

Center for the Victims of Torture

Torture, Former Combatants, Political Prisoners, Terror Suspects, & Terrorists

<https://www.cvt.org/blog/healing-and-human-rights/supporting-return-life-after-sexual-torture>

Public Facing Advocacy Writing

Noor Al-Sagner is a tele-mental health therapist/trainer with the Survivor of Torture Initiative (SOTI). She also served as senior psychosocial counselor at CVT's torture and trauma rehabilitative center in Jordan.

Over many years as a psychologist working closely with survivors of sexual torture from different countries, religions and ethnicities, I have heard innumerable stories. Some are about the methods of torture used against people in prison or during raids, for revenge or investigative purposes, or just for the purpose of violating dignity. These methods have been used throughout history to practice intimidation and instill fear, but they may differ depending on the state or goal. Frequent and recurring methods adopted by those with power and influence in war-ridden countries and places of conflict are among the most impactful methods according to survivors.

During my experience in treating sexual torture survivors, which is difficult for both the therapist and the survivor, I noticed that contexts may differ for torture or sexual exploitation, and the context of treatment sometimes depends on that of the trauma to which the person was exposed. With each client, I ask myself: Is it a repeated experience? Has it occurred in public in front of family members or detention partners (live witnesses to the incident)? And the consequences of the event have a deep impact: the family sometimes abandons the survivor out of family honor in some countries. This abandonment can reach the extent of death threats or actual killing in some cases, especially of female victims who get pregnant with a child who carries the genetic stamp of the perpetrator. This can occur where local beliefs are that the shame must be washed away permanently, or in locations which lack institutions that provide protection for women.

Why did they keep me alive? This is a question I've heard from rape survivors who have become exhausted from facing that shame, that stigma. I've heard it as well from men who are survivors of sexual torture this form of violence is no easier for them as they face the same difficult feelings as well as stigma that can deem the victim as a partner in that crime.

Different stories and different events, but the pain is the same. These stories are fraught with pain and fear that will not stop after the situation occurs, but may continue for years afterwards.

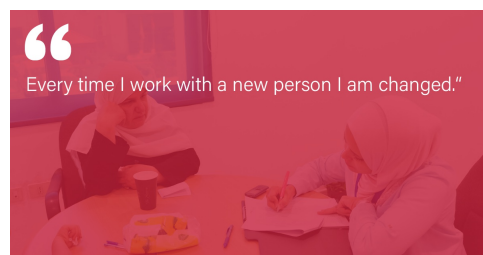
As a therapist, I've learned that I must deal with my own feelings in these situations. If I do not, I may impact the progress of treatment. Being able to understand and manage my own feelings directly impacts how well I am able to facilitate the work with clients.

In fact I spent hours thinking and crying the first time I heard a story of what happened to an eight-year-old child at a security checkpoint (and I know that I am not the only one who was deeply impacted). It was not easy for me to get past this, but the goal and the need to provide support to these survivors was a strong motivation.

Over the years, as I've met many clients, I ask myself: Is there an ideal type of treatment? Is there a difference according to gender, age, location and social network? Do the details, methods, witnesses and duration of the traumatic events make a difference before treatment? All are logical questions, but through my experience and the support that I have received from my colleagues, I have learned that making a comprehensive clinical assessment of the case is always the most important starting point. This enables me to discover the current triggers or conditions that cause and maintain symptoms. These are the things that keep survivors at a high degree of vulnerability, which can create conditions likely to repeat the sexual, emotional or psychological exploitation. I start working on the here-and-now, on the person's self-concept, instilling hope that tomorrow can be a new start.

While going through the stages of individual treatment, I have found that development of trust and openness is the most important foundation. Often this does not require full disclosure about the details of the event, but may involve working on current triggers that cause clients to feel out of control, and lead to memories coming up in an unplanned manner. Also, it's important to work on restoring functionality again socially, personally and sexually the damage done to these areas as a result of the torture often leads to a crisis between the client's will to live and their despair of the past. Working to restore social support networks is very important, as well as restoring a healthy daily routine focused on improving sleep, daily activities, self-image and self-care. The psychological and physical impacts of this type of torture are huge, and it is common for victims to develop symptoms such as lack of sleep, nightmares, intrusive memories, problems in restoring normal sexual relations, involuntary urination, loss of confidence in others and oneself.

The persistence of these symptoms in the long run can lead to increased risk and reduce the person's ability to use his or her internal resources. Activating these resources, deep treatment of the traumatic memories, and addressing feelings of loss related to parts of the self, are important components of healing.



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Growth and development during the treatment process does not happen to clients only; it happens to the therapist as well. Every time I work with a new person I am changed. I have learned and grown personally and professionally through working with survivors of sexual torture. I have learned to express my feelings and concerns. Supervision and follow up are also an important part of treatment. This knowledge increased my confidence that every case of recovery is an achievement of humanity and a step towards victory and restoration of dignity. I also learned that I should not be so hard on myself, but I greatly appreciate every step and improvement that occurs with the beneficiaries.

In the end, there is a light at the end of the tunnel that seemed far away in the past. Through therapy, many survivors discover it. These feelings and faith are the strongest motivation for the therapist to continue in this difficult work. A painful past and a difficult present require a double effort on the part of the survivors to return to life again and finally live with the new person that has been reborn due to events and difficulties.



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