



VOICES Against Torture

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for Survivors of Torture*



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Land Acknowledgment

Voices Against Torture is published on the Unceded Homelands of the displaced xwməθkwəyə̓m (Musqueam), selí' lw̓ itulh (TsleilWaututh), and sḵwxw̓ ú7mesh (Squamish) Coast Salish peoples. We pay respect to the Elders past and present and are grateful for the many diverse Indigenous peoples who, over generations, cared for these shared Traditional Territories. We recognize the truth of violence, the painful history of genocide, and the forced removal that took place on this Ancestral Land. We are committed to the everyday actions that can help transform colonial impacts and help us move towards a culture of healing. This also means to us deeper alignment with the values rooted in anti-oppression and universal trauma-informed care, supporting a society based on equity, equality, and justice. We hold ourselves globally accountable to all human rights and to all Traditional Custodians of the Land wherever they now exist or compelled to co-exist. We comprehend that this Land Acknowledgement is a small but essential step in our ongoing process of remaining in right relations and continuum towards transparency and accountability.

Disclaimer: Voices Against Torture is an International Journal aiming at the advancement of human rights for the public good. The content in this Journal, including inter alia pictures, goes through closer scrutiny. Facts & figures and opinions published in this Journal are solely the authors' statements. Therefore, authors are responsible for all the contents in their paper(s), including accuracy of the facts, opinions, citing resources, etc. VAT/VAST, and Editorial Board of the Journal, are not responsible for any omission on the authors' part.

Trigger Warning: This journal contains information and images that contains information and pictures related to abuse and/or trauma which may be triggering to some survivors.

MESSAGES

Co-Chair VAST Board of Directors

Brain Thomas-Peter and Sonya Sabet-Rasekh

As Co-Chairs of the Board of Directors for the Vancouver Association for Survivors of Torture (VAST), we write to express our delight in the *Voices Against Torture Journal's* first publication. We are thrilled to support our affiliate program, *Voices Against Torture (VAT)*, and to celebrate its first publication as a journal.

An academic publication and its association with VAST are incredibly valuable to the important work that we pursue. The *Voices Against Torture Journal* offers to strike meaningful dialogue to engage and inform the wider local and international community on the important issues that concern our services and sit at the heart of VAST's mission, supporting refugee's mental health and survivors of torture.

VAT operates with the encouragement and support of VAST but with its independent editorial direction. Dr. Farooq Mehdi has gathered a highly regarded and international editorial team who will work with him towards VAT's editorial goals. While this is the first VAT publication in Canada, it is its second incarnation, having been previously published outside of Canada, also under the editorial direction of Dr. Farooq Mehdi.

With great pleasure, we look forward to future publications of the *Voices Against Torture Journal* and congratulate the VAT editorial team on this momentous first step of its significant work.

Executive Director VAST

Frank Cohn

We wish that this publication did not have to exist. We also hope and believe that within our lifetimes, it is possible that we no longer need this publication and can retire it. However, as long as extreme violence, torture, and oppression of different minority or even majority groups persevere, these efforts to raise the voices of survivors and those who work with them and learn from them must also persevere.

On behalf of the incredible team of staff & volunteers at VAST, who spend their days doing this unfathomably difficult work of supporting those in processes of rehabilitation from torture, we are deeply honoured to have been invited to share some words here at the outset of this publication. We know a few things to be true, from our 35 years of work in this field. Healing happens in the community. Healing is an act of Resistance. Torture continues around the world with impunity. Survivors carry with them the keys to their own trauma recovery and the knowledge and tools to address and reduce violence and the discrimination that contributes to it.

This first edition of VAT takes readers on a journey around our planet. We learn both first-hand and via extensive research about current geographical and topical 'hot-spots' of violence, including increases in Domestic Violence during the Pandemic; Human Rights concerns of Facial Recognition Tech; Canada's shameful history and current reality with the more than 400 distinct Indigenous Nations whose lands we are on; Cyberbullying; and Racialized discrimination. We also can learn from a discussion of what torture is; although VAST utilizes the definition from the UN Convention Against Torture in our work, there are other perspectives to consider. This first edition is exciting for our whole community, and we believe we can contribute to the formation of better policies and practices for organizations and local and national governments.

VAST and VAT could not do this work without the incredible efforts of the survivors who have become advocates and actors for change (including our founders), the multidisciplinary professional teams who bring their skills and tools, our 'parent' organization, the International Rehabilitation Council for Victims of Torture, and our partners in the Canadian Network for Survivors of Torture & Trauma. We look forward to exploring together where this publication can take us and how we can engage our fellow citizens to all contribute to a better world with less violence, irregardless of one's beliefs, appearance, or identity.

From the Desk of Editor-in-Chief

The world in its recent history has never seen such a complex emergency, like Contagion COVID 19 Pandemic. On the one hand, we are witness that the virus spread like fire in the jungle, and the human mortality toll reached an unprecedented scale on the other. The most alarming of these new experiences of failure of many countries and state institutions, especially Industrially Advanced Economies (IAEs), was their ability to cope with this Pandemic.

There used to be the common perception that IAEs 'social protection system, which hinges on broad-based taxation, is elaborate enough to mount an informed-emergency response to such an epidemic. On the contrary, those were the countries where many vulnerable succumbed to death in large numbers, especially the elderly. Even countries like Sweden, known for their seamless social protection system was no exception.

The most painful experience was the exclusion of the elderly in some countries. Thus, this Pandemic scenario raised many questions about the effectiveness, efficiency, and inclusiveness of the affected countries' social protection systems. An added trauma, to the exclusion one, was the shortcomings of the Epidemic control strategies. For example, lockdowns in major cities and, consequently, leaving the most vulnerable, like the elderly and economically impoverished, to the mercy of the circumstances also tantamount to Torture, with lasting trauma on minds and bodies of the affected population. These people suffered *inter alia* from lack of access to health care, food supplies, and social connectivity.

The Voices Against Torture team chose to rise to this occasion to join a global network of all voices on Torture-driven trauma, including but not restricted to the COVID 19. The publication in hands is such an effort. We further plan to inform policies and programs around such incidents for cushioning the national social protection system to make these more informed and inclusive through extended outreach programs such as webinars/ seminars and workshops. We also wish to make affected communities trauma-informed and mindful to help them self-heal, rehabilitate, and mainstream.

We look forward to our readership, partners in development, and other stakeholders joining us with their heads and hands in this noble cause through their donations, articles contributions, and valued feedback. For sponsoring our initiative, Voices Against Torture will avail this opportunity to thank VAST Board, Executive Director, Staff, and especially to L. Mathew; she volunteered to support the Voices Against Torture in the early days in overcoming teething troubles-from conceptual stage through planning and thus helping us meet the cherished goal.

Finally, I wish to thank our Voices Against Torture Editorial Board, an international representation, for their volunteerism. I am confident; together, we can make a difference.

Farooq Mehdi

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HUMAN RIGHTS OUTLOOK

Speak

Speak—your lips are free.

Speak—your tongue and your upright body
Are still yours.

Speak—your life is still yours.

Look—in the blacksmith's shop,
The flames soar and the iron is red-hot.

Look—the mouths of the locks are beginning to open,
The links of the chains are coming undone.

Speak—the little time before your body and tongue give out
Is enough.

Speak—the truth is still alive.

Speak—say whatever you wish you'd said.

FAIZ AHMED FAIZ



Outreach of Voices and Mainstreaming of Torture Survivors

Farooq Mehdi

What is Torture?

The word "torture" comes from the Latin word "Tortura," i.e., to twist, torment, rack, or intimidate.

The World Medical Association, in its declaration of Tokyo, 1975, defines torture as "The deliberate systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, or to make a confession for any other reason."

The United Nations Convention Against Torture and Punishment, adopted on 10 December 1984, defines torture as:

"Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on the person for the purposes as obtaining from him, or a third person, information or confession, punishing him for an act he or the third person has committed, or is suspected of having committed, or intimidating, or coercing him, or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by, or at the instigation of, or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in, or incidental to lawful sanctions.

This definition has an apparent deficiency because it does not include pain or suffering from, inherent in, or incidental to lawful sanctions in the sphere of torture. This defect is due to the compromise between different international protection concepts of human rights, on the one hand, and state sovereignty on the other. This loophole does not mean that we should also accept it. Pain and suffering arising from, inherent in, or incidental to lawful sanctions remains part of the torture, whether individual governments take it or not. Similarly, the absence or inadequacy of medical attention for prisoners and the use of drugs to paralyze human will, without inflicting any suffering, come within the sphere

of torture. Governments often use national security as a pretext for torturing people; high-profile torture cases, such as the CIA secret detention program worldwide, have led to a common misconception that torture is generally confined to issues around national security and counter-terrorism.



The above definitions do not cover many other systematic embedded forms of torture. For example, disrespect to fundamental human rights, be it right to the dignified living of the elderly and persons with a disability, decent living, and access to opportunities like health & education, non-discrimination on the ethnic or other bases in essence tantamount to torture, with consequent psychosomatic effects and In many countries' vulne-



rable groups like LGBTQ* suffers violence and persecution based on sexual orientation and gender identity.

Nature and Purpose of Torture

These definitions prove that torture is a purposeful and



deliberate act and is even exportable. It is internationalized by providing experts, training, and equipment from individual governments to others in certain circumstances.

Like any purposeful activity, torture usually has dens operated both by the civil police and army authorities. Reports of extensive torture carried out on political activists, including women, are not uncommon. Many of the death sentences are awarded. Some executed where trials are held in the military even though no legal evidence is available to prove guilty and challenging jurisdiction questions raised.

Political detainees, convicts are not treated per ordinary prison rules.

Refugees and Torture:

Refugees: Refugees as those who have fled from conflict and persecution to seek protection in another country. As such, refugees are generally asylum who are granted the rights to asylum in another country and rule (refugee status) (UNHCR). Asylum seekers suffer high rate of mental illness in the form of different traumas.

The 1951 Convention on the Status of Refugees defines refugees as someone unable or unwilling to return to their country of origin due to well-founded fear of being persecuted for race, religion, nationality, membership particular social group, or political opinion. (<https://www.thecanadianencyclopedia.ca/en/article/refugees>)

Canada has a long history of setting migrants; in 1775-83 after the American Revolution, many fled to Canada to avoid persecution for their political leanings, and in 1860 fugitive black enslaved escaped to Canada.

Abella, Irving and Petra Molnar. "Refugees to Canada." The Canadian Encyclopedia, 26 October 2020, Historical Canada.

<https://www.thecanadianencyclopedia.ca/en/article/refugees>. Accessed 16 February 2021.

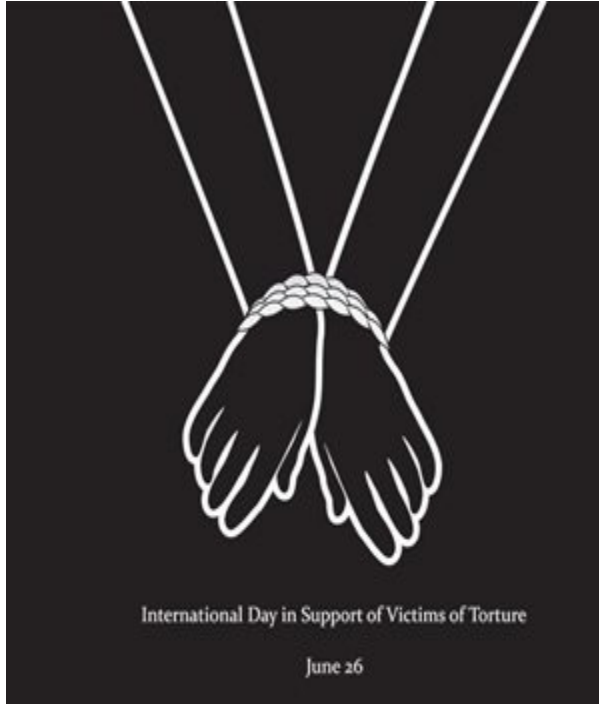
In the 19th-20th Century, refugees continue to pour into Canada, including Chinese, Jews, Hungarian, Czechs, Ugandans, South Asians, Vietnamese, and Latin American refugees. In the 21st Century, modern-day Refugees and Asylum history include refugees from Syria and other Arab countries.

Types of Torture inflicted on Refugees: Torture practiced in widely diverse sections of the world, the methods and techniques employed are remarkably similar.



Physical Torture: Beating, shoving, squeezing pressure techniques, pinching, beating with a stick, Iron rod,

leather straps, etc., Insertion of objects in bodily orifices, suffocation, electric shocks, Exposure to extreme heat and cold, sexual torture-abuse and rape, flogging, nose torture, bright light torture, Falange (repeated blows to the soles of the feet) forced witnessing of torture, forced participation in the torture of others



After-effects of Physical Torture:

Peptic ulcer, Diabetes, Hypertension, Migraine attacks, Psoriasis, Angina, Arthritis, Dysmenorrhea, Vision impairment, Asthma, Frequency of Epileptic Fits, and surge in the eruption of overt signs and symptoms of earlier latent diseases like tuberculosis (TB) and other chronic diseases.

In some cases, this can become a precipitating factor in the disease etiology: Gastritis, Peptic Ulcer, Tension, Headaches, Asthma-like attacks.

Psychological Torture:

It is the psychological effects which, may, in the long run, be most damaging to the survivor. Whether it be recurrent nightmares, inability to sleep or the fear of sleep, flashbacks, chronic anxiety, feeling of betrayal, the inability to trust any other person, deliberate self-injury, violent behaviors, substance abuse, depression, paranoia, or anxiety, these psychological consequences are not only on survivors but on the families, friends, and communities as well and at times run in the generations because of their persistence- intergenerational trauma, like the one indigenous people in many parts of the world experience.

Given the separate identity of these two types of torture, body-mind connection leads to psychosomatic effects, which sometimes makes it challenging to bracket these into the types mentioned above torture.

Some of the commonly used methods of torture, stemming from disrespect to fundamental human rights include,

- Humiliation by abuses,
- Humiliation by stripping naked solitary confinement
- Restriction on movement
- Dark cell confinement with cockroaches, rats, and lizards.
- Sleep deprivation, shame execution
- Forcing to sign a confession
- Threats of torture
- Restricting the practice of one's own belief/religion
- Restricting access to information including electronic media
- Restricting meeting with relatives
- Restricting accesses to proper toilet and bath facilities
- Witnessing others tortured

After-effects of Psychological Torture:

- Anxiety
- Depression
- Re-experiencing
- Avoidance
- Fear
- Irritability
- Disturbed memory
- Headaches
- Reproductive disorders
- Lethargy
- Introversion
- Loss of concentration
- Visual problems
- Low self-esteem



Role of VAST Toward Rehabilitation of Torture Survivors:

In 1986, due to the violence and militarization, many people were killed. Thousands were forced to escape to the USA and North America; at that time, a small number of human rights activists and mental health workers formed an organization and incorporated it as a non-profit agency named Vancouver Association for survivors of Torture (VAST). This dedicated group of volunteers built what would become BC's largest centre for refugee mental health.

VAST assists refugees and survivors of torture, trauma and political violence, and other forms of trauma by providing a range of services, including:

- Individual and group counseling
- Psycho-social support
- Drop-in centre
- Workshops
- Advocacy
- Referrals to the professionals and agencies
- Psycho-legal documentation
- Community kitchen
- Community Activities

VAST SUPPORT FOR LGBTQ*REFUGEES

For the last 30+ years, VAST has supported the Human Rights and psychological wellbeing of refugees arriving in BC, many of whom seek protection in Canada fleeing violence persecution based on sexual orientation and gender identity.

VAST also offers support for LGBTQ* refugees and immigrants, advocates for stronger protections, and raises awareness of this vulnerable group's violence, and persecution.

VAST Research and Documentation Centre (VRDC)

VAST is an interdisciplinary organization raising our voice against all types of torture and working towards rehabilitating torture survivors. We believe that when we achieve a better understanding of the violence that affects people and better understand how to heal from

this violence. When we organize in a community to reduce this violence, we achieve a better, safer world for all. Since 1986, VAST has been supporting the healing of survivors while providing documentation of torture and advisory on torture prevention and awareness in Vancouver. VAST works with refugees, immigrants, doctors, medical students, lawyers, law enforcement, schools, and health professionals.

In 2018, VAST entered an exciting new collaboration with the founders of the RAHAT Medical Journal and the Voice Against Torture (VAT) Rehabilitation Center, Dr. Farooq Mehdi and Rahila Farooq, to consolidate our existing work and launch VAST Research and Documentation Centre (VRDC). In 2020 VRDC launched the semi-annual interdisciplinary journal *Voices Against Torture*.

Later, a former Editor of RAHAT Medical Journal, Dr. Wajid Pirzada, joined the head and hands of this team at VRDC as a Volunteer and Partner in Development.

The VRDC currently includes the following components:

1. **Repository/Library of Resources:** An online and physical multidisciplinary collection of resources related to torture, trauma, and human rights, focusing on education, documentation, rehabilitation, healing, and community building among survivors. Collection of 1) Video (including VAST youtube channel) 2) audio 3) reference books 4) local & international news items 5) research articles 6) client data analysis 7) Country or Region-specific torture/human rights related context (to support more effective rehabilitation supports for groups from there).
2. **Training & Capacity Building:** VAST offers training and professional development workshops on refugee mental health and recovery from trauma and torture for health, education, social service providers, law firms, and practicum students.
3. **Documentation:** Counsellors and Psychiatrists do psycho-legal and psycho-medical documen-

tation;we coordinate with Law Firms representing survivors. Tracking: types of torture, how many clients VAST is helping, the extent of VAST's work. Coordinate with the IRCT for Global Data in the Fight Against Impunity Project.

4. **Research** (measures of effectiveness). Partner with Universities supervises student projects—any Publications from team members.
5. **Advocacy** for the prevention of torture and to raise awareness about human rights issues and violence affecting minorities, indigenous/native people, and refugees. We train/guide former clients to become spokespeople for refugees, refugee claimants, and mental health needs, and against torture. Newsletter containing some of them below. Direct links to Witness and Amnesty, etc. Social Media. Participate in walks, etc.

VOICES AGAINST TORTURE INTERNATIONAL JOURNAL ON HUMAN RIGHTS

Mission Statement

Voices Against Torture (VAT) is a semi-annual journal launched in 2020 as an organic extension of the education, advocacy, and community-building mandate of the Vancouver Association for the Survivors of Torture (VAST). *VAT* operates in alignment with the values and vision of the VAST community and hopes to lift the voices of torture survivors further to support resilience and dignity.

VAT aims to provide a platform for discussing torture prevention, improving awareness of and support for refugee and immigrant mental health, and highlighting global human rights concerns.

Focus and Scope*VAT* aims to critically inform readers and facilitate an open dialogue about key theoretical and practical issues in the fields of torture rehabilitation, refugee mental health, and trauma-informed healing. *VAT* will also be home to information about upcoming conferences, training opportunities, and other related activities in the sector.

As an interdisciplinary and transdisciplinary journal, *VAT* invites submissions from a wide range of academic disciplines and actively seeks collaboration and conversation across disciplines. This approach intends to link theory and lived experience to social change, helping to bring together academics, activists, educators, therapists and healers, and those directly and indirectly affected by torture.

Voices Against Torture (VAT) is a semi-annual journal launched in 2020 as an organic extension of the education, advocacy, and community-building mandate of the Vancouver Association for the Survivors of Torture (VAST).

VAT aims to publish new research, in-depth analyses, critical reviews of scholarly pieces, interviews with survivors of torture and specialists in the field of immigrant and refugee mental health, book reviews, creative non-fiction, and other non-academic submissions to encourage a plurality of voices. The Editorial Board accepts general submissions on an ongoing basis. In the future, *VAT* may seek to publish special issues on specific themes, details of which will be provided on the *VAT* website.

While the Editorial Board seeks to ensure that the Journal aligns with the broader vision and mission statement of VAST, the written contributions to *VAT* express the views of their authors and not those of VAST. Written contributions to the Journal do not constitute medical or legal advice.

References:

RAHAT Medical Journal Vol.1, No.5 Oct 2003

<https://voiceagainsttorture.org.pk>

<https://vast-vancouver.ca/>

<https://thecanadianencyclopedia.ca>

<https://www.amnesty.org>

A Bulwark Against Rising Far-Right Extremism and its' Incitement to Violence

Hibra Qureshi

The Vindication of Section 18C of Australia's Racial Discrimination Act: Policy Analysis

Section 18C ('18C') of the *Racial Discrimination Act 1975* (Cth) has long been a cause of right-wing left-wing tensions in Australian politics. First passed by the Keating government in 1995, the Section states:

(1) *It is unlawful for a person to do an act, otherwise than in private, if:*

(a) *the act is reasonably likely, in all the circumstances, to offend, insult, humiliate or intimidate another person or a group of people; and*

(b) *the act is done because of the race, colour or national or ethnic origin of the other person or of some or all of the people in the group".*

18C first drew the ire of conservative media groups and personalities after the highly controversial and sensationalised 2011 case, *Eatock v Bolt* (2011). The Federal Court of Australia ruled that two articles written by prominent conservative journalist Andrew Bolt, published in right-leaning Herald Sun, contravened Section 18C. In the decade since, the Murdoch media, which owns the Herald Sun together with some 65% of print newspapers across Australia (Samios, 2020), has vigorously campaigned for the abolishment of Section 18C. Conservative politicians and commentators not only censure 18C as "dreadful", "anti-free speech," and "notorious", they are also critical of the "administration of the law" by the Australian Human Rights Commission (AHRC), the arbiter of racial discrimination cases, and the 18C supporters who are "in favour of the state dictating the limits of public discussion" (Breheny, 2017). This is indeed the heart of the public debate: the legislation has triggered a relentless tension between what Isaiah Berlin (1969) famously called the 'positive freedom' of speech or the 'negative freedom' to not be racially vilified. 2021 marks ten years after *Eatock v Bolt*, and the world is a different place. As right-wing populism sinks its teeth into liberal democracies across the world, right-wing attacks fuelled by Islamophobia, neo-Nazism, anti-Semitism, and white supremacy have accelerated. Anti-establishment, anti-political correct-

ness, freedom of speech loving populist figureheads such as Donald Trump, Boris Johnson, Nigel Farage, Pauline Hanson, Marine Le Pen, Narendra Modi, Jair Bolsonaro, and Viktor Orban have all presided over a vast polarisation of the public in their respective states. The 2019 attack, which killed 51 in Christchurch, New Zealand, and shooting in El Paso, Texas, the same year against Hispanic Americans, are but two examples among many. Democratic states have been destabilised by rising right-wing extremism, as seen in the 2021 Insurrection at the US Capitol building. These are but a handful of the tidal wave of unprecedented right-wing extremist events which have emerged from the populist era.



