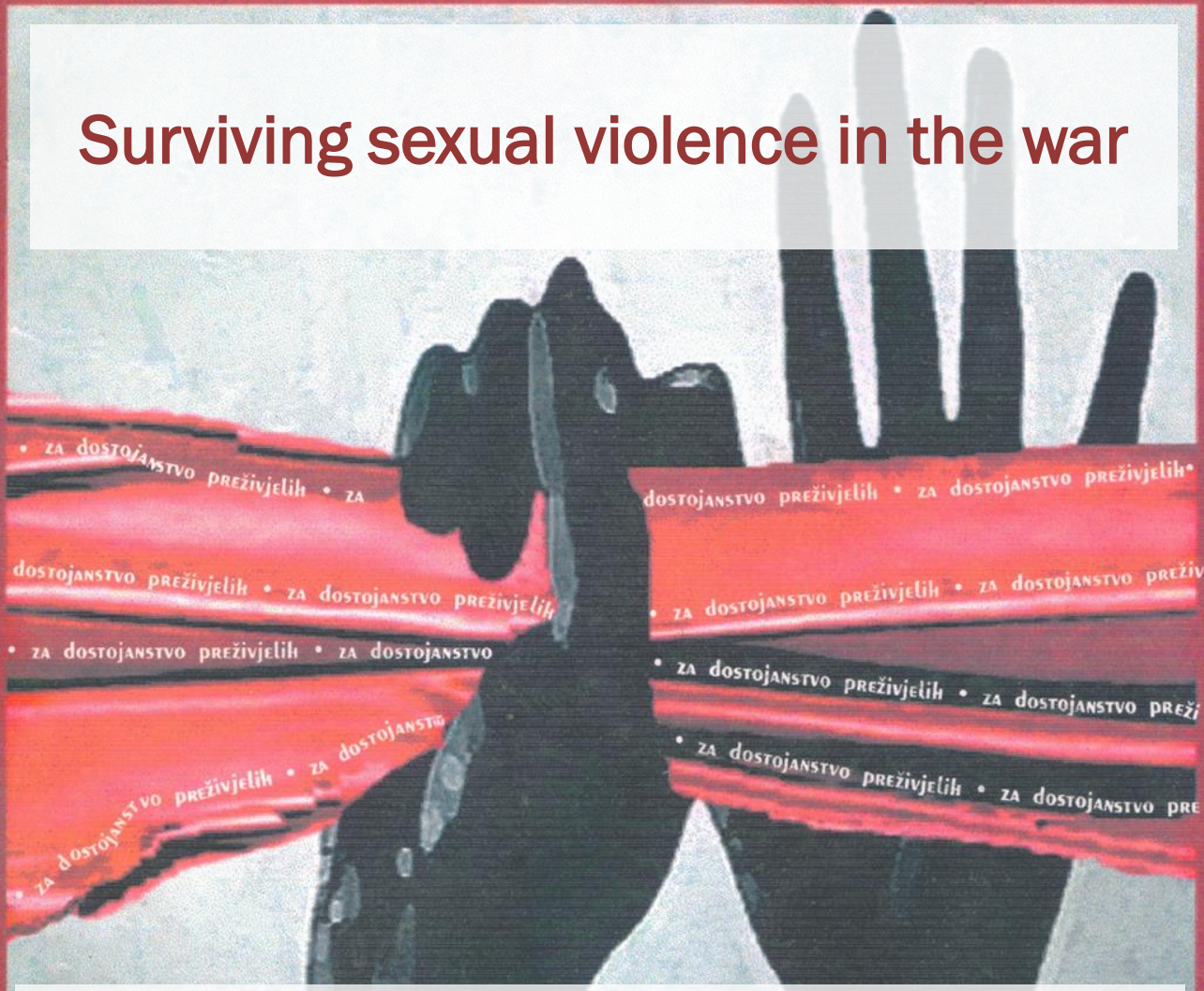
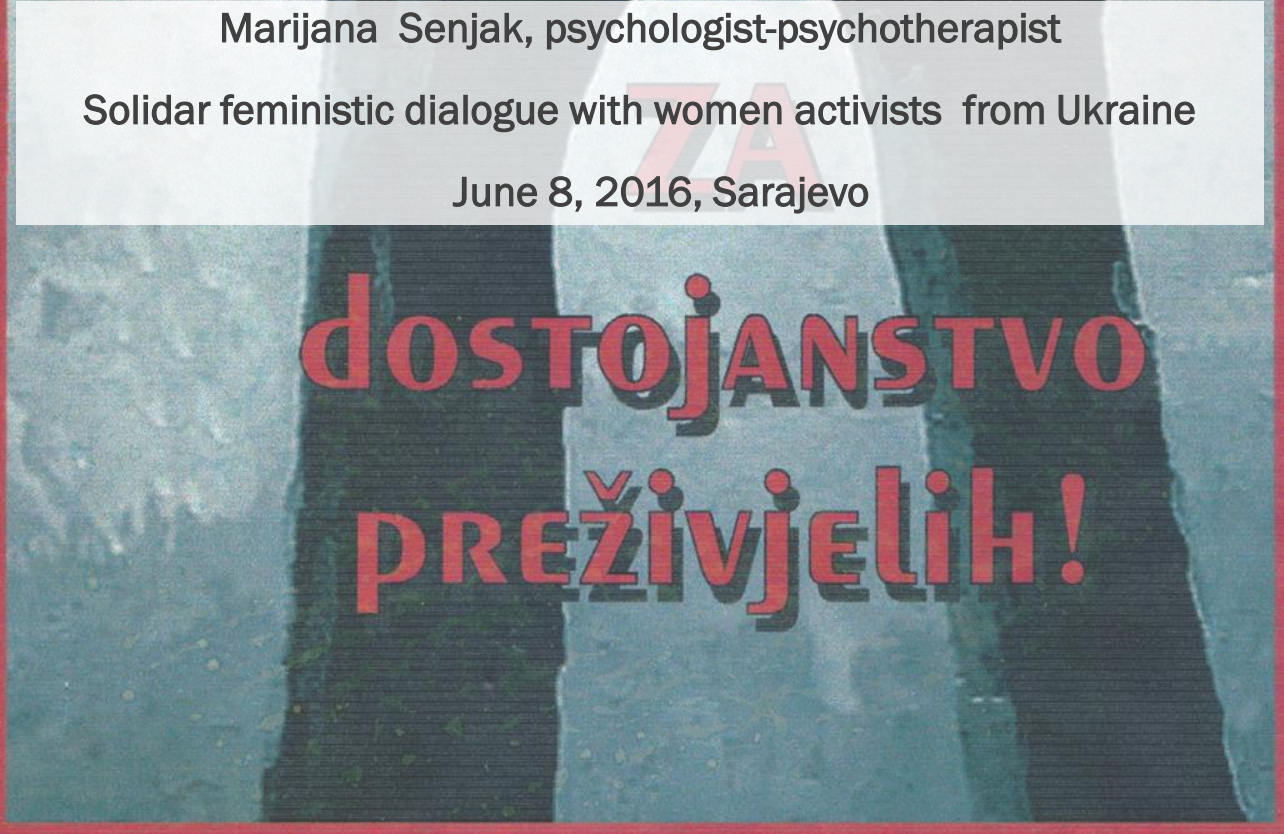
Surviving sexual violence in the war



