionally charged. This is the point where the support to the service provider (the doctor) is meant to be very clear.
  - This type of interpretation demands a high standard of accuracy, and it has to reveal non-verbal and cultural cues in the clearest possible way. Asking to repeat a concept that we are not sure about is better than interpreting in an incorrect manner.
  - Azar should have been more aware of her body language and facial expression, as this would have made the session feel more comfortable for Omid. As the session continued, Azar's body language could have caused distress or even harm because she is a trusted figure for Omid.

4. Invite the last group of your choice to report back on question 6 for five minutes, and give the other groups five minutes to add their comments.
5. Once the group has completed its presentation, summarize as follows:
  - During the debrief, Azar has an important opportunity to discuss what happened during Omid's visit with the doctor. She should tell the doctor if she was uncomfortable about some of the concepts they discussed. She and the doctor should discuss further opportunities for Azar to continue to build her self-awareness and address any negative perceptions she might have. Emphasize to the participants that, of course, doctors will also have their own attitudes and beliefs and that self-awareness is a life-long practice for everyone.
  - Take the opportunity to remind the participants about personal perceptions and the dangers that might occur as a result of stereotyping, the halo effect and selective perception. Refer to topic 3.3 step 19 and slide 3.25.
  - Remind participants that, in certain cases, when the LCM understands that their attitudes and beliefs may jeopardize the effectiveness of a service provision, it's better to explain the situation openly to the service provider and allow another LCM to take the case.
  - Conclude by saying that these situations are common and can be the turning point to change some practices and overcome difficulties, using the various skills of the team's professionals as a resource.
6. Show slides 4.21 and 4.22, and distribute Handout 14: Dos and don'ts of linguistic cultural mediation. Ask them to read the tips, one-by-one and aloud.
7. Ask participants if they have any other tips that they would like to share and, if so, write these on the flip chart.
8. Distribute Handout 15: Example of Code of Conduct to participants highlight its importance.
9. Show slide 4.23 to recap the key points that emerged in part 3 of the case study.

## 4.3 Recap

### Purpose

To recap the main points made about the way LCMs should support survivors, as well as the tools and strategies to do so.

### Time

15 minutes

### Format

Presentation  
Plenary discussion

### Core materials

PPT Module 4: Bringing it all together: Linguistic and cultural mediation in the recovery process, slide 4.24

### Equipment

PowerPoint projector and screen

### Facilitators' notes

Finish this module by showing the final slides of the presentation of Module 4 and summarize what we have learned about the role of the LCM.

## Step-by-step guide:

1. Present the final slide (slide 4.24) of Module 4, being sure to cover the following points:
  - LCMs are often important reference points for survivors because, when survivors are not fluent in the language of the destination country, LCMs hold the 'power of words'. This also helps the survivors trust them – sometimes more so than professionals from a different culture.

- LCMs serve both the survivor and the service provider team, working with one common goal: to support survivor-centred response in cases of GBV and SVAMB.
  - Working together as a team can assist survivors in their recovery process and help them to restore their inner capacities to progressively regain their own autonomy and well-being.
  - The ultimate goal of the LCM, along with other service providers, is to support a process that facilitates the recovery of the survivor.
2. Ask participants if they have any questions and discuss any final answers.

## MODULE 5

# Managing stress

### Learning objectives

- To understand the impacts of stress, including burnout and vicarious traumatization
- To identify behaviours and practices to manage stress and promote self-care
- To identify steps to manage stress at work

### Time Topics

45 min	5.1 Understanding stress
60 min	5.2 Self-care to manage stress
30 min	5.3 Ways to manage stress at work: supervision
60 min	5.4 Workshop closing

### Core materials

- PPT Module 5: Managing stress
- Most Shocking Second Video: [www.youtube.com/watch?v=nKDgFCojiT8](http://www.youtube.com/watch?v=nKDgFCojiT8)
- Handout 15: Stress, distress and disorder
- Handout 16: Factors that promote coping, resilience and recovery
- Handout 17: Self-care assessment worksheet
- Annex 3: Guided body meditation

Also:

- Handout 1: Post-Test
- Handout 19: Evaluation
- Certificate

### Preparation

- Arrange room as appropriate for each topic
- Review relevant slides
- Review relevant handouts
- Review facilitator notes and step-by-step guides

## 5.1 Understanding stress<sup>28</sup>

### Purpose

To help participants learn more about stress (positive and negative), its impacts and how to use self-care and other practices to better manage stress in their daily lives and at work.

### Time

45 minutes

### Format

Presentation

Plenary discussion

Video presentation and discussion

### Core materials

Most Shocking Second Video: [www.youtube.com/watch?v=nKDgFCojiT8](http://www.youtube.com/watch?v=nKDgFCojiT8)

PPT Module 5: Managing stress, slides 5.1 to 5.21

Handout 16: Stress, distress and disorder

Handout 17: Factors that promote coping, resilience and recovery

### Equipment

PowerPoint projector and screen

Speakers

Internet connection or downloaded video

### Facilitators' notes

In preparation for the video, remember that some LCMs are refugees or migrants themselves and may have had experiences similar to those shown. They may need some time to process or compose themselves. Open up the floor for discussion but do not urge or push anyone to participate. Be sure to:

- give participants enough time to express their reactions and emotions
- build in a break immediately after the exercise, if needed
- ensure that participants, including possible survivors, have a support system to fall back on (within their organization, colleagues or others) at the end of the training.

The presentation should help participants distinguish between stress that is natural (and even positive) and the stress that is harmful and can lead to serious problems. This part was adapted from the Vicarious Trauma Toolkit, an online repository of tools and research that provides the knowledge and skills necessary for organizations to address the vicarious trauma needs of their staff. For more information, visit <https://vtt.ovc.ojp.gov/>.

### Step-by-step guide:

1. Before starting the video, ask the participants what they usually do to cope with stress. Some may say that their experiences as LCMs are stressful. Explain that we will now do an exercise that aims to help them understand different physical sensations and how these can contribute to cumulative stress, and to understand the impact of stress on the body. Assure participants that you know that watching this video may be difficult. Explain that it is okay to look away or leave the room if they feel any discomfort and that there is no pressure to share their personal reactions.
2. Before starting the video, ask everyone to take a breath and ask them to tune into how their body feels right now, starting at the top of their head and moving down to their toes. Ask them to take an 'inventory' of their muscles, internal body state, feelings and thoughts. What is their posture? How are they sitting in their chair? What is their facial expression?
3. Play the 4-minute video. Allow a few moments of silence once it has finished.
4. Then ask participants to again tune in to their bodies, thoughts and feelings, and to talk about their reactions. Draw the following categories on the flip chart: **Body reactions; Emotions; Thoughts; Behaviours.**
5. Ask participants to share some of their reactions and write down the answers on the flip chart in the corresponding columns. You can use some of the following questions:

**Body reactions:**

- “Describe the way your body felt” (e.g., tense, tingling, uncomfortable)
- “Describe what you felt in your stomach and internal organs” (e.g., tightness, nausea, heat)
- “Describe what your arms or legs felt” (e.g., heaviness, sweaty palms, tension)
- “What was happening to your muscles?” (e.g., tight, tense jaw or shoulders).

**Emotional reactions:**

- “What are your feelings?” (e.g., anger, sadness, helplessness, emptiness).

**Thoughts you might be having:**

- “What were you thinking?” or “What thoughts did you have?” (e.g., “someone should do something about this!” “I wish I could help!”).

**Behavioural reactions:**

- “What did you do as you were watching the video?” (e.g., fidget, change positions in your seat, stop paying attention, clench your fists, cross your legs)
- “What did you *want* to do?” (e.g., get up and run out of the room, cry, hit someone).