As such, I argue that today, Section 18C of the *Racial Discrimination Act 1975* not only holds a firm place in regulating hate speech, which is often a precursor to the incitement of violence and indeed torture; but that Section 18C should be seen as a cornerstone of regulating an incitement of violence worldwide. My argument is two-pronged, legislative and political. First, I counter the idea that 18C is anti-free speech, based on both its legislative content and *stare decisis* (case law or precedent). I conclude that 18C only regulates hate speech that causes or threatens *harm* and other speech, which causes mere *offense*. Secondly, I review the role

of hate speech in inciting racial and ethnic violence. In particular, I review the Rwandan genocide, noting the role *pervasive* and *easily accessible* hate speech, which lead to an incitement to violence against its ethnic Tutsi minority. Consequently, hate speech creates the conditions for and is a precursor to racial and ethnic violence. Thus, it is apparent that hate speech legislation such as 18C has the potential not only to be a robust anti-hate speech policy but also, combined with effective intelligence and policing measures, an anti-violence policy that can protect minorities in an increasingly polarised, violence-prone political climate.

Firstly, it is important to counter the narrative the 18C regulates offensive or insulting speech, restricting the right to free speech; as the precedent, and the wording of Section 18D show, the legislation is designed to counter hate speech which incites harm. As John Stuart Mill indicated in his “harm principle”, there is no justification to curtail someone’s civil liberties, except “to prevent harm to others” (Mill, 1989). Offensive and hate speech are distinct, and regulating offensive speech hinders progress, whereas regulating hate speech does not affect. In Australia, numerous cases tried under Section 18C have referred to the following Section, 18D, to distinguish between hate and harmful speech, and merely offensive speech:

“Section 18C does not render unlawful anything said or done reasonably and in good faith:

(a) in the performance, exhibition, or distribution of an artistic work; or

(b) in the course of any statement, publication, discussion or debate made or held for any genuine academic, artistic or scientific purpose or any other genuine purpose in the public interest; or

(c) in making or publishing:

(i) a fair and accurate report of any event or matter of public interest; or

(ii) a fair comment on any event or matter of public interest if the comment is an expression of a genuine belief held by the person making the comment.”

Shron v Telstra, 1998 saw a Jewish man complain about being “deeply offended” (Lloyd, 2017) about a Telstra phone card depicting a Nazi era fighter plane “with a swastika on its tail”(Lloyd, 2017); the Human Rights and Equal Opportunity Commission dismissed the claim, arguing that “the context” of the depiction would

“need to be very different to be unlawful”(Lloyd, 2017). In contrast, *Clarke v The Sunday Times* saw an Aboriginal mother complaining against readers’ comments about her three children’s death in a car accident, some of which included, “I would use these scum as land fill” (Lloyd, 2017). Her complaint was upheld, with the company – News Pty. Ltd. – compensating \$15,624. This comparison indicates that 18C regulates conduct with “profound and serious effects, not be likened to mere slights” (Keifel, 2018), distinguishing between offense in the former case and hate speech in the latter. Although the wording of 18C, which includes acts that “offend, insult, humiliate or intimidate,” may suggest that mere offenses can be tried, precedent such as the aforementioned, and a wholistic consideration of 18C and 18D suggest otherwise. As then-Race Discrimination Commissioner Tim Southphommasane put it in 2014, using the words of 18C itself, “... something [must be] reasonably likely, in all the circumstances’ to cause the requisite harm. It isn’t enough that someone says they have been ‘offended, insulted, humiliated or intimidated’ (Southphommasane, 2014).



A wealth of other dismissals indicates that ‘offense’ on its own is not enough to sustain a claim under Section 18C, and free speech – even if it is offensive – is strongly protected in 18D. In the case, *Bropho v Human Rights and Equal Opportunity Commission*, a cartoon titled ‘Alas Poor Yagan’, which was “offensive” (Porter, 2015) to the Indigenous community, was dismissed under 18D. As such, despite the linguistic caveats of Section 18C, the precedent doesn’t quite regulate acts or speech that cause “offense” and “insult.” As Hicks points out, “bodies that apply section 18C already appear to consider historical and social context” (Hicks, 2016). As case law indicates, 18C “is only applied in circumstances where speech amounts to *persecution*” (Hicks, 2016). As such, it is evident that 18C and 18D

collectively pursue what is more aptly described as hate speech, which must be regulated indeed.

Given that 18C regulates hate speech and calls to violence effectively, with 18D even *protecting* the freedom to offend or insult unless it causes harm, I now turn to the political dimensions of hate speech and its power to incite violence if not regulated adequately. While hate speech is rarely the sole cause of racial or ethnic violence, it almost always immediately ignites and/or exacerbates it. The decades before the Rwandan Genocide were marked with incessant propaganda against the Tutsi ethnic minority. By the mid-70s, inter-ethnic relations in Rwanda existed against a backdrop of Belgian imperialism, which solidified the otherwise weak distinction between the Hutu and Tutsi ethnic groups and a civil war that exiled the Tutsi and further pushed them into a minority (Lowery & Spalding, 2016). At this time, too, a populist Hutu leader was at the helm of Rwandan government. He exacerbated inter-ethnic tensions. Under President Juvenal Habyarimana, a former general closely affiliated with the military and police, discrimination against the Tutsi continued. The hundreds of thousands of Tutsi exiles were denied a return to Rwanda. As the exiled Tutsi in neighbouring African states assembled forces to return to Rwanda and attempted an invasion in 1990, Habyarimana and his government, in archetypal populist fashion, used the Tutsi minority as a scapegoat for the state's problems. Habyarimana's government began funding an anti-Tutsi newspaper called the Tutsi "dangerous" (Lowery & Spalding, 2016). As Lowery and Spalding note, from the 1990s onward, anti-Tutsi hate speech created the conditions for the 1994 genocide:

"The relentless propaganda of the Hutu Power extremists, which was not only published in newspapers but also broadcast continually on their own radio station, Radio Television Libre des Mille Collines (RTLRC), had succeeded in completely dividing the country. They relentlessly spread hatred against Tutsis, calling them inyenze, or cockroaches. There was no longer any room for political moderates or middle ground of any sort. Anyone who wavered in his or her support for the Habyarimana regime was branded a traitor"(Lowery & Spalding, 2016).

This is further demonstrated in Leon Mugesera's November 1992 speech and its aftermath. Recognized as the rallying call of the genocide, it was uncensored and indeed encouraged by the Habyarimana regime. A close affiliate of the president, Mugesera (1992) called for the extermination of the Tutsis: "Are we really waiting now for them to come and exterminate us?... If they do not

cut the necks of the Tutsi it will be the Tutsi who will cut theirs". The speech "sparked a series of atrocities... in the Gisenyi region of the country" against the Tutsis (Schabas, 2000). No action was taken against Mugesera, who called for the "striking down" (1992) of Tutsi party president Twagiramungu for trying to "speak against the CDR [a far-right Hutu power party]" (Schabas, 2000). Thus, a key factor of the 1994 Genocide, which saw up to 600,000 Tutsi murdered at the hands of Hutus, was the astronomical level of uncensored, unpoliced hate speech preceding it.

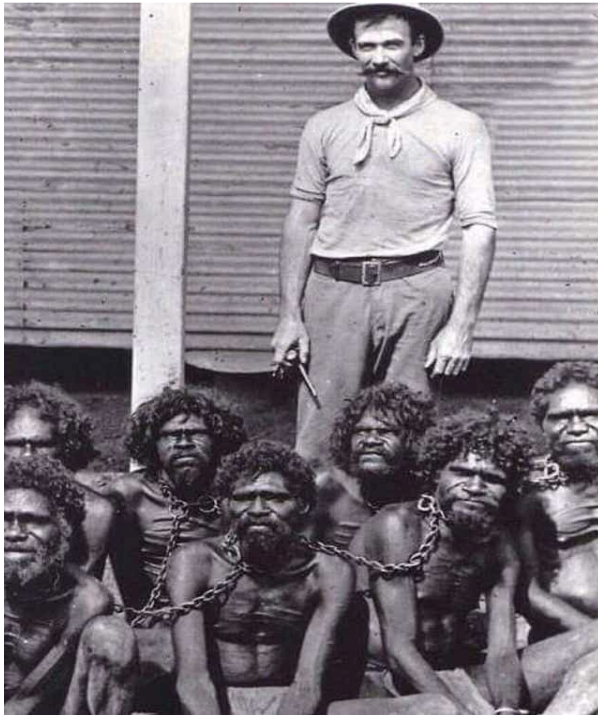
Evidence of similar societal polarisation is abounding today, most prominently in the US. The rise and election of right-wing President Donald Trump has a direct link to an increase in the number of hate crimes by 100 per year in the US, with Muslims being doubly targeted from 2016 to 2018 (Whitfield, 2018). In August 2017, in a powerful message, he called some of the white nationalist protesters in Charlottesville, Virginia, "very fine people" (Trump, 2017). One woman died, and a black man was beaten at the hands of four white men during this protest.

Trump's presidency has legitimised discriminatory rhetoric, with hate groups like The Daily Stormer expanding from 1 to 20 offices between 2015 and 2016. Identity Europa and Vanguard American gained prominence in 2016. The white supremacist on-line propaganda has directly facilitated racial crimes. For example, the South Carolina black church shooter frequently read The Daily Stormer website "[with] 400,000 unique page views a month before it was taken down" (Owen, 2018). Between March and June 2020, Amid Trump's labelling of COVID-19 as the 'China Virus', "2100 anti-Asian American hate incidents were reported across the country" (Donghue, 2020). In 2020, white supremacist terrorism constituted 67% of total terrorism in the US (Beckett, 2020). As Byman notes, "the White Supremacist movement has steadily globalised" (Byman, 2021) with the Christchurch gunman drawing direct inspiration from "white extremist terrorism attacks in Norway, the United States, Italy, Sweden and the United Kingdom" (Landon & Cai, 2019). Indeed, there is a strong correlation between Trump's racist speech and violence.

How then, to mitigate 'Trumpian' contributions to hate crimes or Pauline Hanson's, Marine Le Pen's Nigel Farage's, Narendra Modi's, or Jair Bolsonaro's incitement to hatred – be it sexual, racial, or religious? As we have already established, mere "offense" should never be *jus ad bellum* to infringe on free speech. In *On Liberty*, John Stuart Mill suggests that "We can never be sure that the opinion we are endeavoring to stifle is a

false opinion...” (Mill, 1989). As such, Mill refuted the idea of monopolizing ‘the truth’, asserting that societal certainty does not equal absolute certainty.

Several instances of curtailing free speech based on normative attitudes have been proven to be grossly misguided, to the detriment of not only intellectual pursuits, but the progress of humanity. Galileo Galilei’s 1633 conviction by the Roman Inquisition (Mayer, 2012) for his act of “vehement heresy...” (Finocchiaro, 1989) in defending Heliocentrism is one mere example. The Church’s “censorship... had important consequences for the development of modern science... [limiting]... legitimate investigation of the natural world” (Tarrant, 2013). What is to say that our curtailment of ‘offensive’ speech today will not have the same effect?



This is why, in Australia, section 18D thus ensures that “artistic works... scientific debate... and fair comment on matters of public interest” (Racial Discrimination Act 1975 (Cth) s 18 D) are exempt from section 18C, providing they are “said or done reasonably and in good faith” (Racial Discrimination Act 1975 (Cth) s 18 D). Therefore, even ‘offensive’ speech that counters the normative view is protected by the law. However, what *isn’t* protected are acts or speech motivated by race, colour, national or ethnic origin, which actively discriminate or create intimidating or violent conditions for the targeted group. Australia has a history of prosecuting speech and acts which amount to racial discrimination, which robustly protects the nation’s minorities.

18C has had a long and troublesome history, with issues of the freedom of speech dominating the discussion around whether to abolish the Section. However, in recent years, its place in Australia’s statute books has been vindicated, what with the rise of white supremacist attacks, fuelled by racism, ethnonationalism, and religious discrimination. Thus, 18C holds both legislative and political power to act as a bulwark against extremism’s riding tide. On a legislative level, the distinction between merely ‘offensive’ speech, and hateful speech directly correlates to the incitement to violence, is paramount in determining whether either should be regulated. Offensive speech can be anything, from the sun is the centre of the Earth to a swastika on a phone card. Hate speech is persecution, incites violence, and creates a threatening and discriminatory conditions for victims. This is the type of speech that 18C regulates. On the political level, history is rife with examples of hate-speech and the divides and harm it causes; Rwanda is but one example. This political history demonstrates that offensive speech should be regulated only when it amounts to hate speech, such as white supremacist websites in the US or anti-Tutsi rhetoric in Rwanda. Hate speech legislation should be a nation’s first line of defense for its ethnic, racial, and religious minorities. Whether or not Donald Trump’s speech would classify an offense under Section 18C remains unclear and controversial. The acts and speeches of his prominent supporters, such as Steve Bannon, Rudy Giuliani, Eric Trump, and others, warrant a careful analysis.

Furthermore, Trump’s followers have undoubtedly adopted his calls to “fight” the 2020 Election’s results. It is not out of the possibility that should such speech be articulated in Australia; it would violate 18C. Among the increasing abandonment of political correctness, it is apparent that hate speech legislation has more of a place in Australian society than ever before, as a bulwark against unchecked political divisiveness along racial, ethnic, and religious lines, the bane of white supremacy rising across the world.

References:

- Beckett, L. (2020). White Supremacists Behind Majority of US Domestic Terror Attacks in 2020. *The Guardian*. Retrieved on October 22, 2020 from <https://www.theguardian.com/world/2020/oct/22/white-supremacists-rightwing-domestic-terror-2020>
- Berlin, I. (1958). Two concepts of liberty: An inaugural lecture delivered before the University of Oxford on 31 October 1958 (Vol. 31). Oxford: Clarendon.
- Breheny, S. (2017) Why Abolish 18C? Consider the vexatious complaint’s threat to free speech, *The AustralianRe-*

- rieved on October 20, 2020 from <https://www.theaustralian.com.au/nation/inquirer/why-abolish-18c-consider-this-vexatious-complaints-threat-to-free-speech/news-story/fffa3ed01b6b8c73768ac1d2ad07bed8>
- Byman, L. (2021). White Supremacist Terrorism: Key Trends to Watch in 2021. Retrieved on January 15, 2021 from <https://www.brookings.edu/blog/order-from-chaos/2021/01/15/white-supremacist-terrorism-key-trends-to-watch-in-2021/>
- Donghue, E. (2020). Hate Incidents Reported During Coronavirus Pandemic. CBS News. Retrieved on October 20, 2020 from: <https://www.cbsnews.com/news/anti-asian-american-hate-incidents-up-racism/> Eatock v Bolt [2011] FCA 1103.
- Finocchiaro, M. (1989). The Galileo Affair. Berkeley (Calif.) [etc.]: University of California Press.
- Hicks, E. (2016). Context of the Limits of Legal Reasoning: The Victim Focus of Section 18C In Comparative Perspective. *Federal Law Review*, 44(257), pp.250-285.
- Keifel, J. (2018). *Creek v Cairns Post Pty Ltd* [2001] FCA 1007. Federal Court of Australia. Retrieved on October 12, 2020 from <http://www.judgments.fedcourt.gov.au/judgments/Judgments/fca/single/2001/2001fca1007>
- Landon, S. & Cai, W. (2019). Attacks by White Extremists Are Growing. So Are Their Connections. *The New York Times*. Retrieved on April, 04, 2019 from <https://www.nytimes.com/interactive/2019/04/03/world/white-extremist-terrorism-christchurch.html>
- Lloyd, M. (2017). What racial vilification complaints have been upheld or dismissed in court? ABC News. Retrieved on March 21, 2017 from <https://www.abc.net.au/news/2017-03-21/18c-racial-vilification-complaints-upheld-and-dismissed-in-court/8374284>
- Lowery, Z., & Spalding, F. (2016). *The Rwandan Genocide*. The Rosen Publishing Group, Inc.
- Luke McNamara, 'What is Section 18C and why do some politicians want it changed?' *The Conversation* (Sept 2016), Retrieved on October 22, 2020 from <https://theconversation.com/explainer-what-is-section-18c-and-why-do-some-politicians-want-it-changed-64660>.
- Mayer, T. (2012). *The Trial of Galileo*, (1st ed). Toronto: University of Toronto Press.
- Mill, J. S. (1989). *JS Mill: 'On Liberty' and Other Writings*. Cambridge University Press.
- Mugesera, L. (1992) Speech to Party 'Militants'. Retrieved on October 13, 2020 from <https://faculty.polisci.wisc.edu/sstraus/wp-content/uploads/2015/03/22-Nov-1992-Rwanda.pdf>
- Owen, T. (2018). White supremacists are ditching the Klan for khakis and memes, new study shows. *Vice Media*. Retrieved on March 22, 2020 from <https://www.vice.com/en/article/437qzw/white-supremacists-are-ditching-the-klan-for-khakis-and-memes-new-study-shows>
- Porter, A. (2015). Words Can Never Hurt Me?. *Alternative Law Journal*, 40(2), 86-88.
- Racial Discrimination Act, 1975 (Cth), s 18C
- Samios, Z. (2020). How much influence does the Murdoch media have in Australia? *The Sydney Morning Herald* Retrieved on October 15, 2020 from <https://www.smh.com.au/business/companies/how-much-influence-does-the-murdoch-media-have-in-australia-20201015-565dk.html#:~:text=A%202016%20study%20by%20academics,print%20news%20paper%20readership%20across%20Australia>
- Schabas, W.A. (2000) Hate Speech in Rwanda: The Road to Genocide. *McGill Law Journal*, 46(141), 141-171
- Southphommassane, T. (2014). Body of case law provides clarity on 18C: Commissioner. Australian Human Rights Commission. Retrieved on April 22, 2020 from <https://www.humanrights.gov.au/news/stories/body-case-law-provides-clarity-18c-commissioner>
- Tarrant, N. (2013). Giambattista Della Porta and the Roman Inquisition: censorship and the definition of Nature's limits in sixteenth-century Italy. *British Society for the History of Science*, 46(4), 601-625
- Trump, D. (2017) Responding to Media Questions at Trump Tower. August 15. New York, US.
- Walker, T. (2016). President Trump: How & Why.... YouTube. Retrieved on December 22, 2020 from <https://www.youtube.com/watch?v=GLG9g7BcjKs>
- Whitfield, C.T. (2018). High Times for Hate Crime. *Ebony*, 73(4), 24-25.

Facial Recognition and Human Rights: A Comment

Marya Akhtar

Abstract

States have increasingly taken the role of buyers of new technological solutions from large tech developers (Big Tech). This raises concern in several ways. Put simply; technology can risk amplifying existing inequalities unless used in a diligent manner. An example of this is the use of facial recognition technology by law enforcement. The technology is based on algorithms that may encode biases against certain demographic groups, particularly minorities, as training sets may represent these groups poorly. Technology is not neutral, and the use of technological tools requires that states ensure in-depth knowledge not only of its possibilities but also of its limitations – and most importantly, of its effects on human rights. Alongside this, states need to ensure effective democratic control and access to public scrutiny of their cooperation with Big Tech. This article gives a brief overview of the human rights concerns related to facial recognition technology, focusing on the inadequately regulated cooperation between states and Big Tech.

1. An overview of the technology and its use

The use of facial recognition technology has been debated extensively in many parts of the world during the last couple of years. Facial recognition is based on so-called Artificial Intelligence (AI), which remains subject to many different definitions and captures individuals' unique facial features (biometric data) to identify them. The technology has many uses, ranging from verifying an image with an individual (so-called "one-to-one" comparison) to recognising facial images against large databases ("one-to-many" comparison). Facial recognition can scan material on the internet and observe and monitor individuals in public spaces.¹ The technology can be used without a person reviewing the material (fully automated) or ensuring "human control" during or after the automated process. One-to-one comparison is used for *verification* (also called authentication). In these cases, the technology compares the two facial images. If the likelihood that the

two images show the same person is above a certain threshold, the identity is verified.² One-to-many comparisons are used for *identification*, which entails that an individual's facial image is compared to many other images in a database to find a possible match. Sometimes images are checked against databases, where it is known that the reference person is in the database (closed-set identification), and sometimes, where this is not known (open-set identification).³ In addition, *categorisation* entails matching general characteristics such as sex, age, and ethnic origin without necessarily identifying the individual.⁴

The use of the technology has been met with criticism from a wide range of NGO's and civil rights organisations⁵ and the UN⁶ because of its serious implications on the protection of human rights.

One of these concerns relates to the mostly unregulated cooperation between large surveillance companies (Big Tech) and states. Large surveillance technology companies have a global reach, and their commercial interests may collide with human rights and potential violations of human rights. This raises principle issues related to collaborations between State and private companies which is explored more below.

The use of facial recognition technology also raises an inherent privacy concern, and whilst this is not the focus of this article, a short overview is provided in the

² Ibid

³ Ibid

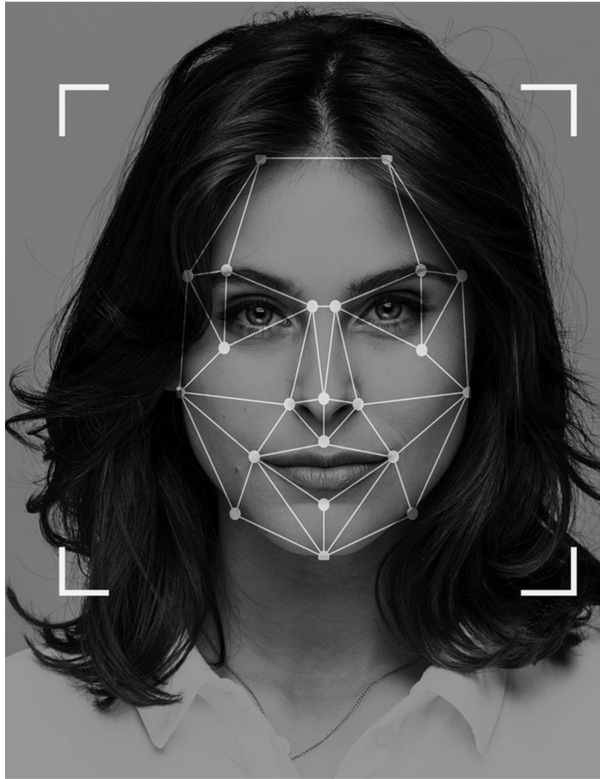
⁴ Ibid

⁵ See e.g. Amnesty International, *Amnesty International Calls for Ban on the Use of Facial Recognition Technology for Mass Surveillance*, 11 June 2020.

