

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

How to support the silent ones

Dr. E. Didier

Dr. C. Amin

2016-12-01 Rev

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

1. Table of content

1. Table of content
 2. Bibliography
 3. Introduction
 4. Traumatic stress on war theatres
 5. The cognitive consequences of trauma
 6. The sociological consequences of trauma
 7. The economic consequences of trauma
 8. The Yazidis and genocide
 1. the Yazidis
 2. oppression of the Kurds
 3. the present Yazidi genocide
 4. oppression of other Syrians
 5. the survivors by themselves
 6. disruption of adaptive systems
 7. extension to families
 8. children of DAESH
 9. Other acts of genocide committed by DAESH
 1. other minorities: Christians and homosexuals
 2. handicapped children
 10. Other persecuted minorities protected in Canada: Ahmaddiyas, Alevi, Ismaelis, Jews, Tutsis
 11. The reconstruction of Yazidi refugees in Canada
 1. welcome
 2. physiological and psychological support
 3. social and economic support
 4. victims of war rape
 5. shortcomings
 6. a lot to be done
- ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

2. Bibliography – Trauma and genocide

- Barel, E., Van Ijzendoorn, M., Sagi-Schwartz, A., Bakermans-Kranmenburg, M., *Surviving the Holocaust: A Meta-Analysis of the Long-Term Sequelae of a Genocide*
- Bolton, P., Michalopoulos, L., Mohammed Amin Ahmed, A., Murray, L., Bass, J., *The mental health and psychosocial problems of survivors of torture and genocide in Kurdistan, Northern Iraq: A brief qualitative study*
- Didier, E., [The examination and cross-examination of victims and perpetrators - Interrogatoire et contre-interrogatoire des victimes et des perpétrateurs](#)
- Didier, E., *Juripragmatics. From the interview to the cross-examination: describing, understanding, acting*
- Didier, E., [The unsaid in the courtroom rev 161010 - Le non dit en audience 161010](#)
- Didier, E., [Remembering and Law - La remémoration et le droit](#)
- Hagen, K., Yohani, S., *The Nature and Psychosocial Consequences of War Rape for Individuals and Communities*
- Milgraum, *Mind Body and Soul, Children of Holocaust Survivors, Common Problems and Pathways to Healing*
- Mollica, R., *Invisible wounds, Medical researchers have recently begun to address the mental health effects of war on civilians*, in *Special report: waging a new kind of war* , **Scientific American**, June 2000, vol. 282, no. 6, at pp. 54-57.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

2. Bibliography - Yazidis in Syria and Iraq

- [Chilling screams of Yazidi women dragged away by ISIS](#)
- Desbois, *La fabrique des terroristes* (2016)
- Harris, K., ['Above politics': MPs vote unanimously to bring Yazidi refugees to Canada in 4 months](#)
- Jinan, *Esclave de Daesh* (2016)
- Kuitenbrouwer, P., *Syrian refugees rebuilding their lives in suburban Canada — but many on long waiting lists for language classes*
- Daily Mail, [Chilling screams of Yazidi women dragged away by ISIS](#)
- Glanfield, [Iraq: Sharia judges order children with Down's and other disabilities to be suffocated to death](#)
- [Harrowing video shows ISIS killers rip Yazidi women from their families to turn them into sex slaves](#)
- [Inside the mind of ISIS: RT speaks with captured militants](#)
- [Iraq: Yazidi Women Under Attack](#)
- [Iraqi Yazidi Woman Speaks out on ISIS crimes](#)
- [Islamic State: Yazidi women tell of sex-slavery trauma](#)
- [ISIS Burns 19 Yazidi Women Alive – YouTube](#)
- ['ISIS want to impregnate Yazidi women and smash our blond bloodline': Fears grow for the 300 women kidnapped from Sinjar](#)
- Paton, [Isis sex slave manual reveals Daesh's sordid rules on how to rape female captives](#)
- Ramsden, [Smoke and Mirrors: Analyzing Canada's Response to the Genocide of the Yazidis](#)
- Sly, [ISIS, a catastrophe for sunnis](#)
- [Swedes Demand Assyrian Autonomy to Make Up for Daesh Genocide](#)
- [Victims of ISIS: Terror survivors share their stories](#)
- [When ISIL came to town: Yazidis tell of child murders and 'meat markets' for sex slaves](#)
- [Yazidi women raped and sold by ISIS](#)
- [Yazidi women: Slaves of the Caliphate](#)
- [Yazidi women: The ISIL sex slaves the world forgot](#)

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

3. Introduction

- On October 25th 2016, the Parliament of Canada adopted unanimously a resolution calling for the grant of protection to Yazidis persecuted in Syria and Iraq by DAESH and pledging their arrival in Canada within 4 months.
- In this presentation, we will examine:
 - the psychological and social consequences of the genocide inflicted on Yazidis, and
 - the psychological and social tools which can be used to help Yazidis to reconstruct their lives in Canada.
- But, first, we will illustrate the practical consequences of traumatic stress caused by crimes against humanity, especially rape.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

3. Introduction

During the hearing, the refugee claimant had been very cooperative, that is except regarding one specific period during which she had been imprisoned in a jail in the capital of her country.

When my turn came, as president, to cross-examine her, I reviewed in my head what the documentation said about the conditions in prisons in her country at that time. Then it dawned on me.

I looked at her, and asked: "Madam, when you were in jail, weren't you molested, raped?"

She slowly stiffened, and nodded silently.

I realized at that moment how wrong was the legal presumption on which we had based ourselves, that people who remain silent are not credible.

It was actually the opposite: her *incapacity to talk* about what had happened to her *was the best corroboration* of her claim to have been persecuted.

"Je soigne une femme Hutue qui était mariée avec un Tutsi et qui a jeté son propre enfant dans la rivière. Depuis trois ans, elle se rend chaque jour au bord de cette rivière et ne comprend pas ce qui est arrivé à son enfant", raconte-t-il. "Je vois une autre femme qui avait déguisé son garçon en fille pour essayer de le sauver. Les miliciens ont découvert la supercherie et, pour la punir, l'ont forcée à enterrer son enfant vivant. Elle est hantée par ses dernières paroles : "Maman, arrête de jouer, arrête de me lancer de la terre sur le visage, maman, arrête de jouer..."»

- **Le Monde**, 31 March 1998, p. 15

• On traumatic memories, see *Didier, E.*, [Remembering and Law - La remémoration et le droit](#)

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

3. Introduction

- This paper is dedicated to the silent ones.
- Those who cannot talk, even though they have so much to say.
- Now, let's hear them.



[60 Kurdish Yazidi girls commit suicide every month after being raped by IS militants](#)

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

4. Traumatic stress on war theatres

- Traumatic stress is endemic on war theatres.
- According to Mollica's epidemiological study of the psychological condition of populations of the former Yugoslavia, for example,
 - 50 % of the populations were affected by traumatic stress,
 - 30% by mental incapacities, and
 - 10% by serious mental diseases.
- Mental trauma has profound and deeply disturbing:
 - emotional,
 - cognitive,
 - physical, and
 - interpersonal effects.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

4. Traumatic stress on war theatres

EFFECTS OF MENTAL TRAUMA

Emotional Effects

shock
 terror
 irritability
 blame
 anger
 guilt
 grief or sadness
 emotional numbing
 helplessness
 loss of pleasure derived from familiar activities
 difficulty feeling happy
 difficulty experiencing loving feelings

Physical Effects

fatigue, exhaustion
 insomnia
 cardiovascular strain
 startle response
 hyper-arousal
 increased physical pain
 reduced immune response
 headaches
 gastrointestinal upset
 decreased appetite
 decreased libido
 vulnerability to illness

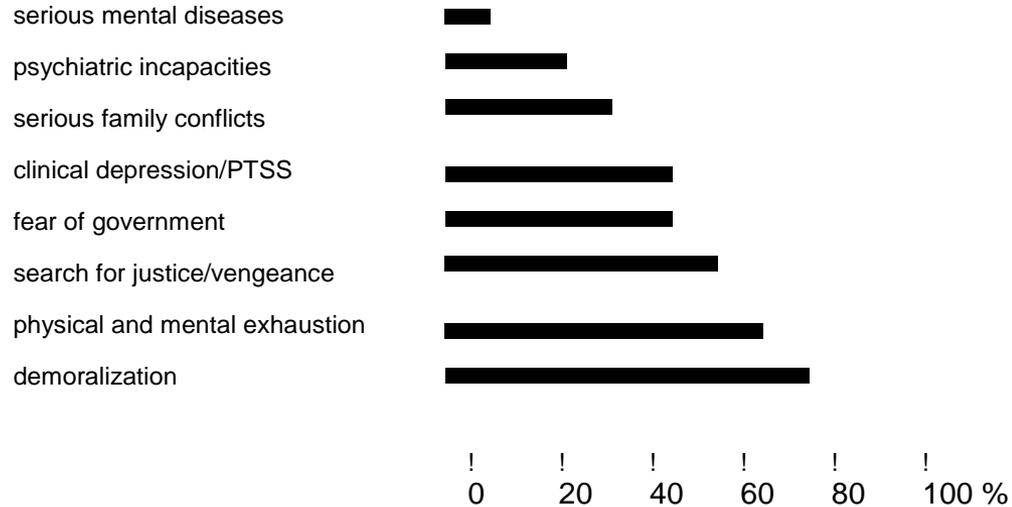
Cognitive Effects

impaired concentration
 impaired decision making ability
 memory impairment
 disbelief
 confusion
 nightmares
 decreased self-esteem
 decreased self-efficacy
 self-blame
 intrusive thoughts/memories
 worry
 dissociation (e.g., tunnel vision, dreamlike or "spacey" feeling)

Interpersonal Effects

increased relational conflict
 social withdrawal
 reduced relational intimacy
 alienation
 impaired work performance
 impaired school performance
 decreased satisfaction
 distrust
 externalization of blame
 externalization of vulnerability
 feeling abandoned/rejected
 overprotectiveness

% OF POPULATIONS AFFECTED BY MENTAL DISEASES ON WAR THEATERS



ADDITIONAL STRESSORS :

- lack of emotional and social support;
- other stressors : fatigue, cold, hunger, fear, uncertainty, loss, dislocation, other psychologically stressful experiences;
- difficulties at the scene;
- lack of information on nature and reasons for the event;
- lack of, or interference with self-management;
- authoritarian or impersonal treatment;
- lack of follow-up support in the weeks following the exposure;
- in cases of bombing or mass shooting, 1/3 of the civ pop will develop PTSD later.

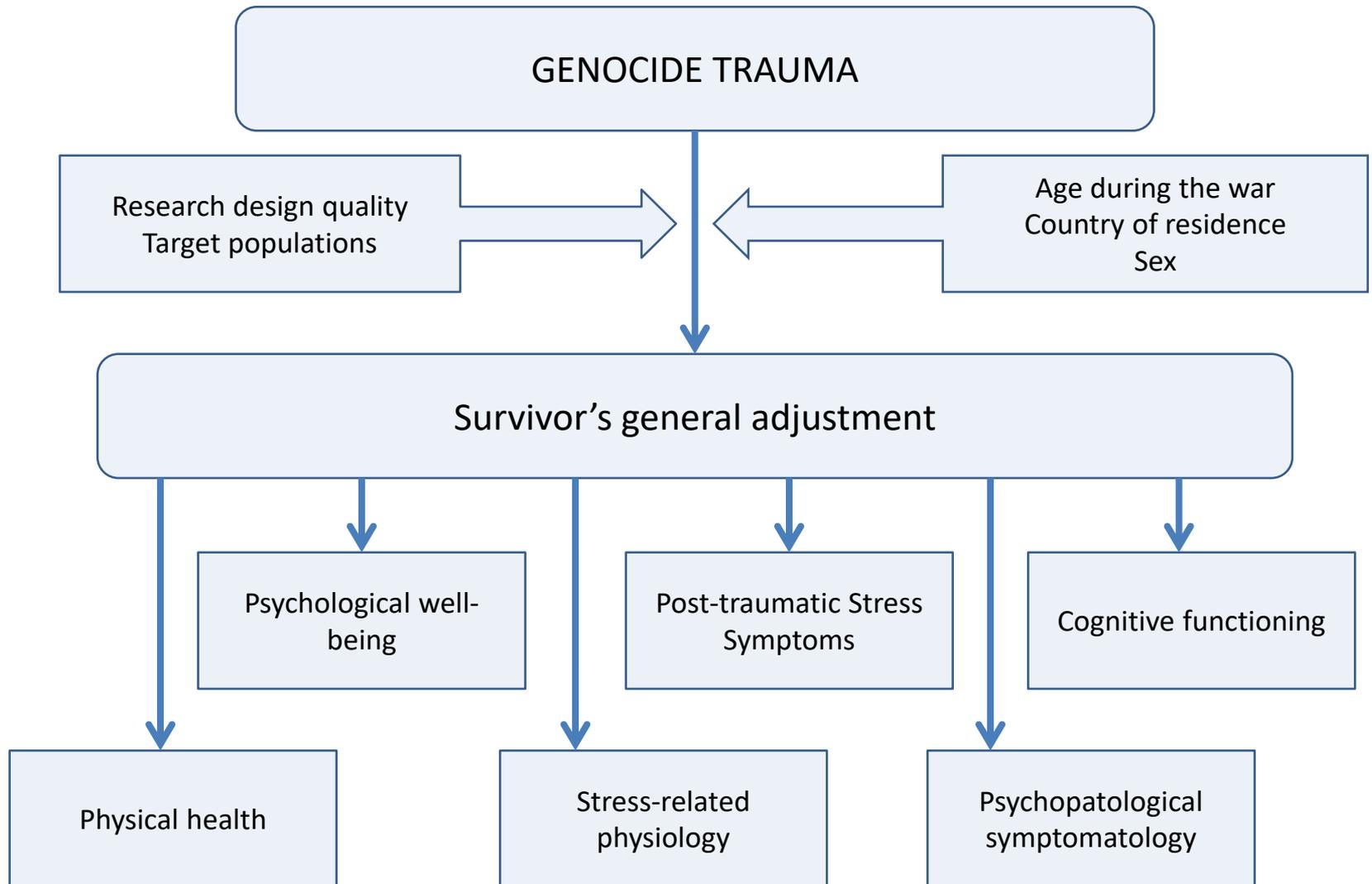
ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

4. Traumatic stress on war theatres

- But WHY and HOW?
- In order to understand the **causes** and **consequences** of traumatic stress on its victims, we must describe
 - how human memories are *created* and *structured*,
 - how they are *affected by stress*, and
 - what are the *long term consequences* of such modifications for the victims.
- 2 tools:
 - a General Model: *Adjustment Model*,
 - a detailed description: *ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES*

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

4. Traumatic stress on war theatres – An adjustment model



5. The cognitive consequences of trauma

Cognitive consequences of post-traumatic stress

- Post traumatic stress damages also **in the long term** the cognitive capacities of the victim, by affecting:
 - the cognitive resources available for cognitive tasks, and
 - the processing of concepts themselves.
- The **typical cognitive problems** following trauma involve:
 - recurring intrusive thoughts;
 - memory lapses;
 - trouble with concentration, attention, learning and retaining new information;
 - sense of being scattered, distracted, unable to focus, overwhelmed by simple decisions;
 - symptoms may become chronic, bringing a decline in the ability to sort out relevant matters.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

