

Sexualized violence in the context of the weltwaerts program

A handout on theory and support

Imprint

Verein entwicklungspolitischer Austauschorganisationen e. V.

c/o Stiftung Nord-Süd-Brücken
Greifswalder Str. 33 a
10405 Berlin
Germany

Contact

Fon: +49 30 42 85 13 85

Fax: +49 30 42 85 13 86

Email: info@ventao.org

Website: www.ventao.org

This material is licensed under “Creative Commons” (CCBY-NC-SA).

Design: Elke Molkenthin | mo.tif visual art | www.mo-tif.de
Vektor grafic: Freepik.com

Author: Anette Schwitzke, using material from Maria Noe, LARA

Ventao does not assume liability for the correctness of the information provided.

November 2016

Sexualized violence in the context of the weltwaerts program – A handout on theory and support

Sexualized violence is a worldwide phenomenon and is happening during volunteer services as well. As most staff of sending organizations are fortunately only rarely confronted with such cases, they often have little experience in dealing with this issue, which leads to considerable uncertainties and fear of making mistakes. This short handout would like to start from there and provide some guidance and assistance.¹

I. Theory

A) What is sexualized violence?

The term “sexualized” violence is used more and more instead of “sexual” violence in order to stress the fact that the acts are not mainly motivated by the desire for sexual satisfaction of the perpetrators but are in fact about exercising power.

Sexual violence according to the narrow legal definition in Germany includes rape, attempted rape and sexual assault. The legal framework is different in every country and within the context of volunteer services; the legal situation in the country where the act took place would be of relevance. In this handout, we assume that sexualized violence starts, where a sexually motivated act makes a volunteer feel uncomfortable. For the sake of supporting volunteers, the individual personal definition of the affected person is what counts. According to this definition, sexualized violence may start with misogynist language, verbal harassment or unwanted sexual touching and go all the way up to rape.

B) What is a trauma?

(Greek: injury/wound)

Sexualized violence may take different forms. In serious cases, it may lead to a massive shock of the persons affected and cause a trauma.

Compared to other distressing events such as an illness or unemployment trauma is an existential experience, a threat of an overwhelming magnitude, in front of which all the usual coping mechanisms are failing. A trauma may question one’s own worldview and basic trust and have an impact on body, mind and soul.

Trauma reactions are universal and homogenous for all human beings. Two phases can be distinguished:

¹ The handout is the product of a workshop on “Dealing with a crisis, including sexualized violence”, which ventao conducted in September 2016 together with Maria Noe of LARA, a counselling centre for women who have experienced sexualized violence, in Berlin.

Phase I stress reaction at the beginning of a potentially dangerous situation:

- ➔ In the mobilization phase, the human being prepares for either fight or flight to secure his/her own survival.
- ➔ Adrenaline and cortisol are produced, the muscles become tense, the blood pressure/pulse is increasing, all senses are intensified, and the human being is maximally present. The individual will try to fight, if it sees a chance for success, or flee in case of futility.

Phase II trauma reaction on the peak of the mobilization:

In case fight or flight are not an option, the experience may cross the traumatic threshold.

- ➔ Mobilization is terminated abruptly, which leads to a freeze of the individual. The senses stop working, the individual does not feel anything anymore, stops thinking and internally dissociates the events; meaning separates the traumatic experience from consciousness (dissociation). Such a “trauma numbness” is a survival mechanism and leaves the person unable to fight or scream. Many affected persons therefore experience memory gaps or later tell the events in a non-consistent or illogical way.
- ➔ Consequently there are parts of the memory after the event which are completely or partially separated from the trauma memory (= cool system, the everyday mind) and parts of the memory, which are completely in the state of remembering the trauma (= hot system, trauma memory).

C) Experiencing sexualized violence

How an individual² experiences sexualized violence is, like all other experiences, highly individual. Especially in case of rape, however, we might safely assume that the person affected experienced existential fear of physical damage or even death. The experience is characterised by massive feelings of powerlessness, lack of control, helplessness and humiliation. Additionally there will be feelings such as pain, disgust or shame. As a consequence an existential uncertainty, self-loathing, as well as mistrust in front of others may remain. If later in life a situation will be experienced which contains similar sensations, such as similar noises or scents (trigger = key stimulus), suddenly, without control and with a lack of consciousness, the traumatic situation may be remembered. The affected persons do find themselves again within the traumatic event physically, mentally and emotionally (dissociation).