⁶ See e.g. UN Human Rights Commissioner, *Impact of new technologies on the promotion and protection of human rights in the context of assemblies, including peace protests*, 24 June 2020, A/HRC/44/24; the United Nations Human Rights Council, "Surveillance and human rights - Report of the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression", 28 May 2019, A/HRC/41/35; and The United Nations Human Rights Council, "Rights to freedom of peaceful assembly and of association - Report of the Special Rapporteur on the rights to freedom of peaceful assembly and of association", 17 May 2019, A/HRC/41/41

¹ For a general overview on the use of the technology and its implications on Human Rights, see the European Union Fundamental Rights Agency in "Facial Recognition Technology: fundamental rights considerations in the context of law enforcement" November 2019

following section⁷ as it serves as a perspective to highlight the more structural issues related to developing and using the technology.



2. Inherent privacy concern in the use of facial recognition technology

Facial recognition technology captures the unique facial features of individuals. This type of data is categorised as biometric data and the use of this (for *verification, identification or categorisation*) is inherent to the technology. The use of biometric data for law enforcement is regulated in different human rights frameworks and affects the right to privacy regulated *inter alia* in Article 17 of the International Covenant on Civil and Political Rights. The UN Human Rights Commissioner has described the use of facial recognition technology as a paradigm shift compared to regular CCTV, as it dramatically increases the capacity to identify individuals.⁸ If the technology is used for mass surveillance of larger groups, this entails serious implications for the right to privacy. Furthermore, mass surveillance use can

⁷ See further, Akhtar, M. 'Police use of facial recognition technology and the right to privacy and data protection in Europe', *Nordic Journal of Law & Social Research*, no. 9(2019), 325-344

⁸ UN Human Rights Commissioner, *Impact of new technologies on the promotion and protection of human rights in the context of assemblies, including peace protests*, 24 June 2020, A/HRC/44/24

create a so-called "chilling effect" on other rights, most notably freedom of assembly protected under Article 21 of the International Covenant on Civil and Political Rights.⁹ The UN Special Rapporteur on the Rights to Freedom of Peaceful Assembly and of Association has recommended that the use of surveillance techniques for arbitrary surveillance of individuals exercising their freedom of assembly should be prohibited. The Special Rapporteur notes that the chilling effect may be aggravated if the demonstration concerns views that differ from the majority view.¹⁰

These serious human rights issues form the background against which state and Big Tech. Cooperation needs to be understood and assessed.

3. Lack of clear rules in cooperation between Big Tech and states

Turning to the more structural challenges with surveillance technologies which facial recognition is a part of, state cooperation with Big Tech. can give rise to concern from a democratic and human rights perspective (see e.g. Murray 2020; and on public opinion of police use of the technology, see Bradford et al. 2020). This is the case both in relation to state *purchase* of surveillance technologies and state regulation of *design, development and export* of the technology.

The UN Special Rapporteur on the Promotion and Protection of the Right to Freedom of Opinion and Expression has stated in relation to *purchase* that: "Governments and the private sector are close collaborators in the market for digital surveillance tools. Governments have requirements that their own departments and agencies may be unable to satisfy. Private companies have the incentives, the expertise and the resources to meet those needs. They meet at global and regional trade shows designed, like dating services, to bring them together. From there, they determine whether they are a match."¹¹

⁹ UN Human Rights Commissioner, *Impact of new technologies on the promotion and protection of human rights in the context of assemblies, including peace protests*, 24 June 2020, A/HRC/44/24

¹⁰ The United Nations Human Rights Council, "Rights to freedom of peaceful assembly and of association - Report of the Special Rapporteur on the rights to freedom of peaceful assembly and of association", 17 May 2019, A/HRC/41/41, items 56- 57 and 76

¹¹ The United Nations Human Rights Council, "Surveillance and human rights - Report of the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression", 28 May 2019, A/HRC/41/35.



Moving on to the *design* and *development* side, human rights obligations are also lacking. Similarly, considerations on whether states can (and should) control *research* that contributes to surveillance technology are lacking. With regards to *exports*, the UN Special Rapporteur states that export controls are an important element of the effort to reduce risks caused by the surveillance industry and the repressive use of its technology but are vaguely regulated.

Human rights concerns arise because of inadequate regulation of the cooperation between states and Big Tech. There are no international rules that *effectively* control the purchase, or design, development and export of surveillance technology for police purposes. While public procurement rules may refer to human rights compliance, the criteria for such compliance are vague, and no international rules ensure *thorough* human rights impact assessments by the state in public procurements of surveillance technology.¹² International human rights rules or regulations do not bind private actors such as companies developing or selling surveillance technology for their part. They are encouraged to observe the UN Guiding Principles on Business and Human Rights, but ultimately, only states can be held responsible within the international human rights framework. Pursuant to the Guiding Principles, states are urged to exercise *adequate oversight* to meet their international human rights obligations when they contract with or legislate for companies to provide services that may have an impact on the enjoyment of human rights (For more on state responsibility and the responsibility of private actors, see e.g. Lagoutte, et. al 2016).

The overall problem has urged the UN Special Rapporteur to recommend an immediate moratorium on the global sale and transfer of the technology from the surveillance industry until rigorous human rights safe-

guards are put in place to regulate such practices and guarantee that states and non-State actors use the technology in legitimate ways.

This position provides a way forward as it acknowledges, on the one hand, the legitimate purposes which surveillance technology may serve, whilst highlighting on the other hand that these purposes can only be pursued once the regulatory framework ensures sufficient safeguards.

4. Concluding observations

On a fundamental ethical level, intensive use of facial recognition for surveillance purposes can change society at large. Biometric data is data *about* us but does not comprise the entirety of our being. This distinction risks being lost when States control and regulate populations through *classification* or by extensive and constant *identification* in the public space. Consequently, the intensity and ubiquitous manner of biometric surveillance can risk fundamentally altering the public sphere's nature, creating monumental changes in society that are not easily mitigated. Such changes need to be identified and addressed before deploying the technology any further

References:

- Akhtar, M. (2019). Police use of facial recognition technology and the right to privacy and data protection in Europe. *Nordic Journal of Law & Social Research*, 9(2019), 325-344.
- Bradford, B., Yesberg, J. A., Jackson, J., & Dawson, P. (2020). Live Facial Recognition: Trust and Legitimacy as Predictors of Public Support for Police Use of New Technology. *The British Journal of Criminology*, azaa032. <https://doi.org/10.1093/bjc/azaa032>
- Lagoutte, S., Gammeltoft-Hansen, T., & Cerone, J. (2016). *Tracing the roles of soft law in human rights*. Oxford University Press.
- Murray, D. (2020). Using human rights law to inform states' decisions to deploy AI. *AJIL Unbound*, 114, 158-162. doi:10.1017/aju.2020.30

¹²See item 52 in the UN Special Rapporteur report.

Life in Palestine: Medical Apartheid and Social Solidarity-I

Mohammad Abu Srour

Covid-19 Starts to Spread

On Thursday, March 5, 2020, my business partners and I were working on the final preparations for the launch of our Canaan Eco project. The idea of this new initiative was to create an interactive program and a personal experience for visitors who wish to visit Palestine as tourists. These activities introduced people to our history and heritage of Palestine. Including opportunities to experience local Palestinian culture such as a Palestinian cooking class, traditional dance (Dabkha), political tours, and other various community activities. Our goal as new entrepreneurs was to develop a sustainable business model that aimed at creating job opportunities for both Palestinian women and men in the West Bank. The monopoly of the Israeli occupation on the tourism sector in the Occupied Palestinian Territory (OPT) and the Palestinian authority's failure to come up with solutions were other motivations for us to move forward with this project. For example, more than two million people visit the city of Bethlehem annually. The majority of these visitors spend no more than a few hours in the city due to the policies and restrictions imposed by the occupation forces.

On that day, at 3:00 pm, the media began to circulate the news that seven people from the city of Bethlehem were infected with the Corona virus. At the time, this was a shock to all the governorate residents and me. We waited for more information; within several hours, the Minister of Health from the Palestinian government declared a state of emergency in the city of Bethlehem. They announced the start of quarantine, the suspension of all incoming tourism, and the cancellation of all hotel reservations.

The Minister of Health emphasized a set of preventative measures, most importantly the matter of social distancing among citizens. After the press conference, the public experienced panic and fear of these measures. We knew with certainty the inability of the health care system in Palestine to withstand such a crisis; the existing

facilities would not be sufficient if the number of people infected was large.

“The Minister of Health emphasized a set of preventative measures, most importantly the matter of social distancing among citizens. After the press conference, the public experienced the panic and fear of these measures. We knew with certainty the inability of the health care system in Palestine to withstand such a crisis; the existing facilities would not be sufficient if the number of people infected was large.”

I shared my fears and concerns with my friends about the possibility of an outbreak in my residential area near the Aida Refugee Camp north of Bethlehem. The camp where I am from was originally set up by the UN Relief and Works Agency (UNRWA) in 1950 after the displacement of 750,000 refugees by Zionist gangs between 1947-1948. The camp was built for nearly 1,200 people on an area of 0.71 square kilometers, and after more than 70 years of the ongoing disaster (Nakba) about 5,000 people still live in the same space. The residents inside the camp suffer from overpopulation, lack of privacy.

A lack of public places and the constant assaults by the Israeli occupying forces. Despite the presence of the camp within the guardianship and protection of the United Nations, this does not stop the violations by the Israeli army.



Life in the camp is based on a range of concepts, including “Aonah”, participating and maintaining strong family ties. The importance of these factors lies in the ability to survive despite the harshness of living in the camp and the conditions surrounding the population. The residents of the camp depend on each other and consider themselves one unit by treating each other as a single family despite living within a large population. Social distancing was one of the important factors in preventing the spread of coronavirus and reducing the chances of infection, but it was difficult for the population to adhere to this due to the interdependent social relations, which had helped the refugees survive till this day. Ironically, when the news of the infection of seven people with the Covid-19 virus was announced in Bethlehem, the Israeli occupation forces immediately closed all entrances and exits of the city. They prevented people from crossing military checkpoints by entering or exiting from them. Their aim was to isolate the city and its residents unilaterally. By closing the iron gates of the checkpoints, these measures transformed the city into a prison and the residents of the city into prisoners. The first image initiated in my mind in those moments was a scene from the movie World War Z by the Amer-

ican actor Brad Pitt, which showed the attempt of zombies climbing the apartheid wall to kill the inhabitants of Jerusalem. In that moment, I felt that we were a group of zombies surrounded by the wall and military towers from all directions. People were trying to protect themselves from us in any way possible because we were infected, and the doors around us were closed.

The topic did not stop there. A few days later, the Palestinian Prime Minister gave a speech about the difficult health situation in the country and announced a set of new measures and actions to reduce the spread of the pandemic. Among those measures was the complete closure of the city of Bethlehem and the declaration of a state of emergency in the country. I remember that day, after 7 p.m. I went out with my journalist friend to see if the people of the city were committed to the closure decision or not.

“A lack of public places and the constant assaults by the Israeli occupying forces. Despite the presence of the camp within the guardianship and protection of the United Nations, this does not stop the violations by the Israeli army”

We found all the shops and facilities closed, and we felt at that moment that the city had turned into a ghost town. At the same time, the residents’ commitment to it was indicative of a great deal of awareness and responsibility. The next morning while I was browsing the news, there was news that a group of the occupation army had violated the closure imposed on the city and three young men in the early morning from the Dheishah camp were arrested. The army had attacked them and their families during the arrest operation, which created a kind of panic, anger and sarcasm on social media among the Palestinians. At that moment, I felt mixed feelings of anger, weakness, tension, and a lack of understanding of what had happened. I wondered what was the message the occupation was trying to send us? What were they thinking? What were they trying to prove?

The Refugee Camp Responds

On hearing the news of the virus emerging and now spreading into Bethlehem, grassroots actions were needed. I invited local organizations for an urgent community meeting to discuss the topic of Covid-19 at the headquarters of the People's Committee in Aida Refugee Camp. All local organizations attended, and we all agreed to establish an Emergency Committee in the camp and a community plan to put forward as a follow-up on the effects of the pandemic and to determine its negative impact. The pandemic was a completely different experience than what we had dealt with in the past. We were not equipped with enough information about the virus and ways to deal with it.

“when the news of the infection of seven people with Covid-19 was announced in Bethlehem, the Israeli occupation forces immediately closed all entrances and exits of the city. They prevented people from crossing military checkpoints by entering or exiting from them. Their aim was to isolate the city and its residents unilaterally”.

From the beginning, the Emergency Committee worked to educate the population about the virus's symptoms and ways of preventing it. The first initiatives included the distribution of sterile packages to homes, educational campaigns, and raising awareness on social media.

The population census in the camp was addressed because we did not know the actual number of residents. A comprehensive field survey was conducted for all families in the camp. Information was collected and analyzed within a week and upon completion of the analysis process. The main needs were identified by taking into account the different ages and groups in the camp. Social solidarity in the camp was manifested through the initiatives of the Emergency Committee.



This Committee was established by the people and its refugee community, not the Palestinian Authorities nor UNRWA. The resources available from the committee were used to purchase supplies, vegetables, medicines, and other essentials to cover the shortage.

The residents exerted a collective effort, not only limited to the relief and health component but also on the moral and psychological side. Young men in the camp organized parties by placing loudspeakers on the rooftops, and a group of young women (wearing masks and gloves) distributed flowers to mothers in the camp on the occasion of Mother's Day. Other efforts included the committee establishing a soup kitchen (Tikka) and a restaurant during the month of Ramadan. The soup kitchen managed to distribute more than 500 meals a day both inside and outside the camp. This initiative created social solidarity among people. The camp also shared all its capabilities and resources with residents on the outside.

Our culture in the refugee camp was maybe not the same as the refugee experience elsewhere, for as a unit, we had to rely on a collective thought, not an individual one. We did not have land; we had a soup kitchen. We had humanism.

Many of the camp's residents work in the tourism sector as hotel workers. Since the pandemic, many families have lost their basic source of income, and the unem-

ployment rate in the camp has increased by more than 80%. This issue has been taken into account and partially addressed through creating opportunities, such as the house renovation project. We restored fourteen houses in the camp despite the risk. Other projects consisted of constructing a football field that the occupation authorities had stopped work on due to the stadium's location adjacent to the apartheid wall. The committee and the workers were able to complete most of the project despite the risks surrounding it. Implementing this project created job opportunities for many families in need in the camp and completion of previously stalled projects.

The establishment of the Emergency Committee in Aida Refugee Camp had a positive impact on the lives of the camp's residents in the light of the pandemic. The lack of resources and the absence of UNRWA in the period of the epidemic posed a challenge and a threat to the lives of the population; however, these challenges did not stop us. With our increased determination, we provided everything we needed for one another, which directly impacted the continuation of the refugees' lives and health. Contrary to what happened in areas globally, there are governments who consider themselves civilized, but they have adopted uncivilized methods of survival at the great expense of others. Many people and countries have suffered through hoarding and theft of medical masks, medical muzzles, examination swabs, and other materials.

The camp presented a cooperative, participatory model with all its resources despite its limitations. We have learned a lot about who we are and who we are not because of this crisis and have experienced firsthand people's ability to adapt and change their behaviour. We have become stronger from sharing, and the spirit of humanity was spread through our solidarity during these difficult times.

Hope from the Vaccine

The Israeli occupation began the process of vaccinating at the end of December 2020. Israel ranks first in the world in the rate of distributing the vaccine for Covid-19 to its citizens. The Israeli government has been able to administer the vaccine to more than two million people. They provided vaccines to its citizens and even residents of illegal settlements without the consideration of the Palestinians.

The Israeli government has deliberately deprived the supply of vaccinations despite knowing that they are obliged to provide medical care to the occupied territory inhabitants under international law. [1] At the same time, more than 40,000 settlers will receive the vaccine from residents of the Giló settlement next to Aida camp, which was set up on the land of the village of Al-

Maleh. Residents of Aida camp who have been forcibly displaced and have lost all their property will be denied vaccination because of the racist Israeli policies towards the residents' identity and whereabouts.

At the beginning of the new year, an international campaign entitled, *The Medicine of the Apartheid*, [2] was aimed to expose the occupation's policy of discriminating towards the Palestinian people. The occupation authorities have denied their responsibility to supply 5 million Palestinians with vaccines. The racism was manifested in the vaccination of their soldiers and jailers but depriving the prisoners of vaccinations. In an article by Amira Hesse entitled "Israel takes the land from the Palestinians and does not give them the vaccine," [3] Hesse spoke about Israel's Internal Security Minister Amir Ohanian's demand that Palestinian prisoners in Israeli jails should not be vaccinated with Covid-19 vaccines, which contradicts the third and fourth Geneva conventions that obligate the occupation to provide health care to prisoners. [4]

Amnesty International, along with the Association of Physicians for Human Rights, has called on the Director-General of the Israeli Ministry of Health to provide the vaccine to the five million Palestinians under occupation in the West Bank and Gaza strip, but there is no response from the occupation authority till this day.

Since the outbreak of Covid-19, much remains uncertain for Palestinians. Like many other Palestinian workers making social change through social entrepreneurship, our Canaan Eco project was put on hold until further notice. This added crisis severely impacts many Palestinian workers. In *Life in Palestine -II*, we will take a deeper look at these impacts and the Palestinian workers' resilience, as these difficulties are what motivated us to create change.

References:

- International Committee of the Red Cross. (2021, March 10). Syria crisis: 10 years.* <https://www.icrc.org/ar/doc/resources/documents/misc/634kfc.htm>
- Maan News. (2021, March 16). Maan News.* <https://www.maannews.net/>
- Almodon. (2021, January 8). Apartheid Medicine: The vaccine is for the Israeli... so let the Palestinian die!* <https://www.almodon.com/media/2021/1/8>
- Medecins Sans Frontieres. (n.d.). The Practical Guide to Humanitarian Law.* <https://guide-humanitarian-law.org/content/index/>



**RESEARCH
ARTICLES**

Empty

Cities empty, roads empty, streets empty, homes empty
Goblets empty, dinner tables empty, cups and measures empty

Our friends, our nightingales have migrated flock by flock
Orchards empty, gardens empty, branches empty, nests empty

Oh, woe to the world where lovers fear one another
Where thirsty buds fear gardens
Where lovers fear the sound of union
Where hands of musicians fear instruments
Where the chevaliers fear flat roads
Where doctors fear the sight of patients

Songs were smashed and the poets' torment reached all bounds
Years of await passed in agony for you and I

Friends turned into strangers
As soon as I gave my hand, my life became a barren land

Musicians too have tuned their instruments to oppression
Lo! How the tyrant's hand is hailing upon us

The fountains dried up, the seas turned weary
The heavens took our legend lightly
Drinks have lost potency, love has no bosom to embrace thee
Not a single soul hears out my lament, hears me

Come back so that the gone-away caravan would too come back

Come back so that the tender sweethearts would come back tenderly

Come back so that they all would come back, the minstrel, the music, the mandolin
Spread your forelock for
your gracious sweetheart is coming back

Come back so that we may bow before Hafiz
Spreading flowers and filling our cups with wine

HAFEZ-E-SHIRAZI

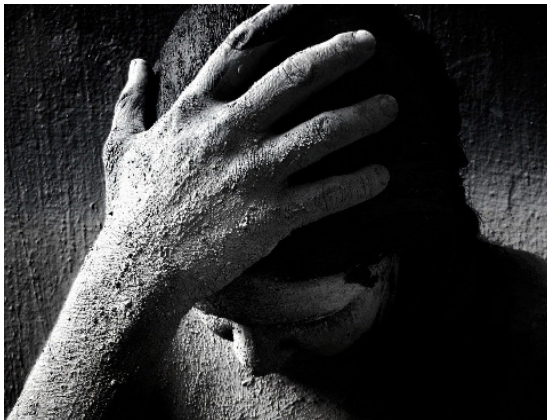
Domestic Violence during COVID 19 Lockdown: A Disguised Trauma within Pandemic

Rubina Hanif and Meh Para Siddique

Abstract

Domestic violence is a public health epidemic worldwide. It is a significant disguised trauma that takes several different forms and, for the survivor and the entire family, leads to severe physical and psychological trauma. Stress, emotional disappointment, economic conditions, insecurity, uncertainty, and inadequate housing are circumstances that may cause episodes of violence in the family. How does the government's forced home isolation influence this form of traumatic domestic abuse to reduce the spread of COVID-19 infections? Since the quarantine started, several papers have reported a fluctuation in incidents of domestic violence around the globe. Is this a possible signal for public institutions to wake up? We will address the dangers associated with quarantine measures during the pandemic in this mini-review and recommend measures to deal with and improve the reporting of cases of traumatic domestic abuse.

Keywords: COVID 19, Domestic Violence, Lockdown, Pandemic, Trauma.



