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# Creating a Scalable Training Manual for Community Mobilizers Supporting Youths Participating in Global Dialogues' Narrative Contest about Intimate Partner Violence in Nicaragua

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An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
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# **Abstract**

Creating a Scalable Training Manual for Community Mobilizers Supporting Youths Participating in Global Dialogues' Narrative Contest about Intimate Partner Violence in Nicaragua By Caroline Kokubun

Low- and middle-income countries that lack the health infrastructure and capacity to treat mental illness require innovative approaches for the delivery of mental health and psychosocial support services. Various forms of narrative therapy have been developed to reduce symptoms of trauma and post-traumatic stress disorder (PTSD). Narrative development engages cognitive processes such as critical reflection and meaning-making that are similarly activated through transformative learning, an approach to adult education that has been used to build capacity and transform communities in developing countries. As a vehicle of generating social awareness and promoting behavior change, Global Dialogues' international narrative contest challenges young people from around the world to create compelling narratives and participate in dialogue surrounding sensitive and taboo topics such as intimate partner violence. Using a transformative learning approach, we created a manual to train contest mobilizers in Nicaragua to support the development of narratives for the contest and to facilitate a safe learning environment through contest participation for young people who may have previously experienced trauma due to intimate partner violence or who may be indirectly exposed to it. The manual was developed based on a literature review of transformative learning theory, narrative therapy, and the cultural context of intimate partner violence in Nicaragua. Based on feedback from participants in a pilot training workshop and our implementing partner in Matagalpa, we revised the manual to be concise, to incorporate linkages to more accessible local resources, and to clarify concepts by drawing from more familiar constructs and frames of reference. The manual was well received overall in its pilot test. A rigorous impact evaluation of the manual is required to investigate any potential association between the use of the manual by contest mobilizers and the mental health and emotional wellness of contest participants.

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#### **Chapter I: Introduction**

# **Introduction and Significance:**

Mental health is defined by the World Health Organization (WHO) as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (World Health Organization, 2014). With a global lifetime prevalence of between 12.2%-48.6% (Tomlinson, 2013), the global impact of mental disorders on lost economic output is estimated to exceed \$16.1 trillion over a 20-year period (Bloom et al., 2011). A significant treatment gap exists—between 32.2%-78.1% of people with mental disorders worldwide are without treatment (Kohn, Saxena, Levav, & Saraceno, 2004). In low- and middle-income countries (LMICs), over 90% go untreated (Shidhaye, Lund, & Chisholm, 2015).

LMICs account for over 70% of global disease burden from mental disorders (Tomlinson, 2013), with the average lifetime prevalence in these countries estimated to be 22.7% (Steel et al., 2014). This is believed to be an underestimate due to underreporting as a result of lower mental health awareness and higher stigma, poor access to mental health screenings and treatment, and lack of availability of community-based data. Although recommended treatment for mental illness typically includes a mental health clinician, such as a psychiatrist or psychologist, there is a need for more immediate therapeutic alternatives in order to close the treatment gap in countries that currently lack the human resources. Even where these resources are available, drug shortages and gaps in the supply chain can impede continuous care and contribute to treatment failure (Jenkins, Baingana, Ahmad, McDaid, & Atun, 2011).

According to the WHO, optimal service delivery includes a mix of formal and informal services, including long-stay facilities and specialist services, community mental health services,

psychiatric services in general hospitals, mental health services through public health clinics, community care services, and self-care services (See Figure 1) (Shidhaye, Lund, & Chisholm, 2015). Community care and self-care services are most needed and cost less to implement. While mental health care infrastructure and capacity are still being developed in LMICs, existing local resources can be mobilized to provide informal care and social support to individuals experiencing symptoms of mental illness within communities. Non-governmental organizations (NGOs) often play a large role in closing the treatment gap in LMICs through the implementation of community-based mental health and psychosocial support (MHPSS) services and trainings that strengthen health systems and build local capacity.

Figure 1: WHO Service Organization Pyramid for an Optimal Mix of Services for Mental Health (Shidhaye, Lund, & Chisholm, 2015)

Image redacted due to copyright restriction.
Image can be viewed here:
https://ijmhs.biomedcentral.com/articles/10.11
86/s13033-015-0031-9

Global Dialogues is a non-governmental organization whose mission is to "promote global public health and societal well-being through integrated, youth-driven solutions fueled by creativity and multidisciplinary partnership" (Global Dialogues, 2017, Vision & Mission). This is achieved through narrative contests that encourage critical thinking, reflection, and creativity in youth participants as they develop stories that create awareness around challenging and, at times, taboo health issues that affect their communities. So far, over 250,000 young people from 80 countries have participated in these contests (Global Dialogues, 2017, Overview of the Contests). Contest jurors at a national and international level, consisting of various stakeholders (e.g. affected community members, subject matter experts, filmmakers, and former contest winners), select winning narratives to be transformed into short films through a dialogical process that fosters increased knowledge and understanding of community needs and collaboration between stakeholders. These films have the ability to reach wide audiences through local television and/or radio broadcasts, and are also used by community-based organizations to stimulate dialogue within communities, contextualize behavior, and emotionally engage viewers. This process is designed to improve attitudes and social norms, behavioral intentions, life skills and access to resources, as well as increase social cohesion, advocacy, and collective efficacy (Winskell & Enger, 2005).

Global Dialogues promotes awareness and de-stigmatization of taboo issues through the creation and public distribution of narratives as short films, and encourages social support and dialogue among contest participants and within the greater community. Although Global Dialogues is not a traditional provider of MHPSS services, its narrative development process may contribute to improved mental health and wellness of participants.

#### **Problem Statement:**

The purpose of the project on which this master's thesis is based was to develop and pilot test a Spanish-language training manual for community mobilizers supporting youth participants in Global Dialogues' 2016 narrative contest in Nicaragua. The contest required participants to develop narratives about intimate partner violence (IPV). Due to the sensitive nature of the topic, Global Dialogues sought to create a safe space and sense of community among contest participants with varying degrees of exposure to IPV.

The final product, *El Poder de la Narración* or "The Power of Story-Telling", was designed utilizing principles of transformative learning to help contest mobilizers facilitate narrative development, story-telling, and the creation of safe and therapeutic spaces through interactive activities that encourage dialogue between participants. Global Dialogues sought to pilot test and improve the manual based on the feedback of manual users. Grupo Venancia, Global Dialogues' partner organization in Nicaragua, facilitated a pilot training using the manual for 33 participants in July 2016. Following completion and an initial assessment of the training, the contest mobilizers returned to their communities with copies of the manual, working in schools with young people participating in the contest. Youth participants were thus provided with social support from these trained individuals, as well as their peers, through what can be a challenging creative and emotional process. Community mobilizers then reported their experiences using the manual and made suggestions for improving the final version.

# **Purpose Statement:**

The purpose of this special studies thesis is to report findings from the pilot test of the manual and to explore the psychotherapeutic potential of the Global Dialogues narrative development process in the context of Nicaragua and its suitability to other LMICs.

#### **Definition of Terms and Abbreviations:**

#### **Terms**

- *Intimate Partner Violence (IPV)*: "physical violence, sexual violence, stalking, and psychological aggression" (Centers for Disease Control and Prevention, 2016).
- *Intimate Partner*: "a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and/or sexual behavior, identity as a couple, familiarity and knowledge about each other's lives" (Centers for Disease Control and Prevention, 2016).
- Low- and middle-income countries (LMICs): countries that have low-income or lower middle-income economies with a gross national income per capita below \$4,035 (The World Bank, 2017).
- Machismo: ideology that "exaggerates the differences between men and women, emphasizing male moral, economic and social superiority over women" (Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000).
- Marianismo: ideology based on "spiritual devotion to the Virgin Mary, who is considered simultaneously to embody the ideals of maternity and chastity" (Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000).
- Mental Health and Psychosocial Support (MHPSS): "any type of local or outside support
  that aims to protect or promote psychosocial well-being and/or prevent or treat mental
  disorder (Inter-Agency Standing Committee, 2007).
- *Pilot Test*: preliminary assessment of function and utility

#### Abbreviations

- NGO: Non-governmental Organization
- WHO: World Health Organization

#### **Chapter II: Literature Review**

#### The Transformative Learning Approach:

First introduced in 1991 by Jack Mezirow in *Transformative Dimensions of Adult Learning*, transformative learning theory approaches adult education and development from a multi-disciplinary background in developmental and cognitive psychology, psychotherapy, sociology and philosophy (Taylor, Cranton, & Associates, 2012). Transformative learning has been characterized as "facilitating a kind of learning that [gives] rise to a deep transformation in participants" 'frames of reference' for engaging with the world," (Hunt, 2013) making them "more inclusive, discriminating, open, emotionally capable of change, and reflective so they may generate beliefs and opinions that will prove more true or justified to guide action" (Merriam, Caffarella, & Baumgartner, 2012). According to Mezirow, adult learning is an individual process based on the examination and interpretation of personal experience. When long-held beliefs and constructs are challenged by information or experiences that do not align with these structures, individuals must either accept or reject new ideas and perspectives. Transformation can only occur if one chooses to engage in the process of critical reflection and meaning-making that opens him or her to a change in mindset and thinking (Taylor, Cranton, & Associates, 2012).