Marijana Senjak, psychologist-psychotherapist

Solidar feministic dialogue with women activists from Ukraine

June 8, 2016, Sarajevo



Medica Zenica

Programme

- established in the middle of the war in 1993
- provides shelter, gynecological, general medical, psychological and legal support to war rape and other trauma survivors
- inward, outward clinic and mobile gyneacological ambulance
- courses in tailoring, upholstery and hair-styling
- kindergarten for children of clients
- information research centre

Data

- more than 200 000 services in 20 years of work
- more than 2000 women and children in shelter
- more than 200 war rape survivors in shelter, counselling centre and outreach (30 anonymous)
- more education

Staff

- from 86 to 23 professionals (women)

Professionalisam and dedication

Standard and quality

Psychological profile of victims/survivors of wartime sexual violence

Source of traumatization

- exposed to detention camps torture, home imprisonment, sexual slavery, taken as hostages between front lines
- survive multiple trauma: rape, detention camp torture, losses of family members, expelsion, reffugee survivol

Immediate reactions

- Intensive fear, constant state of hyperarousal, sleep disorder, loss of weight, agressive reactions, depresive reactions

Long term reactions

- fobic fears, panic attacs, psychosomatic disorders, depressive disorders
- complex PTSD
- sexuality disorders

Resilience

- openess, warmth, moderate locus of control, optimism, sense of humor,religious beleives, family support

Transformation of traumatic experience

Psychological trauma reactions

- Intensity of sexual, physical and psychological violence victims/survivors are suffering from fulfill criteria to diagnose psychological trauma and its consequences:
- exposure to threaten for a life
- repetitive pattern of sexual abuse

