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The logo for medica mondiale features a stylized blue wave or 'M' shape that overlaps a yellow square. The wave starts high on the left, dips in the middle, and rises again on the right.

Supporting survivors of violence with a multi-sectoral, solidarity- based, stress- and trauma- sensitive approach

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Guiding the work of *medica mondiale* is an attitude of sensitivity towards both trauma and stress. This stress- and trauma-sensitive approach has a strengthening and relieving effect on the affected people and also the activists, specialist staff and working groups. For *medica mondiale*, trauma as a consequence of violence is not to be found exclusively in the area of (individual) psychology, but also very significantly at the level of society and politics. For this reason, even a multi-sectoral approach to supporting those affected by violence cannot stand alone: it must go hand in hand with measures to bring about change in general political conditions, societal structures and public awareness.

I. Introduction

The trauma-sensitive approach is one component of the multi-level model of *medica mondiale* to deal with and prevent gender-based experiences of violence. This has to be adapted to each working context. A significant aspect here is to encourage the social environment to show solidarity with and provide support for women and girls who have experienced or are threatened by violence. Another important component is to ensure the provision of skilled and empathic support by training and advising non-governmental organisations (NGOs) and state service providers in the healthcare, justice and security sectors. At the same time, *medica mondiale* works together with numerous partner organisations and cooperation partners to bring about a gender-equal, structural improvement in the living conditions of women and girls and to put an end to the culture of impunity for perpetrators of sexualised violence.

This paper explains how the implementation of a solidarity-based, stress- and trauma-sensitive approach in various working fields can contribute to stabilisation in people affected by violence and to the internal strengthening of organisations providing support to them.

Psychotrauma is a survival response to a life-threatening event

In areas of war and conflict, the population is confronted by a number of different burdensome experiences and stressors, including many traumatic experiences: the latter are defined as presenting an existential threat to physical and psychological integrity. For the person affected, the experience is one of extreme helplessness and powerlessness. Many people can process their experience of a road traffic accident or a natural disaster without feeling overly affected in the long term. However, in contrast, half of all survivors of torture, ongoing domestic violence or sexualised violence in a conflict context report that they suffer from clear psychological, physical and social long-term consequences. These include a lack of motivation and a

tendency to withdraw from social life, as well as chronic pain or severe sleep disturbances. Many also report chronic stress reactions with concentration difficulties, anxiety or irritability.

The severity and persistence of these consequences is dependent not only on the severity of the traumatic events or the personality of the survivor, but very significantly on the experiences which the affected person has afterwards. In war and post-conflict regions, ongoing insecurity, endangerment and poverty, and – in the case of rape – stigmatisation and social exclusion, can all exacerbate the traumatic stress reactions. If individuals, families or whole regions are *repeatedly* subjected to traumatic events, this often has fundamental, structural consequences: personality and identity, values, regulation of relationships and social cohesion are all affected.

Women and girls in war and post-conflict contexts experience gender-based violence particularly frequently

Here, gender-based violence includes: exploitation, oppression, rape, sexual enslavement and forced marriage. Many of these experiences lead to trauma reactions, depression or psychosomatic illness. Even after the conflict ceases, the extent of everyday violence against women and girls generally remains high and they do not receive any recognition from their society for the violations of human rights which they suffered. Frequently, they are even made responsible for what happens to them and are denied any form of solidarity or support. Instead of contributing to the prevention of gender-based violence, the political and societal conditions often encourage it, whether due to the unequal distribution of power between the genders, even in peacetime, or insufficient legislation, or political and societal taboos.

II. Stress- and trauma-sensitivity

Survivors of violence often receive no appropriate support

Where survivors of violence do find the strength and courage to seek help, perhaps from their community elders, in hospitals, counselling points or in court, they often end up with inappropriate treatment or support. Not infrequently, they even experience discrimination because of this experience of violence or due to their psychological problems. The general lack of assistance on offer in war-torn or post-conflict regions is, of course, one reason for these problems. However, another reason is the fact that many contact people, specialists and activists are simply lacking basic knowledge of trauma and trauma processing or of the consequences for their clients and patients, or indeed for themselves and their families. Additionally, both sexualised violence and psychological problems are often subject to taboo and stigma. So the person in need of assistance often finds the support-giver overwhelmed, judgmental or even hostile. This person might then devalue, disempower or even re-traumatise them. So in order to make appropriate assistance possible and prevent further violence, education, awareness raising and dismantling societal taboos around sexualised violence are all necessary, as is a stress- and trauma-sensitive approach among specialists and activists.