Although transformative learning is often applied in the context of an individual's personal development, the "consciousness-raising" pedagogy of Brazilian educator and philosopher, Paolo Freire, has been used by adult educators to promote transformation at a community-level by challenging social structures and norms through critical reflection and dialogue. In *Pedagogy of the Oppressed* (1970), Freire juxtaposes the hierarchical "banking" method of teaching in which information is dispensed from the teacher to the student with a

transformative and dialogical learning style where the teacher and student come together as equals and learn from each other (Freire, 2000).

According to Freire, there are two categories of people, the oppressors and the oppressed, and it is crucial that well-meaning teachers do not become oppressors by imposing their beliefs and agenda on their students. Instead, teachers can act as facilitators of the learning process, by helping to create a safe environment conducive for dialogue and by participating in a way that helps students think critically, identify problems, and find solutions without directing the discussion or the meaning that participants derive from it. Through this process, the oppressed may come to a realization that change is possible, and engage the oppressors in productive dialogue and action on social, political, and cultural issues with the potential to lead to equitable solutions and community transformation (Freire, 2000).

Although critical reflection and meaning-making remain central components, transformative learning theory has evolved from Mezirow's focus on conscious rationality within dominant social paradigms and Freire's efforts to liberate the oppressed from dominant social constraints. In *Transformative Learning Through Creative Life Writing: Exploring the Self in the Learning Process*, Celia Hunt discusses several contemporary approaches that expand this conceptualization of transformative learning to explore the roles of feelings and emotion in a more holistic process and to challenge the dominant social frames of reference which constrain a person's sense of self (Hunt, 2013). Hunt also presents her own "bio-psycho-social" approach, which she calls "creative life writing" (Hunt, 2013), inspired by John Dirkx's "self work" or "soul work" (Dirkx, 1997) through use of metaphor and imagery within a Jungian conceptual framework (Jung, 1983), as well as Lyle York and Elizabeth Kasl's use of drama to stimulate cognition and emotions within a collaborative learning environment (Yorks & Kasl, 2002).

Creative life writing marries transformative learning with psychotherapy to expand consciousness and increase the flexibility of the psyche through the use of creative writing techniques to fictionalize self-experience. Hunt studied the experience of students participating in her Creative Writing and Personal Development postgraduate program at Sussex University, and found that a significant number reported experiencing breakthroughs or life-changing shifts in their writing abilities or personal lives. She also observed that students experienced what is known as "subject reframing" or the "involuntary disruption of order [and collapse of] previous assurances and predictable ways of interpreting reality and of making meaning" (Hunt, 2013).

Both Hunt and Mezirow acknowledge that this aspect of the transformative process is closely linked to the psyche, requiring an emotional openness that can feel "intensely threatening" (Hunt, 2013). Creative life writing participants experienced both increased emotional vulnerability, as well as varying degrees of therapeutic benefit from what they perceived as self-therapy. Not only did participants experience transformation as writers, but also transformation at a mental and emotional level through cognitive processing of their personal experiences.

Based on her findings, Hunt argues that transformative learning could be considered a form of therapeutic education if it involves a "fundamental change in the functioning of the self" (Hunt, 2013). Other adult educators, such as Knud Illeris, draw similar parallels between transformative learning's cognitive, emotional, and social restructuring to processes used in psychotherapy (Hunt, 2013). This psychotherapeutic approach, known as narrative therapy, aims to improve mental health outcomes through the development of patient narratives. Global Dialogues will attempt to replicate these mental health benefits in young people through the development of this manual and training of contest mobilizers.

#### **Narrative Therapy:**

The use of narratives in psychotherapy has a long history dating back as early as 1919 when French psychiatrist, Pierre Janet, suggested that organizing and reconstructing fragmented memories of traumatic events in narrative form could help mitigate their negative effects. A narrative is narrowly defined as "a story that provides the form for interpreting experience" (Peterkin & Prettyman, 2009). A description of events is insufficient; empowering narratives must have an objective or "story goal" (Pennebaker & Seagal, 1999) represented by "causally connected sequence of events with a beginning, middle, and end" (Peterkin & Prettyman, 2009). This basic structural pattern is essential to the development of narratives that facilitate the process of adapting to and overcoming challenges rather than being disrupted by them (Polkinghorne, 1996).

Externalization is another process by which the narrator can be empowered, and one that is fundamental to narrative therapy. According to White and Epston (1990) and Freedman and Combs (1996), this process separates the person from the problem so that it can be viewed subjectively, allowing the individual to gain power over it and to not be defined by the problem (Keeling & Bermudez, 2006). Although externalization is usually done through conversation and dialogue, narrative therapy can take various forms that facilitate this process and change in perspective (Keeling & Bermudez, 2006). Expressive writing is one example of a low-cost intervention that can be applied to individual or group therapy environments (Peterkin & Prettyman, 2009).

James Pennebaker and Sandra Beall's groundbreaking 1986 study of undergraduate psychology students using expressive writing compared the immediate and long-term health effects of students who wrote about personal trauma with students who wrote about neutral

subjects over a period of four consecutive days (Pennebaker & Beall, 1986). Among students that wrote about traumatic experiences, Pennebaker and Beall found that expressive writing was associated with both increased negative effects (high blood pressure and negative feelings) immediately after writing but also fewer health center visits within a 6-month follow up period. A subsequent study found that negative feelings are short term, and people who wrote about trauma reported being at least as happy as those who didn't when surveyed after two weeks (Pennebaker & Seagal, 1999).

According to Pennebaker and Seagal (1999), these findings have been replicated across different populations in numerous studies that have also found expressive writing to be associated with better self esteem, improved personal relationships, and quality of life. Results further indicate that groups that may benefit the most tend to be the groups that start at a lower baseline: people belonging to communities that are stigmatized and people with hostile and suspicious personality types. Participants in programs that are more structured or of longer duration may have the potential to experience the physical and mental health benefits more fully. One study even found that the health benefits of writing a fictional trauma were similar to writing about personal trauma (Pennebaker & Seagal, 1999).

Possible explanations for long-term health benefits are behavior change due to an increase in health consciousness and cognitive processing. Krantz & Pennebaker (1995) found that it is not enough for one to experience catharsis through physical activity as a means of expressing traumatic experiences, one must also write about it. They hypothesize that writing requires individuals to organize and package their memories and emotions in a way that they can be easily summarized, stored, and forgotten (Pennebaker & Seagal, 1999). It is believed that stories that adhere to narrative structural patterns of cause and effect facilitate cognitive

processing, resulting in decreased strain on working memory, which improves problem solving and leads to mental and physical health benefits (Peterkin & Prettyman, 2009).

#### Narrative Development and Story-Telling for Trauma:

In psychotherapy, disclosure serves as a catalyst for "the elaboration of new emotional meanings and self understanding" (Angus, 2012) in emotion-focused therapy (EFT). Angus (2012) identifies three key narrative sequences within the Narrative Process Coding System that she and her research team developed in order to investigate the impact of the patient narrative process on treatment outcomes. The first sequence, the External Narrative Process, consists of autobiographical events and memories that describe what has happened to the individual, otherwise known as the disclosure of personal stories. The second sequence, the Internal Narrative Process, consists of subjective feelings and emotions experienced and described by the individual, highlighting the significance of these stories to him or her. Finally, the Reflexive Narrative Process consists of interpreting and making meaning of a situation in relation to the beliefs, feelings, actions, and intentions of the individual and those surrounding him or her (Angus, 2012).

Wimberly (2011) used a narrative approach for first responders attempting to provide support to trauma victims and to cope with exposure to trauma themselves as caregivers. They found that story-telling and re-telling helped participants connect with their plotlines and envision purposeful movement and progression towards a hopeful future. This approach incorporated the five principles established to guide trauma intervention efforts, which include:

1) promoting a sense of safety, 2) promoting calming, 3) promoting a sense of self-and collective efficacy, 4) promoting connectedness, and 5) promoting hope. When applied in a group setting, story-telling has the potential to foster resiliency through the practices of unmasking, inviting

catharsis, relating empathetically, unpacking the story, and moving beyond trauma (Wimberly, 2011).