D) The post-traumatic reaction

Most persons affected do find back into a stable condition after the trauma and are able to integrate the experience into their lives. There are people, however, who do not manage to do so and who develop a so-called post-traumatic stress disorder (PTSD).

² We are aware, that women as well as men can become victims of sexualized violence. In the weltwaerts context we do assume, that most sending organizations and partners will mainly have to deal with affected females. Therefore we chose the female form for this handout, without denying, that men may be affected as well.

Typically, a post-traumatic reaction follows four different phases:

- ➔ shock – hours to days
- ➔ acute crisis – up to 4 weeks
- ➔ impact phase – up to 6 months
- ➔ recovery phase with integration and return to every-day life or development of a post-traumatic stress disorder.

There are studies indicating that a complete return to every-day life will take one and a half to two years and a deeper confrontation and treatment/overcoming at least four to five years.

E) Factors influencing the degree of trauma

- The age of the persons affected → the younger usually the more vulnerable
- A trauma induced by another human being vs. a trauma induced by an accident/natural disaster → traumas who are caused by other human beings (rape, torture, etc.) have a stronger impact than natural disasters, because they may destroy the positive world view and the trust in other people.
- The distance of the perpetrator → A perpetrator who is close (e.g. family or friends) often may cause greater mental harm than an unknown perpetrator.
- Engaging with the possible risks involved before the start of a volunteer service may help to better deal with traumatic experiences once they occur.
- A healthy self-confidence helps to deal with a trauma and raises the threshold for experiencing a trauma in the first place.
- People growing up in a socially stable environment often have a higher resilience in front of trauma. Stability in this context does not mean overprotection but rather a stable social network.
- A trauma-sensitive support will help with overcoming the trauma → as social beings this is a key aspect for human beings.

II. Practical Application

A) Principles for dealing with traumatized people

- ➔ acceptance
- ➔ appreciation
- ➔ structure and clarity
- ➔ transparency
- ➔ support with re-gaining control
- ➔ focus on the needs of the persons affected
- ➔ a clear position and delimitation
- ➔ one's own mental hygiene

B) A trauma-sensitive approach towards women after sexualized violence – what can you do?

First of all: A trauma reaction is a normal reaction towards an extreme situation and usually will heal by itself.

Please note: As a supporting person you do not have to decide, whether someone is telling the truth or not. You should also not minimize the importance of the events, even if you personally would have assessed them differently. What might be an annoying incident for someone (such as sexual touching in public transport), might be an extremely serious incident for someone else. The threshold for trauma or shock is highly individual.

When a person affected contacts you the first concern will be offering care, empathy and understanding. Take your time for a conversation and if possible offer same-sex counselling. The first message should be “it is over, you are safe”. It is more important “how” you say things (intonation), than “what” you say. Do not be afraid to do something wrong or make mistakes. Key is to be there for the person affected, offer comfort and safety. “How are you doing?” “How can I support you?” Usually you will only communicate with the affected person via phone or skype. Therefore, it is of utmost importance, that there are people on the ground in the host country, who can take over direct personal support. This would be a task for the mentors, ideally there would be at least one female mentor.

Please be careful: Do not let the affected person getting too much into detail. Stop her actively, when she is about to tell too much. For giving support, you do not need to know all the details. “What?, When?, Who?” – That is all you need to know to provide support. This is for your own protection and for that of the affected person.

Convey the feeling, that you trust her, that you are on her side and that you do not question her story. It is not upon you to search for the truth or to judge on “good” or “bad” behaviour and choices. Of course, it does make sense to communicate rules and recommendations with regard to safety & security during preparation seminars. In the event of an emergency, however, you should not reproach a person, who is acutely affected.

