



## Adaptation briefing

### Journey to Healing

# Maintain the essential elements

## Purpose of this document

This document explains the critical elements of the Journey to Healing (J2H) approach which cannot be changed. It also explains which elements can be changed and adapted. This is to ensure that the approach remains effective in all the contexts in which it is implemented, regardless of who is implementing it.

## How to use this document



This document should be used after the [Journey to Healing: Quick guide](#) which gives a broad overview of the approach.



Read it before and with the [Journey to Healing: Implementation guide](#) which includes in-depth guidance on founding principles and theoretical frameworks, setting up and running support groups, training and scale-up.

J2H is a distinctive approach for supporting and empowering survivors of sexual and gender-based violence (SGBV), to help them heal so they can go on to bring about broader societal change. It offers long-term, holistic support that addresses the psychological, social and emotional dimensions of healing, and its effectiveness lies in the power of community-based healing. Crucially, it is **survivor-centred and survivor-led**.

The J2H approach has been shaped and developed by extensive research and practice in communities across the world. It is therefore rooted in the lived experience and expertise of many survivors and their champions. Adapting J2H to different contexts is vital to ensure it is meaningful and relevant, but it is also important to remain faithful to J2H's core values and approach.

This document is designed to highlight the areas of the intervention that are considered essential, and to highlight the key considerations that should be taken when seeking to make changes to the approach.

## Journey to Healing summary

J2H is built around four essential elements:



### Why J2H works

**It is embedded in the community.** To gain trust and acceptance, the programme must engage the local community, especially faith and community leaders, or it will struggle to reach survivors, address stigma or gain momentum.

**It is survivor-centered, survivor-led.** J2H empowers survivors to lead their own healing and help others heal too. The leadership of survivor champions is essential for creating safe and effective peer support.

**It is built around safe spaces.** Healing from trauma requires an environment of trust and safety. Survivors need to share their stories confidentially, process experiences, and build connections for healing.

**Its healing journey has three distinct phases.** J2H recognises healing from trauma is a process, not a single event. J2H provides a structured roadmap, ensuring a deliberate, progressive approach to healing.

### J2H's structural foundations



**Peer support groups are the primary vehicle for sustained healing.** The retreat that survivors attend is important, but the peer support groups are where bonds form and deep healing happens. They provide continuous mutual support, understanding, and a sense of belonging.



**Survivor champions are given continuous support, training and mentorship.** The peer support groups depend on the skills and wellbeing of survivor champions. Ongoing training, support and mentoring ensure they can handle challenges, maintain quality and continue to grow, avoiding burnout.



**A key goal is movement building and advocacy for policy change.** The J2H is also about societal change and systemic transformation. Without the collective voice of survivors influencing policy and practice, the causes of SGBV will not be addressed, and the cycle of violence will persist.

## Key considerations for implementation

Successfully implementing the J2H approach requires careful attention to these specific elements:

**Upholding core values:** All interventions must rigorously adhere to J2H's core values and principles, which are: mutual respect, individualisation, self-determination, non-judgemental attitude, trust and confidentiality.

*Part 1 of the implementation guide outlines J2H core values, principles and theoretical frameworks.*

**Including the key components of programmatic design:** These include trauma-informed care, survivor-centred approaches, customised healing plans, and nurturing and accompaniment.

*Part 2 of the implementation guide provides more detail on the key components to be considered in designing programmes.*

**Psychological support:** J2H facilitators and survivor champions need to be trained in giving survivors the tools and techniques they need to start to understand their trauma responses and learn to cope with them. They also need to know how to avoid any form of re-traumatisation or exploitation.

*Part 3 of the implementation guide includes a section on psychological support and essential tools and techniques.*

**Referral pathways:** It is vital to ensure clear, accessible and respectful referral pathways to help survivors access specialised legal, medical, psychological and livelihood services. J2H is about addressing the holistic needs of survivors, looking beyond what the peer support groups can provide.