According to Hobfoll et al. (2007), a sense of safety can reduce negative post-trauma reactions over time. This can be achieved by bringing people to a safe place and ensuring that it is safe from bad news, rumors, and interactions that may make people feel threatened. Exposure to trauma can result in high levels of emotionality, and may lead to panic attacks, dissociation, and post-traumatic disorder in the future. Interventions should focus on calming extreme emotions in order to manage anxiety and hyperarousal. Breathing exercises can help prevent hyperventilation and dissociation, countering anxious emotionality (Hobfoll et al., 2007).

Promoting a sense of self- and collective efficacy following trauma is critical to prevent or reverse loss of confidence in the ability to overcome adversity in people exposed to trauma. Without linkage to resources, people exposed to trauma are more vulnerable to feelings of failure when they are not empowered to pursue their goals for recovery due to circumstance. Self-efficacy is tied to community efficacy, and a competent community provides safety, resources, and support to its members. Promoting social connectivity increases communal knowledge and social support, encouraging problem solving, emotional understanding, acceptance, the sharing of traumatic experiences and coping mechanisms, and normalization of reactions and experiences, thus in turn contributing to collective efficacy. Social support, whether naturally occurring or established through interventions, is critical to the well-being of individuals, social networks, and communities (Hobfoll et al., 2007).

Finally, instilling hope is key to rebuilding a fragmented worldview caused by trauma that can lead to despair, a sense of futility, and resignation. Although hope typically has a religious or spiritual connotation that is not action-oriented, Hobfoll et al. (2007) recommends

exercises that promote developmental progress and motivate adolescents to pursue learning and plan for the future. Hope can be enhanced by helping people focus on more accurate risk assessment, positive goals, building strengths as individuals and communities, and sharing their stories (Jewkes, 2002; Hobfoll et al., 2007).

These principles of narrative development and story-telling for trauma will serve as a guiding influence for training Global Dialogues contest mobilizers to provide technical support to youth participants and to facilitate therapeutic environments for the creation of narratives about physical and emotional trauma related to intimate partner violence.

# **Intimate Partner Violence in Nicaragua:**

According to the 2011/2012 Nicaraguan Survey of Demography and Health, the prevalence of intimate partner violence in its verbal, physical, and sexual forms among everpartnered women (women who have ever had an ongoing sexual partnership) was estimated to be 36.7%, 20%, and 10% respectively. Of these women, 16.2%, 6.1%, and 3.5% reported experiencing these forms of abuse within the last 12 months, and intimate partner violence was more common in urban areas. During this period, with the exception of physical violence, women who were married were more frequent recipients of abuse than women who were separated, divorced, or widows (INIDE & MINSA, 2013). Ellsberg et al. (2000) examined this association and found that 8% of IPV cases occurred before marriage, over 50% occurred within two years of marriage, and as much as 80% occurred within four years of marriage (Jewkes, 2002). Among pregnant women, prevalence of intimate partner violence is estimated to be between 13-31% (Campbell, 2002; Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000). Violence also tends to be more frequent and severe among Nicaraguan women of low socioeconomic status (Jewkes, 2002). Most common acts of violence include pushing, punching,

kicking, slapping, and throwing objects. Children were also present almost half of the times when abuse occurred, predisposing them to continue the cycle of abuse as adults after witnessing it as children (Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000).

High rates of violence against women are believed to be partially due to the cultural expression of *machismo* and *marianismo* (male and female gender ideals) in Nicaragua. Ellsberg et al. (2000) observed that it is a commonly expressed belief that women feel more secure when beaten by their husbands, and cited a Nicaraguan saying which states, "If a man loves you, he will beat you". According to Garcia et al. (2006), in Nicaragua, it is thought to be the duty of a woman to keep her family together because her husband is the father of her children regardless of whether or not he abuses her. Because of these cultural beliefs, families are sometimes not supportive of victims of abuse, blaming them and reinforcing feelings of shame and isolation. Nicaraguan men who are physically violent to their wives tend to exhibit higher rates of controlling behavior. Battered women are less likely to have access to social support, family, and material support than non-battered women (Garcia-Moreno et al., 2006).

In 2012, the Comprehensive Law Against Violence Against Women (Law 779) was introduced in an attempt to define and address intimate partner violence in Nicaragua. Women's rights to freedom from violence and discrimination were protected under this law, as well as the right to redress. Law 779 also required the state to enforce these rights and protections.

Reception of the law among women has been mixed. According to Luffy et al. (2015), women believed it was helpful because it gave them the ability to sue their abusers. However, they perceived that femicide (the killing of women) increased after the law was implemented, believing that it encouraged men to kill their partners rather than accept punishment or mediation

under the law. They also doubted the ability of police to enforce the law due to corruption, thus rendering it ineffective (Luffy, Evans, & Rochat, 2015).

In developing a training manual for contest mobilizers, Global Dialogues aims to support local and national efforts to raise awareness of intimate partner violence in Nicaragua, by encouraging young people to create contest narratives for the production and distribution of short educational films. By conducting a pilot test of the manual in Nicaragua, Global Dialogues will be able to improve the manual so that it is informative and comprehensive, culturally-appropriate and user-friendly, and well-suited to addressing sensitive issues, such as intimate partner violence in Nicaragua.

#### **Chapter III: Methods**

Methodologies for developing and piloting this training manual involved: a) review of the Global Dialogues mission and vision, contest mobilization process, materials and end products; b) a literature review to identify key concepts and guide learning objectives; c) strategic decision-making regarding content, approach, and learning techniques by the development team based on utility to manual users and comprehensiveness; d) drafting curriculum materials, including interactive activities to enhance comprehension and learning experience; e) implementation of a pilot training of trainers in the use of the manual; and f) data collection and analysis to identify areas for revision.

# **Development of Manual Curriculum and Content:**

The purpose of this project was to create a replicable and scalable manual for Global Dialogues to train implementing partners to use contest participation and narrative development to deepen critical reflection on the causes and consequences of violence against women, facilitate emotional well-being, and increase access to a variety of related services. Curriculum

development was informed by a literature review on topics of transformative learning, intimate partner violence within the context of Nicaragua, and narrative therapy and development as a mental health and psychosocial support intervention. This was then used by development team members to identify and select concepts to be featured within in the manual based on best practices and comprehensiveness. Using the pedagogy of Freire and transformative learning methods to guide the approach and techniques used in lessons and activities, curriculum content is both original, i.e. created by the author exclusively for Global Dialogues, as well as sourced and adapted from other Global Dialogues manuals.

The manual development team consisted of three individuals: the Global Dialogues liaison, the implementing partner in Nicaragua (Grupo Venancia), and the author. In the months leading up to the implementation of the pilot training with the manual, this team held weekly curriculum development meetings over phone and Skype. Team members were provided with drafts of outlines, lesson plans, and activities by the author prior to each meeting. During meetings, feedback was provided to the author, questions and concerns were discussed, and action items set for the following week. The manual was written in Spanish by the author, and edited for correctness by the implementing partner in Nicaragua. Following the pilot of the manual, participant feedback and a key informant interview were used by the team to revise the manual to its current iteration.

#### **Pilot Test**

The manual was piloted during a weekend training workshop in July 2016 at Grupo Venancia's training site in Matagalpa, Nicaragua. The training lasted 16 hours, consisting of four morning and afternoon sessions over the course of two days, facilitated by the implementing partner. Teachers, promoters, and student leaders were recruited as participants from both rural

and urban communities in the surrounding areas. Thirty-three participants were selected, ranging in age from 17-48 and with varying levels of education (from two years of secondary school to graduate degrees and professional licenses). Selection for participation was determined by the implementing partner, and involved previous association or past involvement with Global Dialogues contests and leadership potential.

The pilot test of the manual relied on feedback from two sources: the workshop participants and the workshop facilitator. The manual was assessed twice by workshop participants, who completed questionnaires immediately after the July 2016 training workshop and after the contest mobilization process in November 2016 when narratives were submitted for contest jury consideration (See Figure 2 for timeline). A 46-minute unstructured key informant interview was also conducted with the implementing partner in September after the author received the completed questionnaires from the first round of data collection. The pilot test of this manual was reviewed by Emory University's Institutional Review Board and classified as exempt.