6. Explain that there are similarities between our reactions when watching the video and our reactions when speaking with a survivor. This is because of mirror neurons.<sup>29</sup> When we see another human being move, we activate the same brain areas of the person performing the movement, allowing us to copy the movement, understand its intent or feel an emotion by seeing the facial movement that distinguishes it.
7. Explain that these mirror neurons allow us to recognize and feel emotions by putting ourselves in somebody else’s shoes. We are social animals because of these neurons: our learning and relationships depend on how our brain activates itself in the moment we perceive another person, or even remember or imagine to perceive it. We learn to be human in our specific cultural context, but the fundamental emotions have the same expression in every part of the world and in every culture: if we are happy, we smile and laugh; if we are very sad, we cry.
8. Mention that a survivor’s capacities and coping mechanisms influence their immediate physical, cognitive, emotional and social reactions. As an LCM, you may have to interpret some very difficult and painful experiences and it’s normal to feel discomfort or distress afterwards. Some LCMs have reported that they even feel the pain in their own bodies after a particularly disturbing story. It is important to be more aware of how our own bodies respond to stress and stories about violence.
9. Note whether any participants speak about using positive coping mechanisms, like praying or singing, to deal with stress. Say that we will discuss effective ways to cope with stress in the following sections.
10. Show slide 5.2: Ask participants to tell you how they know they are stressed. What sort of feelings, behaviours or other indicators do they observe? For example, are they easily frustrated, having trouble sleeping, worrying a lot, having pessimistic thoughts, drinking or eating excessively, or avoiding contact with other people? Note that everyone knows what stress is. We have all experienced feeling stressed for one reason or another, sometimes several times a day. We also know what stress feels like: our muscles get tense, we become irritable and short tempered, our breathing becomes rapid and shallow, and our heart starts racing.
11. Present slide 5.3 and explain that the stress response in the body serves an important purpose when encountering a challenging situation. At the same time, a relaxation response is important to bring the body back into balance. You can demonstrate the alternative nostril breathing technique in Annex 3 here.
12. Present slide 5.4: Discuss the three kinds of stress and ask for examples of each. Explain that we will focus on cumulative stress, which – if unmanaged – can lead to burnout or vicarious trauma. Cumulative stress reactions are a less dramatic, more gradual form of stress reaction. They usually relate to low-intensity but more chronic stressors that pervade a person’s life and ‘pile up’ on top of each other. While we may think that one

critical incident could cause the most damaging form of stress, cumulative stress can be equally severe. Note that frequent, even mildly stressful events can create high stress levels if they are not dealt with effectively on a continuous basis.

13. Present Slide 5.5: Note that stress has a bad reputation, but it is actually quite complex. This chart shows how stress can affect our performance. When we talk about performance, we are talking about our ability to respond to a stressor or challenge. When we are in the green zone, we are relaxed and laid back. This feels great but doesn't prepare us to respond to a stressor. The yellow zone indicates an optimum stress level. This is called 'eustress' (also known as 'good stress'). This is the stress that gets us ready to take a test, focus on a task, or get out of a sticky situation smoothly. As our stress increases, however, our performance tends to suffer and exhaustion begins to set in, as you can see in the orange zone. Confronted with even more stress, we begin to experience anxiety and panic and our performance level deteriorates to its lowest level.
14. Present slides 5.6 to 5.9 and discuss burnout and its impacts. There is a difference between stress and burnout: stress is natural and can be helpful in small doses. But too much stress leads to over-reactive emotions, urgency/hyperactivity and loss of energy. It can also lead to anxiety disorders. Its primary damage is physical and it can actually kill you, for example through heart attacks and strokes. Burnout, however, is different and its primary damage is emotional. Burnout can impact you both professionally and personally. In your professional life it can cause decreased quality of care, increased errors, falling productivity and a higher turnover in staff. It leads to disengagement: your emotions become blunted, you often feel helpless or hopeless, and you lose your motivation and can question your ideals. In your personal life, burnout can lead to detachment, depression and thoughts about suicide. Burnout results from untreated stress that builds up and is not released. Explain that burnout is common among people who work with those in distress, such as nurses, police officers, social workers and LCMs.
15. Present slides 5.10 and 5.11, explaining that working in frontline situations like the refugee and migrant response can lead to secondary trauma, which is sometimes called vicarious traumatization. This happens when you 'absorb' your clients' trauma and it can cause you to feel as though you have experienced the traumatic event yourself. Vicarious traumatization is a form of cumulative stress – it occurs through repeated exposure over time. Note that it often happens because people care so much, and feel committed to helping people who are in pain, but who cannot fulfil that commitment because of circumstances beyond their control. Their sense of commitment and responsibility can add to their feeling of being burdened, overwhelmed and helpless in the face of great need and suffering. It can also lead frontline workers to extend themselves beyond what is reasonable for their own well-being. A key component of vicarious trauma is changes in spirituality, which can have a deep impact on the way you see the world and your deepest sense of meaning and hope. Pass out Handout 16: Stress, distress and disorder.
16. Present slide 5.12 and ask any participants who feel comfortable sharing such information about how the stress of their jobs affects them. Do they recognize any signs of cumulative stress in themselves or their colleagues? Explain that cumulative stress reactions are a less dramatic, more gradual form of stress reaction. They are usually related to low intensity but more chronic stressors that pervade a person's life and 'pile up' on top of each other. While we may think that a traumatic event or critical incident would cause the greatest damage, cumulative stress can be just as problematic over the course of a career. In addition, frequent events that are mildly stressful can become cumulative to create high levels of stress if not dealt with effectively on an ongoing basis.
17. Present slides 5.13 and 5.14: Explain that it's important to know your own warning signs that indicate that your stress is accumulating. These are common signs of excess stress, and we should be aware of them so that we can take action to mitigate and manage them.
18. Present slide 5.15 on how the emotions of service providers can mimic those of survivors.
19. Present slides 5.16 and 5.17, explaining that a second key step is to know what you need to help you to cope with job-related stress. Encourage participants to discuss some of the common indicators of stress that they

have observed, and what they have needed to manage this stress. This can include, for example, spending time with family and friends, exercising, or watching movies.

20. Present slide 5.18, noting that stress management and stress reduction are two ways to address stress effectively and prevent burnout and vicarious traumatization. To manage and reduce stress, you have to identify the things in your life that you can control and those that you can't. Think about the stressors that you can control and possibly reduce, such as managing your own schedule, saying no to certain demands, and reducing your commute. Then think about other stressors you cannot control – like your clients' stories – and what you can do to manage these.
21. Present slide 5.19 and remind participants that basic stress management involves taking care of your body and mind. Key aspects include: regular exercise, good nutrition, getting enough rest and sleep, and relaxing and enjoying yourself. Integrating these activities into your daily life will help to stimulate your body's relaxation response and will reduce stress. Spiritual, emotional and intellectual self-care is also important. Explain that it's important to take time to leave work behind and build space in your life for self-care, otherwise stress will accumulate.
22. Present slide 5.20, explaining that escape, rest and play are three ways to manage stress and promote relaxation. Escape: getting away from it all, physically or mentally (through books or films, taking a day or a week off, playing video games or talking to friends about things other than work). Rest: having no specific goal or timeline, or doing things you find relaxing (lying on the grass watching the clouds, sipping a cup of tea, taking a nap, getting a massage). Play: taking part in activities that make you laugh or lighten your spirits (sharing funny stories with a friend, playing with a child, being creative, being physically active).
23. Note that it may be possible to transform vicarious trauma. Vicarious transformation<sup>30</sup> is an ongoing and intentional process that results in a deepened sense of connection with others, a greater appreciation of our own lives and a greater sense of meaning and hope.
24. Pass out Handout 17: Factors that promote coping, resilience and recovery, and encourage participants to read it thoroughly to learn more about the behaviours and practices that can help to make people healthier and more resilient.
25. Show slide 5.21 to recap the key points discussed during topic 5.1.



## 5.2 Self-care to manage stress

### Purpose

To identify positive coping strategies that participants can use in their own time to manage stress.