Stress- and trauma-sensitivity as a fundamental attitude

Violence in the context of war and conflict has consequences at a range of different levels. In particular, people in war and post-conflict areas will seek support and assistance at social, economic and legal levels as well as with regard to psychological and physical health. A stress- and trauma-sensitive approach can be applied at these different levels even where the issues at hand are not clinical or medical, and the actual traumatic experience is not the focus of the consultations or assistance being sought. Specialists and other staff within the support systems need to be enabled to develop an expertise and approach that as far as possible strengthens and stabilises the people they are dealing with, based on the knowledge of how destructive the consequences of violence and other violations of human rights can be. In contexts of war and conflict, whole teams and support organisations can be affected by trauma dynamics, so applying a stress- and trauma-sensitive approach can also be important within the working environment when dealing with colleagues and staff, not just in the direct contact with survivors of violence. Trauma-sensitivity can also play a role in ensuring that teams can work together constructively over a long period and preventing destabilisation of an organisation because of destructive dynamics such as the formation of factions or frequent conflict escalation.



Basic principles of stress- and trauma-sensitivity

The basic principles of stress- and trauma-sensitivity presented below are guidelines for action. They counteract psychological and social dynamics which can be triggered by the existentially threatening traumatic experiences, with destructive and stressful consequences².

Security

- Reduce fear and stress in the face of threats
- Convey a sense of security despite the stress of simply surviving and/or fundamental insecurity
- Creating trust and confidence in light of breaches of trust and loss of confidence in oneself or other people

Strengthening

- Empowerment in light of the experiences of extreme helplessness
- Strengthening of self-esteem in light of gender-specific denigration

Solidarity and connection

- Acknowledge the suffering in light of the feelings of shame and guilt
- Convey an experience of solidarity, connection and social participation to counteract isolation and discrimination
- Adopt an integrated, holistic view of the affected person in their social environment in light of dissociation mechanisms

Mindful Organisational Culture and self-care

- Promotion of competencies to deal with stress in light of heightened exposure to stress
- Awareness of splitting dynamics in the group when faced with systemic trauma dynamics
- Mindfulness when faced with the risks of indirect traumatising and burnout
- Enhancing resilience when dealing with existential crises

Stress- and trauma-sensitivity in the empowerment of women

Trauma-sensitivity is especially important when it comes to promoting gender-equal participation of women in the development of society in war or post-conflict regions. Women and girls are often 'etched' permanently by the feeling of powerlessness they experienced during the traumatic events. As a consequence, they frequently have a very low feeling of self-efficacy and self-esteem, or they suffer from extreme weakness. So it is hardly possible for them to involve themselves in the social processes taking place around them or to actively assert their rights or try to improve their living conditions.

However, if the affected women and girls experience someone accepting them, including the painful things that happened to them, then this acceptance can give them strength. Trauma-sensitivity therefore also includes designing and conducting development and human rights work in a way which ensures recognition that the injustice committed was a breach of human rights when those affected are courageous enough to reveal their experiences. If they can also be given the opportunity to give their pain some sort of meaning by becoming active in community, project, solidarity and support work with other people, especially other survivors, then they can overcome this feeling of powerlessness. The experience of strengthening and solidarity can have long-term positive effects on the survivors' resilience. In the context of women's empowerment, resilience can also be understood as the power to take a stand with others against injustice and violence.

III. Practical implementation in different fields of work

Case example:

Valérie, 31 years old, from Fizi, East Congo

Valérie lives with her husband Joseph and their three children in the town Fizi in the South Kivu province of the Democratic Republic of Congo. Six years ago, a bullet grazed her husband's upper arm and he has not been able to work regularly since then. Now, he tends to spend his afternoons drinking beer with friends. Valérie works hard. However, farming and a little bit of trading are hardly enough to make ends meet for her family. In particularly difficult times, Gilbert, a wealthy neighbour in Fizi, calls by and urges her to let him give her some money. He also clearly intimates what he would expect in return. Valérie refuses his offer every time. In August last year, Gilbert appears suddenly while she is out of the house on her own collecting wood. Once again, he insists on giving her money. When Valérie refuses, Gilbert pulls her from the path violently and rapes her.

