

GBV
and
Trauma:
An Introduction

Survivor Project Webinar

August 17, 2020



SURVIVOR
ENHANCING SERVICES FOR MIGRANTS
AND GBV SURVIVORS



SURVIVOR
ENHANCING SERVICES FOR MIGRANTS
AND GBV SURVIVORS



MINISTRY OF LABOUR AND SOCIAL AFFAIRS
**GENERAL SECRETARIAT
FOR FAMILY POLICY AND
GENDER EQUALITY**



KEOI
ΚΕΝΤΡΟ ΕΡΕΥΝΩΝ ΓΙΑ ΘΕΜΑΤΑ ΙΣΟΤΗΤΑΣ



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SURVIVOR Program Objectives



- Enhance the **quality** and **access** of services for refugee and migrant GBV survivors in Greece.
- Strengthen GBV programming through transnational dialogue and sharing GBV best practices, resources and tools in Greece and Europe

Survivor Project: GBV and Trauma Webinar

This presentation covers the technical basics on GBV and Trauma, including:

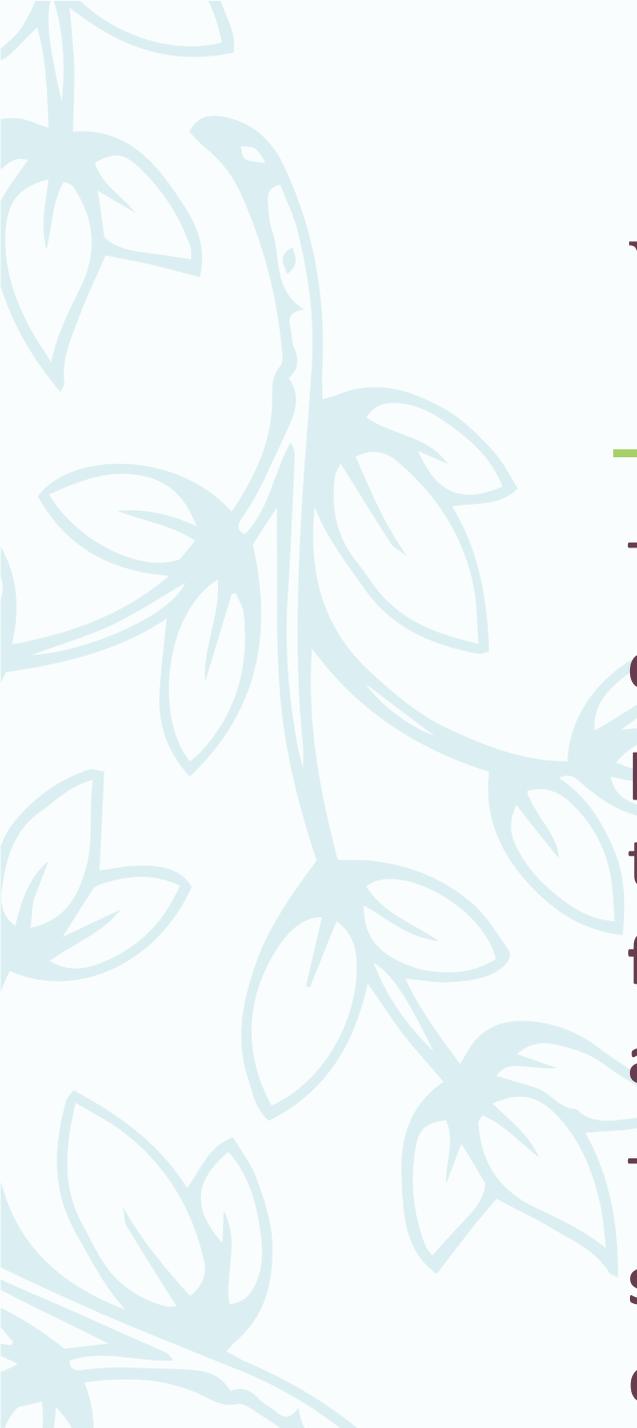
- Part 1: **Definitions and Core Types of Trauma**
- Part 2: **Framework – Root Causes, Consequences**
- Part 3: **Individual needs, trauma, and healing**
- Part 4: **Collective Trauma and Collective Care**
- Part 5: **Highly Specialized Care**
- Part 6: **Secondary Trauma and GBV services providers**

<https://www.gbvsurvivor.gr/?lang=en>



SURVIVOR
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Part 1: Definitions and Core Types of Trauma



What is trauma?

Trauma is defined as **an event, series of events, or set of circumstances** that is experienced by an individual as physically or emotionally harmful or life threatening and that has **lasting adverse effects**. Traumatic events range **from one-time incidences to experiences that are chronic and even generational**.

Trauma is often the result of an **overwhelming amount of stress** that **exceeds one's ability to cope**, or integrate the emotions involved with that experience

Types of Trauma

- **Acute trauma** refers to a one-time event, such as an earthquake, fire, assault, or car accident
- **Chronic trauma** is a recurring event over a prolonged period. It refers to traumatic experiences that are repeated and prolonged, such as ongoing exposure to family or community violence, chronic bullying, or a long-term medical issue
- **Complex trauma** refers to both the exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure

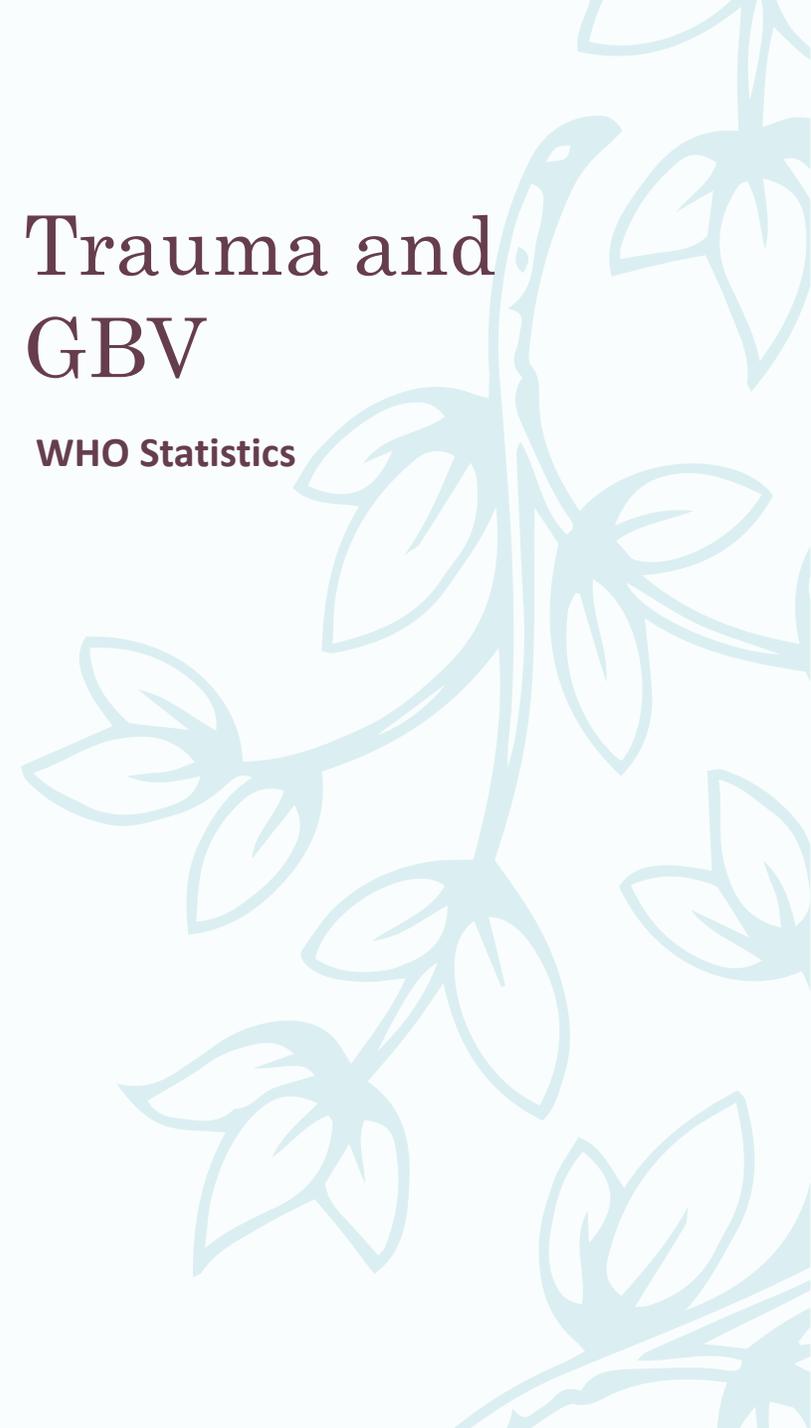
Types of Trauma

- **Historical trauma** refers to the collective and cumulative trauma experienced by a group across generations that are still suffering the effects. This includes discrimination, violence, and oppression of particular groups. For example, **Racial or race-based trauma** refers to experiences of racially driven discrimination, harassment, and systemic oppression.