### Time

60 minutes

### Format

Plenary discussion  
Individual reflection

### Core materials

Handout 18: Self-care assessment worksheet

### Equipment

Flip chart and markers

### Facilitators' notes

If possible, it is helpful to have Handout 18 translated into the language that most participants can read, as it is quite long. Many will not complete the worksheet if you do not give them the space to do this during the workshop, so spend as long as it takes to allow them to fill it out.

### Step-by-step guide:

1. Ask the participants what they do when they are stressed and capture any answers on the flip chart. Be sure to also ask about negative coping strategies, such as smoking, drinking excess alcohol or coffee, spending too much time using social media, and comfort eating.
2. Tell the participants that one thing they can do to work on their stress is to remind themselves of positive activities that they like to do.
3. Pass out Handout 18. Exercise: Self-care assessment worksheet. Give participants 15-20 minutes to fill it out. They should look at every activity and think through how often they do it:
  - 5 = Frequently
  - 4 = Occasionally
  - 3 = Rarely
  - 2 = Never
  - 1 = It never occurred to me to do this.
4. After everyone has completed the exercise, ask if they were surprised about anything on the worksheet. Ask them to share the last time that they did something that they enjoyed doing.
5. Remind the participants that most people don't take the time to think about the things that they like to do. So, when they are stressed out, many resort to negative coping mechanisms. Participants can re-visit the questionnaire whenever they are feeling stressed to remind themselves of activities that bring them joy. They can then do some of these activities to bring themselves back to a more relaxed and less stressed state.
6. Ask participants to look at their completed questionnaire and choose one item from each area for which they will actively try to make more time. Encourage them to share these areas with the group if they would like to. Or if there is time, you can ask the participants to break up into pairs and share their ideas with each other, making a pledge to make more time to do something on the list.
7. Use Annex 3 to lead a short exercise of guided body meditation and breathing to help participants relax.
8. Once participants have completed the meditation and breathing exercise, explain that we can all do this to calm ourselves when times are stressful. You can share the relevant part of Annex 3 to help them with this.
9. Ask if anyone has any other stress-reduction techniques. Celebrate the fact that everyone has things that they can do to manage their stress. It is not a solitary thing – you can do activities with your friends and family, and encourage your communities to manage stress.

## 5.3 Ways to manage stress at work: Supervision

### Purpose

To learn about steps that LCMs can take to manage stress at work and secure additional support, such as supervision.

### Time

30 minutes

### Format

Presentation  
Plenary discussion

### Core materials

PPT Module 5: Managing stress, slides 5.22 to 5.31

### Equipment

PowerPoint projector and screen

### Facilitators' notes

Supervision in this context refers to managers or supervisors who support members of their team to constructively address any issues that cause stress within the workplace. Some organizations prioritize supportive supervision for their staff, including LCMs, while others do not. In Bulgaria, for example, the NGO Council of Refugee Women in Bulgaria (CRWiB) offers supervision sessions to LCMs who work with them, while government LCMs may not have access to such services. Encourage participants who have supportive supervision to share their experiences with the group.

### Step-by-step guide:

1. Show slide 5.22, explaining that there are two ways to manage stress: controlling the things that you can control within your own experience (as we just discussed) and trying to support each other in areas where we cannot control stress, such as at work. Note that, according to some LCMs, much of the stress that affects them stems from their work conditions and the management within their organizations, not only the actual content of the stories that they hear or the work they do.
2. Present slide 5.23, explaining that supervision is a key strategy to address workplace stress and is also important for continued staff capacity and to ensure quality of care. Explain that supervision can be provided in different ways, including through one-on-one support, in groups, through on-the-job observation and coaching and in regular team meetings. In the European context, two key forms of supervision are defined as 'internal supervision' and 'external supervision'.
3. Present slides 5.24 to 5.25 to describe the two forms of supervision. Ask participants to share any experiences with supervision in their workplace.
4. Present slides 5.26 and 5.27 on how external supervision works.
5. Present slides 5.28 and 5.29, noting that another form of supervision is peer supervision. Ask the participants how they think we can prevent stress in teams. Point out that managers (and others) should pay attention to staff, peers, colleagues and partners, and notice how people are doing. It is important to debrief with staff and peers about particularly difficult cases, events or situations, as well as making sure that you and your team take time off.
6. Note that virtual supervision is also an option, which involves connecting informally with peers who are not within your organization and providing support through text messaging, private chat groups, videoconferencing or other forms of communication. Remind them that while talking about parts of your job is good, you should still maintain confidentiality about any specific stories of survivors that you may meet – don't share any identifying information! Feel free, as a facilitator, to share your own experiences and offer a space to discuss support strategies.
7. In conclusion, summarize that there are steps that participants can take to enhance support at work to help manage stress. LCMs can ask for supervision sessions to debrief, they can form work teams to manage stress, and they can collaborate with peers who are not in their organizations to provide debriefing and stress

management. Remind them that they are resilient and strong people and that their work is important. Encourage them to be gentle with themselves, find ways to incorporate something nice that they like to do into their daily lives, and to build support networks at work. Remind them that they are part of a larger group of people around the world working to support and assist people in need and their contributions, which may seem small sometimes, help to make the world a better place. Thank them for their work.

8. Show slide 3.30 and ask participants to go back to Handout 18 and choose at least three actions they will take during the coming months. Allow them to discuss this for a few minutes with the person next to them and to thank the other person for their work.
9. Show slide 5.31 to recap the key points discussed on supervision.

## 5.4 Workshop closing

### Purpose

To evaluate the results of the training and affirm mutual learning by participants and facilitators.

### Time

60 minutes

### Format

Written exercise  
Sharing

### Core materials

Handout 1: Pre- and post-test  
Handout 19: Evaluation form  
Certificates

### Facilitators' notes

The evaluation forms and post-tests should be prepared in advance. Participants need to be reminded to sign their names on the tests. Evaluations, however, should remain blank. Certificates should also be prepared in advance and should only be given to participants after they hand in their completed post-test.

### Step-by-step guide:

1. Thank all of the participants for their participation in the training.
2. Pass out Handout 1, and remind participants to put their names on it.
3. When they return the post-test, give them Handout 19: Evaluation Form, and ask them to fill it out.
4. When they return the evaluation, they can receive their certificate.
5. Congratulate them for completing the course and lead a round of applause.

# ANNEXES

## Annex 1: Detailed daily agenda for 3 days

Hours	Time	Topic	Materials	Equipment
<b>Day 1</b>				
09:00 -- 09:30	30 minutes	<b>Module 0, Topic 1:</b> Workshop registration	<b>Handout 1:</b> Pre- and post-test Name tags for all participants Sign-in sheet	Sign-in desk
09:30 – 10:00	30 minutes	<b>Module 0, Topic 2:</b> Workshop introduction	<b>PPT Module 0:</b> Introduction	PowerPoint projector and screen Flip chart and markers
10:00 – 10:30	30 minutes	<b>Module 0, Topic 3:</b> Getting to know each other	<b>PPT Module 0:</b> Introduction	
10:30 – 11:00	30 minutes	<b>Module 0, Topic 4:</b> Introduction to the agenda and overview of course objectives	<b>PPT Module 0:</b> Introduction <b>Handout 2:</b> Draft agenda	Flip chart and markers Small index cards, preferably coloured, to list the expectations PowerPoint projector and screen
11:00 – 11:15	15 minutes	<b>Break</b>		
11:15 – 13:00	105 minutes	<b>Module 1, Topic 1.1:</b> Gender-based violence (GBV) core concepts *	<b>PPT Module 1:</b> Introduction to GBV and SVAMB, slides 1.1 to 1.19 'Tea and consent' video: <a href="http://www.youtube.com/watch?v=oQbei5JGiT8">www.youtube.com/watch?v=oQbei5JGiT8</a>	PowerPoint projector and screen Flip chart and marker pens or whiteboard Paper and pens/pencils Internet connection or downloaded video Speaker for video presentation Whiteboard (optional)
13:00 – 14:00	60 minutes	<b>Before the lunch break conduct a relaxing activity (see Annex 3)</b> <b>Lunch</b>		
14:00 – 14:45	45 minutes	<b>Module 1, Topic 1.2:</b> Understanding the dynamics of GBV	<b>PPT Module 1:</b> Introduction to GBV and SVAMB, slides 1.20 to 1.26	PowerPoint projector and screen
14.45 - 15.45	60 minutes	<b>Module 1, Topic 1.3:</b> Understanding sexual violence against men and boys (SVAMB)	<b>PPT 1:</b> Module 1: Introduction to GBV and SVAMB, slides 1.27 to 1.37 <b>Handout 3:</b> Sexual violence against refugee and migrant boys and young men in Europe	PowerPoint projector and screen
15:45 – 16:00	15 minutes	<b>Break</b> <b>After the break conduct a relaxing or energizing activity (see annex 3)</b>		
16:00– 17:00	60 minutes	<b>Module 1, Topic 1.4:</b> GBV and SVAMB consequences and a multi-sectoral response	<b>PPT Module 1:</b> Introduction to GBV and SVAMB, slides 1.38 to 1.44 <b>Handout 5:</b> Consequences of GBV and SVAMB	PowerPoint projector and screen Flip chart and markers
<b>Before ending the day conduct a relaxing activity</b>				

