5th UpCare training: Consequences of gender-based violence – Trauma Management – Crisis Management Techniques.

Gender-based violence at a glance

«Whenever women tell their stories of gender-based violence that they have experienced or experience on a daily basis, one cannot overlook the cultural and political connotations of the problem…»

In studying violence to define it as a term and to clarify its consequences, it is important to keep in mind concepts such as

1. Gender, a socially constructed concept in terms of symbolism, social practices and gender roles
2. Patriarchy
3. Gender stereotypes: gender-based prejudices
4. Sexism
5. Objectification: experiential consequences of being a woman in a culture that considers the female body as a sexual object.

Consequences of gender violence

- Physical injuries
- Mental and emotional destabilization
- Complications in pregnancy
- Sexually transmitted diseases
- Death

Its effects are profound on mental and emotional health:

- Post-traumatic stress
- Insecurity
- Depression
- Anger, fear, shame, shame, self-destructive tendencies. In fact, the victim usually blames and hates themselves.

Also on the social side:

- They are stigmatized, isolated and rejected by their social environment, lose their social functioning, with consequences for their children in cases of domestic violence.

What is trauma?

On a psychological level, when we experience an overly stressful event, all our (psychic) powers are mobilized within us to process, as best as possible, this experience. When our efforts are not sufficient, internal "rifts" are created. The trauma is indelibly inscribed in our memory as well as in our body, without our being able to overcome it.

Terr (1991), identifies the trauma that occurred from a single event as Type II Trauma. Later, Rothschild (2000), distinguished Type II Trauma based on the resilience of the individual.

However, there are cases where multiple traumatic experiences overwhelm the individual and he/she cannot make the distinction (Type IIA).

According to Fischer & Riedesser (1998), an experience can lead to trauma when the individual feels:

- unable to defend themselves
- helpless
- unable to escape
- from a serious threatening event
- which he or she is unable to process with the help of previous experiences.

Neuroscience in trauma

When there is danger, early biological mechanisms are activated, and act as an alarm to enable them to help survival. Consequently, the brain secretes neurochemicals, which trigger chain reactions in the body. It may not stop emotional pain, but it helps us cope with it. During the "alarm" it sends signals to the brain to prepare for fight, flight, freeze/freeze (3F:Fight, Flight, Freeze).

Activation of defence systems:
1. sympathetic nervous system that activates energy levels and
2. parasympathetic nervous system which lowers heart rate and metabolism

Hippocampus

Most of the time they work in harmony and thus balance reactions. But when there is dysfunction, high levels of stress hormones (adrenaline and cortisol) are released.

When these last longer than normal they become toxic. According to Sanderson (2013), this results in the hippocampus being deactivated so that it cannot assess the risk and does not send the appropriate message to the amygdala.

With this condition the body will feel a constant sense of danger creating hyperstimulation, with no real threat.

Trauma and memory

The injured person may experience intense emotion without having an accurate memory of the event or may remember details of the event without emotion.

They may be in a state of constant annoyance and alertness without knowing why. According to Herman, symptoms tend to become disconnected from their source.

Ordinary reactions to danger have lost their usefulness but tend to persist long after the actual danger is over.

Safety and trauma

According to Van der Kolk (2014) a feeling of safety is needed to calm down and even heal in order to grow and develop. And it is not about just being with others but about reciprocity and being genuinely thought of and felt by others.\

If the environment is safe, the threat defence system is deactivated and then we behave accordingly to connect socially.

If no one comes to our aid or in case of imminent danger then the organism automatically turns to fight or flight, but if we cannot use primitive ways of survival then the organism shuts down using less energy to sustain itself. Then we are in a state of freeze/collapse.

The effects of trauma

Experiences of domestic violence are directly linked to increased depression, trauma symptoms and self-harm (Humphreys,2003).

An important symptom also is disconnection.

Traumatic events can place the individual in a state of constant questioning of basic human relationships.

Particularly in situations of terror, when the cry goes unanswered, the sense of basic trust is fragmented, resulting in the individual feeling lonely, abandonment, alienation and ultimately disconnection.

They constantly feels fear of being betrayed.

The dipole of trauma

Traumatised people may withdraw from close relationships and at the same time seek them out. But why is this happening?

Because on the one hand there is a need to withdraw as trust has been lost and there are even feelings of shame and guilt. The person turns away from anything that reminds them of the trauma.

On the other hand, there is the need for protection and protective bonds, which is what we seek after trauma.

Shame and guilt

Shame and guilt are major emotions that follow trauma. When the person feels that this traumatic event stigmatizes them, whether it happened early in their life, if it happened in the context of a close relationship, or if it threatens their social self. (Budden 2009).

This can also potentially lead to social isolation.

Overall the effects of trauma

- Severe mood swings.
- Persistent images of traumatic experiences.
- Avoidance of activities, people, places that may be associated with traumatic experiences.
- Extremely intense fatigue.
- Irritability.
- Constant alertness.
- Sense of threat and suspicion as a constant pattern of interpreting the world.