- Risk for exposure to more than one type is high.
- Contextual factors increase one's risk for trauma.
- Exposure to trauma as a women or girl is common.
 - Globally, as many as **38% of murders of women are committed by a male intimate partner.**
 - Worldwide, **1 in 3, or 35%, of women** have reported experiencing physical and/or sexual violence by an intimate partner or non-partner sexual violence
 - women who experienced intimate partner violence were 16% more likely to suffer a miscarriage and 41% more likely to have a pre-term birth.
 - These **forms of violence can lead to depression, post-traumatic stress and other anxiety disorders, sleep difficulties, eating disorders, and suicide attempts.**
 - Women who have experienced **intimate partner violence were almost twice as likely to experience depression.**

Trauma and GBV

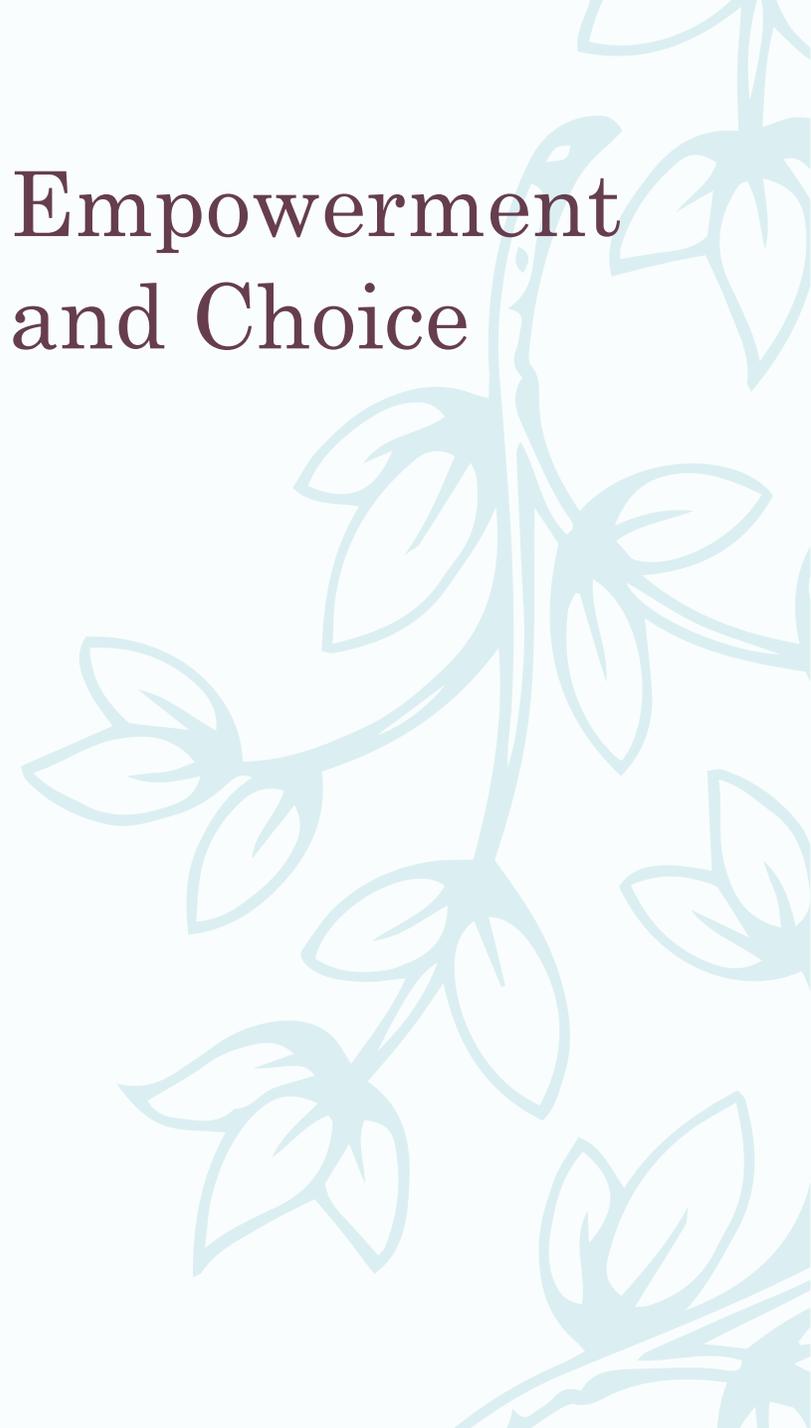
WHO Statistics

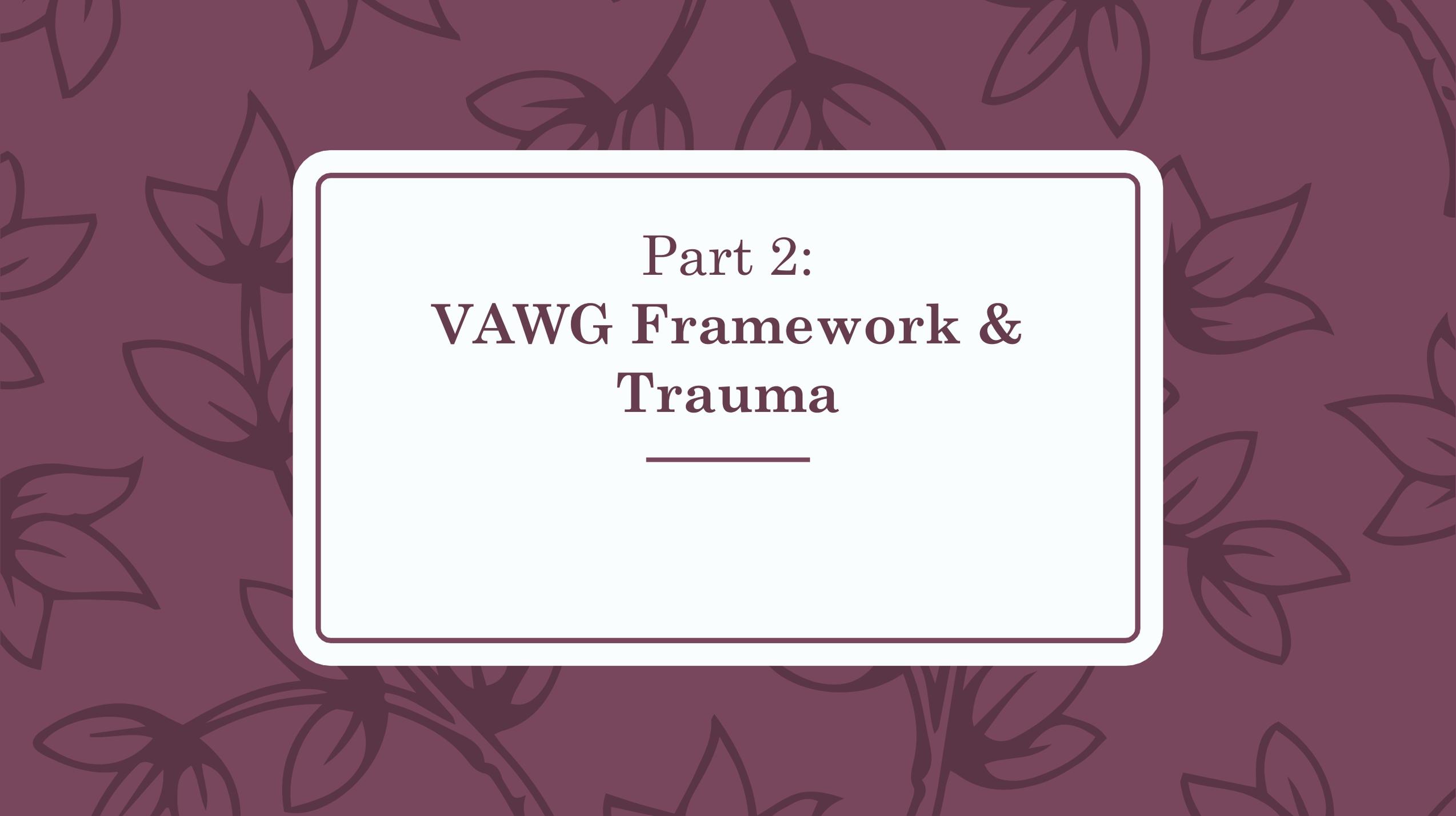


The survivor gets to decide when and how to use the word trauma and if something to her is traumatic through expressing her psycho-social well-being.

Everyone experiences trauma differently and has different resiliencies.

**Empowerment
and Choice**





Part 2:
**VAWG Framework &
Trauma**

Re-cap: Core types of VAWG

Violence against women and girls takes on many forms and types. The following are the 6 official type based on the GBVIMS



EFFECTS/CONSEQUENCES

Re-cap: CONSEQUENCES OF VAWG

Physical

Death	Suicide
Serious injuries	Injuries during pregnancy
Unwanted or early pregnancy	STIs, inc. HIV/AIDS
Vulnerability to disease	Unsafe abortion complications
Acute or chronic illness	Infant mortality

Psychological

PTSD	Depression
Anxiety, fear	Self-blame
Shame	Self-hate
Suicidal thoughts	Impact on children

Social

Rejection / ostracization from family	Isolation
Family breakdown	Social rejection / ostracization
Social stigma	Withdrawal from social life

Re-cap: ROOT CAUSES of VAWG



ROOT CAUSES

Inequality between men and women across all aspects of life

Male abuse of control and **POWER OVER** women and girls

Lack of belief in human rights for all, that women and girls lives are less valued than men and boys

Men's position of power, privilege & entitlement over women

Patriarchy and misogyny

Compounding negative messages



What do compounding negative messages against women and girls lead to?

What are some consequences?