Valérie tells nobody about this, not even her husband or her friends. She is scared of the accusation that she might have provoked Gilbert. Now she rarely goes to church services or community meetings. Her relationship to Joseph continues to deteriorate. When he demands intimacy, she cries with pain. On many days, she is so weak that she does not manage to tend the fields or go to market. Joseph gets angrier by the day and, in the end, he throws Valérie out of the house. She finds shelter for herself and her children at her cousin's house in the neighbouring town of Baraka. However, she really does not have enough food to feed everyone, so Valérie's children often go to bed hungry.

In Baraka there is a local women's organisation called "Force aux Femmes" (FAF), which helps women and girls in difficulties. FAF has trained psychosocial assistants (assistantes psychosociales, APS) who live in various neighbourhoods of Baraka. These APS raise awareness in their communities about the types of violence against women and their consequences. Valérie's cousin knows Marie, the APS in their community. So when she notices how bad off Valérie is, she cautiously mentions the possibility of approaching Marie to talk. In the end, Valérie's worries about failing to provide for her children are the factor which leads her to approach the APS when she sees her in the street one day while walking with her cousin. Marie invites Valérie to come to the FAF house the next day to talk.

1. Stress- and trauma-sensitive psychosocial counselling: *Valérie can no longer relax*

The FAF house is in a protected location outside the built-up area. For a long time, Marie listens to Valérie attentively and empathically. Finally, Valérie hesitantly tells the APS about the rape and how it changed her. As Valérie tells her about sleep disturbances, lack of strength, overwhelming flashbacks of the event, and strong feelings of being „dirty and damaged“, Marie recognises the consequences of trauma. The APS explains to Valérie that all of this is a normal reaction to a terrible event and that she knows many women who reacted very similarly to these experiences.

The two women consider together how Valérie can develop coping strategies for her everyday life: What gives her strength? How can she develop a feeling that this experience has not robbed her of her dignity and value? What could help Valérie with her sleep disturbances? What can she do as soon as she notices that the flashbacks are happening again? When Valérie sees bundles of wood, this sets off memories which can be so intense she feels as if the rape is actually happening again. The wood is a “trigger” since it was also there

during the rape. Marie urges and helps Valérie to develop her own solutions to problems such as this. The two women also talk about the option of Marie having a mediatory talk with Valérie’s husband in her role as APS.

While they talk, Valérie often ‘spaces out’ and her attention is no longer on what Marie is saying. Part of her training as an APS taught Marie how to empathically bring her conversation partner back to the present moment at times like this – to bring her back out of the ‘dissociation’. Sometimes Valérie gets nervous or irritable. Marie also interprets this as a possible symptom of trauma, so she responds with understanding and offers to help Valérie find ways to relax.

Valérie comes to feel safe and secure when she is with Marie. It is especially helpful because Marie does not judge her. Marie repeatedly tells her that the things she experienced are not her fault: the only guilt lies with the perpetrator. Although the people in her surroundings generally stigmatise women who have been raped, her experience at FAF is very different. She feels accepted as a valuable human being.

Psychosocial counselling can be generally understood as counselling relating to life and social issues for people facing difficulties or crises. This may include dealing with acute psychological stress situations, issues of socio-economic security, or parenting advice. The fact that it is not an offer of therapy often means that a client will not necessarily reveal any traumatic experiences by talking about them. With this in mind, it is particularly important for all counsellors to adopt a trauma-sensitive approach as a matter of principle. For any client, it improves the effectiveness of the support provided if they are helped to feel secure, connected and accepted with all of their self-doubts, guilt and shame; for traumatised clients it is essential to do this. This approach also has the effect of inviting the affected person to speak about the injustice they suffered.

Further examples of the implementation of a trauma-sensitive approach:

- Psychosocial counsellors explain to clients the causes of their reactions to a traumatic event

(psycho-education) so those reactions appear less threatening.