5. The cognitive consequences of trauma

Cognitive consequences of post-traumatic stress

- Such cognitive problems have deep behavioral consequences:
 - disruption in safety,
 - disruption of attachment,
 - disruption of a sense of justice,
 - loss of existential meaning,
 - loss or disruption of identity.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

6. The sociological consequences of trauma

- With profound effects on the victim's capacity to accomplish social tasks, such as:
 - socializing:
 - ex.: flashbacks, nightmares
 - ex. loss of safety or attachment;
 - working:
 - Ex.: trouble with focusing, concentration, attention, learning, being overwhelmed by simple decisions
 - Ex.: loss of existential meaning

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

6. The sociological consequences of trauma

- In turn risking permanent difficulties to reinsert.
- UNLESS a mindset and an attitude of resilience are:
 - already existing, or
 - created; and
 - supported by society.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

7. The economic consequences of trauma

- The economic consequences of genocide are overwhelming for the survivors:
 - loss of assets:
 - homes (with furnitures, clothing, etc.), savings, businesses, pensions are gone;
 - loss of capacity to grow the economy:
 - infrastructures are destroyed and populations scattered,
 - trade circuits are destroyed;
 - handicaps to reinsertion:
 - survivors are psychologically, cognitively and socially damaged.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide – The Yazidis

- The Yazidis are ethnically Kurdish, and speak Kurmanji, a Kurdish dialect.
- They differentiate from the majority of Kurds by religion: Yazidism, which is an ancient faith that predates Islam, although it shares some religious practices with the Abrahamic faiths, such as baptism and pilgrimage. Yazidism believes in one God who offered teachings to seven angels and their leader, Tausi Melek, the Peacock Angel.
- Yazidis are often accused of devil worship for their devotion to Melek, whose story bares similarities to the Qur'anic story of Shaytan (the Devil).
- Yazidism forbids converts to the religion, thus to be a Yazidi one must be born from two Yazidi parents. It strongly encourages marriages within the faith.
- The persecution of the Yazidis is not new, but it has rapidly expanded under ISIS. On multiple occasions, ISIS has proclaimed that the Yazidi people do not have the right to exist under the caliphate
- The most important elements of Yazidi history for our purposes is that Yazidis are persecuted by DAESH because of
 - their ethnicity, as Kurds, and
 - their religion, as non-muslims.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide – Oppression of the Kurds

- History of Kurdish oppression in Iraq:
 - The Kurdish population of Iraqi Kurdistan has been persecuted by successive Iraqi governments since World War II.
 - Persecution intensified when the Ba'ath Party took power in 1968 and again in 1979 when Saddam Hussein became president.
 - Imprisonment and torture were common, particularly of relatives and friends of Kurdish fighters (Peshmarga).
 - Persons were detained and tortured for infractions like having a beard, reading forbidden books, complaining of lack of governmental services, etc.
 - During the Iran-Iraq war (1980 – 1988) family members and other civilians were obliged to watch public executions of those resisting military service, with family members forced to pay for the bullets.
 - From 1986-89 the Kurdish population was subjected to the 'Anfal', an intensive campaign of military action, torture, and genocide by the Iraqi central government.
 - Anfal was systematic, including ground offensives, aerial bombing, systematic destruction of settlements, mass deportation, imprisonment, torture, firing squads, and chemical warfare.
 - Ex. Halabja (1988): 5,000 people died in a single day from a chemical weapons attack.

8. The Yazidis and genocide – The present Yazidi genocide

- Art. II of the UN [Convention on the Prevention and Punishment the Crime of Genocide](#) defines genocide as:

Article II

In the present Convention, genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such :

- a) Killing members of the group;
- b) Causing serious bodily or mental harm to members of the group;
- c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- d) Imposing measures intended to prevent births within the group;
- e) Forcibly transferring children of the group to another group.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide – The present Yazidi genocide

- The evidence concerning the intents and methods of DAESH is overwhelming. For example:
 - Desbois, *La fabrique de terroristes* (2016)
 - Jinan, *Esclave de Daesh* (2016)
 - Sly, [ISIS: a catastrophe for the sunnis](#)
 - Malkawi, [Emerging from slavery, Yazidi women struggle to recover](#)
 - [ISIS Burns 19 Yazidi Women Alive – YouTube](#)
 - [Chilling screams of Yazidi women dragged away by ISIS](#)
 - [Yazidi women raped and sold by ISIS](#)
 - [Yazidi women: The ISIL sex slaves the world forgot](#)
 - [Islamic State: Yazidi women tell of sex-slavery trauma](#)
 - ['ISIS want to impregnate Yazidi women and smash our blond bloodline': Fears grow for the 300 women kidnapped from Sinjar](#)
- Since **every element** of the definition of genocide has been satisfied, **there is no other way to characterize the treatment of the the Yazidis by Daesh otherwise than genocide.**

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide – Oppression of other Syrians

- “ Harba, the baker’s assistant, pulls pita from the oven. He grew up in Deir Ez-Zur, Syria. The family had a house in town and a fruit orchard nearby. In April 2013 a Syrian army bomb killed his father. Harba helped pull bodies from the rubble. Later, tanks burned the orchard. Harba, with two brothers, his sister and mother, left their home on foot and walked to Lebanon. His cousin Sue Maya Hawass, already in Canada, sponsored them to emigrate. (...)

Of Harba’s four siblings still in Syria, one brother is imprisoned. The family does not know where.”

- See also: Sly, [*ISIS, a catastrophe for sunnis*](#)

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide - The survivors by themselves

- According to studies of Kurds and Syrians genocide and torture refugees, and their families:
 - female gender, age, and multiple traumas were positively associated with higher post-traumatic stress scores and negatively correlated with social functioning.
 - randomly selected sample of Kurdish children had more mental health problems compared to children in other societies.
 - research on adult Iraqi torture refugees has indicated an increased risk for multiple traumas compared to non-torture refugees, as well as an increased risk for anxiety, depression and PTSD.
- But, let us listen to those Kurdish and Syrian torture victims speaking for themselves...

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide - The survivors by themselves

- Yazidi and Syrian torture survivors by themselves - Table A:
 - the problems voiced reflected three major psychosocial themes:
 - problems directly related to the torture and other violence during the Anfal:
 - waiting for the ideal to return,
 - remembering the past and the mental effects of these memories
 - » forgetfulness, bad dreams, rage;
 - problems related to survivors' current situation:
 - regret over supporting the Peshmerga,
 - distress about:
 - » their current situation,
 - » family and economic problems, and
 - » substance abuse; and
 - problems related to the perceptions and treatment by others in the community
 - feeling abandoned,
 - feeling inferior,
 - discrimination and isolation,
 - breakdown in social relationships,
 - social injustice.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide - The survivors by themselves

Table A: Problems of torture survivors and their families (n=42 free list interviews/interviewees)	
Response	# of Interviewees
Mentally, every one of us think about why we have become like that (handicapped and mental problems), why our life was taken, and why we could not live as a normal person. This makes us feel sad, depressed, impatient, angry, and introverted all the time.	20
Social injustice, feeling that there is social unfairness. Feeling discrimination, we are not treated equally.	16
Family problems (divorce), economic and housing problems. Many are political detainees who have been tortured. Drinking alcohol has become the cause of divorce and suicide.	10
Thinking and waiting; they are thinking that their relatives or their bones might come back. They have been buying clothes for their children (in the hope that they will return).	7
Class problem, community is divided into two classes: the rich and the poor.	7
(Men) violate women freedom; women are not allowed to go to her father's home without her husband's permission.	
We have the problem of fear from the community, means we are afraid to say we were political detainees because people look down at us and (for women) immediately ask have you been raped?	6
We are not happy, we see the films of prison are in front of our eyes every time, and we are so sensitive because we have not been cared for. We only remember the problems and they have mental effect on us until now.	6
They (survivors) are not respected as they should be. They have an inferiority complex.	5

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide - The survivors by themselves

- Yazidi and Syrian torture survivors by themselves - Table B
 - Prominent items include:
 - depressed mood and anhedonia (absence of pleasure)
 - ruminating on the past,
 - intrusive memories of past traumatic events and avoidance of them,
 - loneliness and isolation,
 - sleep problems,
 - general anxiety symptoms,
 - perceptions of being mentally ill
 - yearning for the deceased, and
 - irritability.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide - The survivors by themselves

Table B: Problems of torture survivors related to past events, current situation, and how they are treated by others (n=21 key informants)

Response	# of Interviewees
Thinking about the past	20
Depression	18
Insomnia	17
Misery	15
Loneliness	14
They wish for death	13
They get mental illnesses	13
Nightmares	12
They (tortured people) are different from other people; there is nobody to take care of them or work for the family.	12
They cannot forget the past easily	11
They are treated down (badly)	11
They are irritated	11
Exhaustion; they lived together (before the disaster) but they are separated now	11
Nobody listens to us	10
Isolation	9
Horror and fear; they feel that they will face the disaster again	9
Suicide	9
Crying	8
They are introverted	8
They are waiting; waiting for their relatives (who were killed) to come back	8
Social relationships are abnormal	8
Annoyance	8
Poverty	8
They don't want to be seen by anybody	6
They are not interested in feasts or celebrations (they remind them of the past)	6
Anxiety	6
We are regretful for what we had done (the service we provided for peshmarga)	6
Joblessness	6
They are alive physically but their soul is dead, they wear black until now	5
Dreaming (about the events)	5
They have not been compensated	5

8. The Yazidis and genocide - The survivors by themselves

- Yazidi and Syrian torture survivors by themselves
 - Table C
 - many problems are similar to those for the torture survivors and include:
 - ruminating about their situation,
 - symptoms of depression,
 - anger,
 - lack of understanding of the survivor, and
 - relationship problems
 - within, and
 - outside the family.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide - The survivors by themselves

Table C: Problems of persons close to torture survivors (mostly family) (n=21 key informant interviews)	
Response	# of Interviewees
They are thinking a lot of this bad situation	13
They are not provided with needs of life	10
People are depressed	9
People have got insomnia	9
People are angry	8
People are hopeless	8
There is no awareness (they are not well-educated) among people and family	8
People think about suicide	5
Women are isolated from the community	5

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide - The survivors by themselves

- Yazidi and Syrian torture survivors by themselves – Table D
 - many of the problems are blamed on survivors' current situation, especially:
 - poverty,
 - lack of compensation,
 - inability to provide for their families, and
 - how survivors are perceived and treated by others.
 - These perceptions appear to contribute to:
 - marginalization,
 - distress, and
 - depressed mood.
 - Many problems are interconnected: mental problems are described as both causes and results of marginalization.
 - Insomnia and depression are listed as both:
 - a result of traumatic events, and
 - a cause of other problems

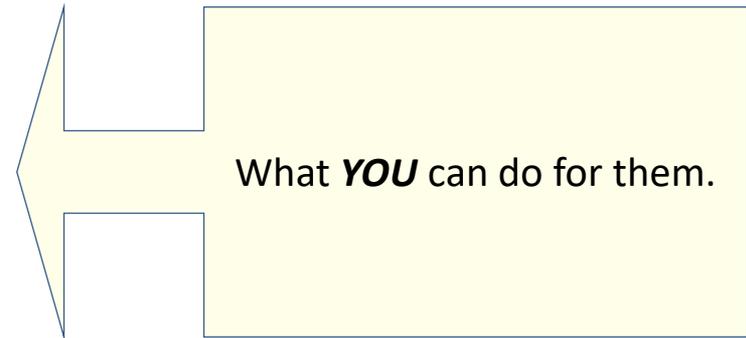
ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide - The survivors by themselves

Table D: Causes of some of the problems of torture survivors and their families (n= 21 key informants)	
Response	# of Interviewees
<i>Causes of feeling isolated/marginalized</i>	
Due to unfairness and the carelessness of people we have been subjected to torture, isolation, annoyance, divorce, and sadness.	14
Because we are treated poorly we feel annoyed, isolated, and cannot get married.	10
Due to the lack of changes in our life, annoyance, physical pain and handicap, we think about suicide, we wish we were dead and we feel inferiority complex.	9
Because we cannot provide our children's requirements we have been faced with isolation and impatience and we feel instability.	7
<i>Cause of family problems</i>	
Income shortage becomes the cause of divorce, tiredness, inferiority, jealousy.	4
We feel affection gap due to loss of our relatives and thinking about the past.	3
<i>Causes of insomnia</i>	
Due to thinking a lot, anxiety, and losing our properties we have insomnia mental illness and desperation.	15
<i>Causes of feeling sad or depressed</i>	
We wish we were dead because we have not been compensated	9
Due to lack of changes in our life, annoyance, physical pain and handicap, we think about suicide, we wish we were dead and we feel inferiority complex.	9
Because of thinking about death of our husbands, brothers, and relatives we feel sad. It is common among Anfallen (killed) people.	6
<i>Causes of ruminating/poor thinking</i>	
Due to nightmares they cannot forget the past and they are uncomfortable.	4
Due to depression they move their hands, think a lot and get amnesia	3
<i>Causes of anxiety and irritability</i>	
Due to unfairness and carelessness of people we have been subjected to torture, isolation, annoyance, divorce, and sadness.	14
Because we are treated poorly, we feel annoyed and isolated and we cannot get married.	10
Because we cannot provide our children's requirements we have been faced with isolation and impatience and we feel instability.	7
<i>Other</i>	
Due to bad economic condition, their illnesses cannot be treated	6
Love is meaningless (there is no real love relationship) due to educational discrimination.	3

8. The Yazidis and genocide - The survivors by themselves

- Yazidi and Syrian torture survivors by themselves – Table E
 - Unhealthy coping mechanisms were frequently mentioned, such as:
 - suicide,
 - alcohol use, and
 - withdrawal.
 - Common healthy coping mechanisms included:
 - visiting those impacted by torture; and
 - providing them with:
 - work,
 - housing,
 - clinical treatment, and
 - other resources.



ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide - The survivors by themselves

Table E: What torture survivors and their families do about their problems (n=21 key informants)	
Response	# of Interviewees
Resort to suicide	11
These kinds of people should be visited	5
Resort to alcohol	3
They want to stay in their own houses	3
They speak aloud and shout to be helped	3
They need to work in order to forget the past	3
To open a psychiatric hospital for treating psychological problems	3
To provide them with housing or some areas to build their own houses	3

8. The Yazidis and genocide - Disruption of adaptive systems

- Continuing stressful events may disrupt 5 adaptive systems:
 - safety,
 - attachment,
 - justice,
 - existential meaning, and
 - identity.