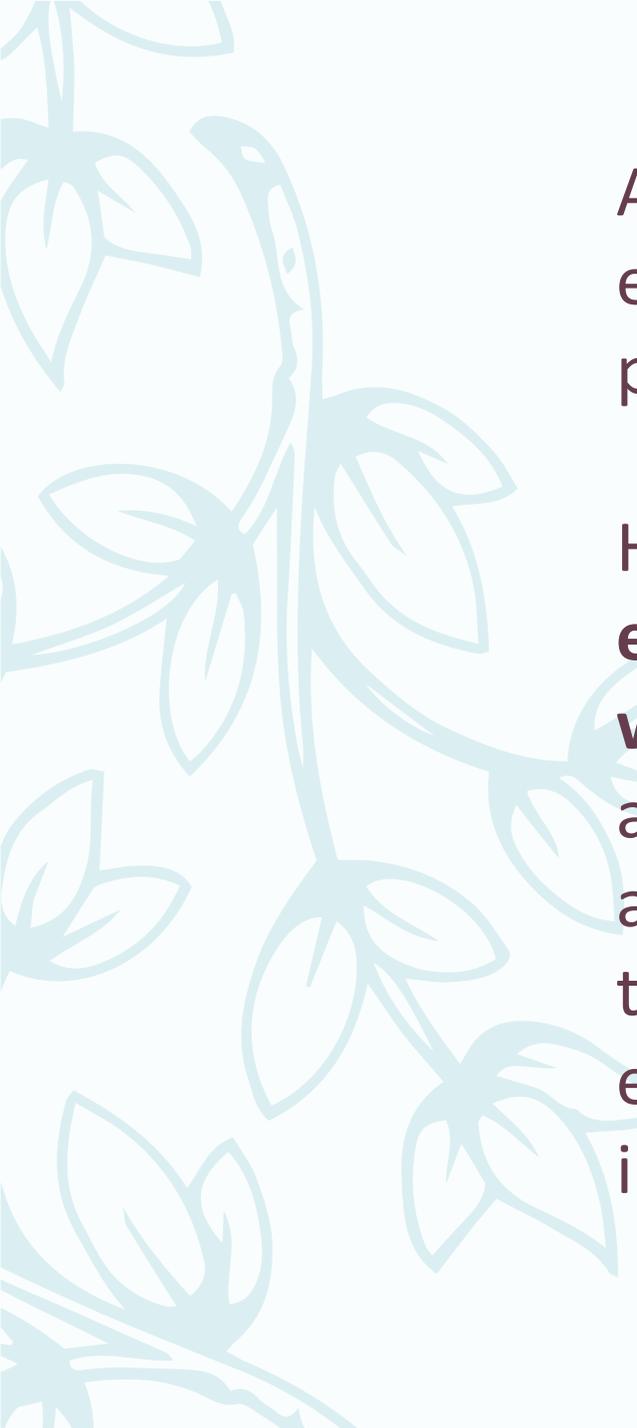


An incident of GBV can be traumatic and **compounded** by further trauma from disbelief from friends, family or society after an incident of violence against a women or girl or defending/legitimizing the violence used against women and girls.



In addition to individual experiences of GBV or other types of violence related to conflict and displacement, the women we engage in our programming are living and have lived in the individual and collective trauma of being a woman in a patriarchal society as well as holding other intersecting identities of oppression.

Everyday trauma from sexism, and from some compounding oppressions such as racism, xenophobia, and homophobia, is in the backdrop and has been layered onto.



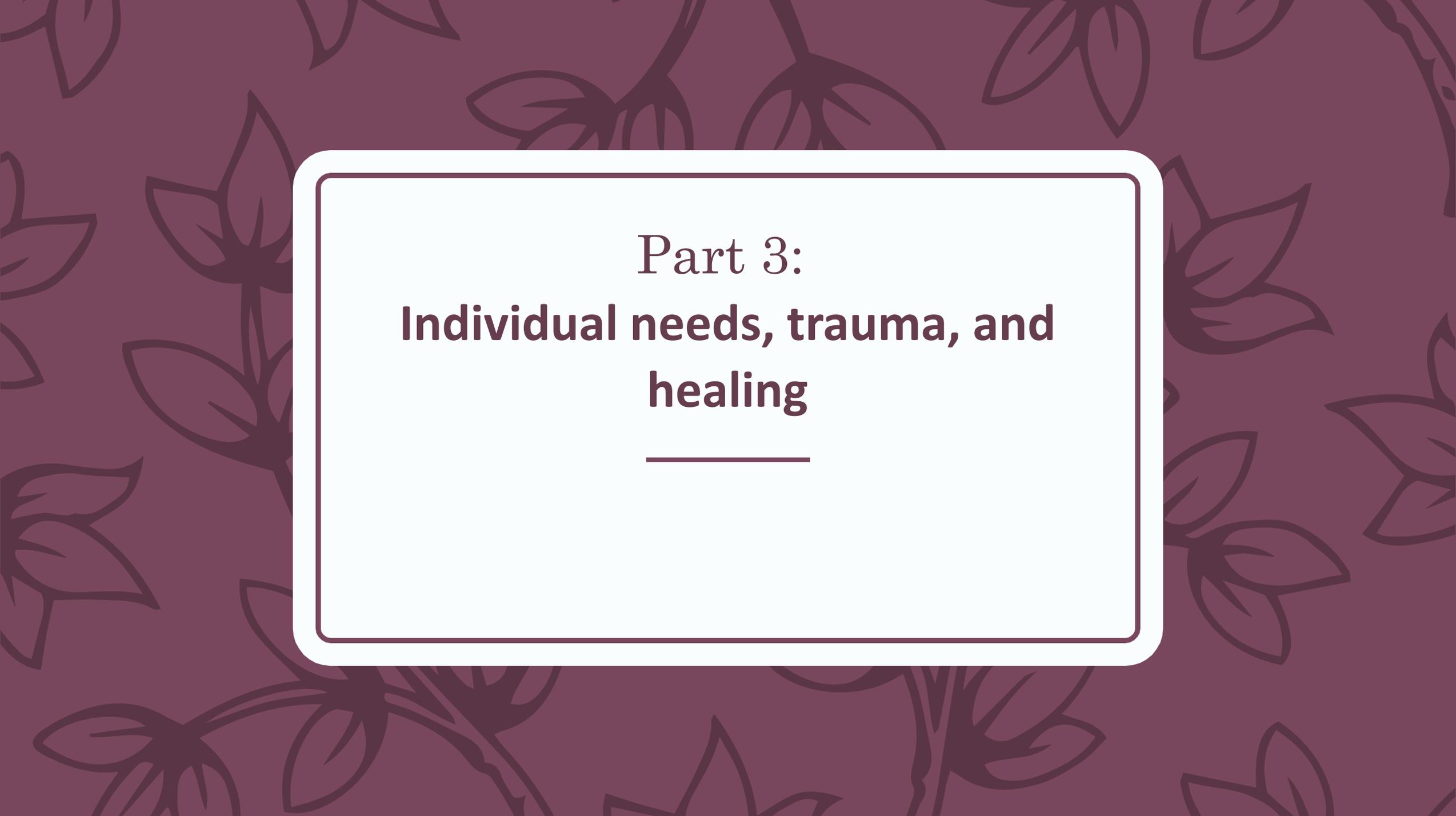
As GBV providers, we recognize that women and girls experience collective trauma and often individual trauma, particularly GBV incidents.

However, we also recognize that **not every woman or girl experiencing these forms of trauma and traumatic events will experience a traumatic reaction from them.** Women and girls may or may not need additional support and pss services to recover from these experiences. When they do, GBV programs can provide services in the most effective ways which address trauma from sexism and individual acts of GBV against women and girls.

Activity: Let's put our "Trauma Glasses" on

Take a few minutes to look at the left column and then think of an alternative descriptions or adjectives you might use to describe a beneficiary's behavior when you have your "trauma glasses" on.

Trauma glasses off	Trauma Glasses On
Manipulative	
Lazy	
Resistant	
Unmotivated	
Attention-Seeking	



Part 3:
**Individual needs, trauma, and
healing**

Co-Occurrence of Intimate Partner Violence and Mental Health

- Women who have experienced intimate partner violence are twice as likely to experience depression.
- Women who have a pre-existing mental health problem can experience a worsening or recurrence of their condition if exposed to IPV.
- Women with mental health problems may be at greater risk of experiencing IPV (there is an indication that this is a bidirectional relationship – i.e, women who have a mental health disorder are more likely to experience IPV and women who experience IPV are more likely to develop a mental health condition such as depression or suicidal behavior).

Survivors often live in constant fear for their lives and the lives of their children, which contributes to the great level of stress they manage