- The counsellor leaves it completely to the client to make a decision about whether and when she talks about the experiences she had.
- Counsellors can recognise when the extent of a client’s restrictions in everyday life makes it advisable to discuss possibilities of therapeutic assistance with them.
- A psychosocial counsellor places a special focus on the client’s social systems, raising their awareness of the types and consequences of violence, by mediating in cases of family conflict, and by offering group counselling or facilitating self-help groups. For recovery processes to take place, the survivor needs new experiences of positive connection with others and acceptance.

2. Stress- and trauma-sensitive healthcare: *Valérie is in pain*

After the rape, Valérie began to feel chronic pain in her abdominal area. She also has an unbearable fear of being infected by HIV. But what can she say to the doctor? She really does not want to have those tests done. She would not want to know if she was positive, for example, since this would probably mean being thrown out by the rest of her family. Valérie is also scared of the gynaecological examination itself, since that part of her body reminds her of the violence inflicted upon her.

So Marie accompanies Valérie to the partner hospital of FAF. Together with the doctors there, FAF set down guidelines for a trauma-sensitive approach to medical provision for survivors of sexualised violence. For example, the hospital does its best to make female healthcare professionals available. If an examination by a male doctor cannot be avoided, because there are too few female doctors, then a female nurse is always present during the examination.

In Valérie's case, a female duty doctor explains which check-up procedures are necessary. She tells Valérie that a HIV test is not absolutely necessary now, but that confidentiality will be ensured in any case. Nobody else can enter the examination room or hear their conversations. She promises that every time she needs to touch Valérie's body she will tell her before doing so and the examination will be stopped immediately if Valérie raises her hand as a 'stop signal' or if stress symptoms appear, such as muscle tension or if she turns pale.

As the vaginal examination begins, Valérie is very tense. She notices that the female doctor is maintaining eye contact with her and conducting the examination in a slow, gentle way. So she relaxes a little. In the end, the check-up is less painful than she had feared. Valérie was also able to ask Marie to stay with her the whole time.

Doctors and nursing staff are often the first sources of assistance who people affected by violence can turn to. In the wake of traumatic experiences, the most obvious symptoms are initially often the physical ones, such as chronic pain, sleep disturbances or an excessively rapid heartbeat triggered by tension and fear. However, especially in cases of sexualised or other gender-specific violence, shame or fear prevent their patients from actually mentioning what happened to them, so an examining doctor without the appropriate training will not necessarily recognise the causes of the complaints or correctly diagnose the symptoms of traumatic stress, so the person in need of help will not receive the most appropriate treatment.

Further examples of the implementation of a trauma-sensitive approach:

- Healthcare staff understand how irritating behaviour by patients, such as over-anxiety or distrust during diagnostic interviews or medical interventions such as gynaecological examinations or obstetric measures, may actually be the consequences of trauma.
- Healthcare staff know how to recognise an inner replay of a traumatic experience (re-

traumatisation) and deal with it appropriately. These replays can be triggered by putting the clients in situations which in some way resemble the violent situation, such as having to lie on their back. Some patients might suddenly become listless, others start to panic: there might be a new destabilisation and the symptoms might get worse.

- Medical staff recognise the particular risks and challenges in providing obstetric care to women and girls who have experienced sexualised violence. For example, an experience of traumatisation can severely impair a person's capacity to perceive pain. This in turn could lead to a delay in recognising possible complications in a pregnancy.
- Furthermore, these staff are aware of the appropriate points of contact which they can refer their patients to for any necessary legal advice, safe houses or psychosocial counselling.

3. Trauma-sensitive income-generating measures: Valérie would like to be able to provide for herself and her children

Since Joseph threw Valérie out, she no longer has access to his field to earn an income by farming so she is very worried about her children. Marie offers to help Valérie join one of the farming groups run by FAF in her neighbourhood. The members of the group support each other in the fields and help out should one become ill.

The local FAF employees are trained to assist these groups in a trauma-sensitive way. They take care to ensure the women in the group feel secure and help the group to develop cohesion, solidarity and trust among its members. This process is allowed plenty of time since they know that traumatic experiences initially lead

people to be distrustful and withdrawn. Their knowledge about trauma also helps the support staff to understand why the women sometimes suddenly start to argue as if their life was at stake, even though there was only a minor problem. Or why they often quickly forget the working instructions they were given and seem disinterested during explanations or activities. Each woman in the group has an equal say when it comes to decisions. The FAF support staff help them to help each other: being of use to others is a very beneficial experience. FAF staff also include the women's community in the measures to support them, to ensure their social integration. A well-trained female farmer from the village comes to give them advice on fertilising their fields.