Hours	Time	Topic	Materials	Equipment
<b>Day 2</b>				
09:00 – 09:15	15 minutes	Recap of day 1		
09:15 – 10:15	60 minutes	<b>Module 2, Topic 2.1:</b> Self-reflection and values clarification	<b>PPT Module 2:</b> Caring for survivors: A principled approach, slides 2.1 to 2.4 <b>Handout 6:</b> Values clarification exercise	PowerPoint projector and screen Paper and pens/pencils
10:15 – 10:45	30 minutes	<b>Module 2, Topic 2.2:</b> A survivor-centered approach	<b>PPT Module 2:</b> Caring for survivors: A principled approach, slides 2.5 to 2.22 <b>Handout 7:</b> Seven guiding principles for working with child survivors <b>Handout 8:</b> Mandatory reporting <b>Handout 9:</b> The survivor-centred approach and the GBV guiding principles	PowerPoint projector and screen
10:45 – 11:00	15 minutes	<b>Before the break conduct a relaxing or energizing activity (see Annex 3)</b> <b>Break</b>		
11:00 – 11:40	40 minutes	<b>Module 2, Topic 2.2:</b> A survivor-centred approach (continued)		
11:40 -12:10	30 minutes	<b>Module 3, Topic 3.1:</b> Linguistic and cultural mediators (LCMs) and interpreters: roles and responsibilities	<b>PPT Module 3:</b> Linguistic and cultural mediators' (LCMs) roles and responsibilities in supporting survivors, slides 3.1 to 3.8	PowerPoint projector and screen
12:10 – 13:00	50 minutes	<b>Module 3, Topic 3.2:</b> The complex role of linguistic and cultural mediators (LCMs)	<b>PPT Module 3:</b> Linguistic and cultural mediators' (LCMs) roles and responsibilities in supporting survivors, slides 3.9 to 3.14 <b>Handout 10:</b> Example of a linguistic and cultural mediator (LCM) job description	PowerPoint projector and screen Flip charts and markers
13:00 – 14:00	60 minutes	<b>Lunch</b> <b>After lunch break conduct an energizing activity (Annex 3)</b>		
14:00- 15:00	60 minutes	<b>Module 3, Topic 3.3:</b> Communication in linguistic and cultural mediation	<b>PPT Module 3:</b> Linguistic and cultural mediators' (LCMs) roles and responsibilities in supporting survivors, slides 3.15 to 3.29 <b>Handout 11:</b> Tips for remote linguistic and cultural mediation	PowerPoint projector and screen Flip charts and markers

Hours	Time	Topic	Materials	Equipment
15:00 – 15:15	15 minutes	<b>Before the break conduct a relaxing or energizing activity (see Annex 3) Break</b>		
15:15 – 16:00	45 minutes	<b>Module 3, Topic 3.4:</b> The power of words	<b>PPT Module 3:</b> Linguistic and cultural mediators' (LCMs) roles and responsibilities in supporting survivors, slides 3.30 to 3.39 <b>Handout 12:</b> Glossary of terms	PowerPoint projector and screen Flip charts and markers
16:00 – 16:40	40 minutes	<b>Module 4, Topic 4.1:</b> Bringing it all together: Linguistic and cultural mediation and supporting survivors: the use of psychological first aid (PFA)	<b>PPT Module 4:</b> Bringing it all together: Linguistic and cultural mediation in the recovery process, slides 4.1 to 4.9 Flip chart with the GBV Tree displayed	PowerPoint projector and screen Sticky notes Pens/pencils
<b>Before ending the day conduct a relaxing activity</b>				

### Day 3

09:00 – 09:15	15 minutes	Recap of days 1 and 2		
09:15 – 11:00	105 minutes	<b>Module 4, Topic 4.2:</b> Case study	<b>Handout 13:</b> Case study of Omid and Azar <b>Handout 14:</b> Dos and don'ts of linguistic and cultural mediation <b>Handout 15:</b> Example of code of conduct <b>PPT 4 Module 4:</b> Bringing it all together: linguistic and cultural mediation in the recovery process, slides 4.11 to 4.21	Flip charts Pens and markers Power point projectors and screen
11:00 – 11:15	15 minutes	<b>Before the break conduct a relaxing or energizing activity (see Annex 3) Break</b>		
11:15 – 12:15	60 minutes	<b>Module 4, Topic 4.2:</b> Case study (continued)		
12:15 - 12:30	15 minutes	<b>Module 4, Topic 4.3:</b> Recap	<b>PPT Module 4:</b> Bringing it all together: Linguistic and cultural mediation in the recovery process, slides 4.24 to 4.25	PowerPoint projector and screen
12:30 – 13:00	30 minutes	<b>Module 5, Topic 5.1:</b> Understanding stress	Most Shocking Second Video: <a href="http://www.youtube.com/watch?v=nKDgF-CojiT8">www.youtube.com/watch?v=nKDgF-CojiT8</a> <b>PPT Module 5:</b> Managing stress, slides 5.1 to 5.21 <b>Handout 16:</b> Stress, distress and disorder <b>Handout 17:</b> Factors that promote coping, resilience and recovery	PowerPoint projector and screen Speakers Internet connection or downloaded video

Hours	Time	Topic	Materials	Equipment
13.00 - 14.00	60 minutes	<b>Before the lunch break conduct a relaxing or energizing activity (see Annex 3)</b>		
		<b>Lunch</b>		
14.00 - 14.15	15 minutes	<b>Module 5, Topic 5.1:</b> Understanding stress (continued)		
14.15 - 15.15	60 minutes	<b>Module 5, Topic 5.2:</b> Self-care to manage stress	<b>Handout 18:</b> Self-care assessment worksheet	Flip chart and markers
15.15 - 15.45	30 minutes	<b>Module 5, Topic 5.3:</b> Ways to manage stress at work: supervision	<b>PPT Module 5:</b> Manag- ing stress, slides 5.22 to 5.31	PowerPoint projector and screen
15.45 - 16.00	15 minutes	<b>Break</b>		
		<b>After the break conduct a relaxing or energizing activity (see Annex 3)</b>		
16.00 - 17.00	60 minutes	<b>Module 5, Topic 5.4:</b> Workshop closing	<b>Handout 1:</b> Pre- and post-test <b>Handout 19:</b> Evaluation form Certificates	

\* Means this session can be shortened or removed if participants have previously received training on this topic.



## Annex 2: Core facilitation skills

There are core skills that every good facilitator should have, and the facilitation team should discuss how these can be strengthened.