Introduction

COVID-19 has triggered the quarantine of millions of people around the world to prevent the spread of the virus, but people in abusive or violent relationships do not benefit from this isolation. Each family unit has been affected by COVID-19 in some way. Apart from

a study that highlights the symptoms of traumatized children who will resume their schools after COVID-19 (Hill, 2020), there are many more individuals who have experienced trauma that will return to the routine workplace, professional or academic settings. Some will have endured the suffering of loved ones with a terrifying and unpredictable disease, and some will even have lost relatives or friends because of COVID-19. Other than psychological reactions of trauma, some would have encountered sudden food and housing shortages and inconsistency, as the result of the rapid and deep pandemic-caused recession. Some people, particularly essential workers who cannot work from home, are also afraid of this uncertainty. Further, families may have a sibling who has COVID-19 and needs to be hospitalized, but they cannot personally visit or offer care to them. So many scenarios remain unreported and unpublished. Among these situations, traumatized children are more likely to conflict with peers and teachers, be absent from school, and face academic difficulty. Children who are exposed to significant traumatic events, such as pandemics, may experience severe symptoms (Hill, 2020). As Bhatia et al. (2020) emphasized, children were identified as invisible carriers that posed a risk of infection to others in the early stages of the response to COVID-19 infections. Social distancing interventions minimize interaction between children and parents with formal and informal support systems that also play a role in avoiding and responding to abuse (Bhatia, Fabbri, Cerna-Turoff, Tanton, Knight, Turner, Lokot, Lees, Cislighi, Peterman, & Guedes, 2020). It has also been observed that tension and conflict have affected the quality of interpersonal relationships. Sometimes, this negative effect may involve mental, physical, sexual, and financial violence or poor behavioral control. Due to the current pandemic, some young people are reporting more violence in their relationships. As Raganan (2020) reported, children are tenser and frustrated due to the extent of pressures and distress from the various constraints. These children or parents who are survivors of abuse are at greater risk of domestic violence (Abramson, 2020). Further, compulsory lockdowns (in various cities) to curb the spread of COVID-19 have not only locked partners in their homes with their perpetrators but also have isolated them

from the people and services that could support them (Godin, 2020; Khurana, 2020).

According to the United Nations COVID-19 response (2020), domestic abuse, also called "domestic violence" or "intimate partner violence", can be defined as a pattern of conduct in any relationship that is used to obtain or retain power and influence over an intimate partner. Physical, sexual, mental, economic or psychological acts or threats that affect another person can be called domestic violence. This includes any conduct that threatens, intimidates, terrorizes, manipulates, harms, humiliates, accuses, or injures anyone. People of any race, age, sexual orientation, religion or gender may experience domestic violence (Card & Dahl, 2011; Pronyk, et al., 2006). Within a variety of relationships, it can happen. People of all social backgrounds and levels of education are affected by domestic abuse. In a relationship, anyone may be a victim of violence. According to a 2019 report by the National Institute of Population Studies, 24.5 percent of Pakistani girl children and women aged 15-49 experience intimate partner physical and/or sexual violence at least once in their lifetime (Aizer, 2011; Anderberg, 2016; Geo News, 2020).

The literature suggests that women and children are most at risk, while older people and people with disabilities report negligence or are neglected more frequently (Iratzoqui, 2018; WHO, 2017). Therefore, the spectrum of domestic violence falls into a multitude of actions, often subtle, which seek to influence the other person. Systematic and rigorous evidence of the negative effects of traumatic events, such as a pandemic, is still very minimal, especially for developing countries such as Pakistan, despite the great social and media impact of this issue. National authorities and foreign and civil society groups have warned of their potential effect on domestic violence incidence (UN Women, 2020). Analysis of the intra-family setting reveals a relational dynamic of chronic frustration, stress, and disappointment driven by the abuser's possessive and destructive control (Bensley, Van Eenwyk, Wynkoop, 2003). It is important that the victim understands that she/he lives in a violent relationship in order to avoid this spiral, but sometimes the victim never raises a complaint for fear of consequences or because they fear the effects on the family. The failure to report these crimes suggests that they are too often underestimated and unpunished, allowing the violence to continue and affect the victim's psycho-physical wellbeing and the home environment (Giubilini, Douglas, & Maslen, 2017). Today, due to the COVID-19 pandemic, the forced isolation of families in their homes has created a dangerous situation with the potential to cause domestic disputes and violence episodes within the family. Taking this into consideration, the present mini-review addresses the association between COVID-19 trauma and domestic violence. The statistical

data that emerged across the globe is reviewed ahead and the major findings are elaborated, accordingly.

Method

A systematic review of studies, blogs, and online newspapers articles on COVID-19 and domestic violence was performed for the current study. Data was retrieved from google online sources. Accordingly, research papers, blogs, news and stories from April 2020 to November 2020 were identified by using the following keywords: "COVID 19 trauma", "domestic violence as trauma", and "impact of COVID-19 on domestic violence". Inclusion criteria was that, (a) the study needs to have evidence of COVID-19's impact on domestic violence and (b) available online in the English language. Around 5,527 articles on COVID-19 were identified. Among these, only 27 were finalized as our inclusion criteria only included those that contained content on domestic violence.

Results and Discussion

The COVID-19 pandemic has caused hundreds of thousands of people to die and has contributed to enormous changes in millions of peoples' lives all around the world. In most nations, fear of contagion and the declaration of mandatory lockdowns have dramatically decreased the mobility of individuals and caused a global economic crisis. Quarantine is important to minimize the spread of coronavirus disease in the population, but it also has significant psychological and socially damaging effects (Mittal, & Singh, 2020). After the outbreak of the pandemic, national authorities and organizations of international and civil society have warned against its potential effects on the incidence of domestic violence. Warnings were focused on the recognition that domestic violence-related problems were generated by the pandemic: a rise in the pain and distress of people (Card & Dahl, 2011); potential shifts in the gender income gap (Aizer, 2011; Anderberg, 2016; Pronyk, et. al., 2006); an increase in the amount of time people spent at home; and a wide range of negative psychological impacts (Brooks, 2020). In reaction to the COVID- 19 pandemic, the implementation of strict lockdown measures created conditions that would increase domestic violence (Brooks, 2020). Meanwhile, there is a danger as per the presence of interpersonal violence during COVID-19 quarantine. People faced an unseen and dark enemy as well as an experience of impotence during the COVID-19 outbreak. A systematic review found that aggression occurs along with the potential transgenerational transmission of trauma and violence due to anger and agitation sensations (Mazza, Marano, Lai, Janiri, & Sani 2020). Domestic abuse has thus added another public health issue to the toll of the lat-

est coronavirus. Whenever families spend more time together, this increases instances of domestic violence (Taub, 2020). There is a higher frequency of physical intimate partner violence afterward, both in actual numbers and proportion, with more serious incidents occurring despite fewer patients disclosing intimate partner violence (Khurana, 2020), which is itself trauma. This intimate partner violence is a systemic type of violence that undermines one's feelings of affection, confidence, and self-esteem, with major adverse effects on physical and psychological health (Barbara, Facchin, Micci, Rendiniello, Giulini, Cattaneo, Vercellini, & Kustermann, 2020).

As a consequence of the pandemic, even with stay-at-home orders lifting and areas reopening, there is still a rise in stressors. Schools remain closed, and camps and events are cancelled, resulting in children staying at home. Families may feel exhausted and disappointed that they are unable to escape from each other. They are separated from extended family and friends at the same time and can no longer take part in many fun and enjoyable events. Certain families are likely to face more disputes with all of this happening. It is not known whether, in these conditions, domestic abuse will occur for the first time. Someone who is typically nonviolent is not likely to start behaving that way unexpectedly. But if a person has been abusive in the past because of the added stressors, they might become more aggressive (Campbell, 2020). The economic dependency, income disparities, and work prospects of individuals (e.g., Aizer, 2010; Basu and Famoye, 2010; Bhalotra, 2020; Munyo & Rossi, 2013), substance abuse (Angelucci, 2008), wellbeing (Papageorge, 2016) or socioeconomic insecurity (Papageorge, 2019) are all factors influencing domestic violence (Aizer, 2011). In the meantime, Peterman et al., (2020) examined the literature and document that quarantines and social isolation are essential channels to explain the reported rise in violence against women and girls during pandemics and document three channels where intimate partners violence may be affected by the lockdown. The first derives from the inability to escape during lockdowns from an abusive partner, which may lead to more chances for the partner to engage in violent actions. In addition, quarantines contribute to social isolation, which can lead to at least two notions.

On the one hand, anxiety and multiple mental health conditions, both possible causes of aggression or actions that may be linked to this violence, have been correlated with social isolation. Sediri et al. (2020) suggest that the COVID-19 pandemic produced a general distress situation. While the focus was initially more on physical health during the pandemic, there was a rapid spike in mental health issues linked to the lockdown. This study examined the effect of the CO-

VID-19-related lockdowns on mental health and gender-based violence against Tunisian women. They found that more serious signs of depression, anxiety and stress were found in people who had a history of mental illness and were reportedly assaulted during the lockdown. Around 40 percent of females reported problematic use of social media. During the lockdown, from 4.4 to 14.8 percent, violence against women has officially increased dramatically (Sediri et al., 2020).



Lockdowns are a challenge (Pereda, & Díaz-Faes, 2020) in various parts of the world, and many media outlets have reported rises in domestic violence. While there is relatively little specific research on lockdowns and domestic violence, there is sufficient evidence of the effect of quarantine-related causes and the impact of general economic and social problems on domestic violence. Brooks et al. (2020) analyzed multiple studies looking at the psychological impact of quarantines and found that among survivors of domestic abuse, quarantines have varied and negative psychological consequences, including stress, anxiety, trauma, frustration, and depression. Violence-related factors include tension, anger, and emotional instability (Munyo & Rossi, 2013) and, specifically, are more associated with domestic violence (Card & Dahl, 2011). The frequency of domestic violence may also be impacted by the economic consequences of the lockdown. Changes in the unemployment rate (Anderberg, 2016), the gender income gap (Aizer, 2010), and access to opportunities for finance or jobs (Pronyk, et al., 2006) could alter the domestic balance and lead to increases in domestic violence. In addition, joblessness and the lockdown itself extend the frequency of time people spend at home, potentially increasing instances of domestic violence (Dugan, 1999).

The evidence from the COVID-19 pandemic also points in another direction: Sanga and McCrary (2020) and Leslie and Wilson (2020) researched the impact of COVID-19 on domestic violence through the use of police calls from those requesting services. Sanga and McCrary (2020) find that social distancing has led to a 12 percent rise in domestic abuse calls, while a 10 percent increase was found by Leslie and Wilson (2020). At the same time, Perez-Vincent and colleagues (2020) addressed the effect of domestic violence in Argentina due to the mandatory COVID-19 lockdowns. They also generated a substantial 32 percent rise in emergency helpline calls. Their research also finds a positive link between restrictions on lockdowns and intimate partner abuse. They stressed the need to supplement the restrictions on mobility imposed to tackle the COVID-19 pandemic with specialized resources to respond to domestic violence caused by the lockdown (Perez-Vincent, Carreras, Gibbons, Murphy & Rossi, 2020).

Meanwhile, at the height of the coronavirus epidemic, domestic abuse cases registered to local police in China tripled in February. Similarly, requests for a hotline for female violence have risen fivefold in Tunisia. Calls to the national violence hotline in the UK have risen by 65 percent (Townsend, 2020). Calls made in Spain to a state-run hotline increased by 12.5 percent, while online consultations increased by 270 percent. Domestic abuse incidents in Cyprus have seen a 30 percent spike in calls in the first weeks of stay-at-home initiatives.

In Turkey, the emergency line of the police is overloaded with epidemic emergencies, and many women do not get through to a respondent or receive appropriate assistance (Deb-Roy, 2020). French police have recorded a national increase in domestic abuse of about 30 percent (Taub, 2020). In cases of domestic violence, there is a 20 percent spike as most women are stuck in households with perpetrators (Mohan, 2020). In addition, during the COVID-19 lockout, Every-Palmer et al. (2020) investigated the psychological well-being of New Zealanders as constraints reduced social interaction, limited opportunities for leisure, and resulted in work losses and financial insecurity. Divesting effects from these constraints were observed among young people (Every-Palmer, Jenkins, Gendall, Hoek, Beaglehole, Bell, Williman, Rapsey, & Stanley, 2020). At the same time, Yamamura and Tsutsui (2020) established that Japan had relatively few COVID-19 victims, while more modest steps were taken by the Japanese government than by other nations. Nevertheless, the pandemic has placed tremendous strain on the mental health of people all over the world, which has caused domestic violence to increase (Yamamura & Tsutsui, 2020). In addition, the number of domestic violence complaints received by

the National Commission for Women in India doubled from 123 calls for distress to 239 complaints of domestic violence from March 23, 2020 to April 16, 2020 (Gupta, 2020).

As far as Pakistan is concerned, mental health practitioners in the country have confirmed that cases of domestic violence during lockdown have increased. The Ministry of Human Rights also set up a National Domestic Abuse Helpline (Soharwardi, 2020). National Disaster Management Authority of Pakistan has set up a dedicated "Gender and Child Cell" to deal with domestic abuse cases (Huma, 2020). The United Nations Office on Drugs and Crime (UNODC) (2020) has explicitly clarified that domestic abuse is a pattern of patriarchal hegemony.

In Pakistan, 70 to 90 percent of women experience some form of an intimate partner's physical, emotional, or psychological violence (UNODC, 2020). The effect of COVID-19 on women's lives in Pakistan with regard to the escalation of domestic violence resulting from self-isolation and women's detention in their households during the lockdown is visible. Similarly, UNODC (2020) infographics show that 90% of women in Pakistan, at the hands of their husbands or relatives, have witnessed some form of domestic violence. Sexual abuse has been experienced by 47% of married women, particularly domestic rape. 50 percent of women say that when they are pregnant, abuse either increases or does not improve (Chagani, 2020).

Regardless of the backdrop of COVID-19, domestic violence cases have occurred at an unprecedented pace across Pakistan. Although we do not yet have official data of this nature relating to the lockdown in Pakistan, recent gender-based violence data paints a grim picture (Feroz, 2020). In Pakistan, since the COVID-19 lockdown began, mental health practitioners offering online counseling sessions also agree that they have seen an increase in cases of domestic violence. Domestic violence in Pakistan has already been a haunting issue; more cases are emerging in this period of anxiety and depression for all (Soharwardi, 2020). Coupled with restricted travel and social exclusion steps, a pandemic deepens economic and social tensions, exponentially rising gender-based violence. Evidence indicates that economic, domestic and health stresses increase domestic harassment and other types of gender-based violence during the lockdown. Pakistan is no exception, where domestic violence cases have occurred at an unprecedented pace. Recognizing that women and men are affected differently by COVID-19 can be a key to implementing efficient, inclusive program approaches and policies. In addition, it is important to supplement the mobility limit imposed to tackle the COVID-19 pandemic with specialized resources to respond to the domestic violence created by

the lockdown (Perez-Vincent, Carreras, Gibbons, Murphy & Rossi, 2020)

Conclusion

The current study found aggression, anxiety, stress, conflict, and poor mental wellbeing as major consequences of domestic violence. Online consultation and reporting have increased in European countries, and cases of domestic violence have also increased in Pakistan. It has also been identified that mostly children and women are observed as the victims of violence. Domestic violence determinants during a pandemic are observed as isolation, restricted social and financial activities, forced lockdown, uncertainty, etc. The findings also suggest a need for programs to prevent domestic violence and to accurately examine multiple areas of traumatic abuse (psychological, physical, sexual) supported by qualified multidisciplinary personnel, particularly during the emergence of quarantine and COVID-19 around the world (including psychiatrists, psychologists, social and legal services).

References:

- Abramson, A. (2020). How COVID-19 may increase domestic violence and child abuse. Retrieved November 28, 2020, from <https://www.apa.org/topics/covid-19/domestic-violence-child-abuse> and sexual violence survey, United States, 2011. *MMWR Surveill Summ* 2014; 63: 1–18.
- Aizer, A. (2011). Poverty, violence, and health the impact of domestic violence during pregnancy on newborn health. *Journal of Human resources*, 46(3), 518-538.
- Anderberg, D., Rainer, H., Wadsworth, J., & Wilson, T. (2016). Unemployment and domestic violence: Theory and evidence. *The Economic Journal*, 126(597), 1947-1979.
- Barbara, G., Facchin, F., Micci, L., Rendiniello, M., Giuliani, P., Cattaneo, C., Vercellini, P.,...Kustermann, A. (2020). Covid-19, lockdown, and intimate partner violence: some data from an Italian service and suggestions for future approaches. *Journal of Women's Health*, 29(10), 1239-1242.
- Bensley, L., Van Eenwyk, J., & Simmons, K. W. (2003). Childhood family violence history and women's risk for intimate partner violence and poor health. *American Journal of Preventive Medicine*, 25(1), 38-44.
- Bhalotra, S., Kambhampati, U., Rawlings, S., & Siddique, Z. (2020). *Intimate Partner Violence: The influence of job opportunities for men and women*. Policy Research Working Paper No. 9118. Washington, DC: The World Bank.
- Bhatia, A., Fabbri, C., Cerna-Turoff, I., Tanton, C., Knight, L., Turner, E., Lokot, M., Lees, S., Cislighi, B., Peterman, A.,...Guedes, A. (2020). COVID-19 response measures and violence against children. *Bulletin of the World Health Organization*, 98(9), 583.
- Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2018). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *American Journal of Public Health*, 105(4), e11-e12.
- Brooks, et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912–920.
- Campbell, J. (2020). Coronavirus and Domestic Violence: What You Should Know. Retrieved November 27, 2020, from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-and-domestic-violence-what-you-should-know>
- Card, D., & Dahl, G. B. (2011). Family violence and football: The effect of unexpected emotional cues on violent behavior. *The Quarterly Journal of Economics*, 126(1), 103-143.
- Chagani, A. (2020). What are your options if you're a victim of domestic abuse in Pakistan? Retrieved November 29, 2020, from <https://images.dawn.com/news/1182318>
- Deb Roy, L. (2020). Blame it on COVID-19: Domestic violence on the rise, are men putting more pressure on women? *Outlook*, 20.
- Dugan, L., Nagin, D.S., & Rosenfeld, R. (1999). Explaining the decline in intimate partner homicide: The effects of changing domesticity, women's status, and domestic violence resources. *Homicide Studies*. doi.org/10.1177%2F1088767999003003001
- Every-Palmer, S., Jenkins, M., Gendall, P., Hoek, J., Beaglehole, B., Bell, C., Williman, J., Rapsy, C., & Stanley, J. (2020). Psychological distress, anxiety, family violence, suicidality, and wellbeing in New Zealand during the COVID-19 lockdown: A cross-sectional study. *PLoS One*, 15(11), e0241658.
- Feroz, N. (2020). Domestic Violence Amid Corona Pandemic Is Increasing Manifold - Naya Daur. Retrieved November 29, 2020, from <https://nayadaur.tv/2020/04/domestic-violence-amid-corona-pandemic-is-increasing-manifold/>
- Geo News (2020). This is how you can report domestic violence in Pakistan. Retrieved November 26, 2020, from <https://www.geo.tv/latest/320734-how-to-report-domestic-violence-in-pakistan>
- Giubilini, A., Douglas, T., Maslen, H. & Savulescu J. (2017). Quarantine, isolation and the duty of easy routine in public health. *Developing World Bioethics*. <http://doi.org/10.1111/dewb.12165>
- Godin, M. (2020). How Coronavirus Is Affecting Victims of Domestic Violence. Retrieved November 28, 2020, from <https://time.com/5803887/coronavirus-domestic-violence-victims/>
- Gupta, G. (2020). Domestic Violence During Lockdown: Dealing With The 'Shadow Pandemic'. Retrieved November 28, 2020, from <https://thelocalindian.com/gender/domestic-violence-during-lockdown-23944>.
- Hill, H. (2020). Police Violence and COVID-19 Have Been Traumatizing. Here Are Tools That Can Help Schools. Retrieved November 28, 2020, from

- <https://www.edweek.org/ew/articles/2020/06/15/police-violence-and-covid-19-have-been-traumatizing.html>
- Huma, Z. (2020). Gender crisis amid COVID-19 | Daily times. Retrieved November 28, 2020, from <https://dailytimes.com.pk/596396/gender-crisis-amid-covid-19/>
- Iratzoqui, A. (2018). Domestic violence and the victim/offender overlap across the life course. *International Journal of Offender Therapy and Comparative Criminology*, 62(9), 2801-2816.
- Khurana, B. (2020). Grim findings on partner violence during the pandemic. Retrieved November 28, 2020, from <https://www.medscape.com/viewarticle/939001>
- Leslie, E., & Wilson, R. (2020). Sheltering in place and domestic violence: Evidence from calls for service during COVID-19. Retrieved November 29, 2020, from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3600646.
- Mazza, M., Marano, G., Lai, C., Janiri, L., & Sani, G. (2020). Danger in danger: Interpersonal violence during COVID-19 quarantine. *Psychiatry Research*, 113046.
- Mittal, S., & Singh, T. (2020). Gender-based violence during COVID-19 pandemic: A mini-review. *Women's Health*, 1(4).
- Mohan, M. (2020). Stopping lockdown domestic abuse on my street. Retrieved November 27, 2020, from <https://www.bbc.com/news/av/world-53014211>
- Munyo, I., & Rossi, M. A. (2013). Frustration, euphoria, and violent crime. *Journal of Economic Behavior & Organization*, 89, 136-142.
- Papageorge, N. W., Pauley, G. C., Cohen, M., Wilson, T. E., Hamilton, B. H., & Pollak, R. A. (2016). *Health, human capital and domestic violence* (No. w22887). National Bureau of Economic Research.
- Pereda, N., & Diaz-Faes, D. A. (2020). Family violence against children in the wake of COVID-19 pandemic: a review of current perspectives and risk factors. *Child and Adolescent Psychiatry and Mental Health*, 14(1), 1-7.
- Perez-Vincent, S., Carreras, E., Gibbons, M., Murphy, T., & Rossi, M. (2020). COVID-19 Lockdowns and domestic violence: Evidence from two studies in Argentina publications. Retrieved November 28, 2020, from <https://publications.iadb.org/publications/english/document/COVID-19-Lockdowns-and-Domestic-Violence-Evidence-from-Two-Studies-in-Argentina.pdf>
- Peterman, A., & O'Donnell, M. (2020). COVID-19 and violence against women and children: A second research round Up. *CGD Note*.
- Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., Busza, J., & Porter, J. D. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *The Lancet*, 368(9551), 1973-1983.
- Ragavan, M. (2020). Stress and Violence at Home During the Pandemic. Retrieved November 28, 2020, from <https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Stress-and-Violence-at-Home-During-the-Pandemic.aspx>
- Sanga, S., & McCrary, J. (2020). The Impact of the Coronavirus Lockdown on Domestic Violence. Available at SSRN 3612491.
- Sediri, S., Zgueb, Y., Ouanes, S., Ouali, U., Bourgo, S., Jomli, R., & Nacef, F. (2020). Women's mental health: acute impact of COVID-19 pandemic on domestic violence. *Archives of Women's Mental Health*, 1-8.
- Soharwardi, N. (2020). Mental health professionals report rise in domestic abuse cases. Retrieved November 28, 2020, from <https://www.thenews.com.pk/print/637936-mental-health-professionals-report-rise-in-domestic-abuse-cases>
- Stephens, K. (2020). Study shows increase in domestic violence injuries during COVID-19. *AXIS, Imaging News*. Retrieved November 28, 2020, from <https://axisimagingnews.com/imaging-insights/imaging-research/increase-domestic-violence-injuries-covid-19>
- Taub, A. (2020). A new Covid-19 crisis: Domestic abuse rises worldwide. *The New York Times*, 6. Retrieved on April 06, 2020, from <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>
- Townsend, M. (2020). Revealed: surge in domestic violence during Covid-19 crisis. *The Guardian*. Retrieved on April 12, 2020 from <https://www.theguardian.com/society/2020/apr/12/domestic-violence-surges-seven-hundred-per-cent-uk-coronavirus>
- UN. (2020). UN on COVID 19 response: *What Is Domestic Abuse?* Retrieved November 27, 2020, from <https://www.un.org/en/coronavirus/what-is-domestic-abuse>.
- UNDP (United Nations Development Programme). (2015). *Assessing sexual and gender-based violence during the Ebola Crisis in Sierra Leone*. New York, NY: UNDP.
- UNODC (United Nations Office on Drugs and Crime). (2020). Home isn't a safe space for victims of domestic violence. *Dawn News*.
- WHO. (2017). Violence against women. Retrieved November 21, 2020, from <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
- WHO. (2020). Coronavirus disease (COVID-19): Violence against women. Retrieved November 28, 2020, from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-violence-against-women>
- Women, U. N. (2020). Issue brief: COVID-19 and ending violence against women and girls. Retrieved November 28, 2020, from <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls>
- Yamamura, E., & Tsutsui, Y. (2020). COVID-19, mental health, and domestic violence. Retrieved November 28, 2020, from <https://voxeu.org/article/covid-19-mental-health-and-domestic-violence>

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A Dark Side of the Virtual World: The Trauma of Cyber-Bullying Victimization and Mental Health Problems among Adolescents

Aqsa Shahid, Najma Iqbal Malik and Samrah Jamshaid

Abstract

Cyberbullying has become a significant mental health concern for the public due to its substantial adverse psychosocial and mental health hazards for children as well as youth. The current study examined the relationship between the trauma of cyber-bullying victimization with mental health (i.e. social anxiety, social competence, and life satisfaction) among a purposive sample of adolescents through a cross-sectional research design. Standardized scales and questionnaires were used to assess constructs under study from the sample of 160 adolescents, including 80 boys (40 victims and 40 non-victims) and 80 girls (40 victims and 40 non-victims) studying in universities in Pakistan. Results revealed cyberbullying was significantly related to mental health problems, including social anxiety, social competence, and life satisfaction. Results further indicated that cyber-bullying showed a higher level of social interaction, anxiety, and low level of social competency related to initiating relations and satisfaction with life in comparison to non-victims. The present study findings contribute to the understanding of the interplay of cyberbullying behavior and mental health problems. This interplay is beneficial for the development of interventions and tailored programs to lessen the adverse impacts of cyberbullying.

