Working with Survivors of Torture and Violence

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Médecins Sans Frontières
MEDECINS SANS FRONTIERES
Doctors Without Borders

- International, independent organisation with medical and humanitarian action

- Delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare

- Offers assistance to people based on need, irrespective of race, religion, gender or political affiliation
MSF in Greece

- In Greece, MSF action focuses on providing assistance to migrants and refugees

- Offers medical services and mental health services in camps, on the islands, mainland and Attica areas

- Specialized medical services in the center of Athens (Primary Health Care, Sexual and Reproductive Health, Rehabilitation of Victims of Torture)
The Athens Project for Victims of Torture and Violence

Addresses the needs of migrants and refugees who have suffered systematic violence:

- in their country of origin
- during their journey
- during their stay in Greece
Holistic Rehabilitation Services

- Medical assessment and referrals for diagnostic tests and assessment by specialist doctors
- Care for chronic health issues that are residuals of the violence, aiming at rehabilitation
- Physiotherapy
- Mental Health Support
- Social Support
- Legal Support
- Facilitation for the use of NHS services through referrals, accompaniments and interpretation
Before speaking on psychotherapy ...

We have to refer to the context (social–economical–cultural)

- Forced to leave their homeland and their social and cultural environment
- Difficult arrival
- Possible detention in Greece and danger to get deported (until the asylum claim)
- Lack of social or financial resources
Before speaking on psychotherapy ...

- Asylum process: long and very bureaucratic process
- Lack of accommodation and difficulty to cover basic needs
- Culture shock and language barriers
- Hostility and racism
- Political and social upheaval continues in the countries of origin
Psychological Reactions Following Torture

- Torture damage different spheres of a person: body, personality, hope, aspirations for life, cognitive, emotional, behavioral functioning, the beliefs system, the sense of being grounded and attached in a family and society, the autonomy, the relationship with others and community, the sense of safety and survival.

However «it is important to recognize that not everyone who has been tortured develops a diagnosable mental illness» (Istanbul Protocol, p. 236)

- Concerning not only the difficulties that survivors face, but also the meanings of the experience that one gives and these are differ among survivors from despair to pride.

- Strengths and resilience
# Trauma Grid

## Range of Responses to Trauma

<table>
<thead>
<tr>
<th>Levels</th>
<th>Negative</th>
<th>Neutral</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD</td>
<td>DPR</td>
<td>OHS</td>
<td>Resilience</td>
</tr>
<tr>
<td>Psychiatric Disorder</td>
<td>Distressful Psychological Reaction</td>
<td>Ordinary Human Suffering</td>
<td>Adversity - Activated Development</td>
</tr>
</tbody>
</table>

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<td>Individual</td>
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<tr>
<td>Family</td>
<td></td>
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<tr>
<td>Community</td>
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<tr>
<td>Society / Culture</td>
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Western medical concepts and is always disputed if can be applied to people coming from countries with very different personal, political or religious beliefs and perspectives.

Symptoms need to be understood in the context in which they occur and through the meaning they represent to the individual experiencing them. Distress and suffering are not in themselves pathological conditions; the symptoms are sometimes as described above a “normal” response to societal pathology.
Anxiety Sympt. 29%
General Sympt. 12%
Behaviour Problem 5%
PTSD Sympt. 36%
Depression Sympt. 14%
Psycho Soma Sympt. 4%
Main reason for coming

- Trauma exp violence: 13%
- Sexual violence: 14%
- Practical problems/socioeco: 7%
- Anxiety, Fear, Worry: 22%
- Agitation/Strong Emotional Reactions: 5%
- Ph. Symptoms of stress: 10%
- Medical: 8%
- Suicidal ideas/attempt: 5%
- Sleeping problem: 3%
- Grief/bereavement: 3%
- Domestic violence: 2%
- Other/PTSD: 2%
- Sadness/Depr.: 2%
- Severe psychiatric: 2%
- Medical: 8%
- Grief/bereavement: 3%
- No reason provided: 2%
- Sadness/Depr.: 2%
- Domestic violence: 2%
- Other/PTSD: 2%
- Severe psychiatric: 2%
- Main reason for coming
Work with Survivors of Torture...

- Working with the body
- Breathing techniques
- Inducing a sense of basic safety
- Instillation of hope
- Acknowledging the suffering
- Being a witness of the story
- Working with most recent trauma (boat)
- Psychiatric support when needed
Every case is special, and requires the psychologist to create a new therapeutic plan, that is always closely correlated with all other issues (legal, medical, social)

- Empathetic understanding
- Encouraging personal freedom
- Initiation
- Authenticity
- Awareness of cultural differences and limitations
Psychotherapy can be brief, prolonged or intermittent, based on the perceived need, the goal of therapy or other different variables.

Psychologists can work with beneficiaries according to the psychotherapeutic approach they have studied.

Psychoeducation: normalizing and providing a new perspective on traumatic memory

Art therapy and Music therapy Groups

Group Therapy: quite challenging
Prevalent Symptoms...

- PTSD
- Anxiety
- Depression
- Psychosomatic Pain
- Adjustment problems
- Outbreaks of anger
- Use of substances
- Suspiciousness and a deep distrust to others
- Feelings of guilt and shame
- Psychosis is a confusing category: evaluation of the symptoms within the individuals own cultural context
- Suicidal Ideation
Exposure to pain but also to the beauty of the human soul

Of all of psychology’s sins, the most mortal is the neglect of beauty

(Hillman, 1997)