8. The Yazidis and genocide – Disruption of adaptive systems

- Consequences for the Yazidis
 - Disruption in safety:
 - discrimination against Yazidis continues in refugee camps in the Middle-East;
 - **Canada must provide to Yazidis an environment nonjudgmental and safe.**
 - Disruption of attachment:
 - Yazidis need time and resources to find surviving relatives;
 - **Canada must support Yazidis in their search for their relatives.**
 - Disruption of a sense of justice:
 - Yazidis need a demonstration of a working society, with efficient justice;
 - **Canada must support Yazidis in their search for international justice.**
 - Loss of existential meaning:
 - Yazidis need a better future for themselves and their families;
 - **Canada must help Yazidis to rebuild themselves socially and economically.**
 - Loss or disruption of identity:
 - Yazidis need to be recognized as autonomous human beings
 - **Canada must recognize and support Yazidi identity.**
- And the same for the **other minorities** crushed by DAESH

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide – Extension to families

- Overlap between the problems of torture survivors and their families: thinking too much about their situation, symptoms of depression, anger, lack of understanding of the survivor, and relationship problems.
- May reflect:
 - common challenges such as poverty, discrimination and difficult relationships within the family,
 - vicarious traumatization of family members,
 - projection by survivors of their problems onto family members;
- BUT some differences between survivors and family members:
 - torture survivors emphasize their resentment towards wider society due to:
 - discrimination and sacrifices made for the government, and
 - unfair treatment from others;
 - problems reported among family members focus more on impact on family relationships, with more frequent mention of:
 - family separation,
 - divorce, and
 - lack of awareness of other family members as to the degree of distress survivors were experiencing.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide - Children

- Children of genocide survivors live in a world of contradictions:
 - trying to ignore a horrid past while feeling that the anguish of the past is always present;
 - parents being overprotective of children and children being overprotective of parents;
 - chronic anger and frustration and attempts to deny both;
 - receiving a constant message that one has such a good life and should be grateful, while feeling constantly unworthy of one's blessings.
- One of the most fundamental difficulties for survivors and their children: loss of their ability to trust other people: friends, acquaintances, strangers, even spouse and family members:
 - survivor inculcates into his children that the world is a dangerous place and that others should not be trusted;
 - generalized mistrust results in a tendency for survivors and their children to keep emotional distance from others in order to protect themselves.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide - Children of DAESH

- Very little is known about the relationships, especially in the long term, between mothers (and other parents) and the children-victims of:
 - rape,
 - war rape,
 - sexual slavery, and
 - ethnic cleansing.
- There is a considerable need for funding of:
 - basic research, and
 - a preliminary conference to prepare for the integration of the unwanted children of Daesh

What **YOU** can do for them:

- prioritizing
- contacts
- \$.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

8. The Yazidis and genocide – Testimonies of Yazidi victims of genocide

- **Videos**

- [Chilling interview of ISIS fighters by Israeli reporters](#)
- [Chilling screams of Yazidi women dragged away by ISIS](#)
- [Harrowing video shows ISIS killers rip Yazidi women from their families to turn them into sex slaves](#)
- [Inside the mind of ISIS: RT speaks with captured militants](#)
- [Iraqi Yazidi Woman Speaks out on ISIS crimes](#)
- [ISIS Burns 19 Yazidi Women Alive – YouTube](#)
- [Victims of ISIS: Terror survivors share their stories](#)
- [Yazidi women: Slaves of the Caliphate](#)
- [Yazidi women: The ISIL sex slaves the world forgot](#)

- **Books and articles**

- Desbois, *La fabrique des terroristes* (2016)
- Glanfield, [Iraq: Sharia judges order children with Down's and other disabilities to be suffocated to death](#)
- [Iraq: Yazidi Women Under Attack](#)
- [Islamic State: Yazidi women tell of sex-slavery trauma](#)
- ['ISIS want to impregnate Yazidi women and smash our blond bloodline': Fears grow for the 300 women kidnapped from Sinjar](#)
- Jinan, *Esclave de Daesh* (2016)
- Kuitenbrouwer, P., *Syrian refugees rebuilding their lives in suburban Canada — but many on long waiting lists for language classes*
- Paton, [Isis sex slave manual reveals Daesh's sordid rules on how to rape female captives](#)
- Ramsden, [Smoke and Mirrors: Analyzing Canada's Response to the Genocide of the Yazidis](#)
- Sly, [ISIS, a catastrophe for sunnis](#)
- [Swedes Demand Assyrian Autonomy to Make Up for Daesh Genocide](#)
- [When ISIL came to town: Yazidis tell of child murders and 'meat markets' for sex slaves](#)
- [Yazidi women raped and sold by ISIS](#)

8. The Yazidis and genocide - Conclusions

- The integration of Yazidis in Canada should be based on 3 fundamental objectives:
 - support the survivors;
 - find the disappeared, especially the women taken into sex-slavery;
 - punish the organizers, and especially:
 - the imams who justified the genocide and the rapes;
 - the managers who organized the genocide and the rapes, often former staff from Saddam Hussein's military intelligence.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

9. Other acts of genocide committed by DAESH

- DAESH has also committed acts of genocide against:
 1. other minorities:
 1. Christians (Assyrians):
 - children were captured, raped and enslaved,
 - girls were sold as sex slaves;
 2. homosexuals:
 - homosexuals were murdered by being thrown from rooftops;
 2. handicapped children:
 - handicapped children were euthanized in a manner reminiscent from the Nazi policies under the Aktion T-4 euthanasia program.
- Such acts **must not be forgotten** and **must be punished**, since they are part of a single program for the elimination of individuals and groups designated as “inhumans” and enemies.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

10. Other persecuted minorities protected in Canada: Ahmaddiyas, Alevis, Ismaelis, Jews, Tutsis

- Canada has already granted asylum to many persecuted groups and allowed them to reflowerish under its protection:
 - Ahmaddiyas,
 - Alevis,
 - Ismaelis,
 - Jews,
 - Tutsis.
- It is essential to:
 - consult such groups, and
 - mobilize them,in support of their brothers and sisters in Humanity.
- Rely and insist on the *Universal Declaration of Human Rights*:
 - « All human beings are born free and equal in rights and in dignity. »

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

- The Resolution of October 25th, 2016, is an **essential** but **insufficient** first step.
- The most important part of the job remains to be done: to prepare ourselves to receive several thousands of destitute, lost and traumatized individuals.
- We have no doubt that **Canada can do it.**
- But it is **NOW** the time to work on the **practical consequences.**

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

1 – The welcome

- It is not too early to start thinking about
 - where we will be **housing** them,
 - how we will be **feeding** them,
 - how we will be **clothing** them.
- Especially after a first wave of Syrian refugees is being absorbed in a difficult labor market...

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

2 - Physiological and psychological support

- **BASIC NEED:** to support the resilience of survivors of trauma, genocide, and persecution by helping them to form protective mechanisms, such as
 - raising families,
 - becoming involved in social activities, and
 - showing achievements on a wide spectrum of social functioning.
- Help them reconstruct their self-esteem and self-efficacy by:
 - supportive interpersonal relationships, and
 - successful social productivity.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

2 - Physiological and psychological support

- The past has shown that genocide survivors possess *specific qualities* that have led them to conduct positive lives notwithstanding the traumatic experiences they have endured:
 - flexibility,
 - assertiveness,
 - tenacity,
 - optimism,
 - intelligence,
 - distancing ability,
 - group consciousness,
 - assimilation of the knowledge that they survived,
 - finding meaning in one's life, and
 - courage.
- Not all of the qualities were found in each survivor but those who conducted successful lives afterward possessed more of them.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

2 - Physiological and psychological support

- Two examples of resilience, and their challenges:
 - *torture survivors* in Kurdistan :
 - have many of the mental health and psychosocial problems found among survivors elsewhere,
 - BUT, compared to non-torture survivors, were more likely to display:
 - resilience,
 - sociocultural adjustment, and
 - symptoms of posttraumatic growth;
 - survivors in their *old age*:
 - encounter challenges that may reactivate their extreme early stresses, including retirement, declining health, and loss of spouse
- In both cases,
 - therapeutic interventions may be needed to help coping with the reactivated stress;
 - the resilience of many genocide survivors in various domains of functioning may mask their vulnerabilities and difficulties;
 - policymakers may overlook their urgent needs.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

3 - Social and economic support

- The presence or absence of **social support** plays an essential role in the ability of genocide survivors to cope with trauma.
- Genocide survivors are dedicated to rebuilding their lives by:
 - raising families,
 - being productive at work,
 - becoming involved in social activities, and
 - showing achievement in various domains of social functioning.
- These activities play a significant role in promoting and establishing protective mechanisms in the form of social acceptance and support.
- Memorials commemorating the victims, the survivors and their families play also a very important role by helping
 - survivors work through the traumatic memories of the past, and
 - to prevent the transmission of the genocide trauma to the next generations.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

3 - Social and economic support

- Group settings are one of the best ways to reestablish a connection with self, others and spirituality.
- Can take the form of:
 - therapy group,
 - self-help group, or
 - discussion group.
- Groups
 - allow people to experience the comfort, support and understanding that others can provide.
 - are a powerful emotional stimulant and allow the participants to “get to know” themselves better.
- Group members must accept to be introspective, mutually supportive and courageous enough to speak openly about their feelings and experiences.
 - assurance of confidentiality within the group is essential

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

4 - Victims of War rape

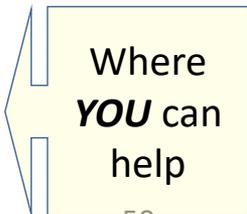
- *Concerning the victims of War rape in particular:*
 - It is essential to acknowledge or accept survivors of war rape.
 - Otherwise,
 - their psychological trauma may be exacerbated further by their relationship with their community;
 - the shame and humiliation felt by a woman can be reinforced by a society that rejects her, thereby increasing psychological harm and bringing about a multitude of individual losses such as
 - loss of identity,
 - place in society, and
 - self-esteem

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

4 - Victims of war rape

- **The primary guide for models of treatment must be the centrality of women's voices.**
- Need for women's participation at all levels of their healing, including how to best create and offer support services.
- Thus, need to develop supports, interventions, and treatment frameworks,
 - to be grounded in survivors' self-assessments,
 - while balancing the socio-cultural barriers women face in speaking about their trauma.
- Professionals with experience working with survivors of sexual violence who extend their work to women who have experienced war rape need to reflect deeply upon the contexts within which survivors are living and the nature of services being offered.
- In countries of resettlement, refugee women bring with them the range of pre-migration atrocities and the layers of trauma need to be understood socially, politically, historically, culturally, psychologically, and physically, based on each survivor's experience.
- Limited work in this area, imposing the necessity to share experiences of successful, client-guided services.



Where
YOU can
help

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

4 - Victims of war rape

- 4 basic objectives in developing interventions:
 1. providing services that are culturally sensitive to the phenomenological reality of the survivor;
 2. understanding that trauma healing is occurring within the instability of:
 1. early resettlement,
 2. post-migration stressors, and
 3. ongoing collective and individual consequences of trauma, including war rape;
 3. addressing gender and culture in the provision of services;
 4. ensuring discretion and sensitivity to stigmatization while recognizing that survivors are resilient women who are capable of informing services

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

5– Shortcomings

- **The short experience with Syrian refugees in Canada has indicated many shortcomings:**
 - many on long waiting lists for language classes;
 - unfulfilled hopes for family reunification:
 - “I hope for all the universe for the Canadian government to help me to get my three brothers and my sister out of Syria, because I am still thinking about them”;
 - lack of financial support from Federal Government when welfare burden shifts to provinces after one year in Canada;
 - money set aside to resettle Syrians remains unspent;
 - huge need for adult training:
 - in Ottawa, many of the 1,700 refugees from Syria are unskilled workers who cannot read or write their native Arabic;
 - huge need for school support for children:
 - 60% of the Syrian refugees in Ottawa are under 14;
 - about 600 now attend public schools.

ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

11. The reconstruction of Yazidi refugees in Canada

6 – A lot to be done

- A lot done, but still a lot to be done...
- **Let's get to work. Now. Together.**
- An immense thank you for your kind patience.
- Questions?

ANNEX
-
TRAUMA
AND ITS
COGNITIVE CONSEQUENCES

Dr. E. Didier
Dr. C. Amin
2016-12-01

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

Table of content

- Table of content
- Bibliography
- Introduction
- I. Memory and the physical, cognitive, emotional and behavioral characteristics of trauma
- II. Who suffers : how, when and why?
 - A. The nature of the traumatizing event
 - 1. proximity
 - 2. duration
 - 3. nature & extent of the brutality
 - 4. personal characteristics of the survivors
 - B. The reactions of the victim at the time of the trauma
 - 1. predictability of PTSD
 - 2. other factors playing a role in PTSD
 - C. The physical effects of the trauma
 - 1. biochemical reactions
 - 2. common medical problems after traumatic experience
 - 3. heightened state of alertness of the body and physiological modifications
 - 4. physiological answers to trauma
- III. The cognitive effects of the trauma
 - A. Typical cognitive difficulties following trauma
 - B. Traumatic memories and nightmares
 - C. Time distortion
 - D. Distractedness
 - E. Obsessive thinking
 - F. Anatomical changes in the brain
 - G. Dissociation
 - H. Psychic opening and precognition
 - I. Examples
 - 1. effects of traumatic stress on cognitive load and resources
 - 2. effects of traumatic stress on conceptual processing
- IV. The emotional effects of trauma
- V. The behavioral effects of trauma
 - A. Comparison *Holocaust vs ordinary people*
 - B. Coping mechanisms
 - C. Effects on families
 - D. Effects on children
 - E. Rape in war and War rape
 - F. War rape

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

Bibliography

- Arehart-Treichel, J., *Brain activation may explain PTSD flashbacks*, **Psychiatric News**, March 19, 2004, <http://pn.psychiatryonline.org/cgi/content/full/39/6/61>
- Brillon, P., *Comment aider les victimes souffrant de stress post-traumatique. Guide à l'intention des thérapeutes*, 2d ed., Montréal, Éditions Québecor, 2005
- Brillon, P., *Se relever d'un traumatisme. Réapprendre à vivre et à faire confiance*, Montréal, Québecor, 2004.
- *Dr Lanius replies*, **The American Journal of Psychiatry**, <http://ajp.psychiatryonline.org/cgi/content/full/161/10/1927-b>
- Lanius, R., et al., *The nature of traumatic memories: a 4-T fMRI functional connectivity analysis*, **The American Journal of Psychology**, <http://ajp.psychiatryonline.org/cgi/content/abstract/161/1/36>
- LeDoux, J., in Conlan, R., Ed., *States of mind. New discoveries about how our brains make us who we are*, New York, John Wiley and Sons, 1999, p. 140-143.
- Naparstek, B., *Invisible Heroes. Survivors of trauma and how they heal*, New York, Bantam Books, 2004
- Sapolsky, R., *Stressed-out memories*, **Scientific American Mind**, Vol. 14, no 5, p. 29.
- Schacter, D., *The seven sins of memory, How the mind forgets and remembers*, Boston, Houghton Mifflin, 2001, p. 9.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