Keywords. Cyber-bullying victimization, mental health, social anxiety, social competence, life satisfaction

Introduction

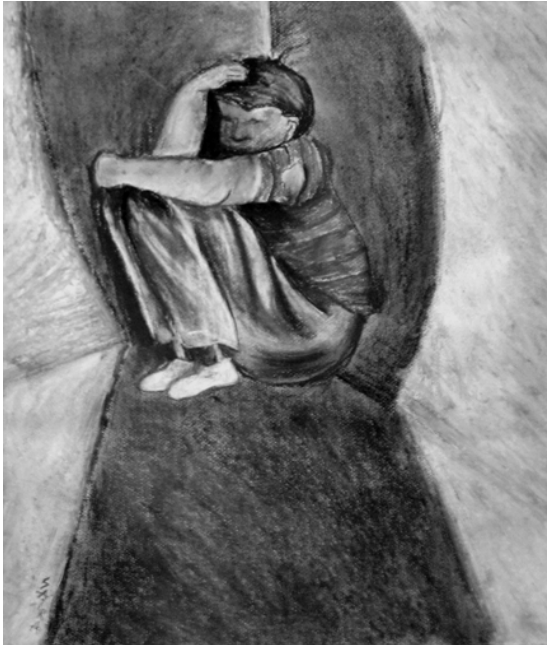
Over the last two decades, smart technologies introduced the advanced use of cell phones and the internet to develop speedy and functional connections across the globe. These advancements in communication technology have a dark side to a virtual world that includes traumatic experiences of cyberbullying with a devastating impact on the mental health of adolescents who are attracted to advanced technology. Cyberbullying results in traumatic events or circumstances that include emotional or physical harm of life-threatening aspect, which impede long-lasting devas-

tating effects on an adolescent's socio-emotional, physical, mental, or spiritual well-being and functioning (Center for Substance Abuse Treatment, 2014). This functioning is usually perceived as one's mental health comprised of one's positive psychological, emotional, and social well-being (Galderisi, Heinz, Kastrup, Beezhold, & Sartorius, 2015). Empirical evidence yields that apart from the harm impeded by trauma, what seems to be most important is the repetitive nature of cyberbullying because it disrupts trust in oneself, others, and the world. Cyber-bullying is usually perceived as a way of indirect aggression in which electronics are used to insult, taunt, harass, intimidate or threaten peers (Raskauskas & Stoltz, 2007). Therefore, social change equipped with hi-tech change allows opportunities for predatory behavior, which is characteristic of a small number of people.

One study by Hinduja & Patchin (2020) showed that the level of frequency of exposure to bullying is the greatest factor in predicting the level of trauma. Chronic exposure to cyberbullying has been linked to greater mental health problems, such as negative emotional arousal, psychological distress, and physical and mental fatigue, symptomatology, and pathology in children (Nielsen, Tangen, Idsoe, Matthiesen, & Magerøy, 2015). Numerous studies revealed that being bullied compromises the physical (Hinduja & Patchin, 2010), emotional (Cross et al., 2015; Cowie, 2013), psychological (Nielsen, et al., 2015; Kowalski et al., 2014; Moore et al., 2017), academic (Kowalski et al., 2014; Schoeler et al., 2018), mental (DeLara, 2018; Kaess, 2018), behavioral (Quinn & Stewart, 2018), economic (Brimblecombe et al., 2018) and social (Mishna et al., 2016) health of youth.

External to these direct consequences, research has concluded that these instabilities cost long-term consequences not only in children but also in their later adulthood period (Wolke et al., 2013; Klomek et al., 2015). Mainly, misuse of advanced technologies has been linked with the overuse and early exposure at a younger age as it was observed that school-age children like to hide the cell phone in their school bag and

misuse the phone in the form of blackmail, fraud, and harassment (Parasuraman, Sam, Yee, Chuon, & Ren, 2017). Adolescents also use multiple social networking sites to harass or bully others. Consequently, at times, the cyberbullying victims can become future cyberbullying offenders due to their own social anxiety and depression (Niu et al., 2020). Not very far away, everyone is aware of the detrimental effects of the “Blue whale game” (Khasawneh et al., 2020). Similarly, Facebook is another widely famous social media platform and application used among the young generation that has a vital role in increasing cyberbullying, leading to poor mental health (Huiet al., 2015; Grajales, 2014; Laranjo et al., 2015).



Latest studies show that adolescents who were online victims of cyberbullying expressed more fear of negative evaluation, avoidance, and social anxiety than the group of adolescents who had not suffered victimization in any context (Canas et al., 2020). Adolescents who were cyberbullied reported a significantly lower level of life satisfaction (Canas et al., 2020) and poor social competence (Drummelsmith, 2016).

Previous research has demonstrated that young people have a more frequent ability to adapt and use modern communication technologies than adults. The younger generation is the dominant user of the internet and easily learn how to use smartphones (Weber & Pelfrey, 2014, p. ?). Due to the increased use of the internet and social networking apps in Pakistan, cases of cyberbullying have also been increased (ISPAK, 2014; Pakistan Telecommunication Authority, 2015; Shah et al., 2016). Keeping the above stance in mind,

the present study aims to explore adolescents' traumatic cyber-bullying experiences and the potentially problematic effects on a person's mental health. In this study, mental health was conceived as a construct comprised of one's interpersonal competence: defined in terms of interpersonal relationships, self and group identities, and development of citizenship (Ma, 2012), life satisfaction: an overall assessment of feelings and attitudes about one's life at a particular point in time ranging from negative to positive (Buetell, 2006); and social anxiety: defined by a persistent fear of embarrassment or negative evaluation while engaged in social interaction or public performance (Safren, et al., 1999). The following hypotheses were made to achieve the aims of the study:

H1. Cyber-bullying victimization would be a significant positive predictor of social anxiety and a significant negative predictor of interpersonal competence and life satisfaction among adolescents.

H2. There will be high social anxiety, low interpersonal competence, and low life satisfaction among cyberbullying victims as compared to non-victims

Method

Sample

The sample is 160 adolescents, 80 boys (40 victims and 40 non-victims) and 80 girls (40 victims and 40 non-victims). The sample population's age ranged from 15-19 years ($M = 17.65$, $SD = 1.67$) years which fits in the parameter of middle and late adolescence (National Adolescent Health Information Center, 2004). Education level ranged from 9th grade to 4th semester of Bachelor of Science (BS-4) Years (12.5% 9th grade, 27.5% 10th grade, 18.13% 11th grade, 35% 12th grade, 6.88% BS-4 years). The sample was selected through a purposive sampling technique from the IT department of the University of Sargodha and internet cafes of Sargodha, Pakistan. The inclusion criterion was set as only those adolescents who were made part of the study, who were actively using social networking apps, who were not suffering from any physical illness or receiving any professional psychological help. They were further identified and divided into two groups (victims; non-victims) upon the briefing confirmation about cyberbullying standards concept definition (Raskauskas & Stoltz, 2007)

Instruments

The current study used four instruments to measure construct under study along with a participant's demographic information sheet (including age, gender, education, family system, and family income per month) and an informed consent form. *Online Victimization Scale (OVS)*. The Online Victimization Scale (Tynes et al., 2010) comprised of 21-items that

assesses online victimization and is comprised of 4 domains i.e., general, sexual, vicarious online racial discrimination, and individual racial discrimination (6 points Likert scale). The *General Online Victimization sub-scale* has 8-items, and it is the measure of general victimization the respondent experienced online. Sub-scale measured personal victimization of the respondent experienced online and whether these experiences resulted due to offline interaction and specific victimization related to the respondent's appearance or writing style. Sub-scale items also tap into the repeated nature of online victimization.

The *Online Sexual Victimization sub-scale* has 6-items, and it measures sexual victimization directly experienced by the respondent online. The *Individual Online Racial Discrimination sub-scale* has 4-items, and it measures racial discrimination directly experienced by the respondent online. The *Vicarious Online Racial Discrimination sub-scale* has 3-items, and it measures vicarious experiences directed at the same race, and cross-race peers witnessed online by the respondent. Cronbach's alpha coefficients for GOV were found to be 0.84, 0.76 for OSV, 0.66 for ORD, and 0.87 for VRS (Tynes et al., 2010). High scores on this scale yield high online victimization, whereas a zero score means no victimization.

Liebowitz Social Anxiety Scale Self Report (LSAS-SR). The Liebowitz Social Anxiety Scale is (LSAS; Liebowitz, 1987) a self-report measure of social anxiety. The LSAS is comprised of 24 items, each showing a different social situation. For each situation, the person rates their level of fear and avoidance on a scale of 0 to 3. The items are further divided into two subscales: social interaction and performance situation. The total score is based on six additional scores i.e., total fear, fear of social interaction, fear of performance situation, total avoidance, avoidance of social interaction, and avoidance of performance situation (Baker et al., 2002). High scores on this measure show high social anxiety. Cronbach's alpha coefficients for LSAS total score were found to be 0.96, for Total fear 0.92, for Fear of social interaction 0.89, for Fear of performance 0.81, for Total avoidance 0.92, for Avoidance of social interaction 0.89 and Avoidance of performance 0.83 by Liebowitz (1987).

Interpersonal Competence Scale (Burhmester, Wittenberg, Furman, & Reis, 1988). The scale consists of 40 items related to interpersonal, peer, social interaction, relationship with adolescents, and competency

rate. This scale is further divided into five dimensions i.e., negative assertion, initiating a relationship, emotional support, personal disclosure, and conflict management. Four-week test-retest reliability was found as 0.78 for the total ICQ score and ranged from 0.69 to 0.89 for each of the domain scales. ICQ self-ratings and ratings by close friends showed a moderate correlation (ranging from 0.31–0.50 for the five domain scales; Burhmester et al., 1988).

Satisfaction with Life Scale (SWLS). The Satisfaction with Life Scale (SWLS) of Diener, Emmons, Larsen, and Griffin (1985) is comprised of 5 items, showing a general index of life satisfaction which denotes an adolescent's subjective well-being. Scores of SWLS were obtained in 1-7 response categories. SWLS consisted of positive items, and scores range from 5 to 35. Therefore, high scores on this measure show high life satisfaction, whereas low scores show low life satisfaction. Previous researches reported SWLS to have an alpha coefficient of .84 (Diener et al., 1985), .87 (Funk, 2005), and .83 (Martínez, Buelga & Cava, 2007).

In addition to the OVS, LSAS, ICQ, and SWLS, a demographic data sheet form was used in which participants had to indicate age, gender, education, family system, and family income per month.

Procedure

The researcher approached the sample directly after obtaining Institutional Research Board approval, followed by permission from the authors to use the required scales. After having consent from concerned authorities (department administration and owners of net cafes) for participation in the present study, participants were elucidated about the study's purpose and procedure. They were requested to fill in relevant information (such as name (optional), age, gender, educational level, family system (i.e., joint or nuclear), and monthly family income) on a separately devised information sheet.

A total of 190 respondents were approached; however, 30 respondents could not complete the task due to withdrawal of study as lack of time, nonserious attitude, and incomplete questionnaires. Therefore, they were dropped from the study, and only 160 participants' genuinely filled questionnaires were made part of the final analysis. Statistical Package for Social Sciences (SPSS) 22 was used for data analysis. Alpha Coefficient to assertion instruments reliabilities; Pearson correlation to see relationship strength and direction; Simple linear regression, to predict social anxiety and life satisfaction from cyberbullying victimization; and Independent samples t-test, to find out the difference between victims and non-victims in terms of their social anxiety and life satisfaction due to experience of cyberbullying victimization.

Results and Discussion:

Table1

Pearson Correlation between Scales and Sub-scales of Online Victimization Scale, Liebowitz Social Anxiety Scale, Interpersonal Competence Questionnaire and Satisfaction with Life Scale (N=160)

Scales and subscales		α	OVS					LSAS					ICQ			SWL				
			GOV	OSV	ORD	VRD	Total	SI		P			IR	NA	PD	ES	Total	Total		
OVS	GOV	.91	-	.62**	.61**	.56**	.74**	.26**	.27**	.06*	.20*	.23**	-.17*	-.12	-.16*	-.18*	-.17*	-.29**		
	OSV	.93		-	.66**	.52**	.79**	.21**	.25**	.08	.17*	.20*	-.25**	-.15	-.14	-.15	-.19*	-.37**		
	ORD	.84			-	.73**	.73**	.14	.14	-.02	.10	.10	-.23**	-.18*	-	-	-	-.26**		
	VRD	.89				-	.71**	.09	.08	-.03	.02	.04	-.14	-.11	-.12	-.13	-.14	-.16*		
	Total	.93					-	.20*	.20**	.04	.14	.16*	-.26**	-.16**	-.15	-.16*	-.20*	-.29**		
LSAS	SI	SIF	.78					-	.72**	.75**	.57**	.88**	-.24**	-.31**	-	-	-	-.34**		
		SIA	.78						-	.52**	.72**	.85**	-.27**	-.27**	-	-	-	-.34**		
	P	PF	.87							-	.66**	.86**	-.21**	-.33**	-	-	-	-.25**		
		PA	.80								-	.86**	-.24**	-.27**	-	-	-	-.23**		
	Total	.76										-	-.28**	-.34**	-	-	-	-.33**		
ICQ	IR	.87											-	.81**	.68**	.65**	.87**	.26**		
	NA	.92												-	.78**	.78**	.93**	.33**		
	PD	.76													-	.78**	.90**	.34**		
	ES	.78															-	.90**	.30**	
Total	.78																	-	.34**	
SWLS	Total	.79																		-

Notes. OVS = Online Victimization Scale, GOV = General Online Victimization, OSV = Online Sexual Victimization, ORD = Individual Online Racial Discrimination, VRD = Vicarious Online Racial Discrimination, LSAS = Liebowitz Social Anxiety Scale, SI = Social Interaction, P = Performance, F = Fear, A = Avoidance, ICQ = Interpersonal Competence Questionnaire, NA = Negative Assertion, IR = Initiate Relationship, ES = Emotional Support, PD = Personal Disclosure, SWLS = Satisfaction with Life Scale. *P<.05, **P<.01

Table 1 shows the alpha reliabilities of scales with their respective subscales range from .78 to .93, which indicates satisfactory internal consistency of scales. Further results demonstrated that OVS has a significant positive relationship between LSAS and a negative relationship with ICQ and SWLS. Results also show that LSAS has a negative relationship with ICQ and SWLS. However, ICQ has a significant positive relationship with SWLS.

Table 2

Variables of Interest Predicting Social Anxiety, Social Competence and Life Satisfaction (N = 160)

Model	LSAS			ICQ			SWLS		
	β	R ²	F	B	R ²	F	β	R ²	F
Constant									
GOV	.24**	.06	9.46**	-.18*	.03	5.03*	-.32***	.11	18.58***
Constant									
OSV	.23**	.05	8.9**	-.20**	.04	5.94*	-.43***	.19	35.79***
Constant									
ORD	-	-	-	-.26***	.07	11.52***	-.26***	.07	11.65***
Constant									
VRD	-	-	-	-	-	-	-.18**	.03	5.40**
Constant									
OVS		.04	5.74**		-.19**	.03	-.32***	.10	5.74**

Notes. OVS = Online Victimization Scale, GOV = General Online Victimization, OSV = Online Sexual Victimization, ORD = Individual Online Racial Discrimination, VRD = Vicarious Online Racial Discrimination, LSAS = Liebowitz Social Anxiety Scale, ICQ = Interpersonal Competence Questionnaire, SWLS = Satisfaction with Life Scale * $P < .05$, ** $P < .01$, *** $P < .001$

Results in table 2 shows that general victimization is significant predictor of social anxiety, social competence and life satisfaction at [F (1, 158) = 9.46, 5.03, 18.58, $p < .01$, .05, .001 respectively] and explains .05%, .03% and .10% variance respectively that could be attributed to general victimization. Sexual victimization is significant predictor of social anxiety, social competence and life satisfaction at [F (1, 158) = 8.9, 5.94, 35.79, $p < .01$, .01, .001 respectively] and explains .05%, .03% and .03% variance respectively that could be attributed to sexual victimization. Racial victimization is significant predictor of social competence and life satisfaction at [F (1, 158) = 11.52, 11.65, p

<.001] and explains .06% and .06% variance respectively that could be attributed to racial victimization. Vicarious racial victimization is significant predictor of life satisfaction at [F (1, 158) = 5.40, $p < .01$] explains .03% variance that could be attributed to vicarious racial victimization.

Overall Online victimization is a significant predictor of social anxiety, social competence, and life satisfaction at [F (1, 158) = 5.74, .03, $p < .01$] and explains .03% variance, respectively, that could be attributed to online victimization.

Table 3

Means, Standard Deviations and T-Values for Victims and Non-Victims on Scales and Subscales of Liebowitz Social Anxiety Scale, Interpersonal Competence Questionnaire and Satisfaction with Life Scale (N=160)

Scales & subscales	Victims (n=80)		Non-Victims (n=80)		t (158)	p	95 % CI		Cohen's d
	M	SD	M	SD			LL	UL	
LSAS	67.97	21.66	60.99	25.19	1.88	.06	-.35	14.32	0.30
SI	32.19	11.07	28.11	12.66	2.17	.03	.36	7.79	0.34
P	35.79	12.63	32.88	13.72	1.40	.16	-1.21	7.03	0.22
ICQ	88.38	17.03	94.43	18.77	-2.14	.03	-11.65	-.45	-0.34
IR	23.24	4.66	25.43	4.59	-2.99	.01	-3.63	-.74	-0.47
NA	23.33	4.93	24.66	5.00	-1.71	.08	-2.88	.21	-0.27
PD	20.40	4.73	31.45	5.42	-1.31	.19	-2.64	.54	-2.17
ES	21.41	5.08	32.89	5.51	-1.76	.08	-3.13	.18	-2.17
SWLS	21.76	6.37	24.20	5.53	-2.59	.01	-4.30	-.58	-0.41

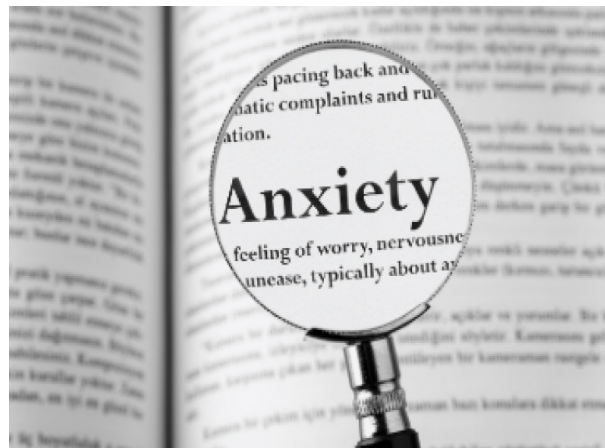
Notes. LSAS = Liebowitz Social Anxiety Scale, SI = Social Interaction, P = Performance, ICQ = Interpersonal Competence Questionnaire, NA = Negative Assertion, IR = Initiate Relationship, ES = Emotional Support, PD = Personal Disclosure, SWLS = Satisfaction with Life Scale.

*p<.05. **p<.01

The result in Table 3 shows significant differences between victims and non-victims of cyber-bullying on social interaction and life satisfaction, showing a higher level of social interaction anxiety and low level of satisfaction with life among victims of cyberbullying as compared to non-victims.

Hypothesis 1: Cyber-bullying victimization would be a significant positive predictor of social anxiety and a

“This study is an important step toward extending knowledge about the seriousness of this new dimension called bullying. Findings from this study, combined with the extant literature on traditional peer victimization, can be used as a foundation for future studies”



significant negative predictor of interpersonal competence and life satisfaction among adolescents.