Types of stress responses

POSITIVE



A normal and essential part of healthy development

EXAMPLES

*getting a vaccine,
first day of school*

TOLERABLE



Response to a more severe stressor, limited in duration

EXAMPLES

*loss of a loved one,
a broken bone*

TOXIC

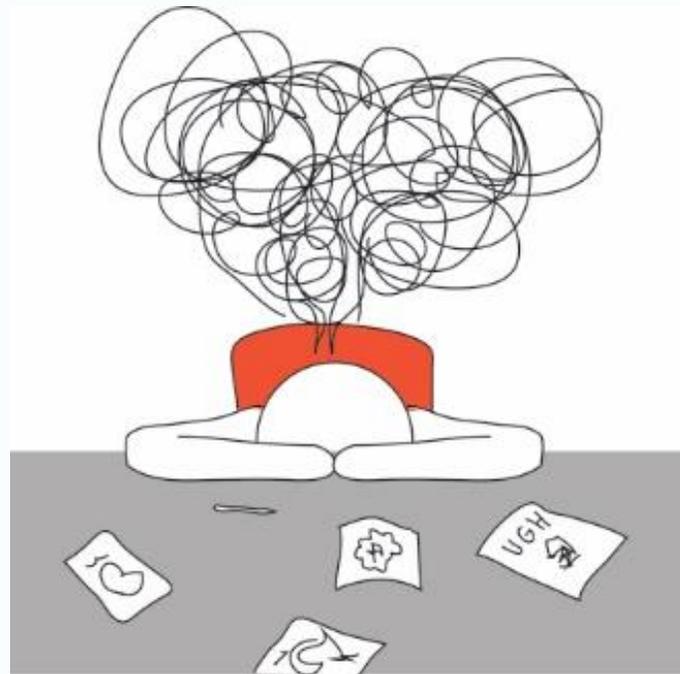


Experiencing strong, frequent, and/or prolonged adversity

EXAMPLES

*physical or emotional abuse,
exposure to violence*

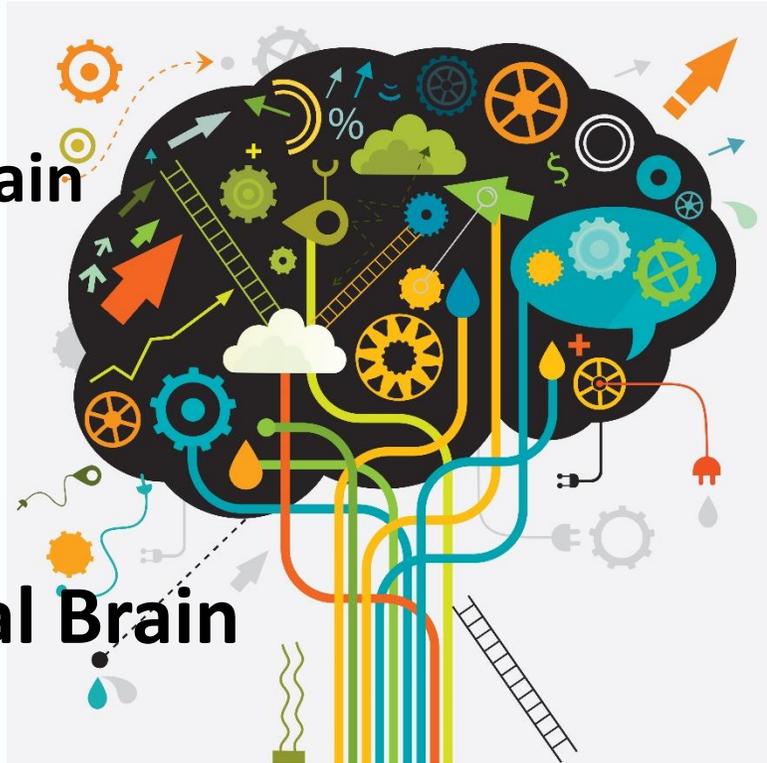
Chronic Stress



is the result of repeated exposure to traumatic events, such as intimate partner violence, that activate the body's stress response system.