Introduction

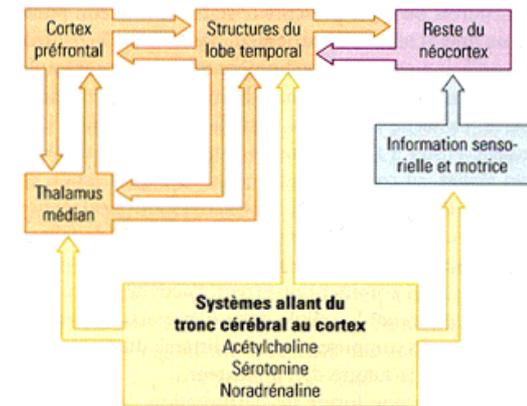
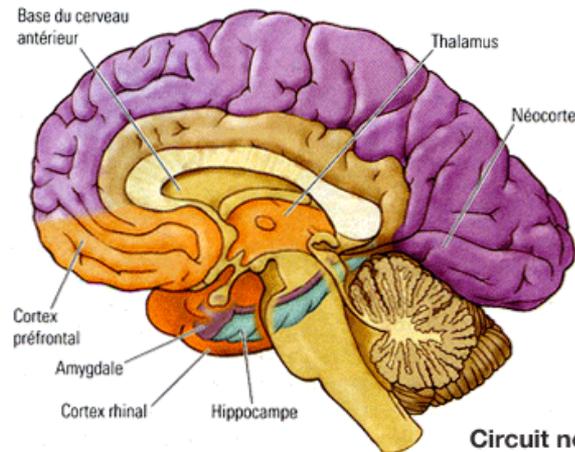
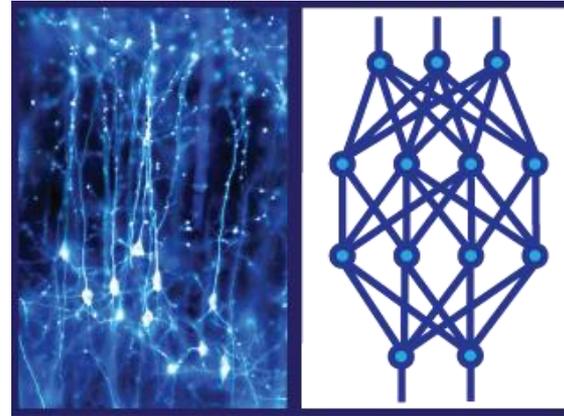
- Victims of torture who develop chronic PTSD can be literally brain damaged.
- Trauma and its most extreme consequence - post traumatic stress disorder (PTSD) - has profound cognitive, emotional and behavioral consequences which vary in nature and importance according to the circumstances of the victim and the traumatizing experience.
- One of the most important of such consequences is that the victim of torture may be unable to talk about his or her experience, while devastated by irrepressible flashbacks of very powerful memories and emotions.
- The following summary describes:
 - the memory systems,
 - the factors that influence the severity and the duration of the trauma,
 - the cognitive, emotional and behavioral consequences of the trauma.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

I - Memory and the physical, cognitive, emotional and behavioral characteristics of trauma

Memory and memories

- Victims of genocide or rape **MUST** have memories, like all other human beings.
- Memory is the foundation of personality:
 - past and
 - future of the Self
- “The” memory is a collection of hierarchized brain “modules” in which information is
 - **recorded** in different manners
 - visual, auditory, gestural, etc.
 - **synthesized**
 - images or words without meaning
 - **stored**
 - **recalled**

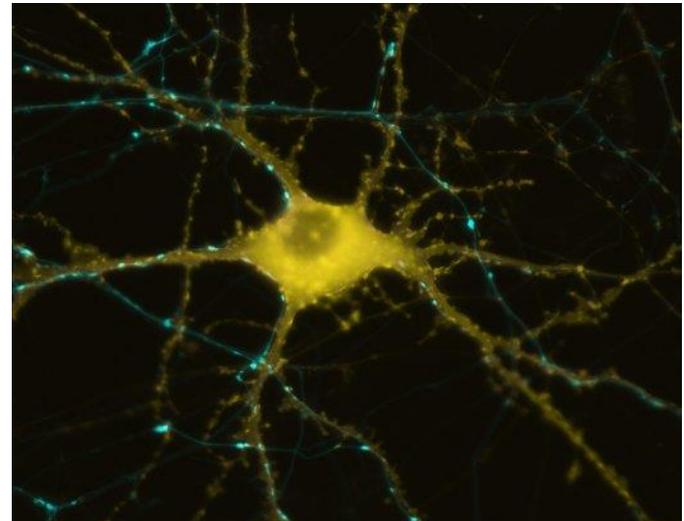
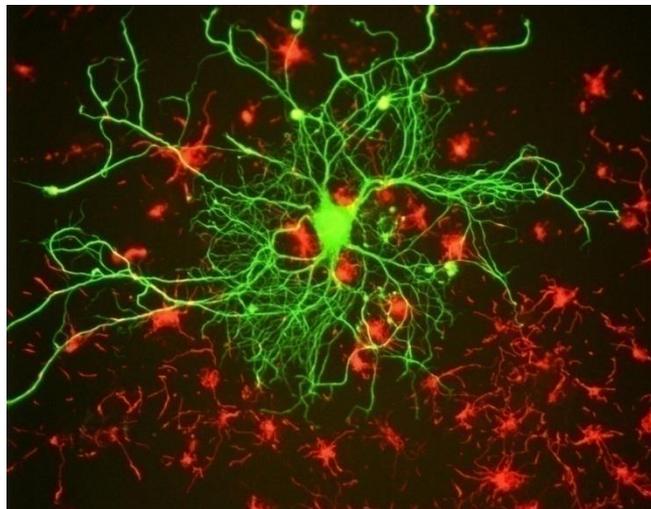
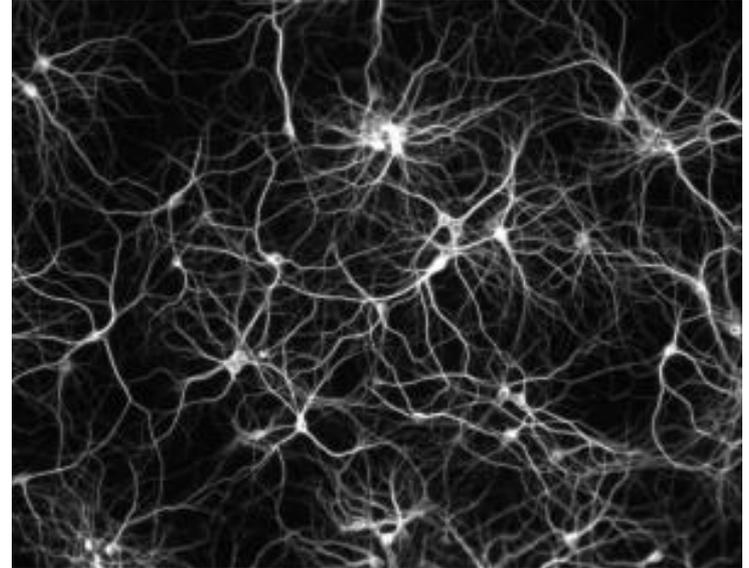


Circuit nerveux de la mémoire déclarative (explicite)

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

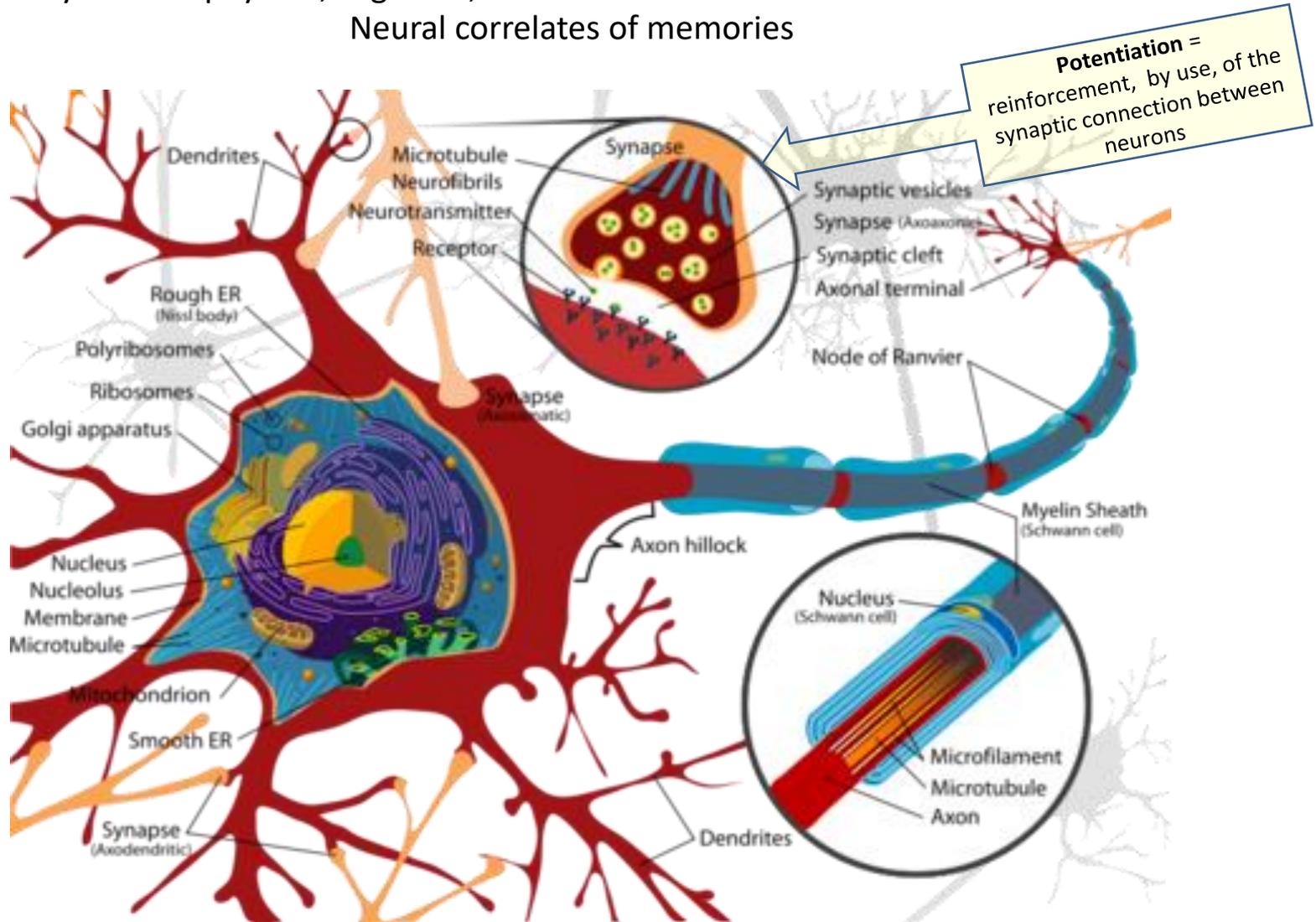
I - Memory and the physical, cognitive, emotional and behavioral characteristics of trauma Neural correlates of memories

“memories are encoded in the brain as engrams - essentially a neuron firing pattern - that captures certain elements from the experience. Certain kinds of encoding are more likely to promote higher recall - specifically, elaborative encoding that allow you to integrate new information with what you already know.” Daniel Schacter



ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

I - Memory and the physical, cognitive, emotional and behavioral characteristics of trauma Neural correlates of memories



Excitatory inhibitory neurons

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

I - Memory and the physical, cognitive, emotional and behavioral characteristics of trauma

Retrospective and prospective memories

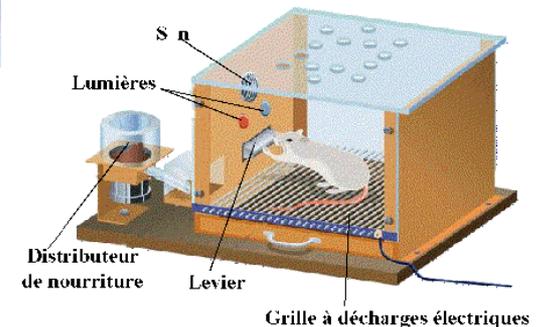
- **Retrospective memories** : declarative and non-declarative memory

- Declarative (explicit) memory
 - semantic memory
 - episodic memory
- Non-declarative (implicit) memory
 - motor skills
 - perceptual skills
 - habits
 - emotional learning
 - elementary forms of learning
 - non-associative
 - » habituation
 - » sensitization
 - associative
 - » classical conditioning
 - » operant conditioning

- **Prospective memory**

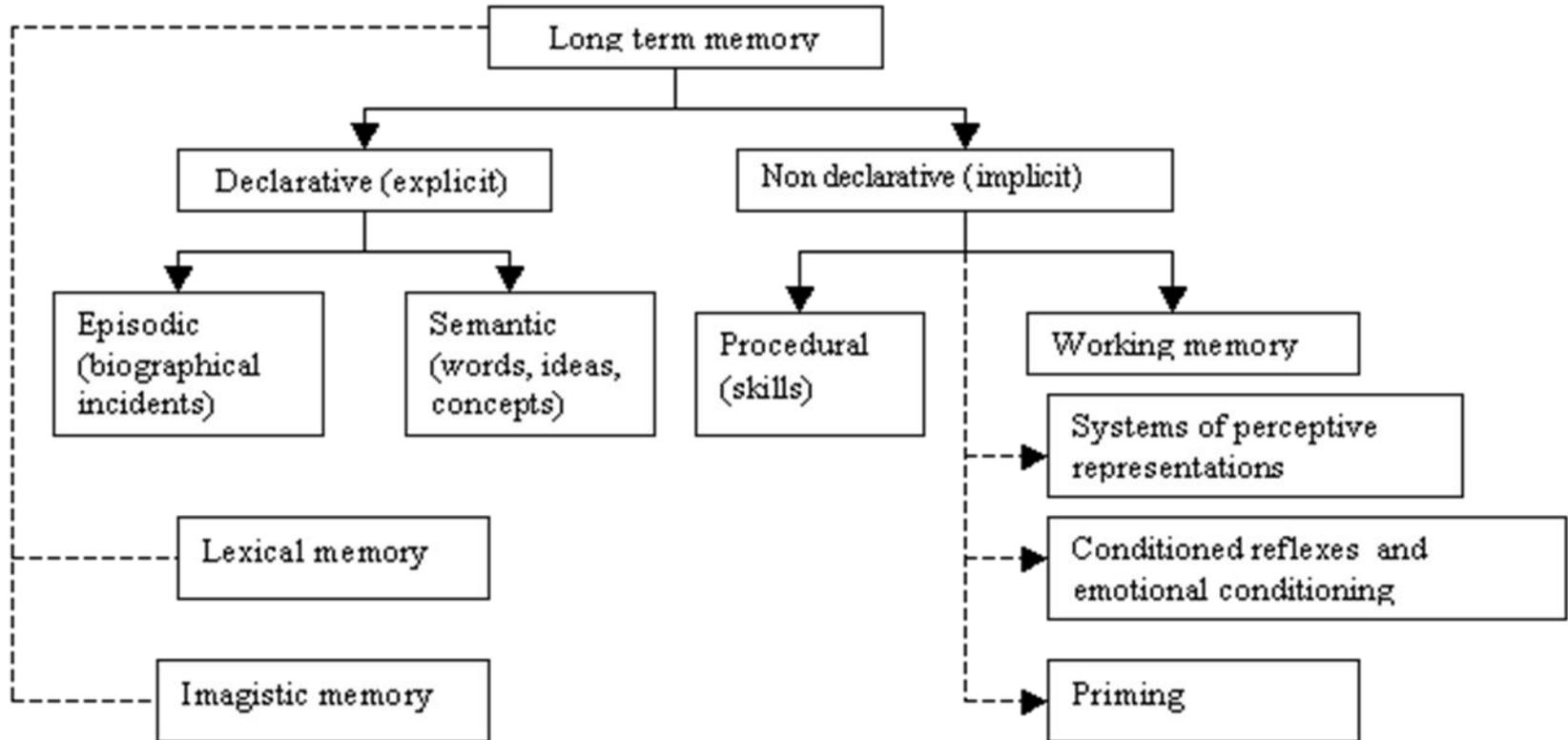
- What I will be doing tomorrow

“Dad”



ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

I - Memory and the physical, cognitive, emotional and behavioral characteristics of trauma Long-term memory

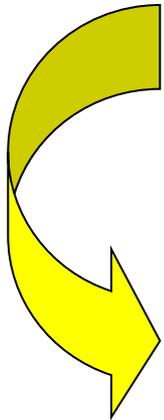


ALL categories of memories of survivors are affected by traumatic stress.