The result of Pearson correlation and regression analysis partially confirmed this hypothesis. Values of Pearson correlation and regression analysis showed that online victimization is positively related and predicted social anxiety and negatively predicted social competence and life satisfaction. Further, it was found that online victimization was positively related to social fear and avoidance of person but was not found to be related to performance fear and avoidance. It means

that although the traumatic experience of cyberbullying victimization is associated with high social anxiety but not necessarily with the fear of performance and avoidance of tasks among adolescents.

These results are supported by the research of Navarro, Yubero, Larrañaga, and Martinez (2012) that cyberbullying victimization is related to social anxiety, fear, and avoidance of social interaction but not specifically in relation with social anxiety through fear of negative evaluation on given tasks/assignments and interpersonal difficulties to speak with peers and close friends.

Yet, it contributes to increased social anxiety due to bad experiences of online/victimization through the cyber world, which is negatively related to their social skills and competencies and general satisfaction with their life. As cyberbullying victims are more likely to experience anxiety (Fahy et al. 2016), studies also concluded that bullies often choose socially anxious adolescents for victimization because anxiety may be a risk factor to become a target of peer maltreatment (Espelage, Hong, & Mebane, 2016).

Moreover, the results are also in line with previous literature such as Tynes et al. (2010) revealed that cyberbullying experiences related to each domain of victimization were associated with decreased satisfaction with life which is following the results of a study showing that online victims reported less satisfaction with their lives (Ortega-Barón, Buelga, & Cava, 2016). Furthermore, a study by Romera, Cano, García-Fernández, and Ortega-Ruiz (2016) concluded that adolescents who were cyberbullied reported high social adjustment problems, peer relationships, and trust issues. Similarly, another study revealed that cyberbullied had less social skills and competencies as compared to nonbullied (Hafsa, & Hanif, 2018).

H2. There would be high social anxiety and low interpersonal competence, and low life satisfaction among cyberbullying victims as compared to non-victims

The present study also found similar results as social anxiety due to cyberbullying yield a negative relationship with life satisfaction and appropriate social skills of interpersonal competence for initiating relations, negative assertion, personal disclosure, and emotional support. These results are in line with earlier research findings, such as that of Nixon (2014), who concluded that cyberbullying in adolescents is negatively related to the health index. Their study also explored that ado-

lescents become a victim of cyberbullying reported an increased level of loneliness, anxiety, depression, somatic problems, suicidal behaviors, aggression, substance abuse, and delinquent behaviors. Meanwhile, on the other side, it also provides opportunities for victims to threaten anyone while sitting in a comfortable room. It has a positive correlation between cyberbullying, psychological, and health problems (Rao, Bansal, & Chandran, 2018). Traumatic experiences of cyberbullying are also associated with negative mental health outcomes, such as victims showed signs of depression and PTSD (Nielsen, et. al., 2015; Plexousakis et al., 2019; Wang et al., 2011), and at extreme sometimes suicidal ideation (Khasawneh et al., 2020).

Conclusion

The present study concludes that cyberbullying victimization is a significant positive predictor of social anxiety; however, it is a significant negative predictor for interpersonal competence and life satisfaction among adolescents. This yields that adolescents who faced cyberbullying victimization had higher social anxiety and low social competence and satisfaction with life. Furthermore, victims were not high in terms of their social anxiety but they had low social competence and life satisfaction in comparison to nonvictims of cyber-bullying victimization.

Implications and Recommendations

This study is an important step toward extending knowledge about the seriousness of this new dimension called bullying. Findings from this study, combined with the extant literature on traditional peer victimization, can be used as a foundation for future studies. Ultimately, longitudinal studies are needed to provide information on the impact of this form of bullying and victimization over time. Because of the massive increase in the use of the internet as a vehicle for bullying, research on peer maltreatment must be expanded to include cyberbullying to facilitate an increased understanding of the unique characteristics and potential negative effects of this type of peer aggression.

As technology is progressively becoming a platform for peers to be involved in negative interactions, effective strategies to counter such negative behaviors are required. It is important to tackle this issue on several levels, such as parental involvement along with educators, school counselors, psychologists, and school policymakers are essential to lessen the incidence of and the risks of damaging psychosocial outcomes related to cyberbullying victimization.

There is a strong requirement for comprehensive, school-based programs focused on cyberbullying prevention and intervention. Education regarding cyberbullying could be integrated into school curriculums as well. Finally, the present study's findings may pave the way for further exploration of other dimensions regarding these variables.

References:

- Buetell, N. (2006). *Life satisfaction, a Sloan Work and Family Encyclopedia entry. Work and Family Researchers Network*. Retrieved from <https://workfamily.sas.upenn.edu/glossary/life-satisfaction-definition>
- Bottino, S. M. B., Bottino, C., Regina, C. G., Correia, A. V. L., & Ribeiro, W. S. (2015). Cyberbullying and adolescent mental health: A systematic review. *Cadernos De Saude Publica*, 31, 463-475.
- Brimblecombe, N., Evans-Lacko, S., Knapp, M., et al. (2018). Long term economic impact associated with childhood bullying victimization. *Social Science and Medicine*. 208, 134-141.
- Buhrmester, D., Furman, W., Wittenberg, M. T., & Reis, H. T. (1988). Five domains of interpersonal competence in peer relationships. *Journal of Personality and Social Psychology*, 55(6), 991.
- Canas, E., Estevez, E., Martínez-Monteagudo, M.C., & Delgado, B. (2020). Emotional adjustment in victims and perpetrators of cyberbullying and traditional bullying. *Social Psychology of Education*, 23, 917-942. <https://doi.org/10.1007/s11218-020-09565-z>
- Center for Substance Abuse Treatment. (2014). *Trauma-informed care in behavioral health services*. Substance Abuse and Mental Health Services Administration (US).
- Cowie, H. (2013). Cyberbullying and its impact on young people's emotional health and well-being. *The Psychiatrist Online*. 37(5), 167-170.
- Cross, D., Lester, L., & Barnes, A. (2015). A longitudinal study of the social and emotional predictors and consequences of cyber and traditional bullying victimization. *International Journal of Public Health*. 60(2), 207-217.
- DeLara, E. W. (2018). Consequences of childhood bullying on mental health and relationships for young adults. *Journal of Child and Family Studies*. 1-11.
- Drummelsmith, J. (2016). *Cyberbullying: interpersonal competence, aggression, and school identification* (Doctoral dissertation, Laurentian University of Sudbury).
- Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49(1), 71-75.
- Grajales, F. J., Sheps, S., Ho, K., Novak-Lauscher, H., & Eysenbach, G. (2014). Social media: a review and tutorial of applications in medicine and health care. *Journal of Medical Internet Research*, 16(2), e13.
- Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 14(2), 231-233. <https://doi.org/10.1002/wps.20231>
- Hafsa, M. S. Z. N., & Hanif, R. Social Skills Predict Cyber Bullying Among University Students. *Muslim Perspectives*, 3(2), 19-30.
- Hinduja, S. (2020). *Trauma, bullying, and cyberbullying*. Retrieved online from <https://cyberbullying.org/trauma-bullying-cyberbullying>
- Hinduja, S., & Patchin, J. W. (2010). Bullying, cyberbullying, and suicide. *Archives of Suicide Research*, 14(3), 206-221.
- Hui, A., Wong, P. W. C., & Fu, K. W. (2015). Evaluation of an online campaign for promoting help-seeking attitudes for depression using a Facebook advertisement: An online randomized controlled experiment. *JMIR Mental Health*, 2(1), e5
- Internet Service Providers Association of Pakistan (ISPAK, 2014). Internet facts. Retrieved from <http://www.ispak.pk/aboutus.php>.
- Kaess, M. (2018). Bullying: peer-to-peer maltreatment with severe consequences for child and adolescent mental health. *European Child and Adolescent Psychiatry*, 27(8), 945-947.
- Khasawneh, A., Chalil Madathil, K., Dixon, E., Wiśniewski, P., Zinzow, H., & Roth, R. (2020). Examining the Self-Harm and Suicide Contagion Effects of the Blue Whale Challenge on YouTube and Twitter: Qualitative Study. *JMIR mental health*, 7(6), e15973. <https://doi.org/10.2196/15973>
- Klomek, A. B., Sourander, A., Elonheimo, H. (2015). Bullying by peers in childhood and affects on psychopathology, suicidality, and criminality in adulthood. *The Lancet Psychiatry*. 2(10), 930-941.
- Kowalski, R. M., Giumetti, G. W., Schroeder, A. N., Lattanner, M. R. (2014). Bullying in the digital age: A critical review and meta-analysis of cyberbullying research among youth. *Psychological Bulletin*. 40(4), 1073.
- Laranjo, L., Arguel, A., Neves, A. L., Gallagher, A. M., Kaplan, R., Mortimer, N.,...& Lau, A. Y. (2014). The influence of social networking sites on health behavior change: A systematic review and meta-analysis. *Journal of the American Medical Informatics Association*, 22(1), 243-256.

- Liebowitz, S. (2002). Rethinking the networked economy: The true forces driving the digital marketplace. *AMACOM Div. American Management Association, Dallas*.
- Ma H. K. (2012). Social competence as a positive youth development construct: A conceptual review. *The Scientific World Journal*, 2012, 287472. <https://doi.org/10.1100/2012/287472>
- Mishna, F., McInroy, L. B., Lacombe-Duncan, A., et al. (2016). Prevalence, motivations, and social, mental health and health consequences of cyberbullying among school-aged children and youth: Protocol of a longitudinal and multi-perspective mixed-method study. *JMIR Research Protocols*, 5(2).
- Moore, S. E., Norman, R. E., Suetani, S., Thomas, H. J., Sly, P. D., & Scott, J. G. (2017). Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis. *World Journal of Psychiatry*, 7(1), 60–76. <https://doi.org/10.5498/wjpv7.i1.60>
- Navarro, R., Yubero, S., Larrañaga, E. et al. (2012). Children's Cyberbullying Victimization: Associations with Social Anxiety and Social Competence in a Spanish Sample. *Child Indicators Research*, 5, 281–295. <https://doi.org/10.1007/s12187-011-9132-4>
- Nielsen, M. B., Tangen, T., Idsoe, T., Matthiesen, S. B., & Magerøy, N. (2015). Post-traumatic stress disorder as a Plexousakis, S. S., Kourkoutas, E., Giovazolias, T., Chatira, K., Nikolopoulos, D. (2019). School bullying and post-traumatic stress disorder symptoms: the role of parental bonding. *Frontiers in Public Health*, 7, 75.
- Quinn, S. T., Stewart, M. C. (2018). Examining the long-term consequences of bullying on adult substance use. *American Journal of Criminal Justice*, 43(1), 85–101.
- Rao, T. S., Bansal, D., & Chandran, S. (2018). Cyberbullying: A virtual offense with real consequences. *Indian Journal of Psychiatry*, 60(1), 3.
- Raskauskas, J., & Stoltz, A. D. (2007). Involvement in traditional and electronic bullying among adolescents. *Developmental Psychology*, 43, 564–575.
- Romera, E. M., Cano, J. J., García-Fernández, C., & Ortega-Ruiz, R. (2016). Cyberbullying: Social competence, motivation and peer relationships [Cyberbullying: Competencia social, motivación y relaciones entre iguales]. *Comunicar*, 48 (XXIV), 71–79.
- Safren, Steven A; Heimberg, Richard G; Horner, Kelly J; Juster, Harlan R; Schneier, Franklin R; Liebowitz, Michael R (1999). "Factor Structure of Social Fears". *Journal of Anxiety Disorders*. 13 (3): 253–70. doi:10.1016/s0887-6185(99)00003-1
- Schoeler, T., Duncan, L., Cecil, C. M., Ploubidis, G. B., Pingault, J.B. (2018). Quasi-experimental evidence on short-and long-term consequences of bullying victimization: a meta-analysis. *Aggression and Violent Behavior*, 21, 17–24.
- Niu, G., He, J., Lin, S., Sun, X., & Longobardi, C. (2020). Cyberbullying Victimization and Adolescent Depression: The Mediating Role of Psychological Security and the Moderating Role of Growth Mindset. *International journal of environmental research and public health*, 17(12), 4368. <https://doi.org/10.3390/ijerph17124368>
- Nixon, C. L. (2014). Current perspectives: the impact of cyberbullying on adolescent health. *Adolescent Health, Medicine and Therapeutics*, 5, 143.
- Pakistan Telecommunication Authority, (2015). Achievements 2014-15. Retrieved from http://www.pta.gov.pk/index.php?option=com_content&view=article&id=2179&Itemid=799.
- Parasuraman, S., Sam, A. T., Yee, S., Chuon, B., & Ren, L. Y. (2017). Smartphone usage and increased risk of mobile phone addiction: A concurrent study. *International Journal Of Pharmaceutical Investigation*, 7(3), 125–131. https://doi.org/10.4103/jphi.JPHI_56_17
- zation: a meta-analysis. *Psychological Bulletin*, 144(12), 1229.
- Shah, J., Haq, U., Bashir, A., & Shah, S. A. (2016). Awareness of academic use of smartphones and medical apps among medical students in a private medical college. *Journal of Pakistan Medical Association*, 66(2), 184–6.
- Tynes, B., Rose, A., & Williams, D. (2010). The Development and Validation of the Online Victimization Scale for Adolescents. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, 4(2), 1.
- Wang, J., Nansel, T. R., & Iannotti, R. J. (2011). Cyber and traditional bullying: Differential association with depression. *Journal of Adolescent Health*, 48(4), 415–417.
- Weber, N. L., & Pelfrey, W. V. (2014). *Cyberbullying: Causes, consequences, and coping strategies*. Lfb Scholarly Pub Llc.
- Wolke, D., Copeland, W. E., Angold, A., Costello, E. J. (2013). Impact of bullying in childhood on adult health, wealth, crime, and social outcomes. *Psychological Science*, 24(10), 1958–1970.

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A Brief Survey Report: Psychosocial Correlates of COVID-19

Rahila Farooq, Rubina Hanif and Mahrukh Qureshi

The COVID-19 pandemic has hit almost all countries around the globe, seriously affecting the welfare of populations. Multiculturally populated, Canada is also moderately hit. In this context, the purpose of the present study is to analyze the psychosocial correlates of well-being and mental health during the COVID-19 pandemic in a faith-based community residing in Canada. The sample of this cross-sectional study consists of 98 participants aged 18 or older at-risk from immigrant and refugee population living in Vancouver. It is important to note that such disasters invariably affect the vulnerable population disproportionately.

Data were collected during May 2020 with the aid of a self-constructed open-ended questionnaire. Bivariate correlation coefficients were calculated to address the association between the study variables. The majority of the survey participants were family-oriented; the survey results show that the impacts of COVID 19 were negative or neutral related to loneliness, sleep deprivation, highlighted the need for counseling. , and a follow-up survey to build further evidence of its impact. Results showed a mild to moderate level of stress. The considerations to counseling plans and mental health services are needed and a follow-up survey to build further evidence of its impact.

Situational Context

The world has been struck by a terrible pandemic- COVID 19 in recent years, and it is spreading rapidly. In December 2019, this novel Coronavirus- COVID 19 apparently, started from Wuhan, China. With every passing minute, the number of sufferers increased (Remuzzi and Remuzzi, 2020; World Health Organization [WHO], 2020b; Zu et al., 2020). Almost all countries worldwide have been affected by COVID-19, impacting the socio-economic conditions and informed emergency response mounted.

The pandemic has severely damaged economic, social and public health systems, placing the welfare state at significant risk (Alvarez et al., 2020; Riou & Althaus, 2020). It is spreading across the world like wildfire, making it a most alarming situation. The virus spreads through droplet infection because of closer physical contact of the infected patient with the vulnerable. The droplets of water released by the infected patient while coughing and sneezing and by physical touch to surfac-

es previously touched by infected patients carry the virus (World Health Organization [WHO], 2020a). Results show that among people, interventions like lockdown and social distancing to help contain the pandemic to an extent, such stringent measures constrained the communities' social life. These measures severely impacted society as a whole, with significant implications in terms of psychological and socio-economic well-being (Anderson et al., 2020; Chatterjee et al., 2020; Ho et al., 2020).



A vast number of studies have found significant improvements in people's mental health and well-being through counseling in times of instability such as natural disasters, economic crises, and severe health threats (Kramer and Bala, 2004; Afifi et al., 2012). Not everybody at the same stage appears to be affected by the effects of a pandemic on mental health. A study conducted during the 2007 influenza pandemic in Australia found that this effect could be compounded by younger age (Afifi et al., 2012; Anderson et al., 2020; Chatterjee et al., 2020), lower educational status, female gender, and having children (Taylor et al., 2008).

The World Health Organization defines mental health as "a state of well-being in which the person realizes his or her abilities, can cope with life's normal stresses, can work productively and fruitfully, and can contribute to his or her community" (World Health Organization, 2004). Well-being, however, is a vital component of mental health (Galderisi et al., 2015). In terms of enjoyment and pain, the hedonic well-being approach describes well-being (Ryan and Deci, 2001), taking into account emotions such as satisfaction, sorrow, frustra-

tion, tension, and pain. Results show that by measuring positive and negative experiences in people's everyday lives (Diener et al., 1985b; Keyes et al., 2002; Kahneman et al., 2004; Steptoe et al., 2015).

“A vast number of studies have found significant improvements in people's mental health and well-being through counseling in times of instability such as natural disasters, economic crises, and severe health threats (Kramer and Bala, 2004; Afifi et al., 2012). Not everybody at the same stage appears to be affected by the effects of a pandemic on mental health.”

For all these reasons, the present study aims to analyze social and demographic correlations of mental health during the COVID-19 pandemic in the population residing in Canada.

Survey Methodology

This report is based on an informal survey designed by a team aspiring to support vulnerable communities. Data were gathered through the online survey made available to the faith-based immigrant community. The survey comprised of multiple-choice questions and a few open-ended items to address an individual's mental state, coping strategies and precautions related to COVID-19. The survey was sent out through a liaison person in the community. The survey did not record any personal information, and participants were informed before-hand that the survey does not promise any benefits. The Ninety-eight survey participants voluntarily responded to the survey constituting 70% male and 29% females; aged between 18-70 years.

Results and Discussion

The current study's responses show that male participants are reporting higher than females with a percentage of 70. The results showed that most of the respondents suggested using all preventivemeasures (85 %) to pro-

tect themselves from being infected by Coronavirus, including personal hygiene, protective measures, and maintaining social distance. Most of the respondents (45 %) reported that they are feeling negative about this pandemic because their daily routines were disturbed badly, affected their social relations, and they feel the need for socialization.

Regarding mental health (31 %), respondents were affected, and most of the participants (46%) had some unknown fears, (35) were experiencing some level of stress, and (25%) reported nervousness. Among them, 17% were feeling lonely, and 19% were not able to sleep properly. These findings suggest that individuals were affected from mild to a high level of psychological issues. Some of the respondents suggested activities that can help cope with this situation, i.e., engaging in family activities, giving more time to families, reading books, and taking proper sleep. Most of the participants suggested that they were getting more inclined toward religious activities. The ultimate feelings were that happiness is decreasing because of a lack of productive daily engagement, and they have started feeling anxiety and stress.

Bivariate correlation coefficients were computed to see the associations between different study variables. Initially, it was assumed that COVID 19 was negatively associated with individual relationships with her/his immediate family. Still, the result shows that feelings about the COVID 19 positively related to feelings of loneliness, sleep deprivation, and the need for counseling to underpin the demand for mental health... Similarly, preventivemeasures adopted by the present study participants were positively associated with the need for socialization.

At the same time, the level of comfort from the preventivemeasures taken by the study participants was positively related to the normality of level of work in the present circumstances and was negatively associated with the disturbance in an individual's routine. Accordingly, it has been reported that the effect of COVID 19 was negatively associated with the sleep patterns, while positively correlated with the level of fear and stress, need for socialization, and the impact on the social relations, which had an ultimate effect on the well-being and mental health of a person (Galderisi et al., 2015).

The need for socialization is positively associated with the need for counseling and improved mental health and well-being. In alliance, it could be established that Covid-19 becomes a pandemic now, and all required actions should be taken at the local, regional and global levels (Wang, Horby, Hayden & Gao, 2020). In developed countries, the government's economic support

release the financial burden and stress for the people; however, in underdeveloped nations with feeble health-care systems and the helplessness to endure a 'global lockdown' will not be capable of combatting this menace alone and will need international support.

It's time to revisit our priorities; people could be motivated to establish an online cafe to talk and share their feelings. Respondents reported that health care and work productivity were sufficient for the majority as they were getting used to the norms, such as keeping social distance. They further reported that they were learning about this new pandemic phenomenon. Post-Covid lifestyles need to adapt to this unique yet evolving situation as it impacts every aspect of our lives. The present study is based on preliminary primary data. Using this as a baseline, future studies need to address the details like the severity of mental health like COVID-related interpersonal relationships within the family and domestic violence. The most important is to see the child & adolescent-centered mental health issues – a subgroup of population relatively more vulnerable to the prevailing pandemic of COVID 19.