Figure 2: Timeline of Pilot Test



#### **Data Collection Instruments:**

Data collection instruments were created by the manual development team in order to identify strengths and weaknesses. Questions included: 1) whether the manual had an impact on participants' understanding of the contest mobilization process; 2) whether manual content, lessons, activities, and resources were useful to participants; and 3) whether participants were satisfied with their experience using the manual. All questions included in these feedback forms

were self-reported and open-ended, designed to elicit in-depth responses. The manual development team chose this format because of its familiarity to Nicaraguan workshop participants, who have had experience filling out these types of forms and may have been less comfortable self-administering surveys using quantitative data collection techniques.

For the first assessment, workshop participants filled out a 16-item questionnaire about their experience learning from the manual and its content. Of particular interest were their thoughts about length, quality, utility, selection and understanding of content, lessons, activities and resources included in the manual and appendix, as well as suggestions for improvement. For the second assessment, the same group was asked to fill out a second 5-item questionnaire about their experience using the manual in their communities. Community mobilizers were asked about what worked well and what didn't, and to provide suggestions for improvement (items to add, remove, and clarify).

Although these feedback forms were filled out anonymously, participant demographic information regarding age, community (urban or rural), and level of education were also gathered. At both data collection points, hard copies of the surveys were distributed to participants to fill out independently, affording them more privacy and the opportunity to skip questions they preferred not to answer. Hard copies of the completed forms were collected by the implementing partner and responses entered into Microsoft Excel for analysis.

# **Data Analysis:**

The analysis of pilot test data focused on whether learning objectives were being met and communicated in a comprehensive manner. All responses were entered into Microsoft Excel and coded as either positive or negative feedback. Responses that were mixed were coded as neutral. Themes were then identified according to frequency of reporting, and used to identify strengths and weaknesses. The second round of feedback was used to gauge whether these issues remained

or were resolved following use of the manual during contest mobilization. Notes from the key informant interview with the implementing partner provided insight into user experience from the perspectives of both the facilitator and participants, as well as detailed recommendations for revisions.

# **Chapter IV: Results**

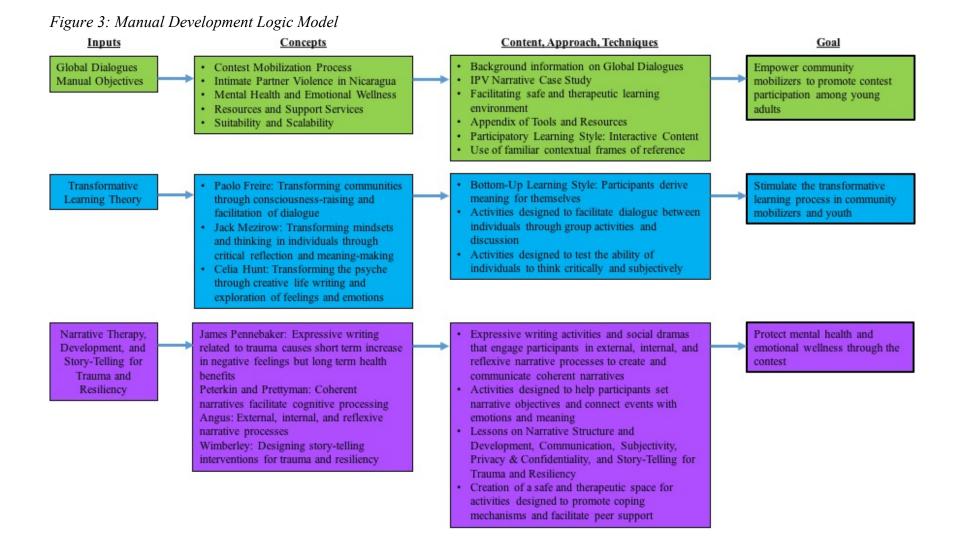
The goals of the manual development team in developing curriculum and content were:

1) to empower community mobilizers to promote contest participation among adults, 2) to stimulate the transformative learning process in community mobilizers and in youth participants, and 3) to protect the mental health and wellness of participants throughout the contest. To achieve these goals, manual content drew inspiration from several sources: Global Dialogues' vision for creating the manual and the context of Nicaragua, transformative learning theory, and narrative therapy and development relating to trauma (See Figure 3). Learning objectives were established based on key concepts identified and selected from these sources (See Table 1). This in turn informed the content, approaches, and techniques used for the manual.

#### **Manual Curriculum and Content:**

Review of Global Dialogues' Objectives and the Context of Nicaragua:

Topics identified for inclusion in the manual relating to Global Dialogues and Nicaragua were: an introduction to the Global Dialogues contest mobilization process and techniques for facilitating understanding of concepts; the causes and consequences of intimate partner violence; facilitating mental health and emotional well-being; and informational resources and support services.



To address these subjects, the author referenced articles written by Global Dialogues' founders to provide background information on the organization; adapted two stories from a Global Dialogues manual previously written for Nicaragua to create a narrative case study for intimate partner violence; designed lessons and activities using a transformative learning approach to encourage dialogue and social cohesion to facilitate the establishment of a creative learning environment where participants felt supported and respected by their peers; and created an appendix to the manual to provide contest mobilizers and participants with additional tools and resources connecting them to accessible services.

Additional lessons were included in the appendix of the manual to complement the core concepts of the manual. At the request of the implementing partner, a lesson on subjectivity was included in order to aid workshop participants in understanding the role that perspective plays in making narratives compelling. This lesson was informed by the literature review of transformative learning theory and narrative therapy and development, combining concepts relating to critical reflection and meaning-making. Lessons about communication, as well as privacy and confidentiality were also included at the discretion of the author. These lessons were intended to support the creation of coherent narratives, as well as safe and therapeutic spaces.

Suitability, scalability, and replicability were key considerations which influenced the manual's content, approach, and techniques. The manual was tailored to be culturally appropriate to users in Nicaragua, where it was piloted, yet applicable to other cultures, regions, and countries.

Review of Transformative Learning Theory:

Through a literature review of transformative learning, concepts from the teachings of Jack Mezirow (transforming mindsets and thinking), and Celia Hunt (transforming the psyche),

and Paolo Freire (transforming communities) were identified for inclusion in the manual. Key components selected from Mezirow's transformative learning theory are the ideas that adult learning is an individual and internal process, that critical reflection generates awareness through personal frames of reference, and that meaning-making challenges individuals to accept or reject new ideas and perspectives (Taylor, Cranton, & Associates, 2012). Hunt's theory of transformation incorporates feelings and emotions into Mezirow's transformative learning process using creative writing as a means of promoting subject reframing and flexibility of the psyche (Hunt, 2013). Freire's transformative learning pedagogy centers around consciousness raising through the facilitation of dialogue as a necessary means to challenging social structures and making equitable action and solutions possible (Freire, 2000).

These concepts translated into the manual's bottom-up, participatory learning style, which is meant to encourage participants to derive meaning for themselves through interactive and inclusive content that draws from familiar and universal contextual frames of reference. Activities were designed to facilitate dialogue between individuals through group activities and discussion, and to test the ability of participants to think critically about issues from different perspectives. The manual development team relied heavily on the pedagogy of Freire as a guide to mobilizing and transforming communities globally.

*Review of Narrative Therapy and Development:* 

A literature review of narrative therapy and development with a focus on story-telling for trauma and resiliency identified several key concepts for inclusion in the manual. Expressive writing relating to trauma was identified by James Pennebaker as an approach to narrative therapy that generates short term negative feelings but long term health benefits (Pennebaker & Seagall, 1999). When developing trauma narratives, Peterkin and Prettyman (2009) emphasize

the importance of creating coherent narratives in order to facilitate cognitive processing, and Angus (2012) outlines key processes to narrative development (external, internal, and reflexive narrative processes) that describe events, address feelings and emotion, and encourage critical reflection and meaning-making. Wimberley (2011) describes key components to story-telling for trauma including promoting feelings of safety, calmness, self- and collective efficacy, connectedness, and hope. Wimberley's approach to resiliency through inviting catharsis, promoting empathy, unpacking stories, and planning for recovery after trauma were also selected (Wimberley, 2011).

These concepts led to lessons on narrative structure and development, communication, and subjectivity, as well as lessons on ensuring privacy and confidentiality and story-telling for trauma and resiliency. Activities were designed to help participants set narrative objectives and connect events with emotions and meaning, as well as to promote coping mechanisms and facilitate peer support. Expressive writing activities and social dramas were included to test the participants' ability to create and communicate coherent narratives that engage participants in external, internal, and reflexive narrative processes. Creating a safe and therapeutic environment for these lessons and activities was emphasized as a means of reinforcing these concepts.