Psychological traumatization causes serious consequences on the level of:

- physiological regulation of organism
- cognitive processes
- emotive plan
- behavior

Hyper arousal reactions

- expecting dangerousness constantly
- directing vigilance to search signs of dangerousness form environment
- expecting attack of perpetrator and his aides
- intensive fear, the most often from perpetrator, fear that perpetrator shall find her/him, feeling of physical presence of perpetrator although observation shows the opposite, fear that perpetrator can hear what she is speaking, because of that often speaks quietly
- constant tension, sleep disorders including insomnia
- ticks and massive physiological reaction of organism on minor stimulus from environment
- impulsive and aggressive reactions and behavior
- disorganized behavior

Intrusive pictures and memories

- traumatic memories are fragmented
- remembering functions by principle of similarity or contrast
- traumatic memory function by principle of trigger
- trigger could be a word, a sound, a smell, a movement, thing or a behavior which shall evoke a picture and a memory of traumatic event

Reactions

- intrusive pictures and memories
- frightening dreams
- night mares
- flash backs: re-experiencing traumatic events

Avoiding reactions

- dissociation as one among trauma responses (besides “fight” and “fly”) on threaten for a life in traumatic situation
- feeling of physical presence in the situation and psychological dissociation from it, protect organism and enable person to endure hard traumatic experience with feeling of being “frozen”, like seeing that somebody else is experiencing the traumatic event
- drug or alcohol abuse has the same effect

Victims /survivors very often:

- avoid the spot of traumatic event
- avoid conversation about traumatic event
- avoid persons connected with traumatic event
- avoid new activities
- developing feeling of lack of perspective

Trauma affects integrity, meaning and confidence

Psychological trauma affects:

- physical, sexual, psychological and social integrity of victim/survivor
- physical and processed (psychological) boundaries
- feeling of safety
- predictability of events in our life
- feeling of control over own life
- feeling of trust and confidence in other persons

Initial interview

- professionally guided interview has its goals and tasks
- professional or paraprofessional care giver has awareness that survivor with whom is communicating is unique person
- caregiver would communicate all components of his/her behavior (thinking, feelings, actions, verbal and nonverbal communication)
- use existential position “I am O.K, you are O.K.”
- take care about himself/herself, other and situation
- would not judge victim/survivor
- take care about needs of victim/survivor
- data collected from victim/survivor would be kept as confidential
- support victim/survivor to express her/his feelings without fear of judging, stopping or diminishing

Traumatic consequences which could influence the flew of interview

- lack of chronological order in trauma story
- repetitiveness of trauma story

„Experienced for the second time releases you from the experience for the first time”

- respect of physical and process boundaries of victim/survivor

Areas for interview:

- early psychological development
- data about family, birth order, siblings, family relationships
- academic achievements
- injuries and hereditary disorders
- traumatic and violence events
- coping mechanisms
- personal resources/strengths
- support from the environment

Trauma interventions and assessment of psychological status of victim/survivor

- ventilation of emotions
- validation of experience
- normalization of symptoms

Assessment of psychological status:

- general health condition
- elements of crisis reactions
- general and specific intellectual abilities
- personality structure and emotional status
- intensity of traumatic reactions and presence of PTSD symptoms
- presence of psychiatric disorders

Treatment according to hierarchy of needs

- physical health
- establishing physical safety and daily routine
- stabilization of physiological function of sleeping and eating
- building relationship of safety and confidence with survivor
- detailed psychological assessment

First psychological stabilization (reduction of PTSD symptoms) includes:

- building safety and confidence
- strengthening (regaining positive self-concept)
- working through traumatic experience
- integration, projection on future, reconnection

Collaboration with ICTY and domestic Courts

- **Tiered approach – 3 levels**

- Anonymous questionnaire – coded cases
- Giving testimony in the Centre
- Witnessing at ICTY in Den Hague

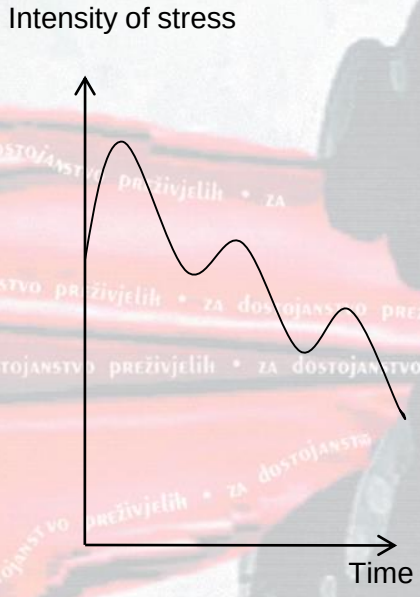
- Psychological support prior, during and after the witnessing
- Witnesses support network