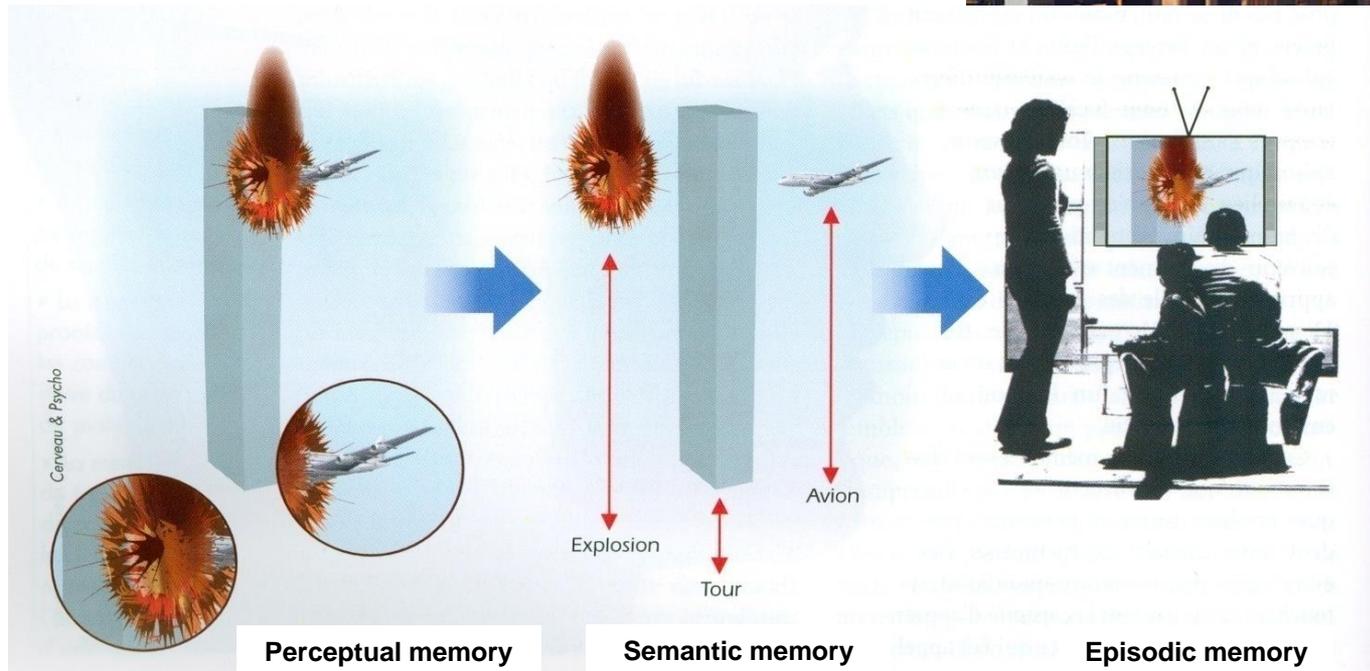
ADAPTIVE PROBLEMS OF YAZIDI GENOCIDE SURVIVORS

I - Memory and the physical, cognitive, emotional and behavioral characteristics of trauma
Articulation of perceptual, semantic and episodic memories: 9/11

Perception



Memory processing



ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

I - Memory and the physical, cognitive, emotional and behavioral characteristics of trauma Cognitive consequences of post-traumatic stress

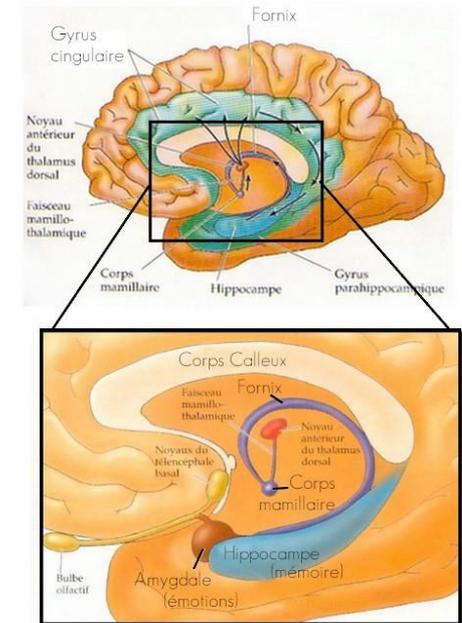
- According to its **intensity** and **duration**, stress can **stimulate or damage** memories:
 - **short term**: moderate stress can:
 - stimulate memorization,
 - reinforce learning capacity,
 - increase the sensitivity of taste, smell and hearing;
 - **long-term**: stress can:
 - reduce or prevent recollection, or
 - cause permanent brain damage:
 - negative effects on long-term potentiation of neurons in the hippocampus,
 - disconnection of neural networks,
 - atrophy and retraction of dendrites,
 - death of neurons and definitive loss of memories;
- => **Irreversible brain damage** for genocide/torture victims, with permanent PTSD;
- **Paradoxically, the victim who needs his/her memory to reinsert himself/herself in society has great difficulty to recollect the events which caused his/her trauma!**
 - incapacity to give details about the events
 - + risks of retraumatization by later events

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

I - Memory and the physical, cognitive, emotional and behavioral characteristics of trauma Cognitive consequences of post-traumatic stress

- Psychological trauma, and its extreme consequence PTSD, have deep cognitive, emotional and behavioral consequences which vary according to the characteristics of the victim and the traumatizing experience:
 - the victim of torture can be literally incapable to speak of his/her experience while being devastated by emotional and biographical flashbacks which are both very powerful and irresistible.
- Hippocampus: conscious memories of emotional experiences.
- Amygdala: unconscious emotional memories:
 - stress hormones liberated in the body (esp. cortisol)
 - inhibit the hippocampus: prevent the creation of conscious memories of the event;
 - excite the amygdala: create even more powerful memories.

description du système limbique



ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

I - Memory and the physical, cognitive, emotional and behavioral characteristics of trauma Cognitive consequences of post-traumatic stress

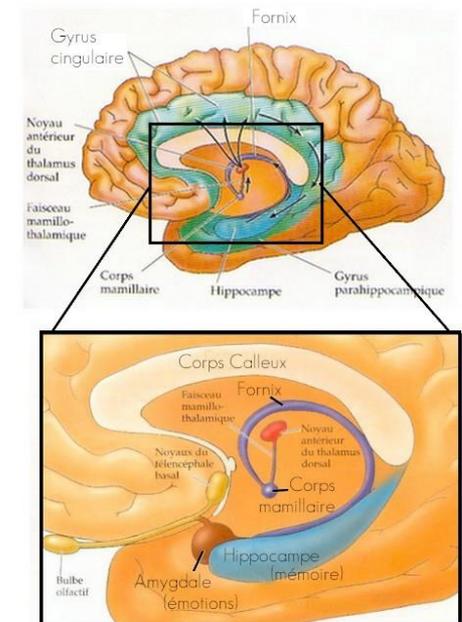
- Victim is affected by unconscious emotional memories => is not conscious of what is going on.
- Emotional system is activated by the mere sight of the traumatizing individual or instrument, causing fear attacks which can be generalized.
- Recollection of traumatic memories is different from recollection of memories associated with PTSD:

- **traumatic memories are recollected as declarative memories (verbal narratives);**
- **PTSD memories are recollected as non-declarative memories**

- ex. visual flashbacks caused by physical position.

- Now, let us see the details...

description du système limbique



ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

A - The nature of the traumatizing event

- Posttraumatic Stress Disorder (PTSD) suffered by many survivors is a complex condition involving three central defining characteristics:
 1. unwanted, spontaneous recollections of the trauma;
 2. attempts to emotionally distance oneself from memories of the trauma or from other sources of emotional arousal; and
 3. chronic anxiety and physiological arousal;
- PTSD involves an internal contradiction between trying to forget the trauma and the inability to do so.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

A - The nature of the traumatizing event

- Several elements concerning the traumatizing event exercise a profound impact on the extent, duration and gravity of the trauma:
 1. its proximity;
 2. its duration;
 3. the nature and extent of the brutality exercised;
 4. the personal characteristics of the survivors:
 - in particular a genetic predisposition for PTSD;
 5. the availability of social support in coping with the traumatic experiences.
- Not every kind of exposure to trauma necessarily leads to PTSD, but the severity of the trauma is an important factor predicting PTSD.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

A - The nature of the traumatizing event

1. *Proximity*

a. **physical:**

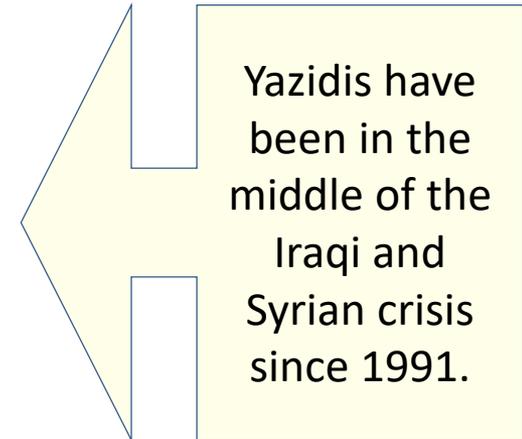
- distance from the epicenter

b. **psychological:**

- Ex.: by watching television

c. **social:**

- degree of social or family proximity

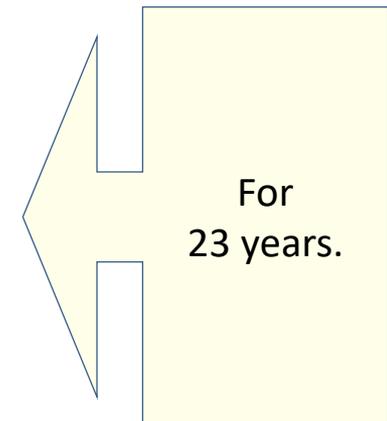


2. *Duration*

a. **length**

b. **repetition** during a certain period of time

- Ex.: women and children exposed to war



ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

A - The nature of the traumatizing event

3. ***Nature and extent of the brutality***

a. **personal or individualized violence**

- Ex. : rape; imprisonment or confinement

b. **betrayal**

- intimacy of the contact;
 - beliefs concerning:
 - safety,
 - personal worth,
 - reliability of others;
 - increased by:
 - terror,
 - horror
- Ex. child witness of the murder of a parent

c. **Threat to die**

- the perceived threat is more important than the real threat.

Targetted as Yazidis for

- rape
- enslavement
- murders of family members

Targetted as Yazidis for:

- injuries
- insults
- status as unbelievers
- betrayals by sunni neighbours
- bomb attacks :
14/08/2007: 769
dead and 1562
injured

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

A - The nature of the traumatizing event

d. The perpetrators

- perpetrators are also subject to PTSD;
- the differences between victims and perpetrators are at the levels of symptoms and degree of incapacity;
- for the perpetrators:
 - more violent outbursts,
 - increased severity of intrusive symptoms,
 - exacerbated feeling of alarm, alienation, survivor's guilt, disintegration;
- perpetrators of atrocities are more likely to suffer from PTSD than other combatants of the same group who have seen the same fighting;
- conversely, there's little PTSD among the veterans respected by society, the gravity of their injuries playing only a minor role
 - Ex. : Finnish veterans, even grievously injured, compared to Vietnam veterans;
- for the victims:
 - more problems concerning memory and recollection,
 - more problems of concentration.



What to do with traumatized DAESH survivors when they are back to Canada?

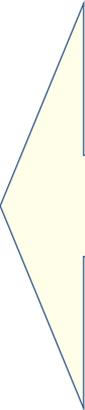
ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

A - The nature of the traumatizing event

e. Unforeseeability

- the degree of unforeseeability of the stressing and situation has a direct impact on the severity of the symptoms
- conversely, the foreseeability of the stressing situation reduces considerably the destructiveness of the situation
 - Ex. : some abused children will provoke an attack in order to control its timing and thus reduce the damaging effects for them



Yazidi women have been targeted as sex slaves and sold for as low as 86\$.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

A - The nature of the traumatizing event

f. Nature of the wound

- the gravity of the wound or the amputation increases vulnerability to PTSD;
- importance of the nature of the loss :
 - the loss of close relatives:
 - exacerbates the symptoms,
 - increases the risks of PTSD;
- same consequences for the loss of:
 - important property,
 - one's country,
 - one's culture;
- feeling of imprisonment:
 - PTSD implies feelings of:
 - powerlessness and
 - inability to defend oneself;
 - the feeling of physical imprisonment increases the probability of PTSD
 - Ex. : prisoners in cells, gaols, labor camps;
 - those feelings may be aggravated by:
 - psychological dominance,
 - repetition of the abuse,
 - betrayal,
 - brutality.

- Yazidis have suffered:
- rapes with violence
 - forced prostitution
 - forced abortions
 - forced marriages
 - murders of family members
 - live burials
 - destruction of houses and villages
 - abandonment and violence in refugee camps
 - forced religious conversions

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

A - The nature of the traumatizing event

- "... A single traumatic event can occur almost everywhere. Prolonged repeated trauma, by contrast, occurs only in circumstances of captivity. When the victim is free to escape, she will not be abused a second time; repeated trauma occurs only when the victim is a prisoner, unable to flee, and under the control of the perpetrator. Such conditions obviously exist in prisons, concentration camps and slave labor camps. This conditions may also exist in religious cults, in brothels and other institutions of organized sexual exploitation, and in families."

- Herman, J., *Trauma and Recovery*, New York, Basic Books,1997, p. 74

Yazidis have been in **ALL those situations at the same time.**

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

A - The nature of the traumatizing event

4. The personal characteristics of the survivors

a. The personal characteristics of the survivor play an important **role** in:

- the increase of the risks, or
- the protection against risks

concerning

- the occurrence, or
- the severity

of the symptoms.



Are particularly at risk:

- women
- children
- elderly people

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

A - The nature of the traumatizing event

b. Gender

- In similar circumstances, women are 2 to 6 times more exposed to PTSD than men.
- But, older women are exposed to the same risks as men.
- In some cases, cultural variations may increase or decrease the risk:
 - Ex. : women in Australia and in Israel are much more susceptible to PTSD

c. Children

- Children are much more vulnerable to PTSD than adults.
- Age is directly related to:
 - the probability of the symptoms of PTSD, and
 - the gravity of symptoms of PTSD.
- In a situation of powerlessness, children are more susceptible:
 - to freeze, and
 - to dissociate.
- Female children are more vulnerable than male children, and thus doubly at risk, both as children and as members of the feminine gender.