**Active listening:** Facilitators need active listening skills to make good use of the tools in this curriculum. Active listening means more than just listening: it means making people feel that they are being understood, as well as heard. Active listening encourages people to be more open in sharing their experiences, thoughts and feelings. This matters when it comes to encouraging groups to talk more openly about the social roles and sexual lives of women and men, including LGBTQI+ people. Active listening involves:

- using your body language and your face to show your interest and understanding: this can include looking at the speaker's eyes, nodding your head and turning your body to face the speaker
- listening not only to what is said, but also to *how* it is said, by paying attention to the speaker's body language and tone of voice
- asking questions of the person who is speaking to show your desire to understand
- summarizing the discussions to check that everyone has understood what has been said and asking for feedback.

**Effective questioning:** Being able to ask effective questions is an essential skill that helps people to better understand the complexity of gender, power and masculinities and their links with oppression, inequality and violence. This skill also increases people's participation in their group's discussions about how to transform negative social norms. Effective questioning involves:

- asking open-ended questions, for example using the six key questions (Why? What? When? Where? Who? and How?)
- asking probing questions: by following people's answers with further questions that look deeper into the issue or problem
- asking clarifying questions by rewording a previous question

- asking questions about personal points of view by asking people how they feel, and not just what they know
- asking questions in a constructive manner
- recognizing participants' inputs, especially when participants share their personal reflections.

**Group-work skills:** These skills are needed to increase the participation of people in their group discussions and to ensure that group members can express their range of views and interests. They can also help groups to agree on changes that are needed and commit to taking action on these changes. There is no single best way to facilitate a group discussion: different facilitators have different styles, and different groups have different needs. But there are some common aspects of good group facilitation.

- **Involve everyone:** Helping all group members to take part in the discussion is an important skill in facilitating a group meeting. This involves paying attention to who is talking a lot and who is not saying much. Those with more seniority or experience may dominate plenary discussions. There may be many reasons why someone is quiet during a group discussion – for example, they may be thinking deeply. But in general, it is a good idea to bring quiet group members into the discussion by, for example, asking them a direct question. On the other hand, if someone is very talkative, it is helpful to ask them to allow others to take part in the discussion.
- **Keep the group on track:** One key task for the facilitator is to help the group stay focused on the issues that are being discussed and the objectives for the group discussion. If the group seems to be losing its focus, it is important to remind group members about the objectives for the activity and the issues that are being explored. This will help to get them back on track. One main task for the facilitator is to help the group by guiding its discussion. A good facilitator will use questions to shape the discussion and direct it towards the key learning points and remaining questions.
- **Manage conflict:** Disagreement is healthy and should be welcomed. It is often through disagreement with others that we come to better understand our own thoughts and feelings. There may, however, be situations when disagreement turns

into conflict, with people defending their own fixed positions rather than exploring the issues with each other. Different ways to address this share some common features, including:

- getting people to state their concerns, and the reasons for them, clearly – this reduces the danger of other people making assumptions
- getting people to listen to others carefully – this helps to shift people out of their fixed positions and creates an atmosphere of respect in which it becomes easier to resolve a conflict
- getting people to look for areas of agreement and shared concerns to create common ground where they can come together to work a conflict out.
- **Deal with disruptions:** People often take on particular roles when they are in groups and some of these can interfere with group work. Facilitating a group discussion may mean dealing with negative or disruptive people or with someone who continues to interrupt the discussion. Reminding the group of the working agreements and asking everyone to be responsible for maintaining these agreements is a good way to deal with disruptions. It is important to involve the group when asking a disruptive group member to help rather than hinder the work. In the most extreme circumstances, when a group member continues to be very disruptive, the facilitator may need to ask this person to leave the group session. In this situation, it is important to arrange to talk with this person later to better understand their position and to make a mutual decision about whether they should continue with the group.

## During the workshop<sup>31</sup>

**Facilitators should be prepared to deal with a range of issues during the training, including the following:**

### Challenging harmful stereotypes

Participants are likely to have strong views about some of the issues raised in the training as it challenges gender or sexual norms that they may take for granted or believe are carved in stone. Some group members may disagree with the main messages that you want to get

across. It is important to welcome this disagreement as an opportunity to discuss the issues further and to help people better understand their own and each others' points of view. There may, however, be some members of the group whose views can cause harm.

A common example is blaming the victims of violence. A participant might say, "If a man gets raped, it is because he was not man enough to fight back." This point of view is harmful because it blames the survivor and excuses the perpetrator. Such a point of view, if expressed to the survivor directly, could contribute to self-blame and prevent them from accessing care because they might believe that they brought the violence on themselves.

Everyone has a right to their opinion, but they do not have the right to oppress others with their own views. It is essential that the facilitators challenge harmful points of view. The best way to do this is to repeat the core values and messages of the workshop and give the person a chance to think more deeply about their point of view and the impact that it has – or could have – on survivors, as well as to listen more closely to different points of view in the group. This can be difficult, but it is vital if the facilitators are to help group members work towards positive change.

The following process is one suggestion for dealing with such a situation. In this example, a group member blames a survivor for being raped:

- **Step 1:** Ask for clarification: "I appreciate your sharing your opinion with us. Can you tell us why you feel that way?"
- **Step 2:** Seek a different point of view: "Thank you. So at least one person feels that way, but maybe others do not. What do the rest of you think? Who here has a different opinion?"
- **Step 3:** If another point of view is not offered, provide one: "I know that a lot of people disagree with that statement. Most men and women I know feel that the only person to blame for a rape is the rapist. Every individual has the responsibility to respect another person's right to say 'no'."
- **Step 4:** Offer facts that support a different point of view: "The facts are clear. The law states that every individual has a right to say 'no' to sexual

activity. Regardless of whether the survivor fights back, they have a right not to be raped. The rapist is the only person to be blamed.”

It is important to remember that it is difficult to change deeply held views. Even after the facilitator has been through these steps, it is unlikely that the participant will openly or immediately change their opinion. However, by challenging the statement, the facilitator has provided another point of view that the participant may well think about, and perhaps adopt, later. It is good practice for facilitators to make themselves available during the breaks or after the workshop for participants who want to talk about some of these issues in a private space.

### Create a supportive environment in the training room

There are also specific steps you can take to create a positive and supportive learning environment for the workshop, including:

- **Establishing a set of working agreements (the ground rules for the workshop):** These are the agreements that the group will make, collectively, about how to work together. Module 1 includes an example of common ground rules. This is an important part of the workshop and should not be rushed as it gives the participants and the facilitators the ability to come back to agreements about being non-judgemental or confidential.
  - **Making a clear working agreement on confidentiality:** This is essential to build trust within the group. This agreement should state that group members should not tell anyone outside the workshop any details about what specific individuals have said within the group.
  - **Getting to know each other:** It is important to take time at the beginning of the workshop to ensure that people get to know each other through fun and creative introduction games. Some participants may know each other well; others may not. No matter how well group members already know each other, it is helpful to begin any group work process with activities that help participants feel more comfortable with each other. As well as planning fun ways for group members to get to know each other better, ask the participants to suggest games and activities.
- **Paying attention to the energy of the group:** Maintaining the energy of group members during the group work process is important. In dealing with difficult and sensitive issues, there is a real possibility that participants will feel overwhelmed. Being creative about ways to maintain the energy of the group is necessary; this may include using warm-ups, energizers and ice breakers. Asking participants to suggest ice breakers or energizers keeps things culturally centred. Before each of the breaks, the facilitators can lead a relaxation exercise, which allows the participants to shift into ‘relax mode’ during their breaks and return more refreshed and ready to learn.
- **Maintaining a sense of humour:** This curriculum addresses serious issues, but humour is a useful learning tool in itself – people learn better when they feel more comfortable and relaxed, and humour helps to make that happen.
- **Making it easy for people to leave the training room without asking for permission and/or setting aside a ‘safe space’** where they can gather their thoughts, deal with any emotions they might have or just be alone for a few minutes. For example, curtain off an area of the training room with a sofa in it. Discourage the use of this space for taking work calls.
- **Helping the group members to sustain themselves:** As noted, providing drinks and snacks as well as lunch during the workshop will help to sustain the work of the group and makes participants feel valued. It is also essential to plan for breaks and social time. This curriculum captures many issues and learning activities and it may not be possible to cover everything in one workshop. One common mistake people make when planning workshops is to overfill the agenda, and this leaves participants feeling tired, unable to take in new learning and unable to reflect on how that learning relates to their own lives. It is important to allow time and space for participants to ‘breathe’ during the workshop.
- **Helping participants keep track of the progress of the workshop:** This can be done by re-capping previous days and sessions and explaining the links between specific learning activities and the overall goals and flow of the workshop. Appointing different participants to do

the recapping can also be a way to build ownership of the workshop. See Annex 1 with the proposed daily agenda for more ideas.