The Chronic Trauma Syndrome

The term Post-Traumatic Stress Disorder Syndrome, is a psychiatric diagnosis first introduced in the Third Edition of the Diagnostic Statistical Manual of Mental Disorders (DSM-III).According to Chu (2011), survivors of gender-based violence develop symptoms of PTSD. These symptoms are divided into 3 main categories:

- **Hyperarousal:** Permanent expectation of danger, expecting that danger will return.
- **Intrusion:** Individuals relive the event as if it were happening repeatedly in the present.
- **Perpetuation:** Observes the event as if it were outside the body, an altered state of consciousness that can also act as a protective against unbearable pain.

(Herman,2015)

Main criteria for the diagnosis of PTSD:

According to Van der Kolk, in this alternation there is an attempt by the person to find a balance which is missing.

However, the instability he feels because of all that overwhelms him on a daily basis makes him feel more helpless.

The worst fear of any traumatized person is that the moment of terror will happen again.

- Intrusive symptoms: flashbacks, intense discomfort at events that recall the traumatic event.

- Avoidant symptoms: avoidance of memories, thoughts, feelings associated with the event that cause distress.
- Alterations in cognitive functions and mood: disruptive amnesia, negative expectations, decreased interest in activities.
- Alternations of rebelliousness and reactivity: aggressive or destructive behaviour.

According to Davis (1999), the individual needs to experience a number of symptoms for each of the following categories:

- Reliving the event
- Avoidance or general numbness
- Overstimulation

Post-traumatic Development

A significant change post-traumatic experience on a cognitive and emotional level beyond familiar levels of adaptability, functioning and awareness.

Development includes changes in self-perception, relationship with others and philosophy of life.

The timing of when post-traumatic growth occurs is not specific but it is absolutely essential, for women who have been abused, to leave the abusive relationship, only then will growth begin.

Resilience and vulnerability

The ability of the individual to be able to cope with stressful situations and to be able to recover from trauma as they use the resources of the environment. (Windle, Bennet & Nayes 2011)

The impact of traumatic events also depends on the degree of tolerance of the person experiencing them. Individuals with high sociability, energetic style, belief in their abilities are more resilient to stress. (Gibbs,1989)

Thus, resilience is a factor that determines how much a woman will be affected by a traumatic event.

Techniques

Role model: Over half of the women in Cobb's (2006) study who had been in an abusive relationship knew someone who had the same problem and had overcome it. We have these women as an example.

Social support: an appropriate social network can influence the outcome of trauma as it connects the individual to appropriate social services: doctors, services, therapy(Fraley,2006) with the aim of mitigating the impact of trauma.

Post-traumatic development in 6 aspects in women's lives (Sanderson, 2013)

- Sense of personal power
- Greater appreciation for life
- Coming closer to friends and family valuing relationships
- Greater self-understanding
- Spiritual growth
- A new changed perspective on life (moving, new career, education, change in priorities)

Recovery from trauma

In order for a woman to move forward she needs to name the violence and the abuser. Once this happens, self-blame will also decrease. (Kelly, 1998 Profitt, 2000)

Recovery has 3 stages:

- Establishing safety
- Memory and grief
- Reconnection

Respond to grief

Responding to grief is a process that varies from person to person:

- **Step 1:** The co-evidence that nature gives possibilities for overcoming either directly due to genes or due to a level of self-awareness, even in the most difficult.
- **Step 2:** Taking responsibility for helping other mourners respectfully.

- **Step 3:** Approach for awareness and understanding of the will of the "absent other", respectfully. (Notes Vassiliadou Maria, 2021)

Resolution of trauma - 7 Harvey criteria

- Symptoms come within manageable limits
- The person can cope with the emotions associated with the traumatic memories
- The person is in control of the memories
- The narrative of the traumatic event is linked to emotion
- Self-esteem has been reestablished
- Reconstruction of meaning that encompasses the trauma story

A few words from the traumatised therapist

The archetype of the traumatized therapy reveals to us that only when one is willing to face what has wounded them, to consciously experience the analogous event and move through it, can one receive the blessing contained within it.

To move through the experience of trauma is to embrace it, to accept it, and to respond affirmatively to the existence of this mysterious new place within ourselves where trauma itself leads us.

By submitting to it, we can allow ourselves to be reconstituted through it. Our trauma is not a static state, but instead a dynamic process, aspects of which are constantly unfolding, so that through us it can manifest, reveal itself and incarnate as it is. Thus trauma teaches us something about ourselves. To endure the trauma means that once we cross the initiation process to the other side, we will never be ourselves again. In passing through the place of trauma we experience an authentic death experience, as in the process our old self "dies", while new, more expanded and empowered aspects of ourselves may be born.

To endure and embrace our trauma as an [integral] part of ourselves is quite different from sliding around it or avoiding it or remaining stuck with it for an eternity, obsessively reproducing the trauma (being dominated by it).

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