Most people would agree that being able to earn their own income is a core part of their self-esteem and how they experience their agency or self-efficacy as a human. It is also a factor strengthening the feeling of belonging to and contributing to a community. However, in the wake of traumatic experiences, many survivors sense a lack of control over their own life and have feelings of isolation and alienation in their social relationships. So it is especially valuable for these people to experience the self-empowering and stabilising effect of earning their own living. Furthermore, an independent income is particularly important for women if they are to avoid maintaining or entering exploitative or violent partnerships out of financial necessity. So income-generating measures are very significant in war or (post-)conflict contexts.

If they are designed in a trauma-sensitive way, this increases the chances of successfully enabling the affected women and girls to generate their own income. At the same time, trauma-sensitive income-generating measures have a positive effect on the psychosocial stability of the participants. These psychosocial benefits then enhance the economic measures, and vice versa, resulting in a positive feedback loop.

Further examples of the implementation of a trauma-sensitive approach:

- The feeling of having no control over their own future can have a negative effect on the ability of traumatised people to make economic plans. Frequently, they have also lost any faith in their own abilities. The focus of income-generating measures is therefore on small steps and small successes. Group meetings can be used as an occasion for participants to share with each other their stories of small, personal success in the days since the last meeting. They gradually develop the habit of focusing on successes instead of deficits.
- Many of those affected are emotionally unstable or exhibit stark reactions to problems and conflicts. In cases where their income-generating work takes place as part of a group or a team, distrust and social withdrawal can also make this teamwork very difficult. So participants are taught strengthening or relaxing exercises to help them regulate their own emotions. Protective group rules and a clear group structure are also the basis of all activities.

4. Stress- and trauma-sensitive legal assistance: Valérie wants justice

Valérie knows that Gilbert has threatened other women in Fizi. In order to prevent further crimes, she considers reporting him to the police. So Marie accompanies Valérie to Jeanne, a legal counsellor working with FAF. With Marie's help, she describes her case. Jeanne informs Valérie as to what initiating a procedure such as this would mean for her and what the chances of a judgment being passed are. She also has to make Valérie aware that Gilbert's wealth means he might ensure his release through bribery. Together, the three women consider if there would be another way to prevent Gilbert committing further crimes, other than resorting to judicial measures. Could the village authorities reprimand him?

In spite of the barriers posed by the judicial procedures, in the end, Valérie decides to report him to the police. Since FAF carried out a workshop on prosecution of sexualised violence for the regional police sta-

tion, Jeanne knows a policewoman there who deals with survivors of sexualised violence in a respectful and sensitive way. The policewoman meets Valérie at a place where they will not be disturbed while she questions her. Right at the start, she reassures Valérie that she can demand a break at any point, if she feels overwhelmed and explains her rights and obligations in a clear and comprehensive way. When it comes to describing the sequence of events during the rape, Valérie cannot remember everything and gets other things muddled up, but the police officer remains patient. From the training workshop, she knows that memories of traumatic events are frequently stored differently to normal memories. She was also trained to avoid asking questions that suggest Valérie's own behaviour might have caused the criminal act. Jeanne is also present the whole time and can intervene if impermissible questions are asked, or to explain any legal facts to Valérie.

The extent to which a society acknowledges committed injustices as injustices is a factor which has a significant influence on the development of the psychosocial health of survivors in the wake of human-induced traumatic events. Police officers, lawyers, judges and other members of the legal sector are representative of the degree of acknowledgement in their society as a whole.

Often, judiciary procedures appear confusing and complicated to lay people – from the initial police questioning through to court appearances. Furthermore, in many countries state employees abuse their authority, leading to a justifiable lack of confidence in the state apparatus. So witnesses often feel powerless and helpless during court proceedings. And these two feelings – powerlessness and helplessness – are core to the experience of trauma. Police investigations and courtroom cross-examinations can re-trigger elements of the traumatic experience, resulting in a lasting deterioration in the psychosocial health of the witnesses.