- **Using clear language and terms:** Discussions of gender, GBV and humanitarian response are likely to involve the use of language and terms that may be unfamiliar to some of the participants. Terms about gender can be off-putting to people unless they are clearly explained. A good way to help people understand key concepts is to define them using clear language and to use real-life examples to help participants relate these concepts to their own experience. Always take time to stop and explain concepts if participants seem confused. It is better to let a session run over time than to end it with participants feeling uncertain about the main concept.
- **Encouraging participation:** Facilitators should not dominate the proceedings, but instead create space and an environment where all participants can share and learn. At the same time, the facilitators should not let one or two of the more vocal participants dominate the discussions.
- **Demonstrating humility and respect for the participants:** This is a community learning process. The facilitators do not have every answer to every question and nobody in the room is superior to anyone else. Many of the participants may have many more years of experience than the facilitators and this should be acknowledged. For some cultures, the idea that the learners have something to teach may be novel, so it is useful to explain this approach during the introduction. This can also be useful while working with men participants and women facilitators.
- **Encouraging dialogue:** Facilitators should foster an environment that encourages participants to share their views. However – and as already noted – being constructive and non-judgemental does not mean that insensitive or prejudiced comments and views can go unchallenged. Statements that devalue the dignity of women or men or those of diverse sexual orientation or gender identity, or that give privilege to certain groups, should be questioned in a way that enables further critical reflection.

## After the workshop: Creating post-training support groups

Participants may well build a strong sense of camaraderie with each other during and after the workshop. They may express frustration that some of the stress that they experience is beyond their own personal control and often related to their working conditions. Encouraging the participants to arrange informal groups – whether online, such as through WhatsApp groups, or in person – is one way to continue to facilitate peer support long after the training itself has ended, as well as to continue to share resources and learning material.

## Annex 3: Relaxation and energizer activities for transitions and Module 5

### Relaxation

#### Guided meditation

This body scan can be performed while lying down, sitting or in other postures. It's good for getting to sleep at night, or for use with a group to help everyone calm down.

- Begin by bringing your attention into your body.
- Close your eyes if that's comfortable for you.
- Notice the way your body is sitting (or lying down), feeling the weight of your body on the chair or on the floor.
- Take a few deep breaths.
- And as you take a deep breathe, bring in more oxygen to enliven the body. And as you exhale, have a sense of relaxing more deeply.
- Notice your feet on the floor. Notice the sensations of your feet touching the floor. The weight and pressure, vibration, heat.
- Notice your legs against the chair – their pressure, pulsing, heaviness, lightness.
- Notice your back against the chair.
- Bring your attention into your stomach area. If your stomach is tense or tight, ask it to soften. Take a breath.
- Notice your hands. Are your hands tense or tight? See if you can allow them to soften.
- Notice your arms. Feel any sensation in your arms. Let your shoulders be soft.
- Notice your neck and throat. Let them be soft. Tell them to relax.
- Soften your jaw. Let your face and facial muscles be soft.
- Then notice the presence of your whole body. Take one more breath.

- Be aware of your whole body as best you can.
- Take a breath.
- And then, when you're ready, open your eyes.

#### Alternate nostril breathing

This technique has actually been demonstrated on TV by the former US Secretary of State, Hillary Clinton, as a way to relax before big decisions!

- Sit cross-legged with your left hand on your thigh and your right hand on your nose.
- Breathing deeply from your diaphragm, place your right thumb on your right nostril and your ring and little fingers on your left.
- Shut your eyes, and close off your right nostril, breathing slowly and deeply through your left.
- Now close both sides and hold your breath.
- Exhale through the right nostril.
- Then reverse it: Inhale through the right, close it.
- Repeat 10 times.

#### 'Show me five'

Breathing is the best place to begin mindfulness. This uses something you always have with you, one of your hands. It is a quick and easy way to get in five breaths and activate the parasympathetic nervous system, which calms you down and grounds you when you feel stressed.

- Start by placing your dominant pointer finger at the bottom of the opposite thumb.
- Continue by drawing around the perimeter of the hand, inhaling on the way up the finger and exhaling on the way down.
- Keep your eyes open and watch your finger.
- Concentrate on the sensation of touch as you feel both your finger and the sensation of your finger on your hand.
- Concentrate on your breaths as you go up and down the fingers.
- Switch hands and use your non-dominant hand as the tracer for an additional five breaths.

## Chair yoga

Here are some videos that show examples of some chair yoga basic twists and moves:

[www.verywellfit.com/chair-yoga-poses-3567189](http://www.verywellfit.com/chair-yoga-poses-3567189)

[www.youtube.com/watch?v=1DYH5ud3zHo](https://www.youtube.com/watch?v=1DYH5ud3zHo)

The facilitator should put a chair in the front of the group and lead them in some basic, dignified stretching, focused on shoulders, back and neck.

Adjust depending on the group.

## Build a psychological house

Participants can either build, draw or visualize a house. For those who like art and drawing, it's nice to give a little creative space in the timetable for this.

Tell participants to get out a piece of paper and use the pens and pencils that they have available to them.

Give them the following instructions:

- Closing your eyes, I want you to picture everything that I am telling you.
- You are walking down a road. What does it look like? Is it in the city? In the country?
- As you are walking, you see a house. Look at it. Notice its details.
- Walk towards it. What do you notice about it?
- You start to walk around the house, looking at it as you walk.
- Now you are halfway around. Notice the details of the house as you continue to walk around it.
- Now you come back to where you were when you started.
- As you walked around the house, you noticed a way to get in.
- Now go into the house.
- What do you see?
- Explore the house, what's inside?
- As you were exploring, you noticed a secret door leading to a secret room that seems like a beautiful and safe place. Go inside that room. What do you see?

- Now leave the secret room and go back into the main part of the house.
- Now leave the house.
- As you are walking away from it, you look back at it one more time.
- You are back on the road once again, walking.
- Take a few minutes to draw what you saw in the beautiful safe secret place inside the house.

This exercise also works well for exploring the identity/personality of a small group. After someone leads the group through this imaginary scene, the group members discuss what they each visualized. Based on that discussion, the group together then visually 'constructs' one house that seems to capture the personality of the group and all of its members. Comparing the houses created by different groups can result in some fascinating insights into the unique personality of each group.

- Explain what the foundation is (the floors). What are they made of? It could be security, love, peace, etc.
- What are the walls made of? What keeps out the elements?
- What is the roof made of?
- How about the windows to look outside?

The house often is a symbol of the self, one's own personality. In this exercise you can lead participants through a mental scene in which they explore a house in their imagination. Afterwards, discuss how the various characteristics of the house may say something about their own personality. We pay attention to such details as how the house appears on the inside as opposed to the outside, what can and cannot be found inside the house, how one gets into the house, what's inside the 'secret' room, the colours, textures, how they experience the space, etc. All of these details may have symbolic significance. Participants often are amazed at what the imagined house says about them.

## The 'circulating papers' technique

This technique is an anonymous way for EVERYONE in the group to give and receive feedback from other



members. Whatever the question or topic, everyone is invited to write on a piece of paper, members are instructed not to include their names on the page. The facilitator collects all the papers (including their own, for they also participate), randomly shuffles them and then passes them back out to the workshop participants, keeping one for themselves.