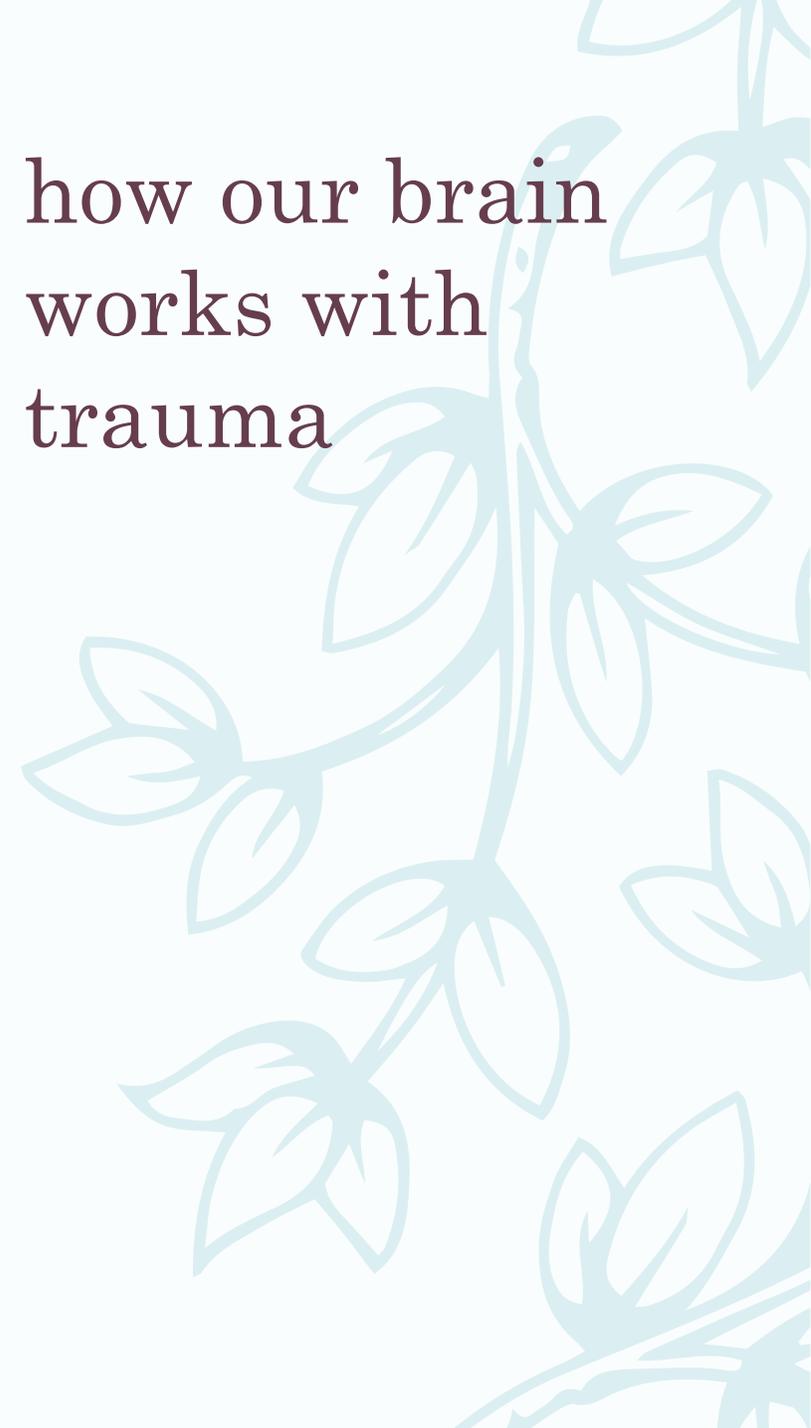
Emotional Brain

Survival Brain



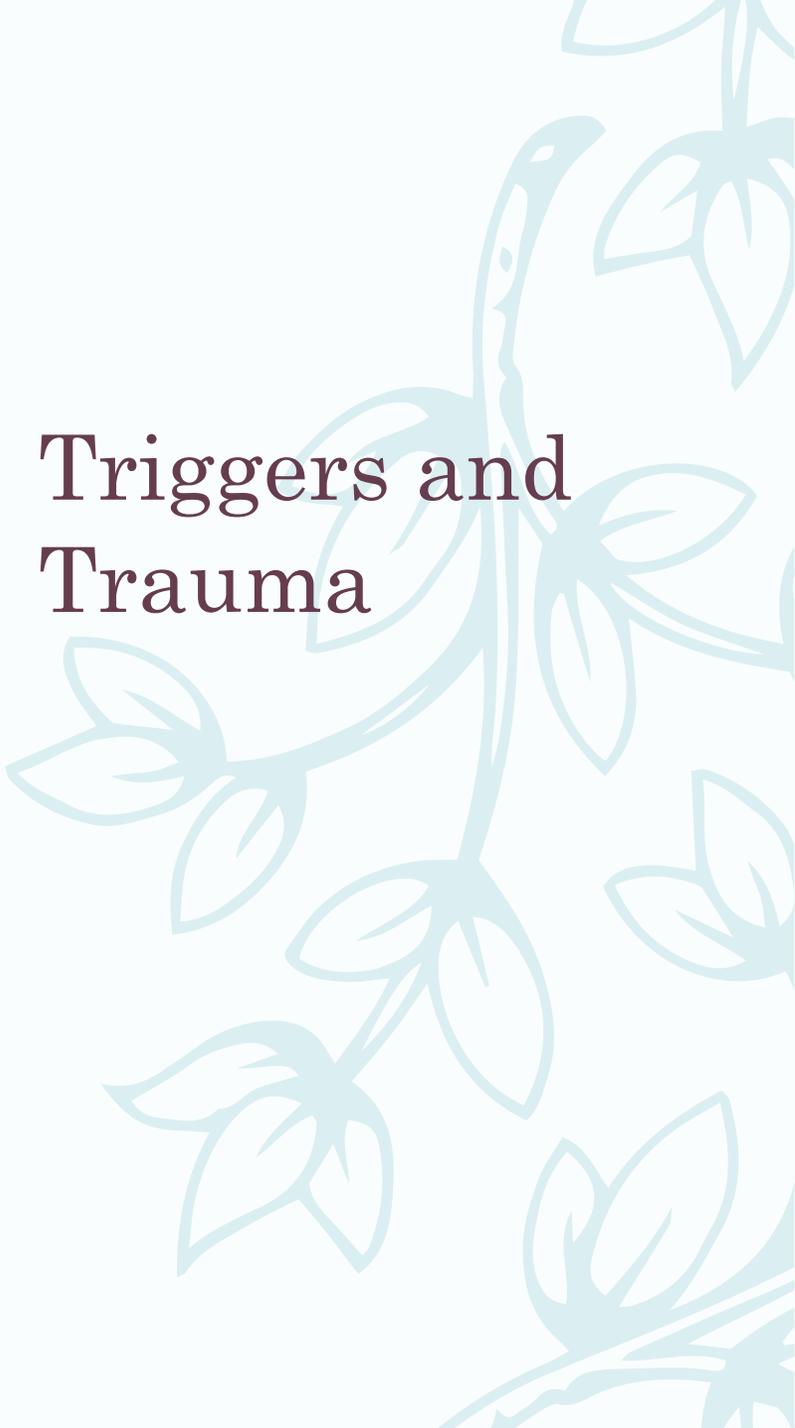
Thinking brain

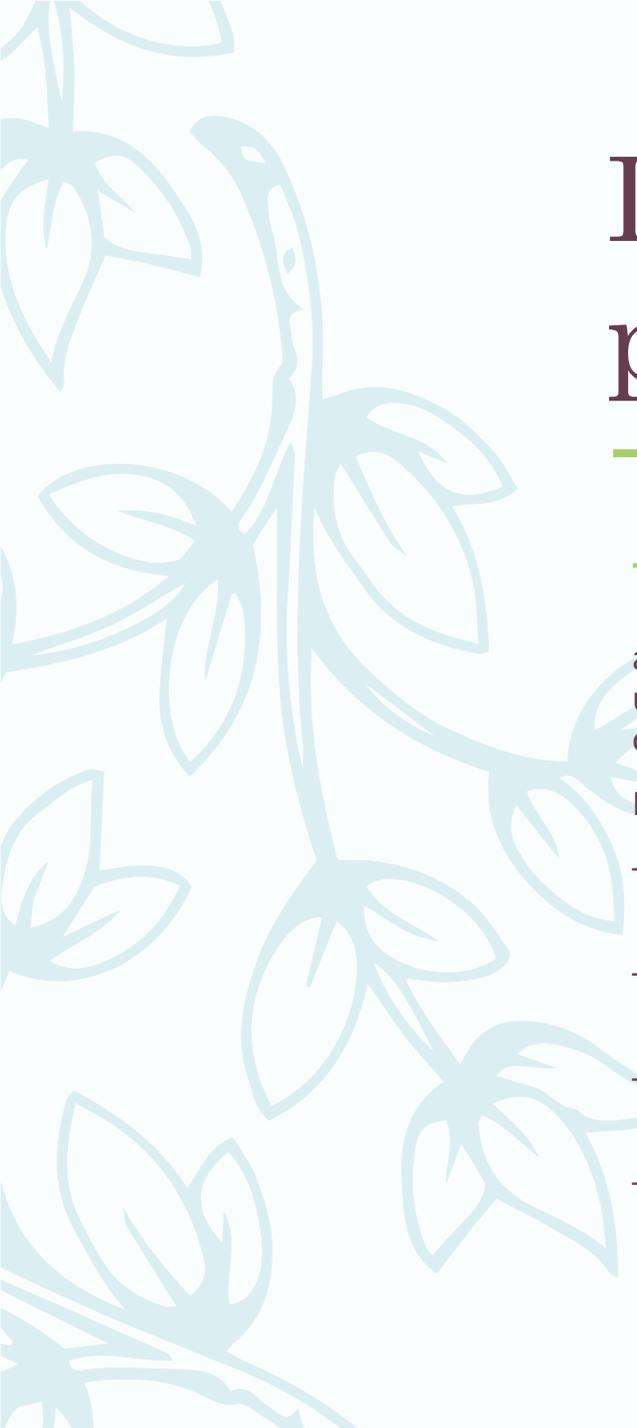
how our brain
works with
trauma



A trigger is a stimulus that sets off a memory of a trauma or a specific portion of a traumatic experience. Some triggers can be identified and anticipated easily, but many are subtle and inconspicuous, often surprising the individual or catching him or her off guard. A trigger is any sensory reminder of the traumatic event: a noise, smell, temperature, other physical sensation, or visual scene. Triggers can generalize to any characteristic, no matter how remote, that resembles or represents a previous trauma, such as revisiting the location where the trauma occurred, being alone, having your children reach the same age that you were when you experienced the trauma, seeing the same breed of dog that bit you, or hearing loud voices. Triggers are often associated with the time of day, season, holiday, or anniversary of the event.

Triggers and Trauma

A decorative light blue floral pattern consisting of stylized leaves and stems, located on the right side of the page.



In our practice as GBV service providers...

Trauma Informed Care

approach to service delivery that includes understanding of trauma and awareness of the impact of trauma across settings, services, and populations.

Key aspects of trauma-informed care include:

- Understanding the widespread impact of trauma along with potential paths to recovery;
- Recognizing the signs and symptoms of trauma in the people we serve and work with;
- Responding by integrating trauma knowledge into service provision, and
- Preventing re-traumatization.

Healing Centered Engagement

A healing centered approach to addressing trauma requires a different question that moves beyond “what happened to you” to “what’s right with you” and views those exposed to trauma as **agents** in the creation of their own well-being rather than victims of traumatic events

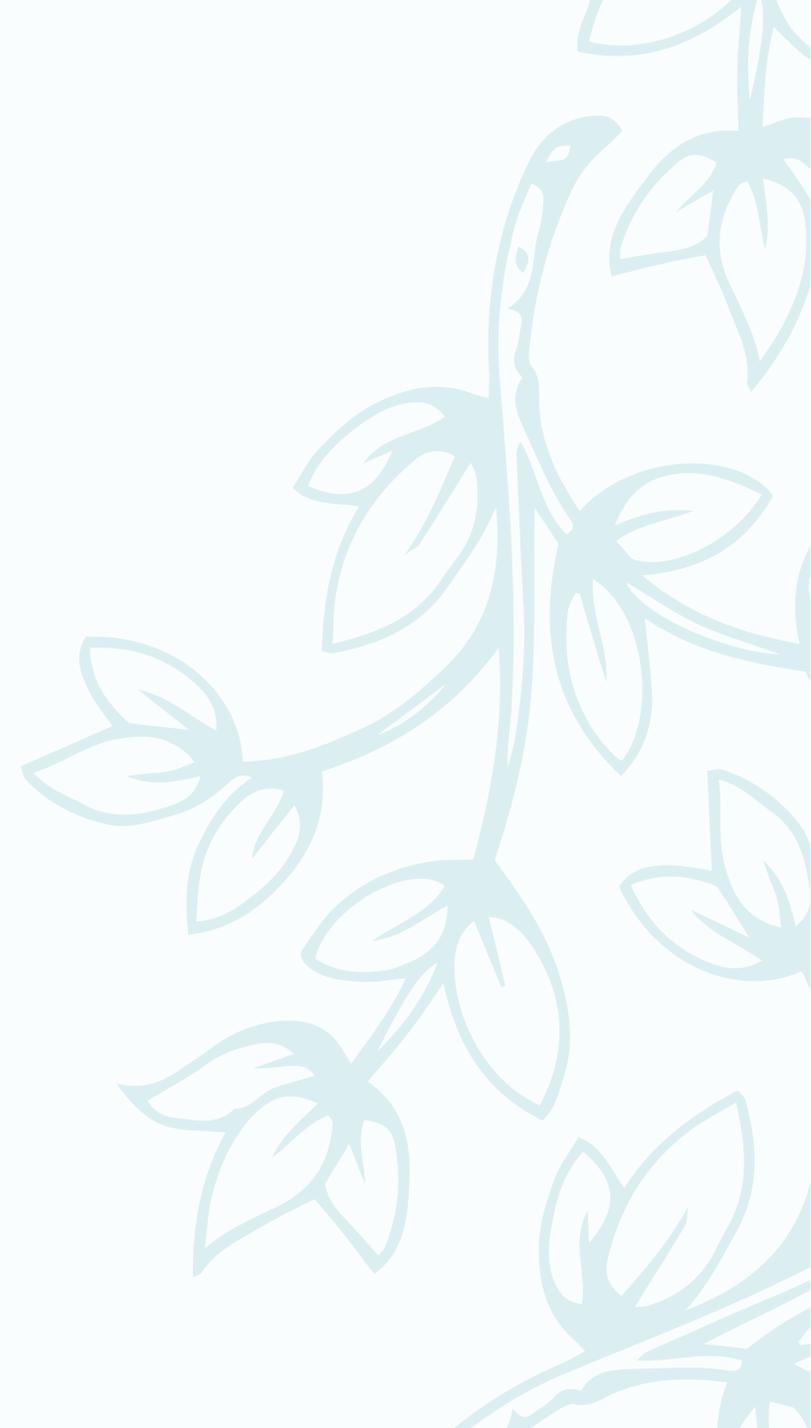
A healing centered approach is holistic involving culture, spirituality, civic action and collective healing. A healing-centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively.

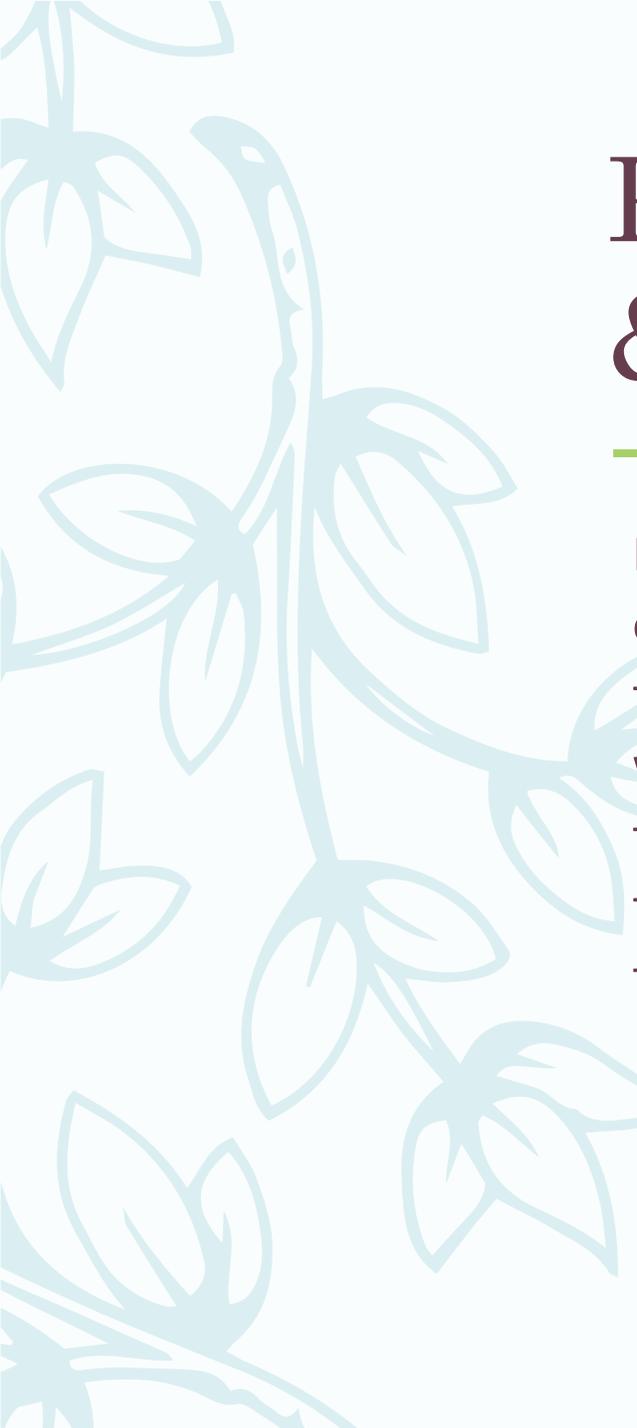
KEY CONSIDERATIONS FOR WORKING WITH SURVIVORS IN THESE CONTEXTS

- The way that a service provider responds to and supports a woman who has experienced IPV plays a critical role in her recovery.
- Violence is one of the most stressful experiences women can have.
- If a woman had a prior mental health condition, it may be exacerbated or re-occur due to experiencing IPV.
- Service providers should consider whether a survivor has a pre-existing mental health condition during assessment and the provision of care so that they can understand her risk of developing depression or another condition following an experience of violence.
- Service providers can help IPV survivors by focusing on coordination of care by connecting her with appropriate follow-up care for a pre-existing mental health condition, ensuring ongoing support.