- Data protection anonymous, profiled, strong policy with media involvement, data bases emergency plan, law profile attitude

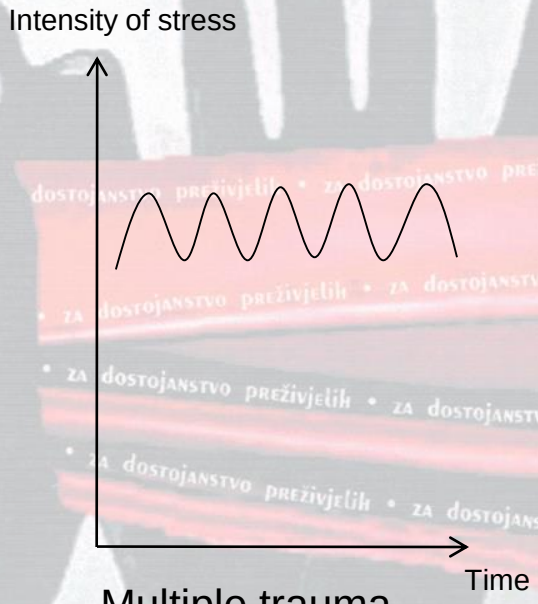
- Submitting professional documentation

- **Domestic courts**: psychological and legal support to the witnesses, professional expertise, emotional support at the Court

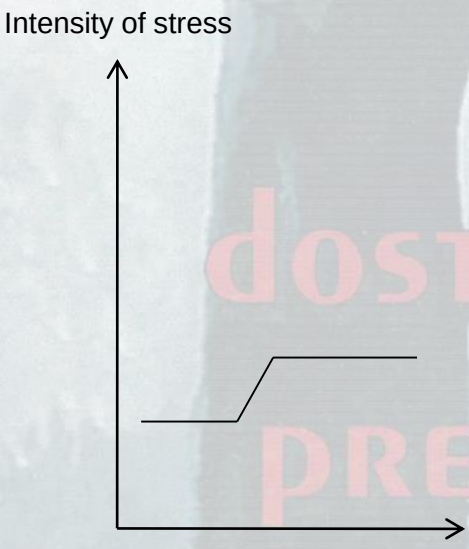
One way trauma, multiple trauma, torture



One way trauma



Multiple trauma



Torture

- Trafficking start to be recognized as a form of torture
- Human right defenders vs. neutral professionals

Diagram - Care givers

ACTIVE APPROACH

Saving
•caregiver takes role of omnipotent savior
•helps even in matters which survivor is able to do herself
•takes complete responsibility for the case
•overprotect and look after traumatized person

Withdrawal
•refer traumatized person to the other professional
•put “professional” mask
•categorizing, diagnosing
•behaves from position of professional power
•in order to emotionally survive caregiver intellectualize

IDENTIFICATION

AVOIDING

Compassion
•caregiver is over emphatic
•identified to the extent that has a feeling that she is victim herself
•over engaged but activities are often inappropriate and confused
•intense feeling of helplessness which can cause stock in her work

Diminishing and repressing
•in order to avoid overwhelming with emotions caregiver “do not see”, denying, or minimizing problem
•withdrawing and making distance
• direct feeling of guilt to the traumatized person

PASIVE APPROACH

Basic values

- we are all the same at existential level
- everybody is doing the best she/he can in particular moment and stage of development
- every sincere human engagement has its therapeutic value
- therapeutic effect and shared responsibility of all staff members
- levels of intervention (contain, calm down, refer to the professional support)
- healing relationship (traumatized person call for our humanity not only professionalism)
- implementation of the humanistic values on operational level
- permanent education (we are the limitations for our clients)

Comprehensive trauma approach

- Biological (use of contemporary medical knowledge)
- Psychosocial (individual and group interventions, psycho-education, education end multiplication of caregivers in the community)
- Human rights (from individual level and direct assistance to global level and national and international policies as instruments for improvements of state of victims/survivors because they are interconnected)
- Protocols: www.hhri.org
- Global summit on sexual violence, London 2014

Personal is political

- Art (catharsis potential of art and community healing approaches)
- Media (they communicate with our target group, educational role of media, platform for anonymity of victims related to identity and victims trauma story)