Now everyone has someone else's paper, but they don't know whose paper it is. Each person reads the paper they receive and then writes on the page some useful feedback or reaction to the group member who wrote it. When you finish with that paper, you stand up and exchange papers with someone else who also has finished reading and reacting to the paper he/she received. Now you and the other person have a second paper to read and write a response to. When you finish with that second paper, you stand up and find someone else who is also finished. Everyone keeps doing this – reading, writing, and exchanging papers – until everyone has read and written a response to around 5 to 10 papers.

The facilitator then collects all the papers, places them into two piles at the front of the room, and tell the participants to come up and collect their own paper. The group then discusses the results of the exercise together.

The beauty of this technique is that EVERYONE, including shy or non-verbal participants, gives and receives feedback from several peers. It also gives the facilitator a chance to see what the participants are thinking, how they are reacting to each other, and to give them individual feedback.

It is important to stress that this exercise aims to give positive feedback only. If anyone should take advantage of its anonymity to write something cruel or hurtful, the group can use this as an opportunity to discuss aggression.

### Some coping techniques

- Deep breathing exercises
- Progressive muscle relaxation
- Visualization
- Spiritual techniques/other cultural activities.

### Activities around working and protecting ourselves

#### 'Give me five'

Trace your hand on a piece of paper. For each finger, think of a person you can trust and you can talk to. Draw them on the paper. Visualize on your hand who is represented by each finger.

#### Group discussions

How do I feel when.... (I am alone, when I am praying, when I am collecting firewood, when I am playing with my children, when I am with my husband).

#### The 'chair'

Without four legs, the chair will fall. What are the four most important things that you have and need for support when you have a problem?

#### "I wish you health and happiness" (an 'experiment')

The longstanding western concepts about the 'power of positive thinking' parallel ideas in eastern philosophy. For example, elements of the Buddhist Eightfold Path include 'right thinking' and 'right speech'. By thinking and saying positive thoughts about and to others, you can gradually create a positive change not only in the other person, but also in yourself.

As an exercise to illustrate this, tell the group that we are going to conduct a quick 'experiment'. These are the steps:

1. The participants count off by twos.
2. Ask the Ones, "How many of you are in a positive mood today? How many of you are in a negative mood?" Record these numbers on the board.
3. Ask the Twos the same questions and again tally the results on the board.
4. Tell the Ones to follow you out of the room. Tell them to 'hang out' for a few minutes, to talk to each other, and that you will return.
5. Return to the main plenary room and say to the Twos, "I wish you health and happiness." They usually laugh. Tell them to stand up and while shaking their hands, look them in the eye and say, as earnestly as possible, "I wish you health and happiness." There may be some awkwardness and giggling. Then ask

everyone to say, all together, "I wish you health and happiness."

6. Call the Ones back into the room and repeat the questions about positive and negative moods again, tallying the results for both groups. It's often clear that wishing others health and happiness has some kind of positive effect on the second group, while the mood of the first group tends to remain the same.

**A simpler version of this exercise** entails tallying up how many participants are in a "positive" mood and how many are in a "negative" mood. On a flip chart, label the first column in a 2x2 cell the 'before' column and place the tallied numbers in the vertically positioned 'positive' and 'negative' cells. Then instruct everyone in the room to shake the hands of five people while genuinely wishing them health and happiness. Afterwards, tally up the positive and negative moods again, and place those numbers in the cells under the 'after' column. You should all be able to see a difference.

### Musical expression

The facilitator can ask participants to listen to music as a way to really 'feel' their feelings. First, ask them to 'listen' for feelings and make a list of them (perhaps starting with, for example, mad, sad, bad, glad). The facilitator can ask them to work in groups to put 10 to 20 words underneath those four categories, then ask for any additional categories and repeats.

Before the workshop, the facilitator could make a playlist of songs and play a piece of each song. Each segment should be about 1-2 minutes long. The idea is for participants to write down the emotion being projected by the music.

The facilitator can start with music that conveys clearly defined moods – such as music from movies.

Then play a couple of mournful or sad tunes. Play some angry or marching songs. Play some happy or cheerful songs. Play some songs that might be cheerful but include a minor key.

Have the participants sit in groups and compare notes with each other on what they hear after every 3-4 songs.

The exercise takes about 1.5 hours. They can discuss how their mood may shift or how different people may experience different events differently (some may interpret as happy, others as sad, etc.). Talk about how the mood can shift depending on the external stimulus.

## Energizers

### Shake it off

- Encourage everyone to shake out their body.
- Feel all the stress leaving the shoulders and back and coming out the fingertips.
- Pull the energy out of your arm and through your fingers.
- Shake your hands vigorously.

### Kangaroo, monkey and ninja!

Lead the group in a chant. And while chanting, mimic the action of each character. You can come up with more characters for the context.

- What does the kangaroo do?
- Kangaroo jumps, he jumps, he jumps, he jumps
- Jump with your hands in front of you like a kangaroo
- What does the monkey do?
- Monkey swings, he swings, he swings, he swings
- Swing your arms back and forth above your head like a monkey
- What does the Ninja do?
- Ninja strikes, he strikes, he strikes, he strikes
- Lunge at an imaginary opponent with your samurai sword.



## Annex 4: Pre- and post-test: Answer key

Please remember to remove this page before distributing the pre- and post-test to participants.

Question number	Scoring
1	5 points for D, any other answer -5
2	1 point each for B, C, D, E, F
3	5 points for B, any other answer -5
4	1 point each for A, C, E, F, G
5	5 points for E
6	5 points for E, 1 point for A, B, C, or D
7	5 points for B -5 points for A
8	5 points for A
9	5 points for C -5 for all other answers
10	5 points for F
11	1 point for each correct answer A: Int, B: LCM, C: Both, D: LCM, E: Both
12	0 points for A, 1 for B, 2 for C, 3 for D
13	0 points for A, 1 for B, 2 for C, 3 for D
14	5 points for A, -5 points for B, C and D
15	5 points for D -5 points for A, B and C
16	5 points for D
17	1 point each for B, C, F, G, H -1 point each for A, D, E
18	1 point for each place they name 5 points if they name 3 places
19	1 point for each place they name 5 points if they name 3 places
20	5 points for A

## Endnotes

- 1 2016: 71% of all new arrivals (in Italy) were adult men; among children, 93% were boys.  
  
2017: 74% of all new arrivals were adult men; among children, 93% were boys.  
  
2018: 72% of all new arrivals were adult men; among children, 93% were boys.  
  
2019: 71% of all new arrivals were adult men; among children, 95% were boys.  
  
Data drawn from *Refugee and Migrant Children in Europe: Overview of Trends*, IOM, UNHCR, UNICEF, Geneva, 2017, 2018, 2019 and 2020.
- 2 Ibid.
- 3 United Nations Children's Fund, *Making the invisible visible: the identification of unaccompanied and separated girls in Bulgaria, Greece, Italy and Serbia*, Geneva, UNICEF Europe and Central Asia Regional Office (ECARO), 2020 <[www.unicef.org/eca/reports/unaccompanied-and-separated-girls-europe](http://www.unicef.org/eca/reports/unaccompanied-and-separated-girls-europe)>.
- 4 Translators Without Borders, *Field Guide to Humanitarian Interpreting and Cultural Mediation*, p. 4, 2017, Paris, Translators Without Borders, 2017 <[translatorswithoutborders.org/field-guide-humanitarian-interpreting-cultural-mediation/](http://translatorswithoutborders.org/field-guide-humanitarian-interpreting-cultural-mediation/)>.
- 5 The [Common European Framework of Reference for Languages](#) states "... the written and/or oral activities of mediation make communication possible between persons who are unable, for whatever reason, to communicate with each other directly. Translation or interpretation, a paraphrase, summary or record, provides for a third-party a (re)formulation of a [spoken or written] source text to which this third party does not have direct access. Mediating language activities – (re)processing an existing text – occupy an important place in the normal linguistic functioning of our societies" (p.4). Council of Europe, *Common European Framework of Reference for Languages: Learning, Teaching, Assessment (CEFR)*, Cambridge, Cambridge University Press, 2001 <[www.coe.int/lang-cefr](http://www.coe.int/lang-cefr)>.  
  