Yazidi girls have been taken as sex slaves or raped as young as 9 years old.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

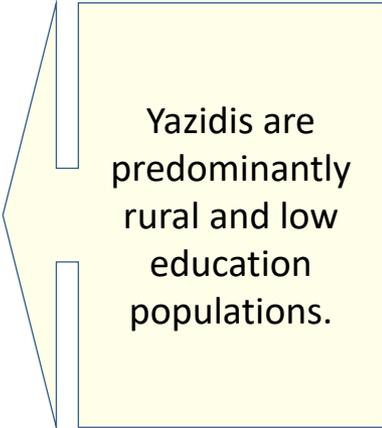
A - The nature of the traumatizing event

d. Individual psychological background

- whatever the country or the culture, vulnerability to PTSD is increased by:
 - individual psychological problems, and
 - family history.
- Examples:
 - major depressions,
 - anxiety attacks,
 - panic attacks,
 - phobias,
 - emotional disorders,
 - life stress,
 - child abuse.

e. Education

- Less educated individuals are more vulnerable than more educated individuals.



Yazidis are predominantly rural and low education populations.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

A - The nature of the traumatizing event

f. Ethnic group

- Vulnerability is also influenced by one's ethnic group:
- Ex. : after a typhoon, in the US, the occurrence of PTSD was found to be as follows:
 - Whites: 15 %
 - Blacks: 23 %
 - Hispanics: 38 %

Yazidis have been persecuted repeatedly since the Ottoman Empire for

- their ethnicity (Kurds)

AND

- their religion (synthesis of Zoroastrian, Islam, Christianity and Judaism).

g. Social support

- Single individuals are more vulnerable than married individuals.
- The absence of a support network is a more reliable predictor than the individual situation before the trauma.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

B - The reactions of the victim at the time of the trauma

1. **Predictability of PTSD:**

- Certain reactions of the victim at the time of the trauma are excellent predictors of future PTSD:
 - high panic and stress shortly before or after the traumatic event,
 - dissociation during the event,
 - disconnection of emotions,
 - disconnection of feelings,
 - distortion of the feeling of space,
 - distortion of the feeling of time,
 - memory lapses.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

B - The reactions of the victim at the time of the trauma

2. Other factors playing a role in PTSD:

a. Biochemical anomalies

- chronically high level of cortisol,
- chronically low level of cortisol,
 - Ex.: chronically low level of cortisol in survivors affected with PTSD,
- abnormally high level of cortisol in girls affected with PTSD.

b. Alcoholism and substance abuse

- intoxication of the time of the traumatic event :
 - protects and significantly reduces the risks of PTSD,
 - reduces also cortisol highs caused by anxiety, flashbacks, fear and nightmares;
- thus, there's a high level of alcoholism among long-term survivors of PTSD;
- **BUT** alcoholism has a long-term effect of exacerbating the symptoms of PTSD.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

B - The reactions of the victim at the time of the trauma

c. **Feeling of control** during the traumatizing event

- Those who have the feeling to control the situation and to have been able to improve certain aspects of it end up much better than those who have felt powerless during the traumatizing event.
- BUT it is not clear whether this reaction is a cause or an effect: for example whether those who are genetically disposed to dissociation or freezing are more susceptible to suffer from PTSD and less capable to evaluate their situation and take concrete measures to remedy it .

d. **Self-criticism** and negative beliefs

- Those with a tendency to blame themselves from their mishaps are more susceptible to PTSD.
- Victims who are not susceptible to PTSD are those with the most positive opinions concerning:
 - their own worth,
 - general safety,
 - the reliability of others;
- but, here also, it is difficult to say what is cause and what are effects.

Yazidis have been targeted by DAESH specifically as non-believers, in order to be punished for their faith.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

B - The reactions of the victim at the time of the trauma

e. **Subsequent health problems**

- Around 56 % of people suffering PTSD suffer also from fibromyalgia
- Same thing concerning :
 - chronic fatigue syndrome,
 - multiple chemical sensitivity,
 - irritable bowels,
 - sometimes also :
 - rhumatoïd arthritis
 - multiple sclerosis.
- Note also that those symptoms are accompanied with a low level of cortisol associated with PTSD.

f. **Secondary symptoms**

- Major depressions,
- panic attacks,
- phobias,
- eating disorders :
 - bulimia,
 - anorexia,
- intoxications :
 - alcohol,
 - drugs.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

C - The physical effects of the trauma

1. Biochemical reactions

- The trauma launches a series of biochemical reactions which can provoke chronic pain and an unusual number of physical problems.

2. Common medical problems after traumatic experience

- The most common physical or somatic issues following immediately a traumatic experience are :
 - restlessness and hypervigilance;
 - sleeping problems :
 - to fall asleep,
 - to remain asleep,
 - generalized anxiety;
 - inability to relax;
 - superficial breathing;
 - Fatigue;
 - exaggerated startled response to:
 - unanticipated touching,
 - sight of reminiscent cues,
 - sudden noises;
 - headaches;
 - backaches;
 - skin problems;
 - loss of weight.

To be added to the “habitual” problems of refugees, such as:

- language
- schooling
- knowledge of institutions
- housing
- employment.

Thus, mental and physical health are particularly at risk.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

C - The physical effects of the trauma

3. **Heightened state of alertness** of the body and physiological modifications

- Following the return to a normal situation after the traumatic experience, the body stays on alert and reacts to neutral cues in the environment, as if they were indicia of continuing threats of destruction.
- If PTSD becomes chronic in the next weeks, one will find :
 - an abnormal number of complaints concerning health;
 - abnormal chronic conditions (functional diseases) related to the immune system.
- The traumatic event will provoke:
 - physiological modifications;
 - modifications in perceptual ability such as :
 - dissociation and clarity of mind,
 - lengthening in the perception of time,
 - imprinting of the moments of fear in the mind and in the body.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

C - The physical effects of the trauma

4. Physiological answers to trauma

- There are five main physiological answers to trauma :
 1. flight or flight,
 2. freeze,
 3. dissociation,
 4. hyper activation,
 5. chronic pain and functional diseases.

Heavy handicaps
for

- rehabilitation,
- integration:
 - social.
 - economic.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

C - The physical effects of the trauma

a. **Fight or flight**

- It is the first physiological response to danger.
- In the brain, the amygdala (immediate answer -- without reflection -- on the basis of incomplete information) takes control :
 - influx of stress hormones;
 - then, analysis of the situation;
 - then, alarm posture posture or back to homeostatic balance.
- It is the determination - by the Subject - of the meaning of the situation, which provokes the response.

b. **Freeze**

- It is the second physiological response to danger.
- Immobilization, when it is useless to fight or to flight:
 - prostration,
 - physiological and mental collapse.
- Completely instinctive and unconscious.
- Opposite to the preparation for flight:
 - collapsus of the muscles,
 - immobility of the muscles,
 - drop in blood pressure,
 - slowing of heart beat,
 - release in the blood of natural opiates, which reduce the pain of dying.
- Following the freeze, animals -- but not humans -- will jump and shake in order to liberate the energy, toxins and hormones accumulated in their blood and body tissues.
- Feeling of powerlessness, which is the fundamental characteristic of potential PTSD.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

C - The physical effects of the trauma

c. **Dissociation**

- Associated with freeze, dissociation is also the strongest predictor of future PTSD :
 - psychological and emotional numbing: the victim flees the scene in thought and becomes detached;
 - impairment of memory storage and access;
 - partial amnesia.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

C - The physical effects of the trauma

d. **Hyper activation**

- In a cycle of continuous and reciprocal activation, the sympathetic and parasympathetic systems become a closed, self-sustaining, neurological feedback system.
- Symptoms are imprinted and can worsen.
- Spontaneous recollections, flash-backs and nightmares:
 - are activated by external cues or stimuli, vaguely linked to each other, such as:
 - noises,
 - smells,
 - images,
 - muscular movements, even from normal activities,
 - feelings in the skeleton;
 - and, in turn, hyperactivates the amygdala.
- Consequences:
 - alterations in:
 - language,
 - analytical ability,
 - narrative memory;
 - decrease in the Hippocampus' ability to synthesize, causing the exaggeration and the intrusiveness of the memories.
- Eventually, at the ultimate step of PTSD, the subject will go:
 - from a cycle of freeze-dissociation to hyperactivation,
 - into full-time dissociation and numbness, with occasional hyperaroused alarm.

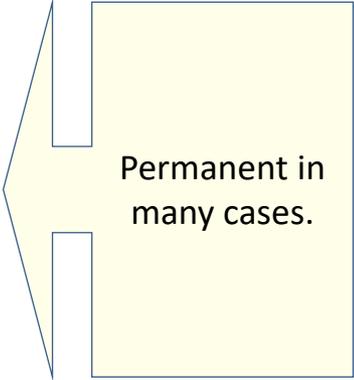
ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

II - Who suffers : how, when and why?

C - The physical effects of the trauma

e. Chronic pain and functional diseases

- Are caused by:
 - the accumulation of metabolic waste products in muscular fibers,
 - the release of pain-generation chemicals in the tissues.
- In the **short term** : wearing down of the cardiovascular system, by an excess of stress hormones.
- In the **long term** (chronic PTSD) : chronically low cortisol level, which in turn causes various autoimmune disorders.



Permanent in many cases.

- It is important to note the unity of the body in the mind :
 - « So-called physiological disease and so-called mental illness are both manifestations of disturbed self-regulation. Trauma changes the brain and therefore simultaneously changes the body. Trauma changes the body and therefore simultaneously changes the brain. ... Psyche and soma are simultaneously affected and utterly undistinguishable, one from the other. »
 - Naparstek, B., *Invisible Heroes. Survivors of Trauma and How They Heal*, New York, Bantam Books, 2004, p. 80.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

III - The Cognitive effects of the trauma

A - Typical cognitive difficulties following trauma

- The **typical cognitive problems** following trauma involve:
 - recurring intrusive thoughts:
 - flashbacks,
 - nightmares;
 - memory lapses;
 - trouble with:
 - focusing,
 - concentration,
 - sustaining attention,
 - learning and retaining new information, esp. complex verbal materials;
 - sense of :
 - being scattered, distracted, unable to focus,
 - being overwhelmed by simple decisions,
 - possible impairment in psychomotor abilities as well;
 - symptoms may:
 - disappear with times, in weeks or months;
 - become chronic:
 - decline in the ability:
 - to sort out relevant matters,
 - to ignore what is unimportant;
 - equal emphasis given to all stimuli.

Handicaps for

- rehabilitation,
- integration
- family life of:
 - parents,
 - children.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

III - The Cognitive effects of the trauma

B - Traumatic memories and nightmares

1. **Triggers**

- Triggers for intrusive memories can become more and more subtle and ancillary:
 - irrelevant stimuli can provoke reminders;
 - perceptions are biased toward noticing what is worrisome or frightening.

2. **Traumatic memories and nightmares**

- Traumatic memories are different in nature and processed and stored differently from our memories of ordinary events
 - a. **normal memories:**
 - are encoded verbally,
 - easily translated into communicable language,
 - shift, distort and fade over time.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

III - The Cognitive effects of the trauma

B - Traumatic memories and nightmares

b. traumatic memories

- are imprinted deeply :
 - as a onetime and forever learning experience;
 - or experienced as emotions, sensations and physical states: sights, sounds, smells, body sensations and tastes;
- vividness: immediate and intense;
- experienced as if were happening over again in the present;
- remain fixed, timeless and contemporary;
- deliver the same intense sensory material and emotional punch each time;
- don't change with some secret experience;
- resist integration and absorption;
- nightmares can last for many years (more than 15);
- are processed and stored differently from our memories of ordinary events :
 - stored separately in a primitive compartment (amygdala and locus ceruleus),
 - unintegrated into the survivor's verbal and cognitive understanding of himself,
 - the younger the subject, the higher the probability of partial or total amnesia;
- at the same time, great difficulty in verbalizing:
 - "... the trauma survivor faces an odd contradiction. At the same time that the vivid memory fragments are coming into consciousness, the person has difficulty relating precisely what happened in words and thoughts. He or she experiences the sensory and emotional elements of the event but can't make cognitive sense of them. The phrase "speechless terror" is not hyperbole; people literally cannot talk when affected in this way. Indeed, PET scans establish the physiological basis of this phenomenon, by showing a diminishment of oxygen and reduced perfusion in the verbal centers of the brain during flashbacks. Often this difficulty in verbalizing is generalized to a reduced capacity to articulate any feelings of all -- a state of affairs that is pervasive enough to have its own name: alexithymia."

- **Distorted sense of time:**
 - stretching time, or
 - losing time;
- usually temporary, connected with hyper activation or numbing;
- can become chronic and habituated in chronic post traumatic stress disorder;
- also associated with dissociation or slipping into trance state.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

III - The Cognitive effects of the trauma

D - Distractedness

- **Constricted attention**, affecting the survivor's ability to take in new information and access stored information;
- general distractedness making it difficult to remember details;
- with chronic late stage PTSD:
 - mental deficits;
 - pervasive problems with short-term memory and attentional focus;
 - impairment of higher level information processing and decision-making in some people, who can overlook critical details in making the choice or solving a problem and reach conclusions based on narrow, impulsive, or stereotyped initial impressions:
 - "... a traumatized brain is compelled to train its focus away from language and verbal content, toward nonverbal danger cues -- body movement, facial expressions, tone of voice and the like, searching for threat related information. Cognition and behavior are mediated by the more primitive parts of the brain -- the brain stem and midbrain -- at the expense of abstract thinking and absorption of language and ideas. People suffering from this are often diagnosed as having attention deficit disorder with hyper activity (ADD-H), but for some this label can be misleading. It is not that these survivors cannot stay with a given task, but rather that they are hypervigilant. Only when sufficiently calmed, can they attend to the meaning of words. ... This is why imagery, with its subverbal, calming voice tone, soothing music and nonverbal reassurances of safety, aimed straight at the aroused lower brain, is far more effective with traumatized people, taking them to a level of safety where they can again process the meaning of words."
 - Naparstek, *ibid.*, p. 80.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

III - The Cognitive effects of the trauma

E - Obsessive thinking

- Repetition of **rigid planning**, organization and scheduling of all activities of the day:
 - leaves little time for functional analysis and synthesis,
 - for most trauma survivors, those symptoms disappear after a few weeks or months.

Positive elements:

- most can be rehabilitated,
- limited in time (see sl. 61)
BUT a certain percentage will have to be supported in the long term (use for military hospitals?)

