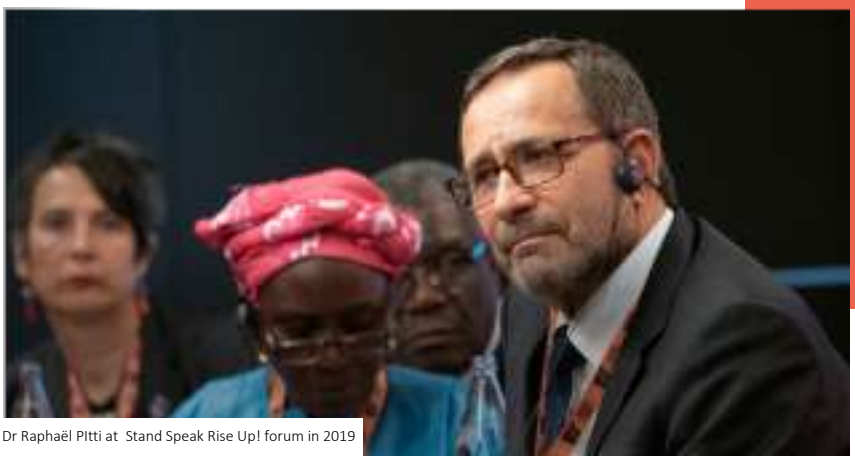

Dr Raphaël PItti at Stand Speak Rise Up! forum in 2019

Medical care for victims on sexual violence

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Field experience

I have had a long military career, working as an anaesthetist/resuscitator, and as an instructor in emergency and disaster medicine. This saw me stationed in many conflict zones around the world including Iraq, ex-Yugoslavia, and Lebanon. Thanks to my expertise in war medicine, I have been able to extend this to practicing humanitarian medicine. This has included defending Bulgarian nurses who had suffered violence in Libyan prisons. I also worked with refugees in Lampedusa, where many women were suffering the after-effects of rape suffered during their journeys. In 2012 I was responsible for the training of medical personnel in Syria with the NGO UOSSM (Union des Organisations de Secours et Soins Médicaux). Thirty-four trips to Syria made me a witness to a wide range of extreme violence perpetrated against the civilian population, with the deployment of napalm, phosphorus, chemical weapons, ... and rape.

Rape in conflict zones

There are many facets to rape. For some perpetrators, there is the immediate satisfaction and pleasure from the act. The woman becomes a pure sexual object used to satisfy urges. For example, this is a prime driver for the violence committed against women in Libyan prisons, with them raped every night in their jail cells.
Rape also serves to mark the victor's domination, with the strongest able decide terms for the most vulnerable. Rape is also a way to humiliate, destroy and take power. For the aggressor, it is both a response to the death-anxiety he may be feeling, as well as the transposition of the predatory instinct: "I kill, I burn, I devastate." It can represent a form of the spoils of war.
Rape is also related to the desire to terrorise beyond the victim. Examples include a woman raped in front of her husband, a father forced to watch his child being abused, or being forced himself to rape his daughter or son.

Rape can be used to seek to destroy a social group, such as for the purpose of ethnic cleansing. **The abused woman can lose her place within the group to which she belonged, also with the rejection of any children born of this rape.** The Rohingyas in Myanmar and certain discriminated populations in India, and sub-Saharan countries have experience of this, for example. **In such instances comprehensive care must be offered**. In addition to medical and psychological support, there is also an immediate need for basic needs to be provided for (hygiene, food, and so on). Then, over the long term, means to achieve economic autonomy must be offered.

In addition, rape can also be a weapon of repression and war. For example, just weeks after the Russian invasion of Ukraine, testimony emerged of rape being committed by attacking soldiers.

> *« Channels and protocols must be put in place »*

Fanny Benedetti, Executive Director of UN Women France, said: "we don't know if there is a military strategy behind the rapes. We do not know the extent of the phenomenon, nor the responsibility of the command structures. We don't know if the rapes are spontaneous or if they are part of the culture of the Russian army." We know from the Russian presence in other conflicts – such as Chechnya, Syria and Crimea – that the Russian army and security forces can act with cruelty and violence towards the civilian population. Sexual violence can be committed against women, but also men, children and the elderly.

As well as the risk of death, war puts major stress on those who survive but are unable to flee. For example, Russian forces have used siege tactics in Chechnya, Syria and Ukraine, cutting off supplies of water, electricity, energy and food. The population is then terrorised by incessant bombardments which destroy the places were life takes place (markets, railway stations, schools) and health structures (hospitals). The civilian population is trapped and they live at the rhythm of the shooting and bombing, in cellars and shelters, which makes for a life of complete destitution. Added to this are the cries of the victims, the tears of suffering families, the sight of corpses after explosions, as well as collapsed and burning buildings. No one can feel spared in this environment. And when a truce is finally declared to allow the civilian population to be evacuated, there is the risk of being looted, humiliated, raped or killed at the exit checkpoints. Rape is the culmination of an extremely intense and prolonged

psychological trauma. “Survivors” is thus indeed the correct way to refer to these people. In these extreme circumstances and in a state of total panic, perceiving no way out, they may kill themselves. Such was the fate of two Syrian nurses being pursued by an Iranian militia inside a hospital. Rather than suffer rape they chose to end their lives, jumping from a high window.