*Parts 3 and 5 of the implementation guide include more details on building support systems that extend beyond the peer support groups.*

**Mobilising resources sustainably:** If any J2H programme is to be sustained and grow in a way that remains true to the heart of J2H, it is important to plan carefully. This means considering how to ensure the programme has enough resources, including through 'training of trainers' and careful budgeting. It also involves offering sustained and comprehensive support to survivor champions.

*Parts 4 and 5 of the implementation guide focus on training and scale-up.*



## Training of key actors



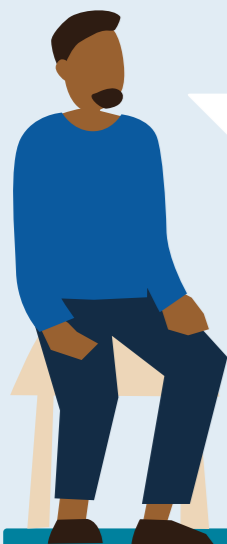
### Survivor champions

- Survivor champions have personally experienced SGBV and made significant and sustained progress in their own healing journey so they can support other survivors with empathy and genuine connection.
- Champions undergo a comprehensive training programme, with a year of monthly sessions, mirroring their personal transformation and healing journey.
- They gain a deep understanding of trauma-informed care, SGBV and facilitation skills for leading peer support groups. They also learn how to create safe and confidential spaces, guiding survivors through the structured healing journey. The training also develops their leadership and advocacy skills for broader community engagement.
- Champions take part in ongoing development and training, mentorship and support.



### Facilitators

- Facilitators are trained to provide effective supervision, training and support to survivor champions, and to develop the J2H programme. They may include Tearfund staff or Tearfund partner staff.
- The four-day Training of Trainers (ToT) enables them to understand the J2H methodology, provide effective supervision and support survivor champions, and to manage and monitor J2H programme implementation. This training also focuses on ensuring quality control and adherence to J2H's essential elements, as well as facilitating contextualisation.



### Faith and community leaders

- While they do not usually have 'J2H training', faith and community leaders participate in engagement sessions designed to raise their awareness of and sensitise them on SGBV.
- These highlight their critical role in stigma reduction and survivor support. They help them mobilise community resources and participation, and build an enabling environment that is crucial for healing.
- Some faith and community leaders who are engaged and committed to ending SGBV, particularly women, may train in advocacy or GBV awareness.

For more details on training survivor champions, see Parts 4 and 5 of the implementing guide. More detail about 'Training of Trainers' can be found in Part 5.

## Roles and responsibilities of key actors

Successfully implementing the J2H approach requires careful attention to these specific elements:

### Survivor champions

- Lead and facilitate confidential peer support groups, carefully following the J2H phased healing journey.
- Serve as essential role models and empathetic companions for other survivors.
- Consistently and model uphold J2H core values (see page 3) within their groups.
- Identify survivors in need of specialised services and facilitate appropriate referrals.
- Act as advocates by influencing community awareness and promoting policy change.
- Actively participate in ongoing training and mentorship.

### Faith and community leaders

- Serve as influential partners in sensitising communities about SGBV issues.
- Play a vital role in mobilising and identifying survivors to participate in J2H healing retreats and groups.
- Are instrumental in providing safe spaces and broader community support for J2H activities.
- Actively work to reduce stigma and build a supportive environment for survivors.
- Advocate for survivor rights and the prevention of SGBV within their spheres of influence.

### Tearfund staff and partner staff

- Oversee and manage the overall J2H programme implementation within their respective contexts.
- Recruit, train and provide continuous mentorship and supervision to survivor champions.
- Ensure strict adherence to J2H's essential elements, ethical guidelines and quality standards.
- Establish and strengthen referral pathways with other service providers.
- Mobilise necessary resources and manage programme budgets.
- Facilitate broader community engagement, particularly with faith and traditional leaders.
- Lead crucial monitoring, evaluation and learning processes to continuously improve the programme.





## Contextualising J2H

The J2H approach is flexible and adaptable to the needs of different communities and groups: likewise, every survivor's journey to healing is unique. You might need to adapt different elements of J2H to make them suitable and meaningful for the context and for your group. We call this contextualisation.