#### Activities:

Activities were designed to allow workshop participants to put manual concepts into practice and to facilitate understanding of them (See Table 1 for original manual outline). Most of the activities in the manual are original content created by the author, however, some activities have been adapted or repurposed from online sources or personal experiences. For example, "Breathing Exercise" is a combination of equal breathing and alternative nostril breathing techniques compiled by the internet media site, Greatist, which focuses on fitness, health,

and happiness (Shakeshaft, 2015). Other activities such as "Telephone", "Describe and Listen", "Circle Stories", and "Where the Wind Blows", are commonly-practiced ice-breakers or team-building activities from the author's experiences growing up, as a student, as a community health facilitator for the Peace Corps in Zambia, and as a program supervisor for Partners in Health in Mexico.

Table 1: Original Manual Outline

Section	Session	Objectives	Activities
Introduction to Global Dialogues	Session 1: The Utility of Global Dialogues and The Creation of Safe Spaces	<ul> <li>To understand the mission of Global Dialogues and its narrative contest</li> <li>To understand the utility of the Global Dialogues process to youth participants, partner organizations, and communities</li> <li>To understand the role of contest mobilizers in the facilitation of safe creative spaces within their communities</li> </ul>	N/A
Resources for the Mobilization of Young People	Session 2: Case Study of Eloisa and Pedro	<ul> <li>Promoting critical dialogue about romantic love and the "danger signs" or abusive behavior</li> <li>Reflecting in groups about the distinct perspectives of the characters.</li> <li>Practicing the process of supporting a person in your family that experiences violence or abuse in their relationship</li> </ul>	<ol> <li>"Discuss and Analyze": Reading and case study discussion adapted from previous Global Dialogues Manual created for Grupo Venancia</li> <li>"Social Support, Part I: Group-based identification and discussion of the warning signs of IPV</li> <li>"Social Support, Part II": Social drama, role-play, reflection, and discussion of ways social networks can support victims of IPV</li> <li>"It's Your Turn: Critical thinking and reflection on how to write about and respond to IPV</li> </ol>
	Session 3: The Structure and Development of Narratives	<ul> <li>Learn how to set goals for the narrative</li> <li>Understand the structure of a narrative and its function: the beginning, development, and conclusion</li> </ul>	Creating Narrative Objectives:  1) "The Moral of the Story is": Reading, identification of story objectives, and discussion  2) "Establish objectives": Individual writing activity

		• Learn the role of the external, internal,	<b>Developing Coherent Narratives:</b>
		and reflexive processes of the narrative	3) "Circle Stories": Group narrative activity
		in the development of the narrative	4) "Make a development outline": Individual mapping
The Promotion	Session 4: The	Loarn how to promote sefety	activity  1) "Where the Wind Blows": Interactive group disclosure
The Promotion of Safe and Therapeutic Spaces	Principles of Story-Telling Related to Trauma and Resiliency	<ul> <li>Learn how to promote safety</li> <li>Learn how to promote a feeling of calm and security</li> <li>Learn how to promote self-efficacy and resiliency</li> <li>Learn how to promote collective efficacy and connectivity</li> <li>Learn how to develop hope for the future</li> </ul>	activity to promote commonality and sense of safety  2) "Breathing Exercise": Individual mindfulness activity to promote feelings of calmness and security  3) "A Funeral of Words": Individual critical thinking and reflection to identify negative descriptive words or thoughts, rejecting them in symbolic group activity, and writing positive descriptive words and thoughts to promote self-efficacy and resiliency  4) "One Generation to Another": Dialogical activity encouraging social cohesion  5) "What is your motivation?": Individual critical thinking and group discussion about personal goals to encourage hope
Appendix	Session 5: Work Plan Template	<ul> <li>To create a work plan for community mobilization</li> <li>To establish a list of tasks that should be completed before the contest</li> <li>To establish a timeline of tasks with deadlines</li> </ul>	"Work Plan": Individual activity outlining objectives, goals, tasks, and deadlines for contest mobilization activities
	Session 6: Subjectivity	<ul> <li>To understand the role of subjectivity and point of view in a narrative</li> <li>To reflect on the use of senses to explain everything: time, reality, and how we can use the senses as allies to describe and create</li> <li>To understand the importance of tolerating subjectivity/diversity of opinion</li> </ul>	<ol> <li>"Imagine a World Without Color": Reading and discussion of the use and purpose of subjectivity</li> <li>"A Picture is Worth a Thousand Words": Group activity and subjective writing in response to a photographic prompt</li> <li>"A Change of Lens": Individual writing activity and critical reflection about personal conflict from a different perspective</li> </ol>
	Session 7: Communication	To learn how to achieve set goals through clear communication and active listening	<ol> <li>"Describe and Listen": Paired activity using descriptive communication and active listening</li> <li>"Taboo": Group activity using descriptive and implicit</li> </ol>

	<ul> <li>To explore different methods of explicit and implicit (without words) communication</li> <li>To learn how to use body language</li> </ul>	communication 3) "Charades": Social drama and role-play using body language and expression
Session 8: Privacy and Confidentiality	<ul> <li>To define "privacy" and "confidentiality" and explain why privacy and confidentiality are important</li> <li>To identify violations of privacy and confidentiality</li> <li>To get to know the consequences of these violations</li> <li>To learn how to respect the privacy and confidentiality of others</li> <li>To get to know the expectations of the contest participants</li> </ul>	<ol> <li>"Telephone": Interactive group activity demonstrating how information can change as it is spread</li> <li>"Defining Privacy": Group definition and discussion of privacy</li> <li>"Defining Confidentiality" Group definition and discussion of confidentiality</li> <li>"Identifying information leaks": Group discussion of what constitutes a leak of information</li> <li>"Interactive Theater: Community Health": Social drama, role-play, and discussion about the difficulties of maintaining privacy and confidentiality</li> <li>"Cascade Effect": Interactive group activity demonstrating how information can spread through a community and discussion of consequences</li> <li>"Finding Solutions": Discussion of ways to maintain privacy and confidentiality</li> <li>"Establish participant expectations": Discussion of what participants expect from each other when it comes to maintaining privacy and confidentiality</li> </ol>

# **Manual Pilot Test**

All thirty-three participants in the July training workshop completed Questionnaire 1 and twenty-six completed Questionnaire 2 in November.

#### Questionnaire 1

Strengths:

Responses to Questionnaire 1 were mostly positive (n=31), with only two participants offering more constructive critiques than positive feedback.

In terms of manual impact, strengths identified were its effect on participants' understanding of the contest mobilization process, strategies learned for promoting the contest, contest mobilization plans for using the manual, and sense of preparation. Most respondents liked the quality of the manual's content, and enjoyed the selection of lessons included in the manual. The appendix was well received in terms of selection and quality of resources, and there were no requests for additional resources.

Regarding understanding of the contest mobilization process, responses ranged from "it seemed complex and intense" to "very enriching". Respondents as a whole seemed to have more clarity about the contest and its purpose, as well as how to promote it. Almost all identified strategies learned as a result of the manual, the most common being strategies for training, motivating, and communicating with youth participants in the contest. Several also mentioned learning techniques for story-telling, writing, and facilitating spaces for reflection and dialogue. A few discussed logistical strategies, saying they learned to "start leading the course on time" and "promote the contest through lessons to the teachers and students of some of the municipal institutions".

Most respondents said that they intended to use the manual as a guide during the contest mobilization process, while others opted to select certain lessons and activities they felt were most applicable. One respondent proposed using the manual to conduct "workshops with the [youth] participants so that there is a better focus on the manual and the represented topics".

Many felt that the manual would be useful in helping to motivate students. One respondent reported planning to use the manual so "young people can freely express [themselves] without fear of being criticized" and to "support them and listen to them through their stories".

Prior to the training, most participants did not feel prepared to carry out their responsibilities as contest mobilizers when asked, with responses such as "did not know anything" and "very weak". However, after becoming more familiar with the manual during the training, respondents reported feeling better prepared with "more understanding, arguments, techniques, and the methodology that motivates contest participation". A couple respondents had some knowledge of the contest mobilization process through past contest participation as jury members or contest promoters, and reported feeling "more informed and encouraged" and "well informed and more animated" after using the manual.