Further examples of the implementation of a trauma-sensitive approach:

- During cross-examinations or questioning, representatives of the judiciary system take into account the fact that memories of traumatic experiences are frequently recalled in a fragmentary way. So they ask many questions referring to sensory impressions (What did it smell like? What background noises could you hear?) instead of primarily concentrating on a chronological report of the events. Since this leads to more substantially consistent witness statements, this increases the chances of a legitimate conviction of perpetrators.
- Survivors of traumatic experiences in many countries find it extremely difficult even gaining access to the legal system. The state of legislation regarding violence against women is also sometimes unsatisfactory. Stress- and trauma-sensitivity in the legal system therefore also means measures to make it easier for affected people to take legal recourse – where desired – and offering them ongoing legal and psychosocial support to help them deal with the possible deficits in the judiciary system.

5. Advocacy work to eliminate violence against women and girls: Valérie works for change in her surroundings

After a year, Valérie feels much healthier, both physically and psychologically. With her farming work in one of the FAF groups she can provide for herself and her children. This earned her the respect of her husband and members of her family and community. It is still unclear whether she will move back in with Joseph in Fizi. In the group, she has got to know other women with similar experiences, so now she feels less isolated with her painful memories. Above all, she has learnt that it is worth placing trust in other people even in the most difficult of situations.

Now she would like to contribute to efforts to ensure that other women and girls do not suffer what she had to suffer. Valérie has found the courage to ask about joining a women's group who are being supported by FAF in their efforts to combat violence against women and girls in their community. The group organises regular campaigns, educational theatre and demonstrations. Together with other members of the community, they work to ensure understanding of and compliance with the new laws against violence. Now the leading members of the community need to be persuaded to lend their support to the improvement of security on the paths taken by women on their way to fetch water.

Initially, the other women explain to Valérie what rules they have decided upon for the joint activities in their group. These include: All incidents of violence are to be handled confidentially. No woman is to be expected to relate details of what she has experienced, neither in the group nor in public nor to members of the media. So when they devise and perform theatre to raise awareness of various forms of violence, this is based on fictional cases. Carefully the women consider the possible burdens of each particular role and decide who should play that role and for whom it would be better to take on other work such as writing invitations or catering for the audience. For the woman acting, it can be a source of strength to play the role of someone affected by violence but managing to defend themselves, or a judge sentencing a perpetrator. However, acting out certain scenes could be too close to their own experiences of violence and lead to a renewed inner experience of the traumatic events (retraumatisation). The priority is the well-being of each individual woman in the group while they perform their activities.

For many people who have experienced violence, taking part in groups or organisations can be very helpful for the integration of painful experiences in their life, especially where these groups are working on related issues, such as violence in society. In this way they manage to escape the 'victim role' and gain new experiences of themselves as an active person with agency. So, when confronting issues of violence, it is especially important for those engaged in sensitisation and awareness-raising activities to receive support which helps them recognise and protect their personal limits.

Further examples of the implementation of a trauma-sensitive approach:

- Political and media representatives regularly invite affected women and girls to report on their experiences publicly. However, if a person then has no further say in the instrumentalisation of their own story, as is often the case, their experiences might be distorted in the media or inst-

umentalised in political discussions, which can lead to renewed feelings of powerlessness and helplessness. So a trauma-sensitive approach consists of talking to the women about the possible risks, empowering them to make an informed decision about how they want to take part.

- Campaigns of awareness raising and education on the issues of violence against women can lead to significant increases in the demand for counselling and support. For many people, hearing the messages in these campaigns is the first time they realise the full extent of the injustice they experienced. So organisers of awareness-raising or advocacy work need to consider this right from the start and ensure that those seeking help and their relatives know who to turn to in order to gain practical assistance. Otherwise, the raised awareness could quickly turn into a feeling of being left alone again – reflecting the situation of violence itself where they were also unable to find help.

6. Stress- and trauma-sensitive staff and organisational development: *Marie needs a good working environment as a helper*

Providing support to Valérie deeply affects Marie. As a young girl Marie had been threatened sexually by one of the village elders and she has a strong feeling of anger towards Gilbert. In the fortnightly group supervision which she attends with the other psychosocial counsellors from FAF, she has a chance to talk about this personal significance of Valérie's case. During the group session, the external supervisor and her colleagues help Marie to establish sufficient distance to Valérie's experience so that she can continue providing professional support. Marie can also relieve some of her tension during the exercise sessions which FAF organises for its staff every Tuesday and Friday.