**Contextualisation** might involve small changes such as using different terms that are better understood in the culture (eg 'facilitator' or 'group leader' instead of 'champion') or more substantial changes, such as navigating politically restricted contexts where overt 'advocacy' relating to SGBV might not be possible. In this case, more careful 'community awareness-raising' might be more appropriate. Some contextualising will probably be necessary for every new J2H programme.

### J2H in mainly Muslim contexts

- Emphasise how J2H reflects Islamic values and teaching on compassion, community support and justice. Choose terminology carefully so that it resonates with Islamic values and local dialects.
- Engage with mosques, imams, women's religious groups and respected community elders in the community engagement phase.
- Adapt 'retreats' from overnight stays to daily gatherings to respect cultural norms around women's family roles.
- Ensure that the survivor champion role is understood as a respected community facilitator who guides a journey of restoration.

### J2H in politically restricted contexts

- Reframe 'movement building and advocacy' in terms that are acceptable in the political context. You might talk instead of 'community awareness-raising,' 'local capacity building,' or 'strengthening social cohesion'.
- Focus on outcomes that are achievable in that environment. Seek to influence cultural norms and local practices indirectly, rather than challenging national policies directly.

### J2H in emergency or humanitarian contexts

- Adapt the J2H approach to address acute trauma and disrupted community structures.
- Identify and engage temporary community leaders, camp management or existing humanitarian clusters.
- Condense the 'initial retreat' into shorter, more frequent sessions, holding them in existing safe spaces.
- Quickly establish safe, confidential peer-support mechanisms.
- Prioritise psychological first aid and immediate safety before transitioning to deeper healing.



## Traffic light system for J2H contextualisation

### Green light changes:

**Minor adjustments that enhance local relevance, effectiveness or logistical feasibility, and pose no risk to J2H's integrity. It would be helpful to flag these with the Tearfund GBV Lead.**

- Use culturally preferred terms (eg 'guide' instead of 'champion'). Use local stories, examples and metaphors. Use culturally appropriate rituals (greetings).
- Adjust arrangements around participants' availability and routines (eg hold daytime retreats where overnight stays are culturally unacceptable).
- Translate resources into participants' first language.

### Yellow light changes:

**More significant adaptations that carry a higher risk of inadvertently compromising J2H. You should consult with a GBV psychosocial support specialist (PSS) or the Tearfund GBV Lead with this specialism on such changes.**

- Engaging with different community leaders (eg women-led groups) if, for example, faith leaders are not trusted by survivors.
- Reframing 'advocacy' as 'community awareness-raising' in restricted contexts to ensure survivors' safety.
- Adjusting the healing journey (eg with shorter phases) in humanitarian emergencies.
- Collaborating with external experts (eg bringing in a legal aid expert for a one-off session) where group members express a shared, urgent need.

### Red light changes:

**Changes that would fundamentally compromise the safety, self-determination or healing of survivors. They undermine the core principles of J2H and should be avoided entirely.**

- Compromising the survivor-led model by imposing external 'experts' to lead groups instead of survivor champions, or forcing survivors into roles they are not ready for, or failing to offer ongoing support for champions.
- Breaking confidentiality and trust, and re-traumatising survivors, by requiring them to share their trauma in public or allowing unauthorised community members or authorities into private group sessions.
- Using religious or cultural beliefs to suggest SGBV is a survivor's fault, or dictating their choices (such as reporting or forgiving).
- Abandoning the trauma-informed progression through the phases of healing (Connecting, Cohesion and Consolidation), and moving too quickly, risking re-traumatisation.
- Pressuring survivors to attend groups or share their stories before they are ready or in ways they are uncomfortable with.
- Prioritising organisational goals by pushing for quick outcomes or high participant numbers at the expense of survivors' genuine healing.



### In-depth guidance

For in-depth guidance and complete programmatic information, refer to the full Journey to Healing toolkit, by scanning the QR code on the left.

[learn.tearfund.org/j2htoolkit](https://learn.tearfund.org/j2htoolkit)



### Feedback on resource

We'd love to hear how it helped you. Your feedback helps us improve and share more of what matters.

[learn.tearfund.org/feedback](https://learn.tearfund.org/feedback)

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