References:

- Afifi, W. A., Felix, E. D., and Afifi, T. D. (2012). The impact of uncertainty and communal coping on mental health following natural disasters. *Anxiety Stress Coping* 25, 329–347. DOI: 10.1080/10615806.2011.603048
- Alvarez, F. E., Argente, D., and Lippi, F. (2020). *A Simple Planning Problem for Covid-19 Lockdown*. Cambridge, MA: National Bureau of Economic Research.
- Anderson, R. M., Heesterbeek, H., Klinkenberg, D., and Hollingsworth, T. D. (2020). How will country-based mitigation measures influence the course of the COVID-19 epidemic? *Lancet* 395, 931–934. DOI: 10.1016/s0140-6736(20)30567-5
- Atkeson, A. (2020). *What Will be the Economic Impact of COVID-19 in the US? Rough Estimates of Disease Scenarios*. Cambridge, MA: National Bureau of Economic Research.
- Chatterjee, K., Chatterjee, K., Kumar, A., and Shankar, S. (2020). Healthcare impact of COVID-19 epidemic in India: a stochastic mathematical model. *Med. J. Armed Forces India* 76, 147–155. doi: 10.1016/j.mjafi.2020.03.022
- Diener, E., Larsen, R. J., Levine, S., and Emmons, R. A. (1985b). Intensity and frequency: dimensions are underlying positive and negative affect. *J. Pers. Soc. Psychol.* 48, 1253–1265. doi: 10.1037/0022-3514.48.5.1253
- Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., and Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry* 14, 231–233. doi: 10.1002/wps.20231
- Heggebø, K. (2016). Health effects of unemployment in Denmark, Norway and Sweden 2007–2010 differing economic conditions, differing results? *Int. J. Health Serv.* 46, 406–429. doi: 10.1177/00207314166636365
- Kahneman, D., Krueger, A. B., Schkade, D. A., Schwarz, N., and Stone, A. A. (2004). A survey method for characterizing daily life experience: the day reconstruction method. *Science* 306, 1776–1780. doi: 10.1126/science.1103572
- Keyes, C. L., Shmotkin, D., and Ryff, C. D. (2002). Optimizing well-being: the empirical encounter of two traditions. *J. Pers. Soc. Psychol.* 82, 1007–1022. doi: 10.1037/0022-3514.82.6.1007
- Riou, J., & Althaus, C. L. (2020). The pattern of early human-to-human transmission of Wuhan 2019 novel coronavirus (2019-nCoV), December 2019 to January 2020. *Eurosurveillance*, 25(4), 2000058.
- Ryan, R. M., and Deci, E. L. (2001). On happiness and human potentials: a review of research on hedonic and eudaimonic well-being. *Annu. Rev. Psychol.* 52, 141–166. doi: 10.1146/annual.psych.52.1.141
- Stephens, A., Deaton, A., and Stone, A. A. (2015). Subjective well-being, health, and aging. *Lancet* 385, 640–648. doi: 10.1016/s0140-6736(13)61489-0
- Wang, C., Horby, P. W., Hayden, F. G., & Gao, G. F. (2020). A novel coronavirus outbreak of global health concern. *The Lancet*, 395(10223), 470–473.
- World Health Organization [WHO] (2020a). *Considerations for Quarantine of Individuals in the Context of Containment for Coronavirus Disease (COVID-19): Interim Guidance, 19 March 2020*. Geneva: World Health Organization.
- World Health Organization [WHO] (2020b). *Coronavirus Disease 2019 (COVID-19): Situation Report, 72*. Geneva: World Health Organization.
- Zu, Z. Y., Jiang, M. D., Xu, P. P., Chen, W., Ni, Q. Q., Lu, G. M., et al. (2020). Coronavirus disease 2019 (COVID-19): a perspective from China. *Radiology* 296, E15–E25. doi: 10.1148/radiol.2020200490

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CASE STUDIES

I am sad. Or Am I?
Have I become sad? I do not know
But I am sad.
My pen is angry
As my words and poems.
An army armed with pain-of-the-night
For your eyes, Monica.
Farewell, while my tongue crumbles
Farewell, Monica!
Once and twice...
A thousand times...
And for a century.
Every day, a part is lost
A piece is gone.
Salut to our greatest loss.
Monica, a beautiful Canadian bride
Her wedding was in the sky.
A star in the Vancouver sky
In the darkest of nights.
As a gentle wave over the Sasamat lake
You came strong
As a hurricane... as a bullet
You left.

You exploded the fountains of pain
And scattered my words and letters
Monica, why did you leave?
Am I sad today? Or Am I just sad?
Have I become this way?
I do not know, but I feel sad.
Not accepting condolences from anyone
I am the funeral home.
I am the weepers and the criers.
I am the A and the Z.
I am you, and you are me.
As we are all one.
I am sad.
Sadness and I are one.
Monica, why did you leave?
You left a thousand songs behind
thousand poems
thousand knives
thousand questions
thousand answers
thousand cases.
You left days,
Months,
Years.
Monica, may God-light and peace shine
upon you
When you were born and when you rise
again.

Rawan Moon

Monica



The First Peoples of Canada: Intergenerational Trauma

Beverley Holmes

In Canada, the first people are called Aboriginal, Indigenous, Indian, Native, and First Nations. There is no single term that is consistent, though 'Indian' is least often used and most associated with an oppressive colonial past. For this article's purpose, I will use the term 'First Nations' when referencing the peoples who lived for 10,000 years before contact with Europeans and the ultimate colonization of the country we call Canada. The name 'Canada,' itself the First Nations word, "13kanata," means village or settlement.

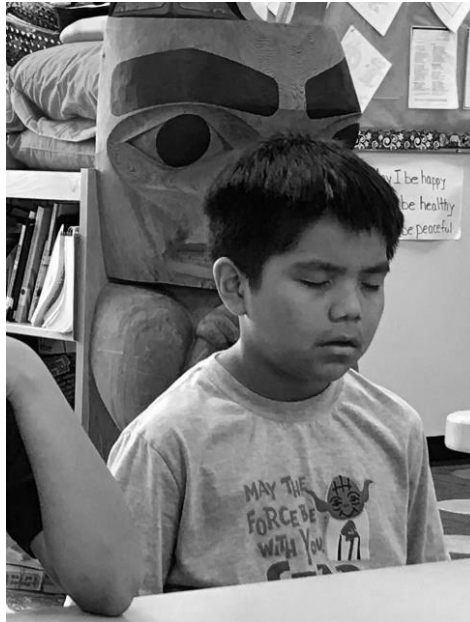
First, some context. I am a retired theatre arts teacher. Post-retirement, I developed an anti-bullying program for schools, which uses invisible theatre to model safe bystander intervention. I presented the program in a series of workshops at a national conference of First Nations educators. As a result of that conference, I was contracted to present the program school-wide at two First Nations secondary schools in northern Ontario and in northern British Columbia. Since then, I have continued to support the First Nations communities in northern British Columbia.

For eight years, I have made the journey north several times a year to teach in these isolated communities, and it is only the restrictive nature of COVID-19 that has interrupted these trips. My support during the pandemic is now via Zoom, which is far from ideal but better than nothing.

My support has evolved to focus on wellness and mindfulness. I became certified to facilitate a stress management and resiliency mindfulness program called SMART (Stress Management and Resiliency Techniques Education), developed by the University of British Columbia's Education Department, to address teacher dysregulation. The 20-hour experiential curricu-

lum was designed to teach self-regulation and to build resilience.

Teaching is a highly stressful occupation, and the success of any class depends, to a great part, upon how the teacher is able to self-regulate and model mindfulness. Teaching in isolated communities ravaged by seven generations of trauma is even more challenging and stressful.



I assist teachers in implementing mindfulness into their daily routines and over the course of the last eight years, have facilitated mindfulness programs with parents, teens, elders, and daycare children. Next week, I begin to facilitate the program online for teachers from three in-community First Nations schools. Without exception, I have been welcomed in the communities. I continue to build upon the foundations of mutual trust and respect, and I am forever grateful.

For years now, I have been immersing myself in week-long summits that address the physiological and neurological effects of trauma, personal and collective, and the polyvagal somatic approach to the healing of such. I am trauma-informed but an expert only as a secondary school theatre teacher.

Through the privileged eyes of a white settler, first-generation Canadian, I have come to understand the complex intergenerational trauma that colonization and cultural genocide have inflicted upon the First Nations people. The manifestation of this torture was prolonged and soul-crushing. It ripped families apart and amputated people from their culture, role models, and language. I can hardly imagine a torture more devastating than systematically kidnapping children. The goal: to "take the Indian out of the child."

Over 130 years, 150,000 children were forcibly taken from their families to church- and state-run residential schools, where they were systematically physically, sexually, and psychologically abused — torture enacted by the very people sworn to protect them. The kidnapped children were warehoused, beaten if they spoke their languages, and so grievously treated that seven generations of children lost their language, their connections to family and culture, their sense of safety and belonging, and their sense of self.

Canadian First Nations people were told their way of life was wrong, savage, sinful. Ceremonies were outlawed, and regalia burned; whole villages were plundered for cultural artifacts. The people who lived for millennia on the land, with a rich and complex culture and system of self-government, were devastated in every way. Such trauma is inconceivable to those who have not experienced it. The repercussions of that cultural genocide and the systematic torturous treatment of seven generations of children manifest today in First Nation communities throughout Canada.

Justice Murray Sinclair, who headed the Truth and Reconciliation Commission in Canada, wrote: “The legacy of the schools is evident today.... High poverty rates, a large number of aboriginal children in foster care, a disproportionate number of aboriginals in jail, and hundreds of missing and murdered women can all be traced back to residential schools....”

For years, I have worked in First Nations schools' classrooms for an average of 30 days a year, and I have observed their significant challenges. My work has mostly been in elementary schools, and there I have observed the struggles: children sleeping in class, exhausted by staying up late playing video games, or unable to sleep in noisy and crowded households.

I have observed children's hunger and the low nutrient, high sugar/ salt/ fat food that fuels them during snack and lunchtime. It is difficult to get groceries when the nearest grocery store is two hours away by car, and healthy food choices are more expensive than the packaged, processed high carbohydrate fare. Poor nutrition, obesity, and chronic poor health are symptoms of poverty, not consciously bad parenting.

I have observed children so overactive and so anxious that their bodies are not able to settle enough to learn, or conversely, so shut down and disconnected that they block out the world around them. Trauma has affected their ability to self-regulate and feel safe. Not all children are so challenged, and again I pass no judgment, but the specialized needs of First Nations school classrooms are many. Some children arrived on time to school, homework done, a belly full of breakfast, and

refreshed by a good night's sleep. I did not perceive that to be the norm, however. Too many children miss too many days of school. Remote communities have a difficult time staffing schools, and with the present teaching shortages, First Nations children and their communities are regularly underserved. The role of the teacher is made exponentially more challenging by the number of students who exhibit disruptive behaviour, a fallout from trauma. No one can learn if one is tired, hungry, or feels unsafe. Those students who have not been traumatized are challenged to learn because of the often-chaotic learning environment. There are too few educational assistants to meet the needs of the students. And there are too few teachers on call to cover teachers who are sick or burned out, many of whom are struggling with their own trauma and anxiety. I have observed that teachers, who love their students, do their best each day to support them, teach them the fundamentals of literacy, numeracy, and develop social-emotional learning. Unfortunately, public education does not afford enough financial and trauma-informed support for these overstressed teachers and students.

After having lost seven generations of healthy parenting models, it is understandable that First Nations parents — often young — lack basic parenting skills. Being consistent and setting boundaries is challenging for every parent but for parents struggling with physical and mental health issues and addictions. For so many reasons, education is the key to growth and opportunity, but a public school system born of a British colonial, patriarchal, and top-down pedagogy does not well serve the first people whose language and culture was never written down.

More is being done to get students outside and connected to their land and cultural practices; however, many parents are not supportive of their children's education. Because survivors of residential schools still remember their traumatic experiences with government-imposed education, it is understandable that there is a lack of support for the school. How then to motivate parents to support their school-aged children, and how can children be motivated to succeed in schools? There are no simple solutions, and until the underlying trauma can be discharged and healed, the progress will be exceedingly slow.

I have observed village governments investing hundreds of thousands of dollars to bring facilitators, teachers, coaches, motivational speakers, and programs into the community. These outside resources are brought in to inspire, to support wellness and healing, to improve communication and commitment, and to help people move further along the path toward physical and emotional health and self-sufficiency.

There is no individual who eschews those assets, but however much people desire to break free from the confines of their trauma circumstances, they are stuck. Desire and intention are often not enough. Trauma robs people of curiosity, imagination, playfulness, and choice. It rewires the brain and nervous system and interferes with healthy relationships and self-worth. It drives people to numb the pain with addictions, self-harming, risky behaviours, or disassociation. It's not just what happened during the trauma, it's what didn't happen.

This is a critical factor for young children who are traumatized for protracted periods of time. Many people who are homeless, in prison, mentally ill, or suffering from addictions are products of traumatic family backgrounds. First Nations people are over-represented in these populations because they have suffered at the hands of their oppressors over and over and over again. It is not because they are First Nations that they suffer such dysregulation; it is because they were brutalized from an early age for generation after generation after generation after generation after generation after generation. Seven generations of systemic child abuse will crush any culture.

I have observed those who wield power and influence in village government simply overcome by the effort required to face the seemingly never-ending needs of those who are so stuck in their trauma that they are dependent upon social services and the direct support of the village government. There is little critical mass of those who can adequately support those who struggle.

Despite having experienced and survived this social and ethnic scorched-earth policy — more than 6,000 children did not; records of deaths were discontinued in 1920 because too many children were dying — I have witnessed amazing resilience. I have witnessed a deep desire to be reconnected to the land, to the rituals, and to rise above the “stuckness” of trauma. Every human being wants a healthy, successful and stable life for their children, but children who are raised “in the community”, often hours from public services and grocery stores, are particularly vulnerable to the manifestations of trauma: anxiety, depression, addictions, and chronic ill-health.

Notwithstanding past circumstances and present manifestations, I have observed this amazing resilience in the First Nations communities. Those who are alive

today represent seven generations of resilience. They keep getting up, they keep putting one foot in front of the other, and they keep trying. There are exciting growth and success in the teaching of First Nations languages. Connecting to the language is a critical part of reclaiming the culture and the wisdom of the ancestors, the deep and vital connection to the land.

School breakfast programs have been implemented, which help to nourish students and help them to get to school on time. In one northern nation, teachers and administrators in four schools are practicing and learning about mindfulness and developing skills to develop resiliency.

The benefits will trickle down to the children, to the families, and to the community at large. The ripple effect is substantial. In an elementary school that describes itself as a mindful school, the language of mindfulness, compassion, anxiety, trauma, and healing is integrated into conversations and daily classroom activities. The conversations have started and are building momentum. It is encouraging that post-secondary educations are rising among people who identify as First Nations. It is said that it will take seven generations to heal and move forward from the trauma of residential schools. The last residential school in British Columbia closed in 1996. The path forward is still long.

So how can the outside world support Canada's first peoples to heal from the trauma inflicted by our colonizing ancestors? By listening, by meeting people where they are, by offering trauma-informed education and support, by helping to address the exponentially more difficult teaching challenges in First Nations schools, and by offering templates for community peer support. First Nations communities need more funds, more outreach, more support, and more compassion. They are moving mountains to find a way forward.

There is hope for reconciliation, but there must be unwavering and long-term support for First Nations. Canada's Truth and Reconciliation Commission gave an opportunity for people to tell their stories. That was a beginning. The public education system in British Columbia now has incorporated First Nations Curriculum into every grade level. That's a start, but facing the inherent trauma is the biggest step forward to autonomy, resiliency, and self-sufficiency. Until the personal and collective trauma can be healed, these proud and resilient peoples will be shackled and defined by a soul-crushing and violent past. Once the healing begins, there will once again be space for the joy of learning, creativity, playfulness, and connection. Once again, Canada's First Nations will thrive.

Group TCTS Y with those Waiting in Contingency

Meriel Goss

Introduction

In this paper, I am sharing my evolving experiences of facilitating Trauma-Centre Trauma Sensitive Yoga¹³ (TCTS Y) inside and outside Penally barracks with men awaiting their asylum applications to be processed. I discuss the physical and political context, the challenges we have faced, and key observations. The paper concludes with recommendations on why TCTS Y could be useful for individuals surviving transitory displacement and contingency accommodation.



Penally

The Penally barracks in West Wales is one in a new wave of Initial Accommodation¹⁴ (IA) venues recently instituted by the Home Office to accommodate people awaiting their asylum applications to be processed, which typically takes 2-6 years. An ex-MOD¹⁵ training

camp, Penally looks and feels like a detention camp or a recognized prison camp. Barbed-wire fencing, locked gates, public access denied, entrance/exit controlled by security staff with keys jangling at hip, curfews, up to 250 men sharing 6 to a room concrete bunkers with tin-roofs, faulty heating, flooding toilets, communal showers, outdoor queues for the food hall without coats, located in an isolated and under-resourced rural corner of Wales. This is where men are housed who have experienced the atrocities of war, forced migration, torture, modern slavery, political and gender/sexuality persecution. The men at Penally are not survivors – they are surviving. Added to the inappropriate and triggering nature of the accommodation, the process of applying for the asylum itself psychologically entraps us in an enforced loop of endless waiting with little control of basic life choices. The torture of endless uncertainty and constant waiting is something local free citizens have partially experienced through COVID lockdown in a miniature way. In reaching out as neighbors to welcome these men, the community has been struggling to maintain their own mental health. That has heightened the awareness we feel of our new neighbour's invisible existential distress, as well as the more obvious physical challenges. We glimpse at the terror of endless waiting for life to begin, for life to belong to one again.

The UK Government has been actively pursuing a Hostile Environment policy towards immigrants and asylum seekers. Moving these vulnerable men into Penally barracks is in-line with this strategy that perpetuates ongoing accumulative trauma. Penally is a type of semi-incarceration that further 16 recognized 1616 people into near-destitution and life of disorientation and unceasing uncertainty and is under human rights scrutiny. Like most IA provisions, the camp is run by private contractors, under a policy of outsourcing services to drive down costs, which means staff has no training or time to deal with the men in their care sensitively. No empathy or care is encouraged. Services provided are minimal: just food and lodgings, with limited access to healthcare.

Residents can be moved between IAs at very short notice. This lack of stability makes few therapeutic interventions suitable to address the frequently excruciating chronic psychological and associated physical suffering

¹³TCTS Y certification, on-going research & peer support supervision is overseen by CfTE - Centre for Trauma and Embodiment.

¹⁴IA - Initial Accommodation. Temporary accommodation for people seeking asylum and awaiting refugee status. Home Office approach is to disperse asylum seekers around the UK to redistribute load away from high density councils. Asylum applications stopped with Covid and have slowly started again and in that time Priti Patel, UK Home Secretary, initiated a series of high density accommodation sites to appear 'Tough' on asylum seekers.

¹⁵MOD - Ministry of Defence.

of asylum seekers. These high-density *camp*s are defined by intimidation and systemic abuse, but those living there are the most resourceful and resilient people I have met. From this hostile, temporary accommodation, I invite asylum seekers from all over the world to join TCTSY group sessions.

In reaching out as neighbors to welcome these men, the community has been struggling to maintain their own mental health. That has heightened the awareness we feel of our new neighbour's invisible existential distress.

What is TCTSY?

"I like when we take off shoes and put feet on the ground. I can feel it. I like that feeling." — H

TCTSY has evolved as an evidenced-based adjunctive intervention to address complex trauma, sometimes labeled C-PTSD¹⁶. It draws from embodiment practices of Hatha Yoga as well as recent discoveries in neuroscience that research how, in order to survive atrocities,

¹⁶ Developed at the Trauma Center in Brookline, Massachusetts, Trauma Center Trauma-Sensitive Yoga (TCTSY) is a program of Center for Trauma and Embodiment at Justice Resource Institute. TCTSY is an empirically validated, clinical intervention for complex trauma or chronic, treatment-resistant post-traumatic stress disorder (PTSD). The TCTSY program qualified for inclusion in the National Registry of Evidence-based Programs and Practices (NREPP) database published by the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to yoga, TCTSY has foundations in Trauma Theory, Attachment Theory, and Neuroscience. Although TCTSY employs physical forms and movements, the emphasis is not on the external expression or appearance (i.e. doing it "right"), or receiving the approval of an external authority. Rather, the focus is on the internal experience of the participant. This shift in orientation, from the external to the internal, is a key attribute of TCTSY as a complementary treatment for complex trauma. With TCTSY approach, the power resides within the individual, not the TCTSY facilitator (TCTSY-F). Further, by focusing on the felt sense of the body to inform choice-making, TCTSY allows participants to restore their connection of mind and body and cultivate a sense of agency that is often compromised as a result of trauma.' <https://www.traumasensitiveyoga.com/>

people are neurologically adaptive. The effect of ongoing trauma can cause us to distrust our body, which has become an unsafe place, a place that can be overwhelmed with unbearable sensations in a split second. We may feel shame that our body could not protect us and that it cannot protect us still. Having no choice in what happens to your body over and over might cause you neurologically to avoid having a felt sense of a body. H tells me he likes to feel his feet on the ground. That suggests he can feel that as a sensation in his body. This is an example of a present-moment experience that H is choosing to have to some degree. He keeps returning to it and says he does this on his own some evenings. He is in control of choosing that experience.

'The goal of treatment of PTSD is to help people live in the present, without feeling or behaving according to irrelevant demands belonging to the past.' Bessel A. Van der Kolk (1994)¹⁷

Imagine noticing that you can't feel your feet. Maybe you haven't noticed that before, but now it is apparent and very distressing. The TCTSY facilitator understands that may be happening all the time to those in the room. What about your hands, shoulders... we explore other invitations. Sometimes we don't feel anything; that must always also be a valid option.

Disassociation, numbing, chronic lethargy, self-medication, or prescribed medication allow us to cope with and tolerate how trauma continues inside us long after the events have passed. This is how our body looks after us; it is incredibly clever in helping us survive. TCTSY draws from and works with this understanding of dissociation and neuroplasticity by supporting the re-growth of interception. Interception is the foundational capacity of 'feeling oneself' and lies at the heart of one's primary sense of somatic self, one's sense of effect, and all voluntary and involuntary behaviour¹⁸.

TCTSY is an opportunity to take a yoga class with a *trauma informed yoga teacher* who will:

- be informed about triggers, flashbacks, dissociative states, overwhelming emotions, hyper-vigilance, anxiety, sensory dysregulation, freezing, depression, and organic pain
- make space for you to step out of any practice and any class
- is *not* therapy

¹⁷ Van de Kolk, Bessel (1994 pp. 253-265)

¹⁸ For clinical research, randomised trials and more research papers <https://www.traumasensitiveyoga.com/resources/#research>

- participants will *not* be asked to share their trauma histories or to process their memories

OWNING ONE’S BODY– During the practice, we are invited to explore:

- although TCTSY facilitators may well also be therapists or clinicians, s/he will *not* be in the session to offer these services.
- making choices about how to be in a shape
- making these choices based on what you notice you feel & *what you want to feel*



“I just really suddenly got the idea that I have a body and that I have control over it and that I’m the one that decides what my body does or doesn’t do.” — TCTSY Student

Subjective experiences are at the heart of TCTSY so when we practice with other people, it becomes a practice of ‘being and allowing the other to be.’ This relational dynamic is central to TCTSY and is the opposite of trauma relationships. It is not trauma, not coercion, not manipulation.