After Valérie reports Gilbert to the police, Marie returns to the FAF house stressed and irritable. The director of the organisation notices this, puts on a CD and calls all of her staff together for a music and dance break.

Dancing is a source of new strength for Marie. Recently FAF offered its staff a mindfulness training designed to help them recognise their own stress patterns. During this training, Marie and the other staff each developed their own strategy to regulate the stress reactions. This is another way she can regain her inner strength after difficult advisory sessions with Valérie.

And not least, FAF makes every effort to ensure the physical security of its staff members. They attend safety training sessions and are encouraged to regularly check whether their advisory work is taking them to places where they feel unsafe. When Marie hears of an acute increase in brutal attacks, she decides to suggest to Valérie to postpone the court date. Her FAF colleagues back her up on this.

Staff in organisations working in contexts of violence, such as with refugees/IDP, domestic violence or wartime violence, are frequently subjected to ongoing, high levels of stress – whether this is caused by their direct contact to victims of violence or through continually reading or hearing about acts of violence. In post-conflict regions, the staff themselves have often experienced violence directly. Quite possibly they are also subjected to threats or insults because they assume a public and political position against violence.

Symptoms of stress and trauma can then be transferred among members of staff within an organisation. One of the reasons for this lies in our brain's 'mirror neurons', which lead to us developing the same emotional state as a person we are in contact with. In cases of stress, frequently there is a transfer of the strong activation of the autonomic nervous system (arousal); in chronic situations of stress this might then become a continuous state (hyperarousal).

In organisations whose staff are frequently subjected to stress or even traumatic stress, these transfer processes establish themselves as collective behaviour patterns which reflect the dynamics of stress and trauma. This can lead to major

reactions to minor problems or unusually quick victim-perpetrator role adoption, or disunity in working groups and teams. Conflicts often appear to threaten the very existence of the team³. None of this is conducive to a calm and reflected manner of carrying out projects.

Collective dynamics of stress and trauma also reduce the level of sensitivity and empathy among those affected. The causes of this include the effects of cortisol and adrenalin: a high concentration of these stress hormones restricts our attention (tunnel view) and puts our whole organism into a state of alert. Our social and emotional perceptive capacity also deteriorates.

Further examples of the implementation of a trauma-sensitive approach:

- In order to break through the cycle of stress and trauma dynamics, an organisational culture characterised by mindfulness is helpful⁴. The mindfulness of the staff members is directed towards their own stress and reaction patterns on the one hand, and structural problems on the other (e.g. safety management, information flow within the organisation), since these can all exacerbate stress and trauma dynamics.

- The organisation also introduces and practices stress- and trauma-sensitive communication. If all staff members learn to adopt appropriate communication strategies suitable for everyday working life, this enhances the problem-solving and constructive cooperation in the teams.

Notes:

1 Published in Trauma, Zeitschrift für Psychotraumatologie und ihre Anwendungen [Trauma: Journal for Psychotraumatology and its Applications], Vol 1 2016, Main topic: Traumatised Refugees. Diagnosis and Therapy. publ Monika Reif-Huelser, S. Asanger Verlag 2016, pp. 60-74.

2 For more details, see: Joachim, Inge (2006): Grundlagen(wissen) für die Arbeit mit sexualisierter Gewalt, in: medica mondiale e.V./Karin Griese (Hrsg.), 2. Auflage, Mabuse-Verlag, Frankfurt/M.

3 Pross, Christian (2009): Verletzte Helfer. Umgang mit dem Trauma: Risiken und Möglichkeiten, sich zu schützen. [Injured helpers. Dealing with trauma: risks and opportunities for self-protection.] Stuttgart: Klett-Cotta (Leben lernen, 222).

4 *medica mondiale* and the specialist consultant Maria Zemp are currently carrying out a joint model project on the introduction of Mindful Organisational Culture © in the Cologne main office of *medica mondiale*.

Our Vision

**“Women and girls are living in a world free of violence.
They live in dignity and justice.”**