Respondents appreciated the content quality, commenting that it was "excellent", "very well presented", "well explained". One respondent wrote that the content was "very informative with the objective you wanted to plant", and another reported that "the information that the manual has seems good and [distribution]would be very important". Overall, lessons and activities were deemed to be of excellent quality, helpful, and applicable to their work with youth participants as contest mobilizers. A couple respondents named a few lessons and activities they liked in particular, including lessons on structure and development and principles of story-telling for trauma and resiliency, as well as stories and activities such as "Breathing Exercise", "A Change of Lens", and "Circle Stories". (See Table 1 for a description of original activities) *Weaknesses:* 

Respondents identified several weaknesses with the manual, namely issues of content length and balance, as well as clarity. Frequent comments were that the manual was "extensive",

"heavy", and "dense". A number of people found the topic of story-telling for trauma (pages 13-16) difficult to understand, particularly activities such as "Breathing Exercise", "Where the Wind Blows", and "A Funeral of Words". A couple of respondents had some difficulty with the length of the case study on the story of Eloisa and Pedro and its discussion guide. In some cases, language was an issue, with respondents reporting some confusion with words such as *zafacón* (waste basket) or *resiliencia* (resilience) that are not commonly used in Nicaraguan Spanish and require substitution or further explanation.

#### Recommendations:

For improving manual content and lessons, most participants suggested decreasing the length of the text and number of activities, adjusting time budgeted towards certain activities, clarifying the language or using simpler terms, and adding pictures. Several participants suggested additional lessons on sexual abuse, sexual orientation, sex work, teen pregnancy, alcohol and drug abuse, diversity, and the environment. One respondent offered very specific suggestions, including cutting the interactive theater and telephone activities from the privacy and confidentiality lesson, removing the mimic and taboo activities from the communication lesson, and shortening the story of Eloisa and Pedro and its accompanying discussion guide.

### Questionnaire 2

Responses to Questionnaire 2 were very positive, with all 26 respondents identifying strengths in comparison to the 12 respondents who identified areas of weakness.

Strengths & Weaknesses:

Many felt that the manual was strong as a whole, particularly the lessons and activities.

Several described it to be comprehensive and informative, helping them to "better understand the work of the facilitator", improving their knowledge of Global Dialogues, as well as motivating

and inspiring youth participants. The main weakness identified was the length of the case study, some activities, and discussion guides. The time budgeted for activities was also an issue, although this was mostly due to the limited amount of time allowed during school rather than inaccuracies in estimates.

#### Recommendations:

Respondents recommended the addition of lessons on abuse, diversity, and pregnancy.

Additionally, they suggested shortening or summarizing the story of Eloisa and Pedro in the case study and removing some activities, discussion questions, and the internet resource page in the appendix. Finally, they requested clarification of some concepts, stories, language and time budgeted towards activities.

## Key Informant Interview

# Strengths and Weaknesses:

The implementing partner reported that the experience of facilitating the training using the manual was good overall, and that the manual was easy to use and understand. She went through each section of the manual and identified strengths and weaknesses, providing detailed feedback and suggestions for revisions. For the most part, her comments were in agreement with the participants', however, she found the "Story-Telling for Trauma" lesson to be quite strong whereas participants had some difficulty understanding it. She also offered constructive critiques about how to improve lessons and activities, as well as their placement.

### Recommendations:

To address the issue of the length of manual content and number of activities, the implementing partner recommended cutting out case study discussion questions 3, 6, 8, and 9 in the discussion and analysis following the story of Eloisa and Pedro, as well as the subsequent

activity entitled "Social Support Part I". Additionally, she suggested the removal of the "Taboo" and "Telephone" activities in the lessons on communication and privacy.

To address organizational issues, she recommended moving the lesson on privacy and confidentiality out of the appendix and before the "Story-Telling for Trauma" lesson so that participants felt more comfortable sharing personal feelings and experiences with each other. She also suggested moving the last activity of the case study, "Your Turn", to be the first activity of the lesson on narrative structure and development since it asked participants to envision what they would write in a narrative.

To address issues of comprehension experienced by the participants, the implementing partner offered several suggestions for adjustments to activities. In terms of story comprehension, she recommended providing Nicaraguan fables for "The Moral of the Story" activity in "The Structure and Development of Narratives", as well as revising the story written for privacy to reflect the learning environment of students and teachers rather than patient health settings. She also recommended creating a story to accompany the breathing exercise in "Story-Telling for Trauma", adjusting the discussion guides for "A World Without Color" so that participants reflect on the literary contributions of subjectivity to a narrative rather than identifying subjective language within a story, and modifying "A Picture is Worth a Thousand Words" so that participants use the questions to generate story-lines from their imaginations instead of photographic prompts.

### **Manual Revisions:**

Based on the feedback provided in the questionnaires and key informant interview, the manual development team identified the following revisions for the next iteration of the manual: (See Table 2 for the revised manual outline)

- Remove some activities ("Social Support Part I", "Taboo", and "Telephone") and discussion questions (Eloisa and Pedro: Q3, Q6, Q8, and Q9 in "Discuss and Analyze")
- Add explanation about flexible nature of the manual in the introduction section (use of activities, time budgeted), local resources that do not require internet access, and pictures.
- Adjust the arrangement of lessons and activities in outline ("Privacy and Confidentiality" and "Your turn"), stories to be more relatable to participants (Nicaraguan fables and student privacy and confidentiality), discussion guides to be more reflective ("A World Without Color" and "A Picture is Worth a Thousand Words"), and language to clarify concepts ("Story-telling for Trauma")

Table 2: Revised Manual Outline

Section	Session	Revised Objectives	Revised Activities
Introduction to Global Dialogues	Session 1: The Utility of Global Dialogues and The Creation of Safe Spaces	<ul> <li>By the end of the session participants should be able</li> <li>To understand the mission of Global Dialogues and its narrative contest</li> <li>To understand the utility of the Global Dialogues process to youth participants, partner organizations, and communities</li> <li>To understand the role of contest mobilizers in the facilitation of safe creative spaces within their communities</li> </ul>	N/A
Resources for the Mobilizatio n of Young People	Session 2 Case Study: Eloisa and Pedro	By the end of the session participants should be able  To facilitate discussion and analysis of a case study narrative on intimate partner violence  To promote critical dialogue about romantic love and the "danger signs" or abusive behavior  To facilitate group reflection and discussion of the distinct perspectives of the characters in groups  To describe methods of providing social support to an individual experiencing violence or abuse in a relationship	<ol> <li>"Discuss and Analyze": Reading and case study discussion adapted from previous Global Dialogues Manual created for Grupo Venancia</li> <li>Removed Q3, Q6, Q8, and Q9 from discussion guide</li> <li>"Social Support": Social drama, role-play, reflection, and discussion of ways social networks can support victims of IPV</li> </ol>
	Session 3: The Structure and Development of Narratives	By the end of the session participants should be able  To describe how to set goals for the narrative  To describe the structural components of a narrative and their functions  To describe the role of the external, internal, and reflexive processes of narratives	<ul> <li>Creating Narrative Objectives:</li> <li>1) "It's Your Turn: Critical thinking and reflection on how to write about and respond to IPV</li> <li>2) "The Moral of the Story is": Reading, identification of story objectives, and discussion</li></ul>

			5)	"Make a development outline": Individual mapping activity
The Promotion of Safe and Therapeutic Spaces	Session 4: Privacy and Confidentiality	<ul> <li>By the end of the session participants should be able</li> <li>To define "privacy" and "confidentiality" and explain why privacy and confidentiality are important</li> <li>To identify violations of privacy and confidentiality</li> <li>To describe the consequences of these violations</li> <li>To describe how to respect the privacy and confidentiality of others.</li> <li>To understand the expectations of the contest participants</li> </ul>	1) 2) 3) 4) 5) 6) 7)	demonstrating how information can spread through a community and discussion of consequences
	Session 5: The Principles of Story-Telling Related to Trauma and Resiliency	By the end of the session participants should be able  To describe the principles of story-telling related to trauma and resiliency  To describe how to promote a sense of safety  To describe how to promote a feeling of calm and security  To describe how to promote self-efficacy and resiliency  To describe how to promote collective efficacy and connectivity  To describe how to convey hope for the future	1) 2) 3) 4)	"Where the Wind Blows": Interactive group disclosure activity to promote commonality and sense of safety "Breathing Exercise": Individual mindfulness activity to promote feelings of calmness and security