The control over the process should rest with the affected person. As a supporter, you should not project your expectation of how to best deal with the situation on the person affected. Your role is to offer options and explain consequences; the decision should remain with the person affected. “If you want to...”. This includes accepting, that a person may possibly not be able or willing to make a decision yet. In the weltwaerts context this means that the person affected should decide, whether she wants to go home or continue her volunteer service, whether she wants to inform her family, whether she wants to take legal steps, etc. Your job is to provide advice and support. In order to be able to do this, it is among others important that you are aware of the legal framework of the host country and can provide the person affected with contact details of counselling services in Germany and/or in the host country.

Be careful with physical contact such as hugging. Only touch affected persons after asking their permission.

Hand out further information, e.g. on counselling services, preferably as flyers or in a written form, as people in emergencies will not be able to memorize these information.

Stay in touch after the initial conversation and communicate clearly the time interval in which you will get in contact. The aim is to signal reliability and accessibility and to be able to offer further support if necessary.

Be aware of your own sensitivities. Decide within your team, who wants to act as response person in case of an emergency, and who does not feel comfortable with this role. If necessary, refer persons affected to a colleague, if you have doubts, whether you are able to take on that role or do feel biased towards the person in question. In difficult cases, it might be helpful to make use of a supervision or collegial advice.

The three central sets of questions (e.g. on the phone):

- ➔ *Safety:* Are you safe?
- ➔ *What about medical care?* Pregnancy, injuries, HIV/AIDS prevention...
- ➔ *Support:* Who is with the affected person? She should not be alone in that situation. Organize social support in form of contact, provision of food, etc. (by the mentor, other volunteers, partners etc.)

C) Intervention in case of strong feelings/dissociation

In reality you will often only learn about an incident sometime after it happened by the affected person or by third parties, e.g. in the context of the returnee seminar. During the returnee seminar it can be helpful to hand out the AKLHÜ flyer as an orientation for all sorts of psychosocial support and/or to have a look what kind of further support you may offer to persons affected.

In case affected persons are still in the acute trauma situation when contacting you, it is important to remain calm. Every feeling passes. No feeling lasts forever.

This is how you can help affected persons to get back to the immediate present (dissociation stop):

- ➔ Appeal to the five senses. Give clear instructions, talk loud and clearly and offer a contrasting stimulus in front of the dissociations.
- ➔ Movement: e.g. get up, walk or stand on your toes, make small gymnastic moves, shaking is ok and helpful too.
- ➔ Breathe consciously, open the window, breathe in slowly and breathe out longer.
- ➔ Reality check, e.g. ask for the person's name or the present date.
- ➔ Feeling: pour cold water over her hands, give her something to take into the hand (a ball, a stone, etc.), let her touch her feet, the floor, the chair, etc.
- ➔ Scents: provide a smelling bottle
- ➔ Listening: Talk in a calming way, clearly, maybe a bit louder than usual
- ➔ Sight: have her look up, look at you, look at a picture on the wall or an intense colour.
- ➔ Taste: offer something cold to drink or something with an intense taste.

After the dissociation is over, talk briefly about what happened without going back into scary pictures!

D) Avoiding secondary victimisation

An affected person might become a victim for the second time, when she again experiences a situation where she loses control, feels humiliated or forced.

Potentially dangerous situations for this are e.g. court hearings, police interrogations, but also medical examinations. Therefore, it is advisable to accompany an affected person to necessary examinations or interrogations and act as a mediator and supporter towards doctors, police and other actors. In the context of a volunteer service, the local mentors may assume the role of accompanying the affected volunteer. Ideally, there would be a female contact person on the ground, who is prepared and able to act in line with the needs and interests of the person affected.

More information:

LARA, counselling centre for women who experienced sexual violence (Berlin/Germany)

Email: beratung@lara-berlin.de

Fon: +49- 30/2168888

www.lara-berlin.de

LARA offers up to 10 free counselling sessions via skype or phone.

BFF

Federal association of counselling services for women

Email: info@bv-bff.de

Fon: +49- 30 322 99 500

www.frauen-gegen-gewalt.de

Here you can research counselling services all over Germany:

<http://www.wildwasser.de/info-und-hilfe/beratungsstellen-vor-ort/>

More material for volunteers:

AKLHÜ flyer „psychosocial support“ (only in German)

<http://www.ventao.org/cms/de/qualitaet-entwickeln/materialsammlung/71-sicherheit-im-freiwilligendienst>