Incidents of GBV can be traumatic, each survivor has a toolbox of different coping strategies that they reach for at different times.

What are some of these coping strategies, based on your experience as service provider?



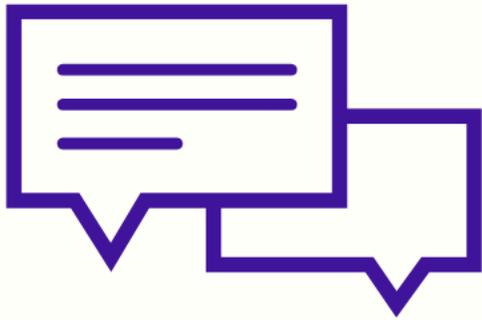


Psycho-social Well Being & Reducing Trauma

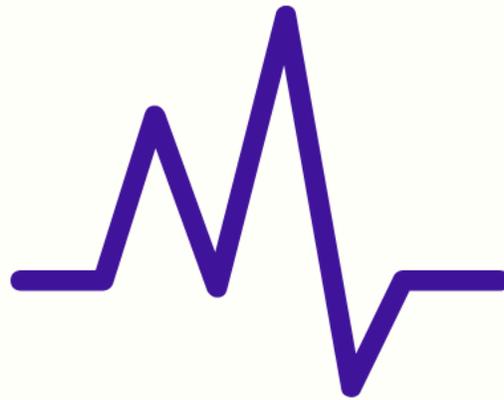
Means to generally feel good about oneself and one's life. It also means to feel confident in our ability to cope with challenges and to be able to address issues. It means that we feel like we can carry out day to day functions.

Psychosocial well-being means that we are able to experience a wide array of emotions without becoming overwhelmed by them. It also means that we are able to function and carry out our daily activities while feeling largely happy and supported. We are able to address challenges and difficulties well.

WHAT ARE EXAMPLES OF HEALING EDUCATION IN GBV CASE MANAGEMENT?



Healing Statements
and Healing
Information



Relaxation
Exercises



Coping Plan



What is healing education and why is it important?

- Provide survivors with an accurate understanding of the violence they have experienced and its associated impacts. This may mean clarifying and correcting information that survivors may have already acquired before coming for support that may not be accurate or helpful to their recovery.
- Validate and normalize survivors' reactions to the abuse.
- Equip the survivor and their caregivers with non-specialized techniques specific to their case that they can use to reduce stress, cope, improve communication, strengthen relationships and practice self-care. This is helpful for many of the settings where specialized mental health services may not be available to address the specific emotional and psychological distress that many survivors experience following the disclosure of GBV.
- Support survivors in developing a coping plan that includes social support and activities that build on their interests and strengths.

Relaxation Exercises

Step 1: Explain the belly breathing technique.

Step 2: Demonstrate the belly breathing technique.

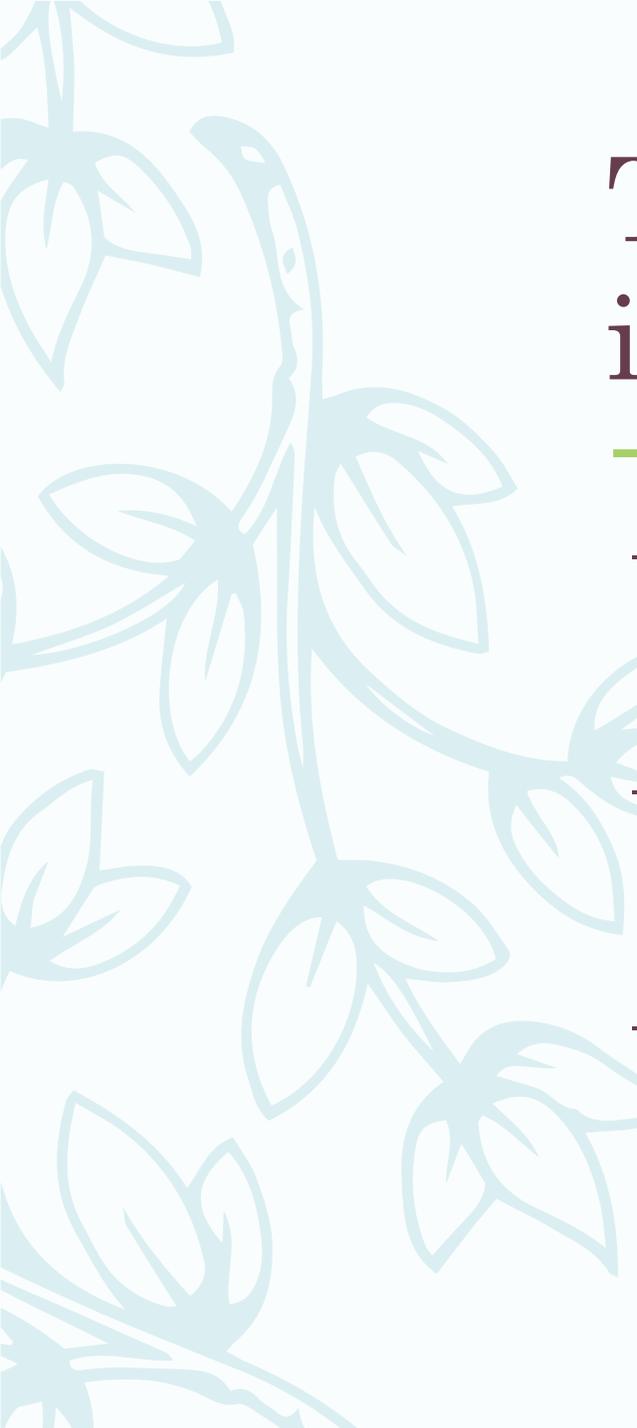
Step 3: Have the survivor practice belly breathing.

Coping Plan

Step 1: Identify the people the survivor trusts or feels comfortable with in their life.

Step 2: Identify the activities survivors enjoy.

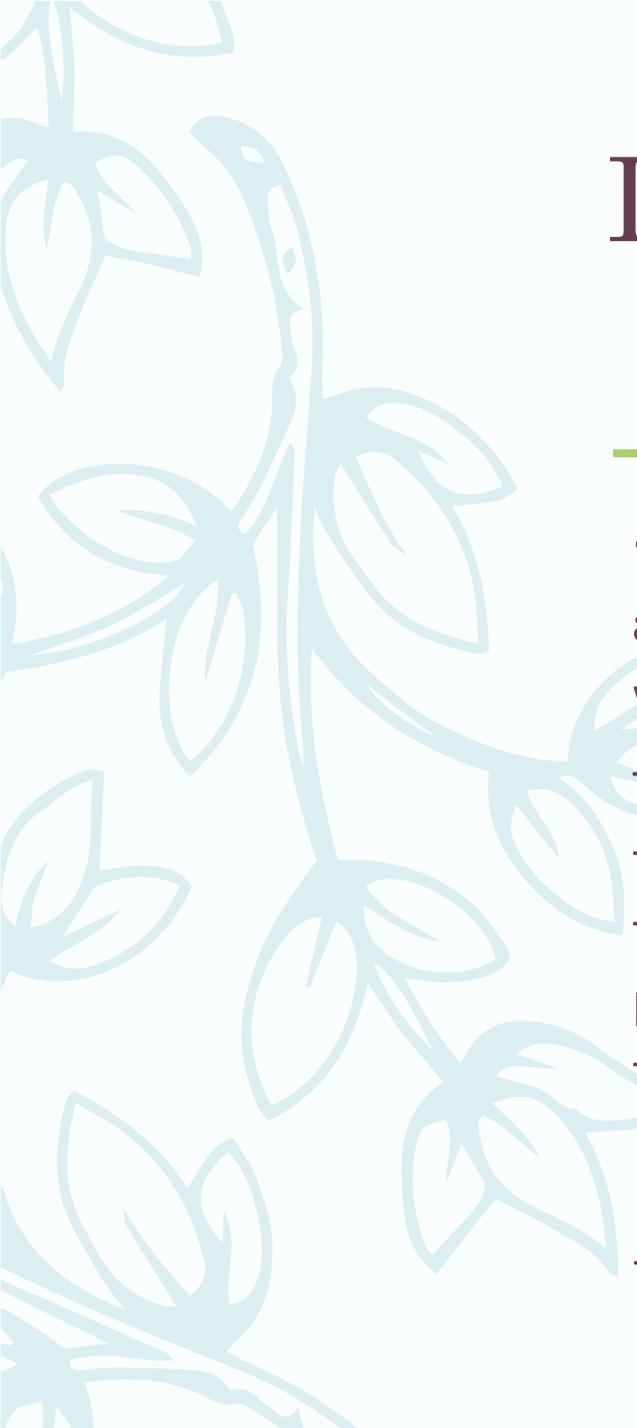
Step 3: Building off the survivor's answers, develop a plan with the survivor to engage people, carry out activities, and pursue interests and other strengths they have identified, to help them when they are feeling badly and need support.