			5)	"What is your motivation?": Individual critical thinking and group discussion about personal goals to encourage hope
Appendix	Session 6: Work Plan Template	By the end of the session participants should be able  To create a work plan for community mobilization  To establish a list of tasks that should be completed before the contest  To establish a timeline of tasks with deadlines	1)	"Work Plan": Individual activity outlining objectives, goals, tasks, and deadlines for contest mobilization activities
	Session 7: Subjectivity	By the end of the session participants should be able  To understand the role of subjectivity and point of view in a narrative  To reflect on the use of senses to explain everything: time, reality, and how we can use the senses as allies to describe and create  To understand the importance of subjectivity in promoting understanding and in accepting diversity of opinion	1) 2) 3)	"Imagine a World Without Color": Reading and discussion of the use and purpose of subjectivity  ➤ Revised discussion guide to be more reflective  "Use Your Imagination": Individual writing activity promoting use of the subjective voice.  ➤ Revised from the original group activity that used photographic prompts to generate narratives.  "A Change of Lens": Individual writing activity and critical reflection about personal conflict from a different perspective
	Session 8: Communication	By the end of the session participants should be able  To describe how to achieve set goals through clear communication and active listening  To describe the advantages and disadvantages of using explicit and implicit communication  To understand how to communicate effectively	1) 2)	"Describe and Listen": Paired activity using descriptive communication and active listening "Charades": Social drama and role-play using body language and expression

## **Chapter V: Discussion**

As Global Dialogues was the primary stakeholder in this manual's development, final decisions on revisions were made by the project manager. The manual was revised to its current format in line with the major themes identified in the combined feedback from the workshop participants and implementing partner. Manual development is an iterative process, and the revised version of the manual will continue to be refined as it is used. The creation and distribution of this training manual will facilitate participation in Global Dialogues' contest narrative development process, serving as a vehicle for health communication and behavioral change with potential for mental health protection and benefits. This version of the manual was translated into English to be piloted in English-speaking countries participating in Global Dialogues contests and to be evaluated for its suitability within other cultural contexts (see Appendix).

# **Strengths and Limitations:**

The strengths of this project lie primarily in the strength of the Global Dialogues model on which it is based. Global Dialogues' narrative approach to health education is particularly well-suited to Nicaragua, where Ellsberg et al. (2000) found that narratives about IPV are accepted by many women as "a believable and meaningful representation of their own experiences" (Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 2000). The manual's transformative learning approach, particularly its faithfulness to the teachings of Freire, make it well-suited to the cultural context of Nicaragua and other Latin American countries due to its roots in human rights education and liberation movements that are popular within the region (Magendzo, 2005). Overall, the manual was well received by workshop participants. The manual raised no objections among participants about cultural appropriateness, although some

adjustments were requested relating to clarification of terms used and in making content more specific to Nicaragua in the case of one activity. The manual was helpful in improving participants' understanding of the contest mobilization process, providing them with strategies for promoting the contest, and preparing them for their role as contest mobilizer.

Limitations of this project center around the pilot test of the manual due to sampling method and sample size. Workshop participants were identified through convenience sampling conducted by the implementing partner, and was thus limited to people she knew personally or people who were recommended to her. Because the intent of this pilot test was to improve the manual, workshop participants were only asked about the perceived effect of using the manual on their level of preparation for the role of contest mobilizer. Additionally, because the manual was being piloted, our sample was limited to just one training cohort. It is unclear whether these results are generalizable to other cohorts.

Another limitation was the format of the survey questionnaires used during the pilot test. The qualitative format was selected over a quantitative design because of its familiarity to workshop participants, however, many respondents failed to provide in-depth responses to openended questions and others struggled to focus their responses to the parameters of the questions. Future workshops in Nicaragua should consider allotting time for in-depth interviews with some of the workshop participants.

Because it is estimated that 70 percent of emotional distress in Nicaragua is caused by IPV (Campbell, 2002), promotion of mental health and emotional wellness through safe spaces, privacy and confidentiality, and story-telling related to trauma and resiliency were important concepts and lessons to include in the manual. However, it is unclear whether their inclusion in the manual is actually associated with improved mental health and emotional wellness in contest

participants, and whether this manual qualifies as a mental health and psychosocial support tool. At best, we can hypothesize that if contest mobilizers used the manual to create positive and protective learning environments, they may prevent adverse trauma-related responses among youth participants to contest themes or negative feelings from interactions with other participants. A separate evaluation is required to investigate this relationship, as the scope of this pilot test was focused on user experience rather than impact.

#### **Recommendations:**

Although the manual is not intended to be a tool for providing mental health and psychosocial support services, similarities between the Global Dialogues model and existing MHPSS interventions warrant further investigation into its potential use for this purpose. Interventions utilizing narratives and narrative development as a form of psychosocial treatment have been used in other cultures and settings. Narrative exposure therapy (NET) was created for low-income countries as a short-term therapy for individuals experiencing PTSD symptoms and has been used to treat asylum seekers and refugees in high income countries during resettlement. Robjant and Fazel (2010) conducted a review of NET and KidNET (adapted for children) treatment trials and found it to be effective in reducing PTSD symptoms in both adults and children. This therapy involves the patient constructing a chronological life timeline of happy, sad, or frightening events and narrating their experiences, with the intent that habitual exposure to the memory and emotions associated with traumatic events will reduce the emotional response over time. If the patient forms a consistent and meaningful narrative of traumatic events, he or she is likely to get the most benefit from therapy (Robjant & Fazel, 2010). In a review of clinical trials, Nosè et al. (2017) found that NET was the best at reducing PTSD symptoms among other

psychosocial PTSD interventions, and that NET was also effective at reducing symptoms of depression (Nose et al., 2017).

Van der Oord et al. (2010) evaluated the effectiveness of cognitive behavioral writing therapy (CBWT) among children living in the Netherlands with trauma-related symptoms, and found that it was effective at reducing symptoms of PTSD, depression, trauma-related cognitions and behavioral problems. This effect was maintained after six-months of follow-up and an average of 5.5 treatment sessions. CBWT is a combination of psycho-education, exposure, cognitive restructuring, and social sharing. Similar to NET, CBWT involves constructing a timeline of traumatic events and integrating them into a complete storyline. The child then writes a detailed account of his or her thoughts, feelings, and behaviors during the event as a means of cognitive restructuring. The child is then encouraged to re-read the story at subsequent sessions or when experiencing traumatic symptoms. The story is then shared with significant people in the child's life and feedback from them is provided to him or her (Van der Oord, Lucassen, Van Emmerik, & Emmelkamp, 2010).

Although most NET studies have been conducted among populations exposed to conflict-related PTSD, Volpe et al. (2015) reviewed existing literature from the perspective of its applicability to treating IPV-related PTSD in adolescents with or expecting children. They proposed NET as a suitable intervention for this population due to its effectiveness and superiority to other treatment therapies in studies with children and adolescents, demonstrating larger effect sizes and group differences in PTSD severity. Additionally, they found NET to be adaptable across cultures, socio-economic settings, and for training non-clinicians in community health settings (Volpe et al., 2015).

Mattson and Ruiz (2005) created and piloted a children's book to address IPV within the Latino community and the role of Mexican culture in perpetuating it. Although the sample size was small, they found that most children were able to identify positive strategies for anger management after hearing the story. They also found that Latino children were drawn to physically active coping mechanisms, such as breathing, drawing, running around, and not hitting (Mattson & Ruiz, 2005).

Although there have been some studies evaluating the impact of MHPSS interventions using narratives and narrative development, more research needs to be done in order to validate consistency and reliability of different approaches, as well as their generalizability. Most interventions studied incorporate consultations with trained psychotherapists, so further investigation into whether reductions in trauma-related and depressive symptoms can be replicated by non-clinicians is also necessary. Additionally, studying the dose-response and sustainability of these effects, will allow organizations considering implementing similar interventions to conduct cost benefit analysis. Further exploration into the effects of narrative therapies on the vicariously traumatized would be helpful to understanding the benefits to contest participants who may not have been directly exposed to trauma but engage and relate empathically with traumatic experiences through dialogue with trauma survivors and through the course of developing their own fictional narratives. Because the majority of these studies utilized the profound nature of personal experiences to achieve mental health benefits, assessing the impact of fictional narratives could also serve as an active control for measuring true effect size.

### **Conclusion:**

Although Global Dialogues is not a traditional provider of mental health and psychosocial support services, its narrative contest model has the potential to generate mental

health benefits for its participants as the contest incorporates many aspects of narrative therapy. Further research into this contest model and the mental health outcomes of participants may contribute to existing knowledge and understanding of the complex relationship between story-telling, mental health and emotional wellness.