The risk of imminent death hanging over the population is multiplied by the context of war and rape. **The psychological trauma felt by victims of war is even more intense than in a stable society because capacity to react has been degraded in the face of the all-powerful aggressor.**

Clinical observations

Victims may have injuries that result from the rape, such as vaginal, perineal, anal tearing, vesicoanal or vesicovaginal fistulas, or haemorrhaging due to rape with blunt objects. In addition to rape, physical trauma of all kinds can hinder capacity for resistance, be it cranial trauma, mandibular fracture, blows to the face, burns and other injuries. But this traumatic intrusion into the body most often generates a form of seizure with a loss of consciousness, as the brain and body seeks to escape this cruel reality.

Psycho-traumatic disorders are normal and universal consequences of violence. They can be explained by the implementation of neurobiological and psychological survival mechanisms in the face of extreme stress. The latter often causes traumatic memory (Mc Farlane, 2010). The specific damage is psychological but also neurological, with it significantly affecting emotional circuits and memory. These lesions can now be revealed by MRI scans. Very recently, epigenetic alterations have been identified in victims of sexual violence, especially when the violence was committed in childhood. This means that there are modifications of a gene involved in the control of the stress response and the secretion of stress hormones. These alterations can be passed on to subsequent generations (Perroud, 2011).

Various psychological defence mechanisms can be deployed, including dissociation (which affects more than 80% of victims), depression, stress, permanent anxiety and denial. All of these can lead to addictive behaviours, such as the use of alcohol, tobacco, drugs and sedatives. **This generates a feeling described as psychological death in the victims.** "They perceive themselves as being the living dead, reduced to objects, with their life becoming a hell," said Dr. M. Salmona in 2013.

Identify, treat, guide

A rapid diagnosis is necessary due to the risk of the psychological trauma becoming chronic, with the potential for neurobiological brain lesions to appear. To try to prevent these complications, **it is necessary to train all medical personnel involved in the care needs of these patients, thus enabling them to be referred as quickly as possible to specialists.**

In some war zones, medical support organisations have to manage massive influxes of victims. In these situations, priority is always given to the treatment of traumatic injuries in order to try to save as many lives as possible. The effectiveness of this depends of course the availability and condition of medical equipment and care providers. Psychological support can thus be a secondary consideration.

Rape victims can enter the care system via three different channels: as an emergency patient; when undergoing a medical consultation in a clinic; or through a psychological care structure.

Regarding traumatic emergency, any person with proven somatic lesions (for example: perineal, vaginal and anal lesions) should immediately be considered as having been raped. The identified victim should have their physical injuries treated as soon as possible, with then subsequently directed to trained psychological care professionals, including psychologists and psychiatrists.

Victims might come to clinics with symptoms such as permanent anxiety, headaches, stomach aches, digestive problems, sleep disorders, chest pains, eating disorders, language problems, etc. After establishing that these symptoms are unlikely to have organic causes, the health professional should create a calm atmosphere in which trust can be built as they encourage the patient to talk. Health care training is focused on screening and referring patients to the appropriate, dedicated psychological care unit. Adolescents may come with their mothers for a consultation because their periods have stopped, they are pregnant, or because they are suffering from depressive syndrome, anorexia, bulimia or behavioural problems.

Gathering evidence to assess the extent of crimes committed is a complex process. **One of the main obstacles is the risk of "retraumatisation" if victims have to repeat statements to several interlocutors.** H**ence the importance of early care by dedicated and trained psychological teams.** For example, in Ukraine a unit of 48 professionals is present to provide support people who have suffered abuse.

In all cases, regardless of the point of entry into the care system (emergency, consultation at the clinic or directly by a psychological unit), victims must receive rapid treatment: within 72 hours for the risk of HIV to be checked, and within 5 days for all other STDs and contraceptive treatment.

Victims can also be informed about and introduced to psychological care structures through the distribution of leaflets that summarise the recommended steps to take in the event of rape. These can also be posted at borders and in refugee reception centres, as well via online forums and social media. The details of NGO hotlines and police phone numbers can be provided, to also increase the sense of safety of those who feel at risk.

The informed consent of the victim should be obtained before any legal proceedings are initiated. This is why it can be important to locate in the same place psychological and social care resources (accommodation, hygiene and financial assistance) with structures enabling the commencement of legal proceedings.

Living with and surviving rape

It is unacceptable in the contemporary world that survivors should be discriminated against or go unheard. In the same way as the "me too" movement mobilised society, **women who have been subjected to sexual violence must be encouraged and helped to denounce perpetrators of war crimes and other crimes against humanity**.

Since 2000 it has been a given that perpetrators of these acts will be condemned. There was a glimmer of hope in 2016 with the conviction of Jean-Pierre Bemba by the International Criminal Court (ICC). He was not the perpetrator but the officer responsible for acts committed under his command: "[...] The judgment is a clear message that impunity for sexual violence as a tool of war will not be tolerated," said Samira Daoud of Amnesty International.