Triggers and Society on the individual

- In the US, a man was nominated to serve as a Supreme Court Justice, despite having a history of sexism towards women and having committed sexual assault against a woman in college.
- During the nomination, the survivor came forward with her story, was scrutinized while her story was attempted to be discredited. Despite being believed in the end, the man still became a Supreme Court judge.
- If this happened in your country, how do you think this may impact GBV survivors and their experienced trauma? What is the message to survivors and how does this impact trauma ?

**Part 4: Collective
Trauma and Collective
Care**

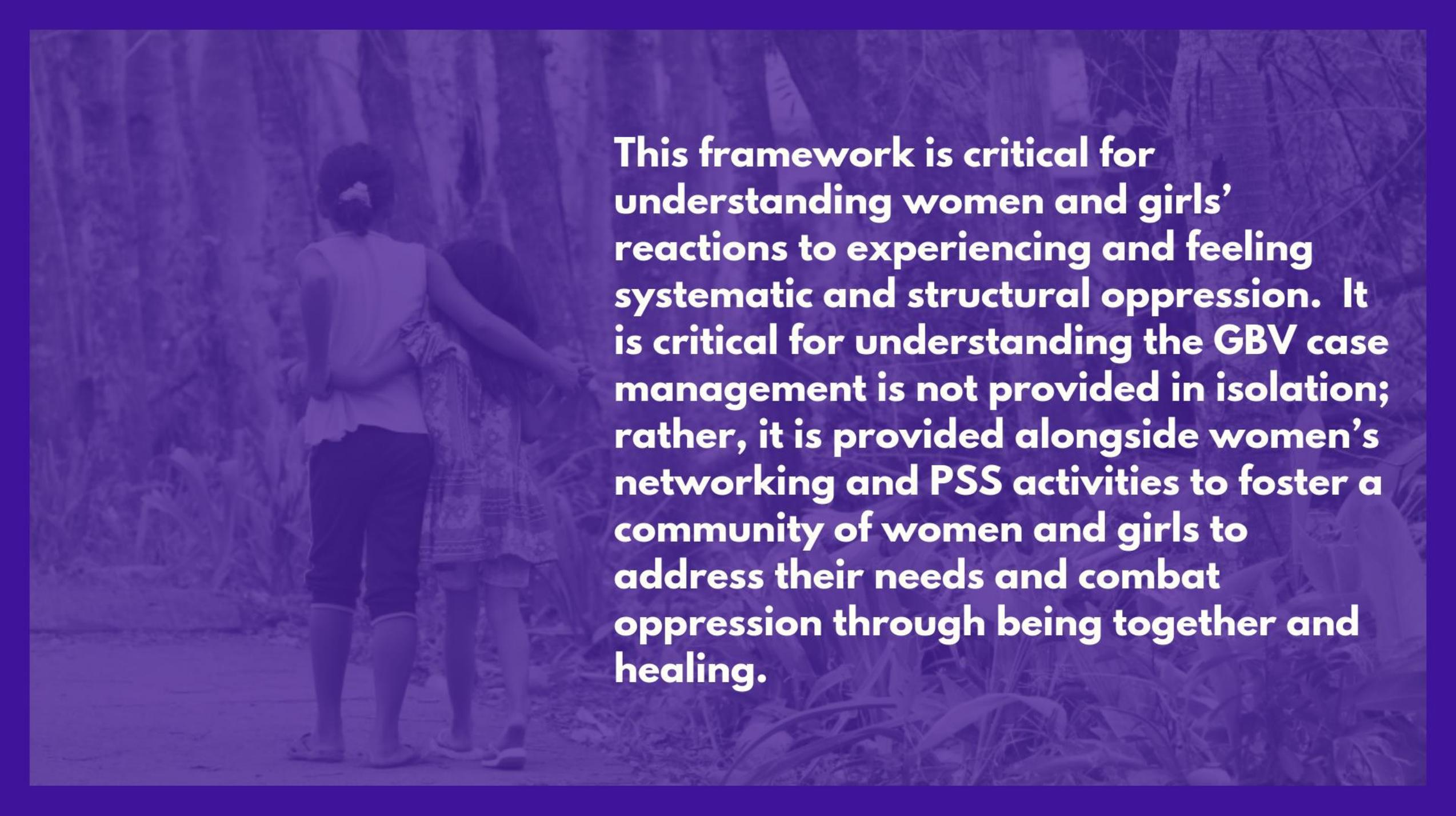


Importance of Collective Care

“ having a **good support network constitutes the single most powerful protection against becoming traumatised.** ... **Recovery** from trauma involves (re)connecting with our fellow human beings.

This is why trauma that has occurred within relationships is generally more difficult to treat... In our society the most common trauma in women...occur at the hand of their...intimate partners. ... If the people whom you naturally turn to for care and protection terrify or reject you, you learn to shut down and to ignore what you feel.”

-From "The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma"



This framework is critical for understanding women and girls' reactions to experiencing and feeling systematic and structural oppression. It is critical for understanding the GBV case management is not provided in isolation; rather, it is provided alongside women's networking and PSS activities to foster a community of women and girls to address their needs and combat oppression through being together and healing.

A **structured place** where women and adolescent girls' **physical and emotional safety is respected** and where women and adolescent girls are **supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance psychosocial wellbeing, and more fully realize their rights.**



Women and Girls Safe Spaces

**When Higher Level of
Care for GBV survivors
is needed**

Case Studies



Potential minimizing effects of referring when a referral has not been indicated as a need:

A woman goes to the Women's Center. She is angry because of men harassing her as she walks, and then being blamed by friends after her male friend tried to touch her. They told her she is too flirtatious. After listening, the case worker sees she is angry. The woman is immediately referred to a mental health practitioner because she is angry. This left her feeling like she made the problem and that something is wrong her. Why can't she control her anger? Next time, she will swallow her feelings. After all, nothing happened more than her friend trying to assault her.

Case Studies



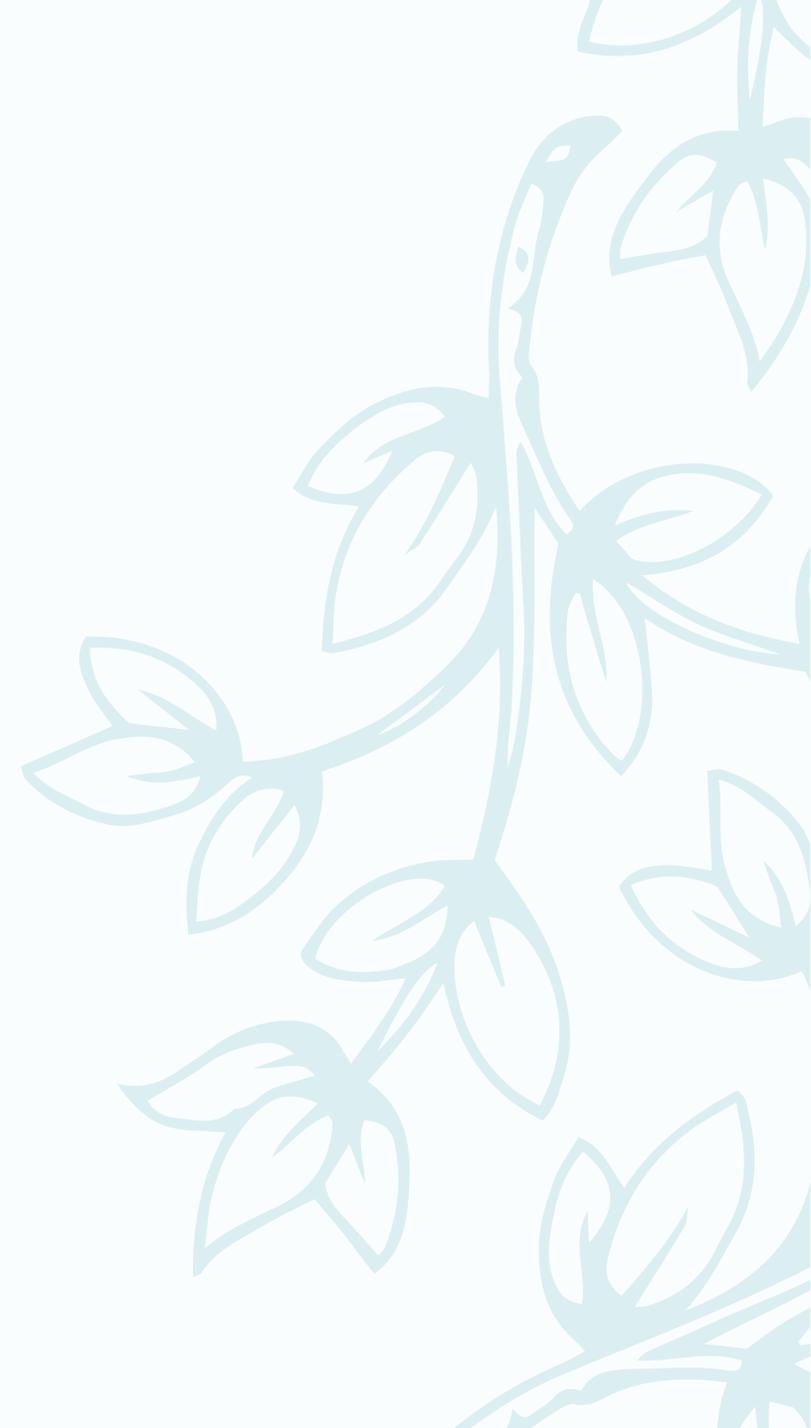
When to refer

A woman goes to the Women's Center to seek GBV case management. During her second session, she expresses to the GBV case worker that she hasn't left bed for four weeks. Her friend got her out of bed to come to the Women's Center. Since the incident, she has stopped eating and the GBV case worker can also see she has lost significant weight since their first meeting. She expresses that she does not want to bother waking up anymore. The GBV case worker explains there is a psychologist who can come to the Women's Center who may be able to further help her with the symptoms of sadness, if she chooses.