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

III - The Cognitive effects of the trauma

F - Anatomical changes in the brain

- Hippocampus (analyzes, associates, compares and contrasts current events with past experiences) shrinks significantly, due to high and prolonged levels of cortisol.
- Increasing metabolic activity in the right hemisphere, especially amygdala and parts of the limbic system concerned with it, where threat related memories and emotion-laden events are processed.
- Increased activity in the right visual cortex, with appearance of flashbacks provoked by the narratives.
- Broca area (speech processing center) shows a reduced activity and loss of oxygen consistent with inability to verbalize emotion and emotion -- laden events.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

III - The Cognitive effects of the trauma

G - Dissociation

- Description: a sense of unreality, a feeling of distance from what is happening, a numbing of physical pain and other somatic sensations, emotional detachment and distortions of time and place, including post traumatic amnesia.
- Cognitive consequences:
 - impairment of a lot of cognitive capacity, at least temporarily;
 - substantial decrease of ability to focus, pay attention, think clearly, solve problems, see escape routes, stay grounded to the details of external reality and remain emotionally connected to events of the ground.
- Perceptions:
 - sense of out of body experience, floating up, both during the traumatic event itself and then later on at times of heightened anxiety or one of flashbacks intrudes;
 - derealization:
 - memory alterations (psychosensory symptoms): profound slowing down of time, great amplification of sensory experiences (sights, sounds, smells, etc.);
 - amnesia;
 - alteration of body sensations: vague sense of numbness, vibration, sudden weakness in muscle strength;
 - shape of things altered: bigger or faster, slower, oddly shaped or colored, with intense smells or tastes;
 - alteration of sense of time: time flows faster or slower;
 - disorientation as to current place in time.
- Flashbacks can vary enormously in duration, a few seconds or min. to several days

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

III - The Cognitive effects of the trauma

H - Psychic opening and precognition

- Emergence of intuitive abilities that were dormant or occasional.
- Those capacities remain for the long haul and may be developed further.
- May have an addictive effect:
 - more energy,
 - more freedom,
 - more interest in life,
 - more interest in self-consciousness,
 - more joy,
 - more productivity,
 - heightened creativity and artistic expression.

Positive elements:

(see sl. 41)

- like the survivors of the Shoah, Rwandese genocide
- **VERY GOOD AND USEFUL CITIZENS FOR CANADA.**

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

III - The Cognitive effects of the trauma

I - Examples - Effects of traumatic stress on cognitive load and resources

- **Cognitive load varies** according to several factors:
 - level of difficulty of task (intrinsic),
 - mode of presentation of task (extrinsic),
 - processing of schemas (extrinsic).
- **Available resources** to accomplish a cognitive task are limited:
 - number/priority of tasks to accomplish in parallel
 - ex. driving while texting;
 - complexity of the task (even if grammatical)
 - ex. “the eagle that the owl has chased was fast” vs “the eagle chased by the owl was fast”;
 - available resources (energy/space)
 - **fixed**: ex. memory span (≥ 7 chunks),
 - **variable**: ex. **exhaustion**, hunger, thirst, **stress**.

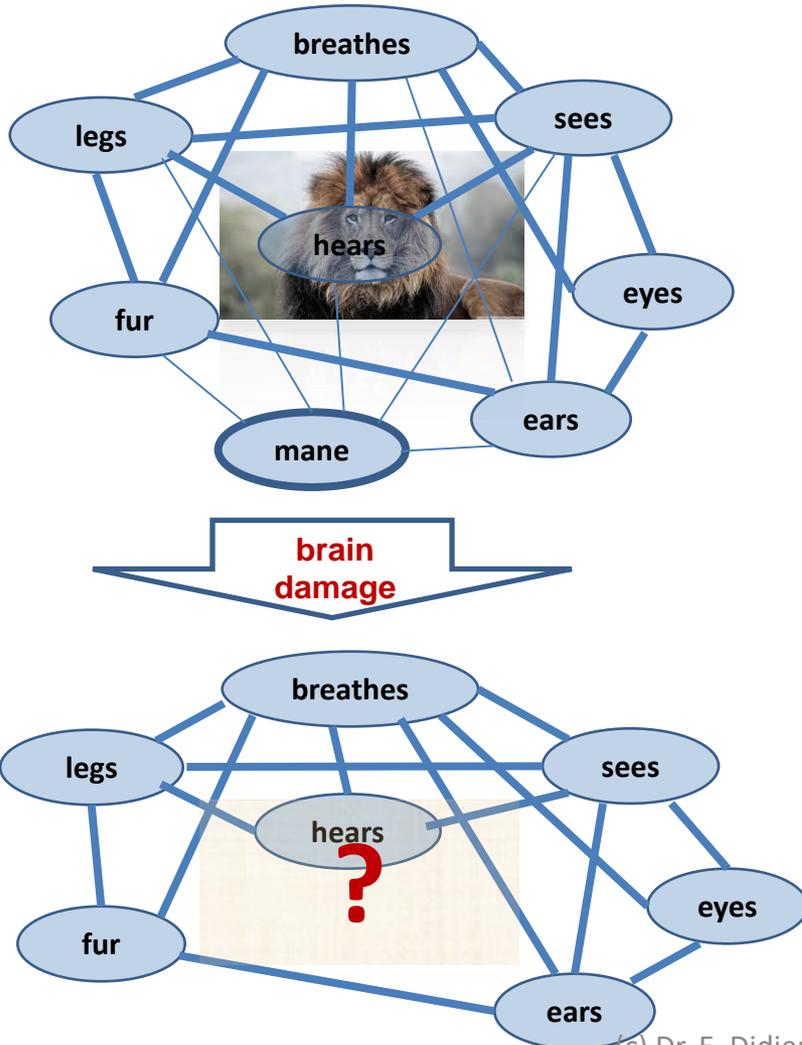


ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

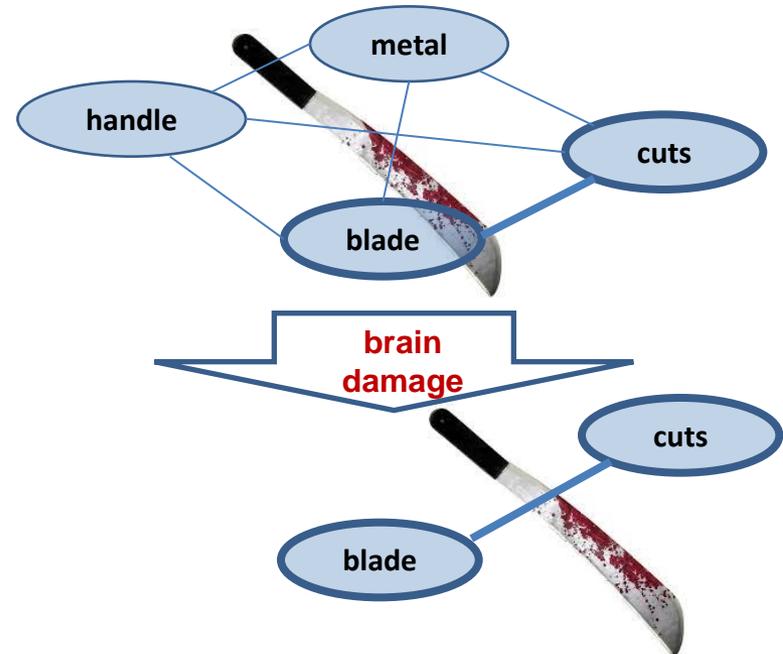
III - The Cognitive effects of the trauma

I - Examples - Effects of traumatic stress on conceptual processing

Living things



Non-living things



2 characteristics of nodes:

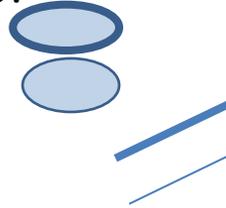
- **correlational strength:** weak : strong:
- **distinctiveness:** weak : strong:

After brain damages, weak links are lost.
Distinctive features in non living things > Distinctive features in living things.

⇒ Inability to uniquely identify living things
= category-specific semantic impairment for living things.

Example - Consequences for Subject

- In the conversation, what are
 - the distinctive features?
 - strong features
 - weak features
 - the correlations?
 - strong correlations
 - weak correlations
- Possible consequences of cognitive impairments
 - ex. **PTSD**, brain tumor, old age, etc.
 - category specific semantic impairments:
 - non-living things: improbable
 - living things:
 - more likely inability to uniquely identify living things
- Relevance to the conversation/evidence:
 - if Subject has a **category-specific semantic impairment for living things** (cannot identify his attackers) because of PTSD
 - = > ask questions about non-living things (ex. weapon used; instrument of tort)



ex. Rwandese genocide



Even if W cannot identify his/her attacker (PTSD), he/she can be judged credible by describing the weapons
↔ event

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

- Continuing stressful events may disrupt five adaptive systems:
 - safety,
 - attachment,
 - justice,
 - existential meaning, and
 - identity.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

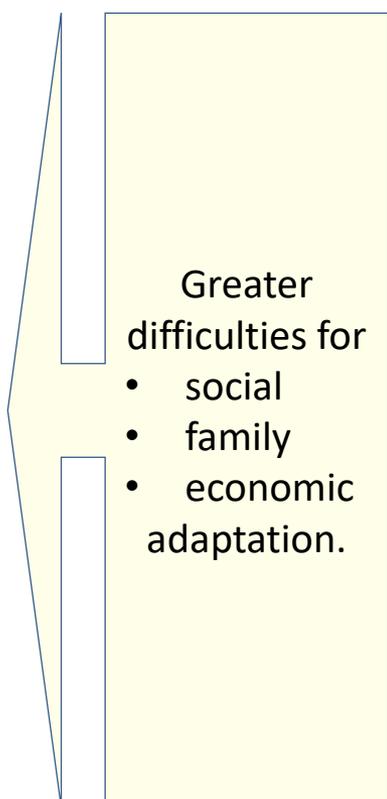
V - Behavioral effects of trauma

- Disruption in safety:
 - might be the cause of the interviewees' symptoms of PTSD such as intrusive memories, sleep disturbance, and fear of the trauma occurring again.
- Disruption of attachment:
 - may explain interviewees' descriptions of being unable to accept the loss of loved ones and waiting for them to return.
- Disruption of a sense of justice:
 - might cause the frequent mention of anger and rage at being treated differently and regretting the services they provided for Peshmerga (Kurdish fighters).
- Loss of existential meaning:
 - might cause the sense of alienation in society.
- Loss or disruption of identity:
 - may have produced survivors' sense of isolation and marginalization in society.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

- Elaborate avoidance of many activities.
- Substance abuse and addictive behavior.
- Compulsive eating.
- Compulsive busyness.
- Phobias.
- Isolation and avoidance of intimacy.
- Repetitive involvement in exploitative relationships.
- Reenactments and tendency to court disaster.
- Self-mutilating impulses and repetitive self injury.
- Willingness to let others push one around: impaired volition and learned helplessness.
- Impulsivity.
- Constant irruptions of interpersonal conflicts in an ever narrowing social sphere.



Greater difficulties for

- social
- family
- economic adaptation.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

A - Comparison “*Holocaust people*” vs “*ordinary people*”

- Holocaust survivors were compared with their counterparts (with no Holocaust background) on physical health, psychological wellbeing, posttraumatic stress symptoms, psychopathological symptomatology, cognitive functioning, and stress related physiology.
- Holocaust survivors were less well adjusted, as apparent from studies on non-selected samples and from studies on selected samples.
- In particular, they showed substantially more posttraumatic stress symptoms.
- They did not lag, however, much behind their comparisons in several other domains of functioning (i.e., physical health, stress-related physical measures, and cognitive functioning) and showed remarkable resilience.
- The coexistence of stress-related symptoms and good adaptation in some other areas of functioning may be explained by the unique characteristics of the symptoms of Holocaust survivors, who combine
 - Resilience, with
 - the use of defensive mechanisms.
- An intriguing and complex pattern :
 - in almost every domain apart from PTSS (and to a lesser extent psychopathological symptomatology and psychological wellbeing), the effects were rather small and nonsignificant.
 - By contrast, for PTSS, psychological well-being, and psychopathological symptomatology the effect sizes were significant, particularly for PTSS.
 - Holocaust survivors show heightened traumatization coupled with good adaptation in some aspects of functioning.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

B – Coping mechanisms

- 3 essential defensive mechanisms are used to cope, during/after war:
 - denial,
 - repression,
 - dismissal of attachment-related issues.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

C- Effects on families

- Overlap between the problems of torture survivors and their families:
 - thinking too much about their situation,
 - symptoms of depression,
 - anger,
 - lack of understanding of the survivor, and
 - relationship problems.
- May reflect:
 - common challenges such as poverty, discrimination and difficult relationships within the family, as well as
 - vicarious traumatization of family members.
- Possible that project their problems onto family members.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

C - Effects on families

- BUT some differences:
 - torture survivors emphasize their resentment towards wider society due to:
 - discrimination and sacrifices made for the government, and
 - unfair treatment from others ;
 - problems reported among family members focused more on impact on family relationships, with more frequent mention of:
 - family separation,
 - divorce, and
 - lack of awareness of other family members as to the degree of distress survivors were experiencing.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

D – Effects on children

- Child of a genocide survivor lives in a world of contradictions:
 - trying to ignore a horrid past while feeling, in one’s chest and stomach, that the anguish of the past is always present;
 - parents being overprotective of children and children being overprotective of parents;
 - chronic anger and frustration and attempts to deny both;
 - receiving a constant message that one has such a good life and should be grateful, while feeling constantly unworthy of one’s blessings.
- One of the most fundamental difficulties that survivors and their children struggle with is their ability to trust:
 - ability to trust other people—friends, acquaintances, strangers, even spouse and family members;
 - survivor inculcated into his children that the world is a dangerous place and that others should not be trusted.
- Generalized mistrust which may result in a tendency for survivors and their children to keep emotional distance from others in order to protect themselves.

We **must** start planning for “Caliphate cubs”.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

E - Rape in war and War rape

- Specificity of rape in the context of war:
 - woman lying bleeding in front of the perpetrators is no longer a human being but a symbolic body to inflict hatred, violence, and pain upon;
 - extreme level of brutality: women repeatedly and violently gang raped, with successive rapes becoming increasingly brutal and violent :
 - social pressure for each rapist to “out do” his comrade with more severity than the previous rapist;
 - girls deemed to be young virgins were specifically targeted:
 - younger ones saved for the higher commanders and those in charge;
 - infliction of physical injuries, which also become lifetime reminders of the rape:
 - women’s and young girl’s legs were broken in rape camps so they could be repeatedly raped without the chance of escape;
 - other acts of ritual sexual torture, such as cutting off women’s breasts or gunshots to the genital area;
 - use of instruments to perform the rape : bayonets, sharpened sticks to mutilate genitals and sexual organs.
- Different form “War rape”.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F- Rape in war and War rape

- Rape no longer occurs based on opportunity.
- War rape is “a deliberate and strategic decision on the part of combatants to intimidate and destroy ‘the enemy’ as a whole by raping and enslaving women who are identified as members of the opposition group” (McDougall (1998))
- Not exclusively perpetrated by men against women and girls: men and young boys are also victims.
- Not a random sexual act carried out by individual soldiers, but a deliberate military tool to tear apart individuals, families, and communities.
- How, where, and in front of whom the rape is performed are all distinguishable features of War rape.
- Often occurs in the presence of 4 different audiences:
 - other women (to instill fear),
 - members of their families (to torture them),
 - other soldiers (to promote solidarity), and
 - other community members (to show complete suppression).