The *Comparative Study on Language and Culture Mediation in different European Countries* compares the field of language and culture mediation in Austria, Belgium, Germany, Italy, Spain and Switzerland, and notes: "Language and cultural mediation presupposes that successful communication goes beyond the application of language skills and often requires more, such as knowledge about the cultural background. Generally, therefore, it can be said that language and cultural mediators interpret and communicate sociocultural background so as to guarantee communication between foreign speaking clients and institutions providing standard care in the field of health care, social services and education. Through their work they forge a link between the institutions, e.g., hospitals, psychosocial centers, doctor's offices, counseling offices and other social services, and their non-German-speaking clients." *Comparative Study on Language and Culture Mediation in different European countries*, Wuppertal, EQUAL EP TransKom – gesund & sozial, 2012 <[www.saludycultura.uji.es/archivos/Transkom.pdf](http://www.saludycultura.uji.es/archivos/Transkom.pdf)>.  
  
See also Zvereva, Ekaterina, and Kamo Chilingaryan, Linguistic and cultural mediation in health care settings: an overview of Russia and Turkey, result of the project "[Language and Culture Mediation with Refugees to Ensure their Language Rights at Border Crossing Zones at the Age of Migration Crisis](#)" in Proceedings of ADVED 2018- 4th International Conference on Advances in Education and Social Sciences, 15-17 October 2018- Istanbul, Turkey.
- 6 Apostolou, Fotini, *Translation and interpreting for public services in Greece*, 2015 (e-book in Greek) <<http://hdl.handle.net/11419/962>>.  
  
See also Ioannidis, Anastasios., Can you ask them for me? Interpreting in asylum hearings in Greece, Athens, Diavlos.
- 7 And Resta, Zoi, *Community interpreting in Greece: The case of refugee camps*, Athens, Diavlos, 2017.  
  
Archibald and Garzone (2014) provide an exhaustive description of the LCM profile and its historical evolution over the past four decades. They also note:  
  
*'A few decades ago, Stephen Bochner ... defined the role of the mediator in this way: "The mediating person is an individual who serves as a link between two or more cultures and social systems. The essence of the mediating function is to shape exchanges between the participating societies so that the contact will benefit those cultures, on terms that are consistent with their respective value systems" (Bochner 1981,3). This is a very general definition, which – in addition to translation and interpreting – embraces mediating roles that are inherent in a wide range of situations of cultural contact: dissemination of technical innovations, migration, international trade relations, multi-cultural education, cross-cultural counselling, academic, business and military 'sojourn', tourism, etc. (ibid.). Thus... cultural mediation in its broader meaning also refers to situations of cultural contact that involve a process of culture learning, where there are people favoring such a process, whether spontaneously or professionally. Within this very broad conceptualization, Bochner distinguishes... between two types of mediating functions: the mediator – as – translator whose purpose is "to represent one culture to another faithfully and thereby contribute to mutual understanding and accurate cross-cultural knowledge"; and the mediator – as – synthesizer, whose purpose is "to reconcile disparate culture practices, this type of mediation having special relevance to exchanges from which some actions is to follow" (ibid.). This overall distinction can be used as a broad template for the representations and categorizations of linguistic and cultural mediation in discussion...'* Archibald, James, and Giuliana Elena Garzone, Conceptualizing Linguistic and Cultural Mediation, *Revue Lingue Culture e Mediazione/Languages Cultures et Mediation* Vol 1, 1-2, 2014 <[www.ledonline.it/index.php/LCM-Journal/article/view/775](http://www.ledonline.it/index.php/LCM-Journal/article/view/775)>.
- 8 Mother tongue is the language that one grows up speaking. A vehicular language is a language that both parties have in common and can use.
- 9 World Health Organization, What are the roles of intercultural mediators in health care and what is the evidence on their contributions and effectiveness in improving accessibility and quality of care for refugees and migrants in the WHO European Region?, Health Evidence Network synthesis report 64, Geneva, World Health Organization, 2019 <[www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/publications/2019/what-are-the-roles-of-intercultural-mediators-in-health-care-and-what-is-the-evidence-on-their-contributions-and-effectiveness-in-improving-accessibility-and-quality-of-care-for-refugees-and-migrants-in-the-who-european-region-summary-2019](http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/publications/2019/what-are-the-roles-of-intercultural-mediators-in-health-care-and-what-is-the-evidence-on-their-contributions-and-effectiveness-in-improving-accessibility-and-quality-of-care-for-refugees-and-migrants-in-the-who-european-region-summary-2019)> .
- 10 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, New York, IASC, 2015, (updated 2018) <<https://gbvguidelines.org/en/iasc-guidelines-for-integrating-gender-based-violence-interventions-in-humanitarian-action/>>.
- 11 World Health Organization, 'Violence against women', 2017, <[www.who.int/news-room/fact-sheets/detail/violence-against-women](http://www.who.int/news-room/fact-sheets/detail/violence-against-women)>.
- 12 United Nations Children's Fund, 'Gender-based Violence in Emergencies: Operational Guide', New York, UNICEF, 2019 <<https://www.unicef.org/media/69216/file/Gender-Based%20Violence%20in%20Emergencies:%20Operational%20Guide.pdf>>.
- 13 LGBTQI+ is an acronym that stands for lesbians, gay, bisexual, transgender, queer and intersex people or others of diverse sexual orientation, gender identity and expression, and sexual characteristics (SOGIESC).
- 14 World Health Organization, *World report on violence and health*, 2002, <[www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/full\\_en.pdf?ua=1](http://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf?ua=1)>.

- 15 COFEM, 'Feminist Pocketbook, Tip Sheet 7, Violence against men and boys', Coalition of Feminists for Social Change 2018 <<https://cofemsocialchange.org/wp-content/uploads/2018/11/TS7-Violence-against-men-and-boys.pdf>>.
- 16 Gender-based Violence Information Management System (GBVIMS) Steering Committee 'Interagency Gender-based Violence Case Management training' <<https://gbvresponders.org/response/gbv-case-management/#InteragencyGender-based-ViolenceCaseManagementTrainingMaterials>>.
- 17 Ibid.
- 18 ACA, *Vicarious Trauma: Factsheet #9*, Alexandria, VA, American Counseling Association <<https://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf?sfvrsn=2>>.
- 19 Stamm, B. Hudnall, *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*, Lutherville, MD, The Sidran Press, 1995 < <https://psycnet.apa.org/record/1996-97172-000>>; C.R. Figley, Charles, R. 'Compassion fatigue: Toward a new understanding of the cost of caring' in Stamm, op. cit. 1995.
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- 21 The image of FRIES is drawn from the Planned Parenthood in the USA <[www.shorturl.at/exCIU](http://www.shorturl.at/exCIU)>. THIS LINK IS INCORRECT
- 22 Drawn from the IMC/UNFPA, *Managing GBV in Emergencies Handbook*, 2015 NEEDS COMPLETE INFO
- 23 Can be removed in the shortened 2.5-day agenda.
- 24 United Nations Children's Fund and International Organization for Migration, *Harrowing Journeys, Children and youth on the move across the Mediterranean Sea, at risk of trafficking and exploitation*, New York and Geneva, UNICEF and IOM, 2017, p 16 <[https://www.unicef.org/publications/index\\_100621.html](https://www.unicef.org/publications/index_100621.html)>.
- 25 European Commission, 'Trafficking for sexual exploitation: a gendered crime', <[https://ec.europa.eu/anti-trafficking/publications/trafficking-for-sexual-exploitation-a-gendered-crime\\_en](https://ec.europa.eu/anti-trafficking/publications/trafficking-for-sexual-exploitation-a-gendered-crime_en)>.
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- 27 American Psychiatric Association, 'Mental Health Disparities: LGBTQ', Washington, D.C, American Psychiatric Association, 2017 <[www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-LGBTQ.pdf](http://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-LGBTQ.pdf)>.
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