What are examples of higher level needs from trauma that may arise from GBV or sexism and other intersecting oppressions in society?

In Greece, what is available?

How do GBV specialists support and work with psychiatrists, psychologists, and license clinical social workers?





Our role as GBV specialists

Ensure practitioners such as psychologists, psychiatrists, and clinically licensed social workers are part of the referral pathway and trained on understanding the root causes of violence against women and girls, otherwise unintentional harmful messages towards survivors may be reinforced through practice.

Understand when and how to elevate mental health needs to a psychologists, psychiatrists, and clinically licensed social worker.

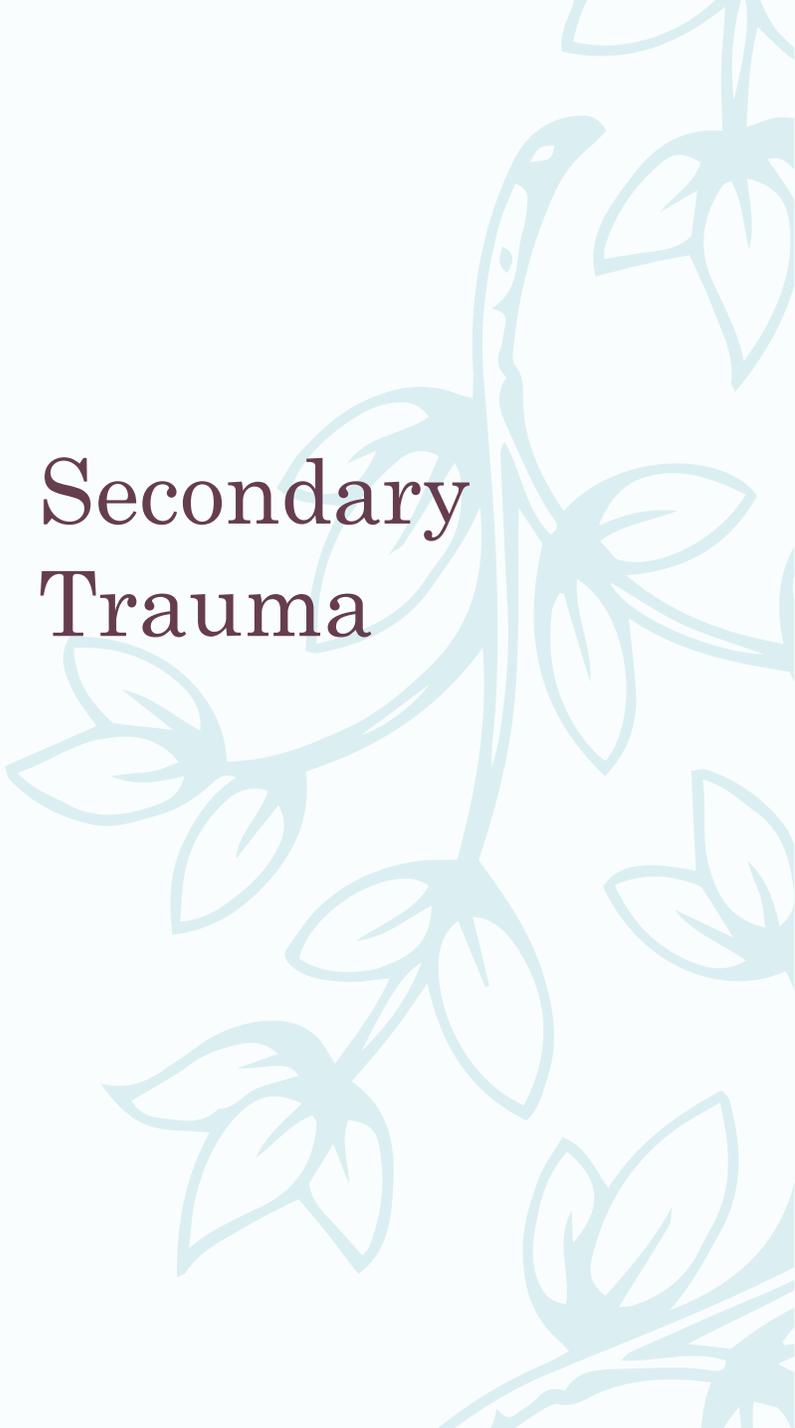
Secondary Trauma and GBV services providers

The term secondary traumatic stress (STS) refers to the presence of PTSD symptoms caused by indirect exposure to other people's traumatic experiences. Another term used to describe STS is **compassion fatigue**. Symptoms of STS for staff may include increased anxiety and concern about safety; intrusive, negative thoughts and images related to their beneficiaries' traumatic stories; fatigue and physical complaints; feeling numb or detached from beneficiaries; feeling powerless or hopeless about beneficiaries and the work; diminished concentration and difficulty with decision making; and a desire to physically or emotionally withdraw from people or situations that trigger difficult thoughts and emotions.

Over time, this type of stress can have negative effects on staff members' views of themselves, others, and their work. We refer to this phenomenon as **vicarious trauma**.

Service providers may be survivors as well.

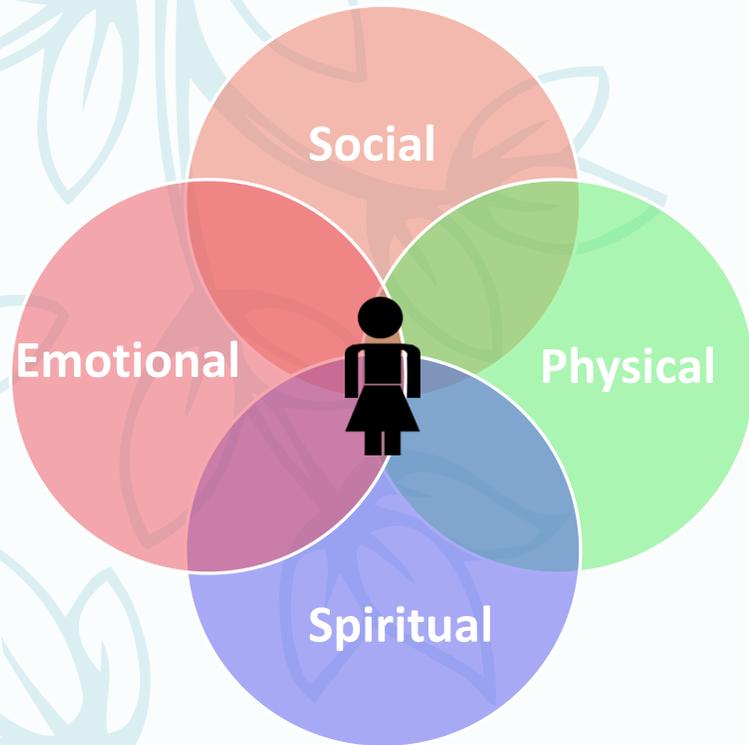
Secondary Trauma



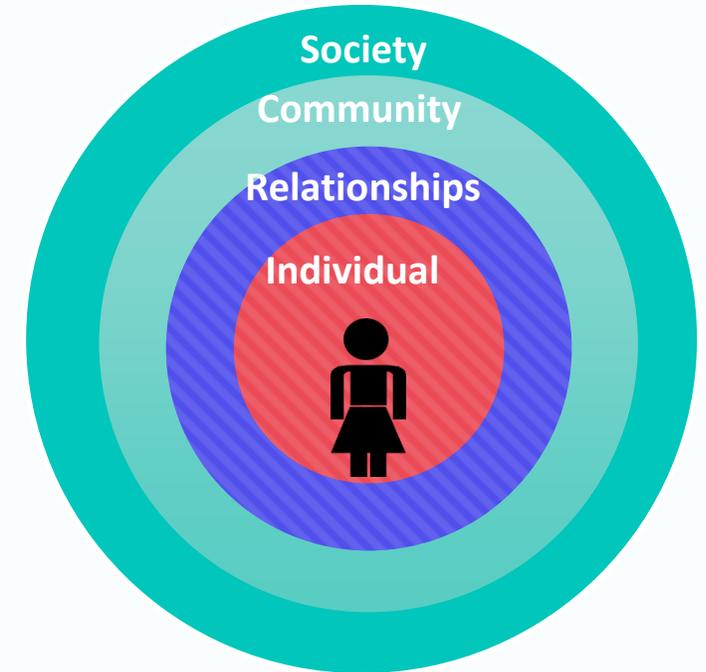
Creating the *other world* for woman and girls.

Women and girls live in a society that primarily is not designed for them. Our role is to work to resist, challenge and change that.

Aiming for a world where women and girls are protected from harm and supported to recover and thrive, free from violence and oppression.



Feel safe, feel trust,
have friendship, get
respect, well being, get
property, no fighting, no
abuse equal choice,
equal voice, no
discrimination



Resources



<https://www.gbvsurvivor.gr/?lang=en>



GBV Blended
Curriculum

<https://trauma-recovery.ca/>

[Trauma-Informed Care in Behavioral
Health Services](#)



Thank you.

Please provide feedback in the link provided in the chat.