## References

- [1] Angus, L. (2012). Toward an integrative understanding of narrative and emotion processes in Emotion-focused therapy of depression: implications for theory, research and practice. *Psychother Res*, 22(4), 367-380. doi:10.1080/10503307.2012.683988
- [2] Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowa, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011). The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum.
- [3] Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, *359*(9314), 1331-1336. doi:10.1016/S0140-6736(02)08336-8
- [4] Centers for Disease Control and Prevention. (2016). Intimate Partner Violence: Definitions. *Centers for Disease Control and Prevention*. Retrieved from: <a href="https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html">https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html</a>
- [5] Dirkx, J. M. (1997). Nurturing soul in adult learning. In P. Cranton (Ed.), *Transformative Learning in Action: Insights from Practice*, New Directions for Adult and Continuing Education, No. 74. San Francisco, CA: Jossey-Bass.
- [6] Ellsberg, M., Pena, R., Herrera, A., Liljestrand, J., & Winkvist, A. (2000). Candies in hell: women's experiences of violence in Nicaragua. *Soc Sci Med*, *51*(11), 1595-1610.
- [7] Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York: Norton.
- [8] Freire, P. (2000). *Pedagogy of the oppressed* (30<sup>th</sup> anniversary ed.). (Bergman Ramos, M., Trans.). New York, NY: Bloomsbury Academic.
- [9] Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., Watts, C. H., Health, W. H. O. M.-c. S. o. W. s., & Domestic Violence against Women Study, T. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet*, 368(9543), 1260-1269. doi:10.1016/S0140-6736(06)69523-8
- [10] Global Dialogues. (2017). Overview of the Contests. *Global Dialogues*. Retrieved from http://globaldialogues.org/contests/overview/#.WN76ecc9TzI
- [11] Global Dialogues. (2017). Vision & Mission. *Global Dialogues*. Retrieved from <a href="http://globaldialogues.org/about-us/vision-mission/#.WNNbixIrJp9">http://globaldialogues.org/about-us/vision-mission/#.WNNbixIrJp9</a>
- [12] Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., . . . Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry*, 70(4), 283-315; discussion 316-269.

- doi:10.1521/psyc.2007.70.4.283
- [13] Hunt, C. (2013). *Transformative learning through creative life writing: Exploring the self in the learning process.* London: Routledge.
- [14] Inter-Agency Standing Committee. (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. *Inter-Agency Standing Committee*. Retrieved from:

  <a href="http://www.who.int/mental-health/emergencies/guidelines-iasc mental-health-psychosocial-june-2007.pdf">http://www.who.int/mental-health/emergencies/guidelines-iasc mental-health-psychosocial-june-2007.pdf</a>
- [15] National Institute of Development Information (INIDE) & Ministry of Health (MINSA). (2013). *Nicaraguan Survey of Demography and Health 2011/12: Informe Preliminar*. Retrieved from <a href="http://www.inide.gob.ni/endesa/Endesa11\_12/HTML/endesa11/assets/common/downloads/Informepreliminar.pdf">http://www.inide.gob.ni/endesa/Endesa11\_12/HTML/endesa11/assets/common/downloads/Informepreliminar.pdf</a>
- [16] Jenkins, R., Baingana, F., Ahmad, R., McDaid, D., & Atun, R. (2011). International and national policy challenges in mental health. *Ment Health Fam Med*, 8(2), 101-114.
- [17] Jewkes, R. (2002). Intimate partner violence: causes and prevention. *Lancet*, *359*(9315), 1423-1429. doi:10.1016/S0140-6736(02)08357-5
- [18] Jung, C.G. (1983). The Shadow. In A. Storr (Ed.), *The Essential Jung*. Princeton, NJ: Princeton University Press.
- [19] Keeling, M. L., & Bermudez, M. (2006). Externalizing problems through art and writing: experiences of process and helpfulness. *J Marital Fam Ther*, *32*(4), 405-419.
- [20] Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2004). The treatment gap in mental health care. *Bull World Health Organ*, *82*(11), 858-866. doi:/S0042-96862004001100011
- [21] Krantz, A., & Pennebaker, J. W. (1995). Bodily versus written expression of traumatic experience. Manuscript submitted for publication.
- [22] Luffy, S.M., Evans, D.P., & Rochat, R.W. (2015). "It is better if I kill her": Perceptions and opinions of violence against women and femicide in Ocotal, Nicaragua after Law 779. *Violence and Gender*, 2(2), 107-111.
- [23] Magendzo, A. (2005). Pedagogy of human rights education: A Latin American perspective. *Intercultural Education, 16*(2), 137-143. doi: 10.1080/14675980500133549
- [24] Mattson, S., & Ruiz, E. (2005). Intimate partner violence in the Latino community and its effect on children. *Health Care Women Int*, 26(6), 523-529. doi:10.1080/07399330590962627

- [25] Merriam, S.B., Caffarella, R.S., & Baumgartner, L.M. (2012). *Learning in adulthood: A comprehensive guide*. John Wiley & Sons.
- [26] Nose, M., Ballette, F., Bighelli, I., Turrini, G., Purgato, M., Tol, W., . . . Barbui, C. (2017). Psychosocial interventions for post-traumatic stress disorder in refugees and asylum seekers resettled in high-income countries: Systematic review and meta-analysis. *PLoS One*, 12(2), e0171030. doi:10.1371/journal.pone.0171030
- [27] Pennebaker, J.W. & Beall, S.K. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*, 95, 274-281.
- [28] Pennebaker, J. W., & Seagal, J. D. (1999). Forming a story: the health benefits of narrative. *J Clin Psychol*, 55(10), 1243-1254. doi:10.1002/(SICI)1097-4679(199910)55:10<1243::AID-JCLP6>3.0.CO;2-N
- [29] Peterkin, A. D., & Prettyman, A. A. (2009). Finding a voice: revisiting the history of therapeutic writing. *Med Humanit*, 35(2), 80-88. doi:10.1136/jmh.2009.001636
- [30] Polkinghorne, D. E. (1996). Transformative narratives: from victimic to agentic life plots. *Am J Occup Ther*, *50*(4), 299-305.
- [31] Robjant, K., & Fazel, M. (2010). The emerging evidence for Narrative Exposure Therapy: a review. *Clin Psychol Rev*, 30(8), 1030-1039. doi:10.1016/j.cpr.2010.07.004
- [32] Shakeshaft, J. (2015). 6 Breathing Exercises to Relax in 10 Minutes or Less. *Greatist*. Retrieved from: http://greatist.com/happiness/breathing-exercises-relax
- [33] Shidhaye, R., Lund, C., & Chisholm, D. (2015). Closing the treatment gap for mental, neurological and substance use disorders by strengthening existing health care platforms: strategies for delivery and integration of evidence-based interventions. *Int J Ment Health Syst*, *9*, 40. doi:10.1186/s13033-015-0031-9
- [34] Steel, Z., Marnane, C., Iranpour, C., Chey, T., Jackson, J. W., Patel, V., & Silove, D. (2014). The global prevalence of common mental disorders: a systematic review and meta-analysis 1980-2013. *Int J Epidemiol*, 43(2), 476-493. doi:10.1093/ije/dyu038
- [35] Taylor, E., Cranton, P., & Associates (2012). *The handbook of transformative learning: Theory, research, and practice.* San Francisco, CA: Jossey-Bass.
- [36] The World Bank. (2017). World Bank Country and Lending Groups. *The World Bank Group*. Retrieved from:

  <a href="https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups">https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups</a>
- [37] Tomlinson, M. (2013). Global mental health: a sustainable post Millennium Development Goal? *Int Health*, 5(1), 1-3. doi:10.1093/inthealth/iht001

- [38] Van der Oord, S., Lucassen, S., Van Emmerik, A. A., & Emmelkamp, P. M. (2010). Treatment of post-traumatic stress disorder in children using cognitive behavioural writing therapy. *Clin Psychol Psychother*, 17(3), 240-249. doi:10.1002/cpp.670
- [40] White, M., & Epston, D. (1990). Narrative means to therapeutic ends. New York: Norton.
- [41] Wimberly, E. (2011). Story Telling and Managing Trauma: Health and Spirituality at Work. Journal of Health Care for the Poor and Underserved, 22(3), 48-57.
- [42] Winskell, K. & Enger, D. (2005). Young voices travel far: A case study of scenarios from Africa. In O. Hemer & T. Tufte (Eds.), *Media and global change: Rethinking communication for development* (pp. 403–416). Göteberg, Sweden: NORDICOM.
- [43] World Health Assembly, 65. (2012). The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level. *World Health Organization*. Retrieved from:

  <a href="http://www.who.int/mental\_health/WHA65.4">http://www.who.int/mental\_health/WHA65.4</a> resolution.pdf</a>
- [44] World Health Organization. (2014). Mental health: A state of well-being. *World Health Organization*. Retrieved from: <a href="http://www.who.int/features/factfiles/mental health/en/">http://www.who.int/features/factfiles/mental health/en/</a>
- [45] Yorks, L. & Kasl, E. (2002). Toward a theory and practice for whole-person learning: reconceptualizing experience and the role of affect. *Adult Education Quarterly*, 52, 176-192.