Yazidi women were targeted specifically as sex slaves, to be victimized by War rape.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape and ethnic cleansing

- Rape is imposed to women of a specific national, ethnic, religious, or racial group, in order:
 - to contaminate the enemy group’s blood and genes (Farwell, 2004);
 - to prevent births of children belonging to the enemy’s ethnicity, through death, sterilization;
 - to create a nation comprised of a “dominant” ethnic group; and/or
 - to dishonor these women, their families, and the men they represented, as part of a larger campaign of extermination.
 - Ex. Muslim women in Kosovo
 - In Muslim cultures, it is common for husbands, fathers, and communities to reject women who have been raped.
 - After women are raped or suspected of such, often they will never return to their families or villages.

See, in particular, Desbois, *La fabrique de terroristes*

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F - War rape

- Other women witness to the rape:
 - even if not raped themselves, can speak of:
 - power of the invader, and
 - horrific acts that have be inflicted.
- Family witnesses:
 - men forced to watch their wives, sisters, or daughters being raped
 - to torture them also;
 - entire families raped;
 - family members killed or tortured trying to protect their loved ones from sexual violence.

We **must** start planning for the social/familial reintegration of Yazidi women **in their own families**.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape

- Long-term cultural, social, and psychological ramifications:
 - public occurrence of rape has increased through broadcasting propaganda to a larger public audience:
 - rapes are often filmed and shown on television for news, propaganda, and pornographic viewing;
 - “tarnishing” or “spoiling” raped women: destroying the core self-worth of the victim;
 - defeating the enemy “not only physically but more important[ly], psychologically” (Schiessl, 2002, p. 198);
 - destroying the entire underlying social order and culture of a community;
 - destroying the family:
 - social ostracization of the women by their family and community:
 - “...they’d be better off shooting themselves...a sullied daughter is worse than a dead one to her father” (Petra Prochazkova (2003)).

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape - Slavery

- It is not uncommon for women, or girls because of their virginity, to be held captive in *rape camps* where they are tortured, verbally abused, and repeatedly raped for the purposes of:
 - keeping soldiers sexually satisfied, and
 - efficiently mass raping as many women and girls as possible.

See, in particular, Desbois, *La fabrique de terroristes*

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape

- In summary, rape in War rape is a tactic to:
 - a. extend violence to women because of their ethnic or social group;
 - b. promote sexual dominance, hatred, and destruction;
 - c. intimidate women and destroy their personal identity;
 - d. exploit women during their vulnerability while demoralizing men for a failure to protect their women;
 - e. change the demographics of a region by forcibly impregnating women;
 - f. force a population to flee while instilling terror;
 - g. serve the group membership and solidarity of the soldiers;
 - h. provide serial sexual outlets for soldiers through brothel type arrangements;
 - i. annihilate a cultural group by severing a woman's ties to her community; and
 - j. implement a strategic military tactic to defeat the enemy in a way that will ensure the effects of victory will be felt long after the initial rape.

Yazidi women have been targeted and victimized for **ALL THOSE PURPOSES.**

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F - War rape - Individual Trauma

- Women who have been raped in war suffer multiple physical and psychological traumas at an individual level.
 - Physical injuries
 - Include rectal and vaginal tearing and bleeding, throat agitation through forced oral sex, bruising, and broken bones.
 - Medical consequences
 - include sexually transmitted infections (e.g., HIV), sexual dysfunction, disturbances with reproduction, carcinoma, vaginal discharge, and chronic infections;
 - more benign but nevertheless debilitating somatic symptoms including back pain, headaches, fatigue, dizziness, fainting, disturbed sleep, chronic pelvic pain, hormone dysfunction, gastrointestinal pain, and eating disorders;
 - medical conditions are complicated by inability to treat symptoms and wounds due to unsanitary conditions, lack of supplies and medications, inappropriate medical facilities, and refusal of women to disclose rape due to the cultural stigma they might endure ;
 - women raped during war are often sentenced to a life with long lasting health problems and many die from injuries, unsafe self-induced abortions, maternal mortality, and suicide.

We must plan for all such injuries concerning Yazidi women.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape – Testimonies

- “But most of my friends or people I knew or any other girl or woman that I know was raped, most of them have AIDS. Just imagine a life you are living not being sure of tomorrow, that you could die any time. Not because you went to enjoy, not because you had lover and you made love and you had fun. But because someone came and brutally forced himself on to you and he leaves you with HIV.”
- “He had a machete and a spear. He looked at me with a lot of bitterness and he got his machete and cut me in the face. That’s the scar. And before I had gained consciousness to find out what was happening he got the spear to throw it in. When I was just confused and not knowing what to do because I was seeing blood oozing out of my face, he got a spear to pierce my ribs – that’s when I gathered thinking to tell me to run away so I ran.”
- “If you look at my foot, one day when I was trying to resist, they had raped me many times. I was feeling bad. Please give me peace. The man said, “First I am going to punish you” and he hit my leg and you can see the scar. After that hitting me I got paralyzed because it was a big wound. When I got paralyzed he started raping.”
- “After one month and fifteen days, they diagnosed and told me that in addition to the sexually transmitted diseases I had acquired, I also was pregnant. They said I had gotten syphilis but I didn’t know what syphilis was at the time but my chest was hurting a lot because of the beating so the doctor also said that my respiratory system had been a bit affected.”
- “I prefer if they had killed me than what they did to me, because even now, I live with the effects of that rape. I am – my vaginal part, my private part, is torn apart. I always have infections inside me. But the worst is, I live with a virus. I’m HIV-positive.”

(Survivors of War rape in Rwanda)

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape - Psychological consequences

- Complex and difficult to categorize due to the core impact of rape, which involves the shattering of a person’s sense of safety and trust explain that women experience
 - loss of control over their body, but also
 - loss of control in all areas of their lives as “women’s illusions of invulnerability, personal safety, and their belief in a safe and fair social world are shattered” (p.365).
- Consequently, women may experience
 - deep distrust in previous relationships,
 - fearfulness and withdrawal from others, and
 - lack of safety within their surroundings and with themselves and others.
- Disruptions in women’s core beliefs, complicated by the cultural taboos around sexuality, make disclosures and support seeking for the acts of violence committed against them nearly impossible.
- In post-conflict settings, women’s distrust is reinforced by
 - becoming reacquainted with their attackers, and
 - experiencing continued violence and unsafe conditions in refugee camps and domestic settings
- Cycles of violence contribute to cycles of trauma and women’s entire lives are disrupted by:
 - chronic insecurity, and
 - continued victimization causing a “sense of no longer feeling at home in this world, no longer belonging to it”.

We must plan for all such injuries concerning Yazidi women.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape – Psychological consequences

- Psychologically women may:
 - experience post-traumatic stress disorder, generalized anxiety, phobias, insomnia, flashbacks, nightmares, grief, and depression;
 - show also a lack of interest in their environment, complete loss of self-esteem, deep helplessness, and despair.
- Self-loathing and rejection of one’s body often results in:
 - self-injurious behaviour, and
 - suicidal tendencies.
- Common psychological defenses in traumatic rape include :
 - denial,
 - suppression,
 - depersonalization,
 - distancing, and
 - dissociation.
- “(w)artime rape turns its victims into ‘dissociative containers’ who disconnect from humanity and the external world” (Pappas (2003) p. 280)

We must plan for all such injuries concerning Yazidi women.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape – Psychological consequences

- The connection between women’s psychological health and rape often remains hidden:
 - if women seek interventions, they are more likely to report physical rather than psychological symptoms,
 - while others suffer in silence and risk serious health consequences.
- These defense mechanisms employed by women must be understood in the context of their lives, whereby real threats to safety may still exist.
 - In such cases silence and other forms of non-disclosure are survival mechanisms rather than psychological disorders.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape – Testimonies

- “If you saw me before 1994, and you see me today, you can’t believe I am the same person. I have changed for the worse. I used to be a beautiful girl, I used to be loved. I used to have fun at home. It is now all lost. It is all now a nightmare. I feel I don’t have a bit of interest in life. Life is not interesting.”
- “They came and raped me. One comes and he goes. Another one comes and he goes. I can’t count how many they were. After the last man raped me, I told him I’m thirsty and if he could give me some water. He said yes and brought a glass. When I drank it, I realized it was blood. The man said, “Drink you brother’s blood and go.”
- “I had never had sex until I was raped in genocide. I never loved this man at all. I always feared him. He always scared me. Even now I hear people say they enjoyed sex – I don’t know what it means to enjoy sex. For me sex has been a torture and I associate it with torture.”
- “So I thought one night I am going to wake up very early, walk away and leave the child there and go and commit suicide by the road. Indeed I fulfilled my plan, in the morning I woke up, covered the child in bed, I walked to the road and as I was looking for a way to commit suicide, I looked for pills and I didn’t know where to buy them and besides I didn’t have any money to buy them. I knew there is a way where you put a rope and hang yourself. Then I looked for a rope and still I didn’t have money to buy a rope. Then I sat down and thought about my child, thought about myself. In me I had the feeling that this is cowardly action.”
- “When you are in group counseling, in group therapy, sometimes we are divided into groups and we are told to share our experiences, that thing has helped me, actually I forgot about myself when I with others. Because I was raped by one man. There are women who tell me they were raped by ten people. Others by five, others don’t even know the number. So when I come, I think through that and I realize mine is a very small problem compared to others, so it keeps me going.”
- “You will never know I have problems. During the day I pretend to be happy but at night I cry. I cry every night – you will never know my problems. I never talk about my life. I never talk about anything hurting me, I only deal with it at night, I cry and during the day I laugh and pretend...”
- “If genocide and war ever changed me, it changed me negatively. I don’t trust people anymore. Honestly, I don’t trust any people. Whoever I look at, anyone, I first look at them as bad people, and I change the attitude slowly, as we meet and talk, as we interact...I don’t know. It will take time for me to learn trusting people. I will never trust anyone.”

(Survivors of War rape in Rwanda)

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape - Collective trauma

- Women who are raped suffer the effects of violation not only at an individual level but also at a societal level:
 - women reported that: “when one woman was raped, the whole community was raped”.
- A society witnessing wartime rape experiences severe trauma watching atrocities committed against their family and community members.
- Collectively,
 - the society enters into shock and grieving as they lose their mothers, sisters, and daughters through community and familial rejection, physical death, or debilitating impacts of psychological and physical wounds;
 - the psychological consequences of witnessing violence can be similar to that of victims, including experiences of shame and psychological distress;
 - communities in shock may not have the means of coping with the reality of events, particularly if events were linked with socio-cultural taboos relating to sexuality;
 - victims of war rape are further isolated as they lose the societal support that can potentially mitigate the effects of their traumas.

Worst for Yazidi women: families torn apart (men killed, sons turned into Caliphate cubs; daughters raped).

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape - Collective trauma

- Trauma and loss as a result of war rape occurs in the context of larger complex emergencies that includes the destruction of political, economic, socio-cultural, and healthcare infrastructures.
- Women and their families often experience the break-up of community due to forced migration and displacement into camps where education, work, and recovery opportunities are limited.
- Children, especially those of rape, are particularly vulnerable in the short and long term to the consequences of such individual familial and societal upheavals.

Canada must replace, provide safety nets.

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape – Testimonies

- “So one of the men took me to his home. He didn’t have a wife. So when we reached his home, he told me he had ‘married’ me and now I had become his ‘wife’. I shouldn’t get out of the house. He raped me every night and kept me captive for a whole month. In that one month I got pregnant and the result is that young boy Albert which you saw.”
- “See, when genocide started, I was engaged with a fiancé. We were planning marriage. Among the people that they killed in the first three days, he was among them. I saw his body after being killed with machete. I lost love. After that the insult that was added to injury was now being raped by many men that I didn’t love and the result are those children. I never fell in love again, I never loved, I never enjoyed sex, I never enjoyed being a mother, having children but I have accepted it. That is my situation.”
- “My uncle didn’t welcome me in the house because he asked me who was responsible for my pregnancy. I said if I am pregnant, then it must be the militias and I said that many of them had raped me. And he said I shouldn’t enter into his house carrying a baby of Hutus. He chased me away. I went but I didn’t know where to go.”
- “I must be honest with you, I never loved this child – I was torn between two worlds – I thought I was doing what my uncle and aunt wanted but also my heart was telling me not to do it but also whenever I remember what his father did to me I think that the only revenge would be to kill his son. I never did that. I’m lucky I didn’t do that. I forced myself to like him but he is unlikeable – the boy is too stubborn, too bad, he behaves like a street child. He leaves this place in the morning, he comes back at night explain to them what befell me.”
- “I’ve never thought to tell her. She doesn’t know she was born out of rape. But she might know because my sister abuses her and says “you are the daughter of a militia. Your father killed my parents and my relatives. You are the daughter of a killer”. It is as the result of this that she knows. Maybe she knows that her father did bad things to my family. But she doesn’t know that her father raped me for her to be born. She knows that her father is a militia who either died or went to exile, that is it.”
- “It is degrading for you to pass by and people say, oh you see that girl. That girl was raped. You know, you, you feel you don’t have value. You don’t have as much value. And so, I always avoid thinking about it...But if it was someone close to me they have a derogative name they use, they say we are leftovers of the militia’s sexual appetite. And whenever I think about it, I hate myself. I don’t want to talk about it.”

(Survivors of War rape in Rwanda)

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape - Economic consequences

- Inability of traumatized populations to be economically self-sufficient has a major impact on psychological well-being.
- Victims of war rape enter into a life of extreme poverty and complete dependency, which places them at risk of further victimization;
 - includes being forced into other forms of sexual exploitation such as sex trade in order to survive.
- For women, the burden of bearing the trauma of war rape can be embedded and lost in the resulting poverty and collective losses experienced by their community.
- Women who have been raped may also have lost their dignity, reproductive health, sense of basic trust and security, and potentially even their families.
- The individual and collective consequences of war rape often become entwined with broad consequences of war that include cycles of
 - poverty,
 - violence, and
 - trauma.

It will be essential to work on

- contacts with survivors in camps and elsewhere
- family reunifications

ANNEX - TRAUMA AND ITS COGNITIVE CONSEQUENCES

V - Behavioral effects of trauma

F – War rape

- “...the problem is how do I raise my child. The struggle is how do I raise the children? This is the challenge that I get. If I don't get what to feed them, if I don't get food, if I don't have school fees for them, sometimes I have this temptation of doing things that I wouldn't want to do. But just for the sake of my children... sometimes when I fail completely I am tempted to go back into prostitution, I really try not to but when I am pushed to the wall I'd do it.”
- “The future? For me, I don't see the future. I have problems that I think nobody has. I don't know what that boy is going to be tomorrow. We don't have a house. This house, someone just helped me to be staying here. We don't have a land that I can say he will inherit... I don't see any future, to be honest.”
- “Sometimes we go to sleep without a meal. At night he [her son] wakes up and he tells me, “I'm hungry,” and he can't have food. That is where I am disturbed. We don't have a house, I don't have a job. That is what the difficult part is.”
- “Life was extremely difficult for me, but at that time I was still managing, then I started to see my health deteriorating when I became weak, and I realized I had signs related to HIV. I stayed like that for almost six months, but every time falling sick. One time I was sick for three months and admitted in the hospital, vomiting and with a running stomach. But surprisingly, it is that daughter of mine that was attending to me all this time. My daughter looked after me. Some people told me I really died and resurrected. But she was always there waiting for me...during those three months is when I really realized that my daughter was helpful because she went out and became a beggar, for my life.”

(Survivors of War rape in Rwanda)