Because there is no right or wrong way to make a shape in TCTSY, a Facilitator has no need to:

- change a participant’s shape–this is a *no touch* practice; your body is your own
- *judge the participant*– Facilitators often practice with their own eyes shut
- *move around* the room

Because the practice tries to avoid recognized dynamics:

- every single shape is offered as a *genuine invitation*
- our language avoids *metaphors or imagery*– We have no idea of our clients’ associations with these images

- for a similar reason TCTSY *doesn’t* make use of music, Sanskrit, incense, candles, yoga blocks or straps
- *we do not offer interpretations* of a client’s experience – clients are often vulnerable to accepting someone else’s story about them
- to offer this practice *we do not need to know what has happened to you & us will not ask you*
- Facilitators practice alongside a client, *genuinely* noticing sensations & trying to make their own *authentic* choices. In this way, we offer the option of *being with someone who is not lying*

Intervention

At Penally, TCTSY is 1-1.5 hours in a large empty space known as ‘the theatre,’ which is separate from the bedrooms and management offices. The sessions are an open invitation to all the men living onsite, but those attending have formed nationality groups over time, and the sessions are no longer as mixed as they once were. The sessions have adapted to the chaotic nature of the men’s lives, so attendance is fluid within a wide fixed timetable. COVID-19 safeguarding means the food hall lunch hours are allocated slots between 1-4pm, so anyone joining yoga is free to come and go when they choose, which the men appear comfortable with. Some-

one may join us 45 minutes into a session after lunch (or when they've woken up) or leave if they have a call scheduled with their lawyer.

These TCTSY followed a series of initial sessions outside the barracks on private land where we held Sanctuary Days trips away before lockdown. TCTSY outside the camp was amongst trees and meadows with volunteers and *buddies* from the local community. Through lockdown, the men spend much of their time in their rooms, so on dry days, we often begin TCTSY amongst the few trees on site before going into the more private 'theatre' space.

Challenges

Initially, the men at Penally were resistant to invitation-al choices, perhaps because of the patriarchal pedagogy they are accustomed to or maybe due to how chaotic their life feels. This was echoed by staff and co-volunteers who expressed the need for *structure, discipline* and encouraged me to be more '*dictator-y*'. I have found this paternalistic approach is widespread in the sector. In order to feel safe, TCTSY is actually a very structured relationship. Facilitators keep clear boundaries and are constantly practicing being predictable – we look the same, dress the same, we use the same words and same invitations, we don't move around the room, we do everything we can to avoid shocking or surprising anyone in any way.

There have been times when attendance was consistent, and our group had got to a place when everyone was truly choosing forms and rhythms independent of each other in keeping with how they are feeling. To be moving with autonomy in relation to our feelings felt radical in the setting, radically connected and safe. This sense of personal freedom is possibly healing for some or for the collective. In these moments, something often happens as a fitness enthusiast will join us. He'll start his sweaty press-ups or impressive muscular dexterity, and his workout will have an instant effect on us all – choice-making disappears, and the dynamic of performative masculinity, performative yoga return, and pedagogical expectations shift. The moment is gone.

As discussed, the heart of TCTSY is non-competitive and non-comparative, but peer pressure showing-off is very compelling and can be really fun. This is an all-male camp, after all. There are tensions between nationality groups historically at war with each other, and prejudices are rife between religious and cultural groups. There are gatekeepers and in-camp power dynamics I try not to get involved with, but I can feel them in these moments of comradely and muscular prowess. The air between us can feel thick with complex relationships, relational tensions, and implicit threats. My TCTSY supervision group noticed I was judging men who brought dynamic workout regimes

into Yoga. They encouraged me to be more open about what TCTSY might look like or when it might step aside. That was not my choice to decide. I had fallen into the trap of being the *trauma-informed expert* dictating what should happen. I am working to stop doing this. In those moments when individuals demonstrate their muscular dexterity, our activity stops being *trauma-informed*. It has turned into something else, and that is okay. If sweaty cardio workouts are what someone feels like in that moment, what they choose, then that should be fine. Together I have supported one martial artist expert in the group to facilitate his own cardio fitness sessions, which I also attend. That is what choice means.

The main challenge in the TCTSY is to navigate the macho tensions rather than the actual activities that are expressed within. In my own authentic experience, my knee injury helps me as I have adapted by using chairs and going slow. I have found that if I am practicing choices around my own physical vulnerability and genuinely feeling my way through that, then others also take breaks and choose autonomously too.

We have to have another volunteer present at all times for safeguarding. These assistants have pre-existing experiences of yoga that affect the nature of the session by reverting to performative yoga. Ideally, assistants would be TCTSY-Fs or at least have trauma-informed training.

Onsite staff and other volunteers often come into our Yoga space unannounced. This is very disruptive and can break any established atmosphere of predictable safety. Sometimes they will say something, in front of the men, like '*make sure you collect the mats up or they will disappear*' (explicitly and openly suggesting they will be stolen), creating a power dynamic and separation between them and us. Training and communication to encourage sensitivity and a paradigm shift around power at the barracks are badly needed.

Staff and service-providers are often frustrated and impatient with the Penally residents who they see as ungrateful, aggressive, and lazy. Often the men at Penally sleep until 3 or 4 pm due to insomnia or chronic dissociative lethargy. This can cause tension as staff and service providers to refer to self-care and self-help rhetoric that negatively judge these men as unworthy and disingenuous. Sometimes this expression of agitation and irritability seems to be a symptom of the secondary or vicarious trauma of staff and volunteers who themselves feel helpless and overwhelmed by the lack of services.

Everyone involved at Penally takes on the responsibility with no real power. From our Welsh Prime minister (who has openly recognized the Home Office for opening Penally, or a volunteer is trying to bring food in but being stopped by security) to the volunteers that support onsite offerings of English lessons and facilitate creative activities. Vicarious trauma and overwhelm are unchecked and pervasive.

The men who join me for TCTSY come from Sudan, Eritrea, Ethiopia, West Africa, Iran, Iraq, Kurdistan, Syria, Palestine, Tibet, and El Salvador – to name a few. English proficiency and literacy vary. This linguistic and demographic diversity impacts our communication and the cultural variations of gender, friendship, and authority.

In multilingual groups, I struggled to facilitate using the careful *trauma-informed* TCTSY relational language I was trained to use – invitational options. I was wordless. Being speechless is a state most trauma survivors can relate to. I tried to learn ‘*to choose/choosing*’ in all the languages present. I experimented with asking men to translate for me, but I sensed they used an authoritative tone I consciously avoid, and I couldn’t ensure the invitational element was authentically passed-over.

Although we avoid all descriptive language in TCTSY, we have started using animal words. Animals are the closest to a universal language we can find in Penally. In general, snake, cow, cat, dog, butterfly, elephant, and some other nature words like sun, moon, tree, the mountain is known by everyone despite various educational backgrounds. We have started drawing some visual aids together of Yoga shapes too – simple line drawings deliberately in contrast to the western yoga-bodies that proliferate our externally obsessed culture. I am learning a lot about establishing a visual language without suggesting there is a *right way* to look, do or feel. I have stopped using dog now as it is *haram* for so many.

Findings

After TCTSY, I prolong locking up and returning the mats in order to allow space for a chat. These can be informal times when we share a box of medjool dates and chat, as I am aware that under COVID-19 lockdown they have little to no social outlets or chances to practice their English. This is often when someone discloses their sleeping problems and physical ailments. TCTSY is not therapy, and I can refer anyone I am concerned about for a welfare report, but those staffs are either ineffectual or incredibly overworked and under-resourced. In truth, unless someone is about to seriously endanger themselves or another, there is nothing appropriate for people living in long-term contingency initial

accommodation available in the UK, except prescription drugs.

The TCTSY approach when people start to talk about their challenging feeling and experiences is to validate what they say by listening, holding space but not processing it verbally. Instead, we invite a return to something from the Yoga session, something embodied. We may reflect on a moment they felt something or a shape that seemed to resonate with them interestingly. I do not process these disclosures, but I do now hold more space for them than I have with other groups. I am aware there are no other spaces for personal distress to be witnessed by the collective/community – no church, no temple, no pub, no friendship-circle, no family home. These are not therapeutic spaces, there is no fixing possible in the waiting game of asylum recognition, but listening feels important. TCTSY-F practicing alongside people seeking asylum in contingency accommodation needs some basic listening/counselling skills.

For this reason, our volunteers now attend ‘accidental counselling’ workshops in order to enable helpful but ethical pastoral communication. We practice compassionate listening in these moments because there is no effective signposting available here. There is no multilingual psychological support or therapeutic referral pathways. Even if there were capacity for multilingual talk therapies for high-density camps such as Penally, unpacking memories is still too triggering for anyone surviving the tightrope conditions to tolerate. Listening with boundaries and bearing witnessing may be just enough validation. It is important we do not promise more than this.

“The yoga makes me sleep... I have bad energy, and I don’t sleep. Yoga is good energy. I get the bad energy, and then I am here with the good energy I make it go away... This night I sleep.” – H

H is a kind and gentle Sudanese father who is always waiting before we start TCTSY and stays behind afterward. He doesn’t sleep. He shares a bunkbed with a Kurdish man he shares no language with. They do not communicate in their tiny sleeping space. He rings his wife and children in Sudan every day and walks around outside at night on his phone, wandering, lost, and wide awake. He is plagued by headaches, distressing flashbacks, and depression. In TCTSY, we avoid language around self-regulation and healing promises, but I am happy to hear he is experiencing this respite. I express that that is an interesting observation rather than qualify it with value judgments. I do not want to perpetuate the idea that we have an aim here. What I draw from his disclosure is not that he can sleep on those days but that

he has noticed a change in how he sleeps in relation to what he is choosing to do with his body. He is noticing how he feels and is making choices around his feelings. That is how TCTSY can, for some, be part of healing from human atrocity.

TCTSY in the community versus clinic.

“When I was doing body/action verbs with H, he knew the word ‘breath’ and told me it was because of Yoga.” County of Sanctuary Pembrokeshire (COSP)¹⁹ volunteer community TEFL/ESOL teacher.

TCTSY outside the camps feels very different. The Penally TCTSY sessions began on wellbeing-orientated Sanctuary Days. These community-led Sanctuary Days were a wonderful time of *post-traumatic growth* through social connection. Local neighbours and asylum seekers came together for walks, picnics and gathered around camp-fires. Stringent COVID lockdowns stopped all social connections, and within days onsite, vandalism and threats of hunger strikes escalated, and reports of self-harm increased.

The social connection appears to be the most important intervention for anyone living destitute, incarcerated, or chronically distressed before anything else. Further exploration is needed to integrate layers of supervision and support within intuitive community response to allow TCTSY to be offered in a safe and ethical way in organic social contexts.

TCTSY cannot be offered in a vacuum. It is an adjunctive intervention, but it grew out of clinical western medical models. Penally, and I imagine many high-density habitations for transitory populations have no primary mental health provision access. Instead, we have community pastoral relationships such as the local Imam, vicar, paternal roles within the camp, and community volunteers. Trauma-care must always come from the collective; no one person can or should ever hold that space alone or go beyond their ability and capacity.

I would like to see research and encouragement in how communities in these crisis settings are in essence, part of healing and how they can be supported. Red flags around safeguarding, vicarious trauma, and boundaries spring to mind, but to respond to historical and ongoing trauma, communities need to be empowered to creatively be part of healing them.

Conclusion and Recommendations

¹⁹Sanctuary Days are coordinated by COSP - County of Sanctuary Pembrokeshire.

“You are a good person, I like yoga because you are a good person.” – A

TCTSY is an appropriate activity for people living in precarious high-density habitations because it is a fundamentally relational activity. Building trust in relationships is perhaps the most useful intervention in this hazardous context.

TCTSY is one of the very few appropriate ways people living in these camps can explore trust, feelings, sensations, control, choice, power relationships without unpacking emotions that cannot be processed suitably.

TCTSY should be offered as a low-dose practice only with the understanding that there is an absence of further supportive interventions available. Suppose TCTSY cannot be integrated with other therapeutic interventions. In that case, alternative ecosystems of support need to be encouraged to intuitively evolve, like our befriending buddy schemes and Sanctuary Day community groups.



Offering TCTSY from within a community context as opposed to a clinical setting could strengthen the relational benefit. We might learn from taking TCTSY out of 21ecognized21 contexts and collaborative research trust within communities as part of the healing process.

The designers of the asylum process, those they employ, and volunteers need trauma-informed training to stop perpetuating abusive relationships and systems. Evolving an empathetic ethos needs to be holistically integrated.

‘When the truth is finally 21ecognized, survivors can begin their recovery.’ – Herman (1992)

“Yoga is for happy man... You have to take away the stress situation, and then I do the Yoga. I don’t want to not feel the stress... I don’t want to feel happy... I want to get out of here. Then I can be a happy man.” –S

S is a young intellectual economist from Syria with twinkly eyes. His English is perfect, and so when he converses, he plays with multiple idioms, perhaps to practice, or maybe they simply tickle him. Chatting with him feels like the conversational equivalent of an Escher painting. We get lost, not knowing where we started or where we are going. He likes to play Devil's Advocate and embroiders concepts and ideas together whilst simultaneously unpicking them. I struggle to keep up with him, which he clearly enjoys. He has been moved five times in one year, sometimes with 10 minutes' notice and under cover of night whilst seeking asylum. He describes how limited psychological interventions could ever be for asylum seekers in this context.

“TCTSY at Penally has offered some present-moment experiences of equality and a foundational experience of human trust that may live on as our friends move on, are hopefully granted refugee status, and start to independently rebuild their lives with the autonomy they deserve.”

We must validate his urgency for institutional change first and foremost. Coalitions of NGOs and a consortium of legal and medical experts are working tirelessly alongside activists to expose and overthrow this cruel situation. S reminds me every time we stop for a chat onsite of the glaring paradox of my presence there – the camps should be closed, they are not appropriate, he should not be there, and yet somehow we are here, we are human and need to be together to survive what should never be happening. How to fight for change whilst finding ways to survive systemic abuse? Social injustice and personal healing is a complicated dance of balancing resources. These men need to continue to fight. They are not safe yet. They are burning out, the constant waiting, the pervasive uncertainty, the lack of agency, is too much to bare. Respite needs to be part of contingency accommodation as a humanitarian priority.

Any complementary activity with transient populations must be person-centered to allow variety. Some choose high-impact training, some opt for self-regulation breathing techniques like pranayama and meditation to help them relax or sleep, explore choices and feelings in their bodies and maybe visceral or somatic agency, and some sleep all day long. These are all equally valid ways of coping, and there is no one best way to cope.

TCTSY could learn from being more culturally creative as it has high potential in serving people living on the liminal edge of society. Prison camps and detention centres could benefit from applying for community psychosocial support as an alternative to the unavailable clinical interventions.

TCTSY at Penally has offered some present-moment experiences of equality and a foundational experience of human trust that may live on as our friends move on, are hopefully granted refugee status, and start to independently rebuild their lives with the autonomy they deserve.

I would like to thank all the men at Penally for allowing us to stand with them and for teaching us so much about living.

References:

- Turner, J & Emerson, D
(2020). <https://www.traumasensitiveyoga.com/>
- Herman, J, (1992, pp.) *Trauma and Recovery: the aftermath of violence - from domestic abuse to political terror.* (2nd ed.) New York, NY: Basic Books.
- Kolk, B. A. van der, (1994). *The Body Keeps the Score: Memory and the Evolving Psychobiology of Post Traumatic Stress.* *Harvard Review of Psychiatry*, 1(5), 253-275.

About the Author

Meriel Goss has 5 years of experience as a TCTSY facilitator and 11 years as a Yoga teacher (BWY Cert.). She also offers TCTSY to individuals via CAMS (young adults living or leaving care), private clients, and in small groups with local mental health drop-in centres or as part of addiction support resources. Email: info@yogaintherapy.com

What Should we call the Loved Ones of Persons with CPTSD? A proposal to use the word ‘Caregiver’.

Heather Tuba

With the recent inclusion of complex post-traumatic stress disorder (CPTSD) in the International Classification of Diseases (ICD-11), the terms CPTSD and complex trauma are growing in familiarity. Increasingly, practitioners, organizations, and laypeople are utilizing the language of CPTSD to create awareness, share information and discuss the symptoms of this type of trauma. Whether diagnosis or not, having language is important not just for the person whose symptoms may indicate CPTSD but also for their loved ones. Personally, as a writer whose focus is on education and support for loved ones of persons with CPTSD and as a partner to a person with CPTSD, it is vital to have a way to discuss the challenges of the condition and its impact on all involved.



Currently, there is the early interest shown in the experiences of loved ones of persons with CPTSD. Since 2017, the focus of my writing, speaking, and consulting has been on the impact of CPTSD on loved ones. From the beginning, I have heard many of the same concerns and frustrations from loved ones, whether partner, friend, or relative. Loved ones experience challenges in understanding complex trauma, finding information tailored to their role, and finding their own support.

In 2020, I came across a research paper on the experiences of relatives of persons with CPTSD. Mastering Life Together - symptom management, views, and experiences of relatives of persons with CPTSD draws

parallels between the experiences of relatives of persons with CPTSD and the experiences of caregivers of persons with other severe and concurrent mental illness [1]. Based on my personal experience and the stories of loved ones, I propose the descriptor of caregiver is accurate and could provide a means for better understanding and supporting loved ones.

“The research and anecdotal reports of loved ones demonstrate the similarity of loved ones’ experiences to those of other caregivers. Concerns about exhaustion, isolation, frustration, helplessness and uncertainty how to manage the person with CPTSD’s triggers are common.”

It is well known that unpaid, informal or family caregiving is common for many physical health conditions and some mental health. Research on severe and chronic mental health conditions such as schizophrenia and borderline personality disorder reference caregiving [2,3]. Given that CPTSD “...is described as a chronic condition with several severe and concurrent symptoms” [4] and that the prevalence of CPTSD is higher than schizophrenia [5], it seems wise to advocate for the use of the word caregiver as an accurate descriptor of the role of loved ones.

The research and anecdotal reports of loved ones demonstrate the similarity of loved ones’ experiences to those of other caregivers. Concerns about exhaustion, isolation, frustration, helplessness, and uncertainty about how to manage the person with CPTSD’s triggers

are common. Loved ones worry about the development of their own stress disorder and mental health issues [6]. Physical health is adversely impacted, including sleep disruptions, pain and muscle tension, headaches, and increased vulnerability to flu and colds.

“Many of our participants in the study criticize the lack of information and would like more specific involvement in treatment for relatives. Otherwise, there is no understanding whatsoever as to what the condition is. The relative participants also said there is a great need to have several options for formal social support.”

Currently, the primary recommended source of support for loved ones is an individual, couple, or family therapy. While therapeutic support may be beneficial, psychoeducation, social support, and stress management tools could be met in other ways [7]. Furthermore, CPTSD often impacts the employment of the person with CPTSD and, sometimes, the loved one [8]. Therefore, the financial cost of therapy may mean this option is inaccessible.

Aside from therapy, loved ones are frequently advised to seek education, engage in self-care, and find a support system. With very little tailored to loved ones of persons with CPTSD, the burden for finding and compiling such resources rests on loved ones. This advice, while well-meaning, does not consider the impact of chronic stress on integrating complex information [9]. Furthermore, although persons with CPTSD express a desire for loved ones’ involvement in treatment in order for them to have information and understanding [10], barriers such as confidentiality, an individual focus of treatment, and perceptions about caregiving, in general, prevent this from happening.

In addition to the burden of self-education and self-support, daily responsibilities of care continue and often increase when the symptoms of CPTSD are exacerbated. Financial responsibilities may fall solely on the loved one with a need to assume new employment or to

increase part-time to full. Other tasks include transportation to appointments, medication monitoring, administrative tasks, domestic chores, increased parenting responsibilities, and liaising with family and friends about the affected person’s health. Loved ones provide emotional support, companionship, and help with symptom management by buffering stress, providing perspective for triggering situations, and offering distractions [11].

As discussed in the article Loss of self, caregiving and being a partner to a person with CPTSD, the benefits of applying the word caregiver to describe loved ones are several [12]. First, the caregiver communicates a role which most understands as demanding and deserving of support. Second, an understanding of the position of loved ones as caregivers potentially offers an opportunity for organizations to designate resources for CPTSD caregivers. Examples of the provision of resources for loved ones take place in non-profit organizations [12]. Third, with recognition, non-clinical and free materials on the topic may increase in availability. Fourth, supportive learning in various formats could be made more widely available to teach about CPTSD and its impact on loved ones. Finally, recognition could lead to the development of specific peer support focused on CPTSD for loved ones.

The dilemma for loved ones is further expressed in this interview with Dr. Stadtmann.



Many of our participants in the study criticize the lack of information and would like more specific involvement in treatment for relatives. Otherwise, there is no understanding whatsoever as to what the condition is. The relative participants also said there is a great need to have several options for formal social support.

For example, a group is not for sufferers but for the relatives to exchange experiences and support each other [13].

Evidently, not every loved one will choose to identify as a caregiver. However, I believe we have the opportunity to apply the language of caregiving as a means to work towards better support for loved ones. Based on early research and from the stories of loved ones, there is a growing interest in and demand for better support and more resources. I hope that those who study and provide treatment for persons with CPTSD will recognize the severity of the challenges caregivers experience and work towards providing much-needed care for these people.

References:

- Stadtmann, M. P., Maercker, A., Binder, J., & Schnepf, W. (2018). Mastering life together - symptom management, views, and experiences of relatives of persons with CPTSD: A grounded theory study. *Journal of Patient-Reported Outcomes*, 2(50). <https://doi.org/10.1186/s41687-018-0070-5>
- Cuncic, Arlin. (2020, February 9). Caregiving for schizophrenia. Retrieved from <https://www.verywellmind.com/caregiving-for-schizophrenia-4773764#dealing-with-stigma>
- Barr KR, Jewell M, Townsend ML, Grenyer BFS. (2020). Living with personality disorder and seeking mental health treatment: patients and family members reflect on their experiences. *Borderline Personal Disord Emot Dysregul*.7(21). 1-11. <https://doi.org/10.1186/s40479-020-00136-4>
- Stadtmann, M.P., Maercker, A., Binder, J. et al. (2018). Why do I have to suffer? Symptom management, views and experiences of persons with a CPTSD: a grounded theory approach. *BMC Psychiatry*, 18 (392). <https://doi.org/10.1186/s12888-018-1971-9>
- Salter, M., & Hall, H. (2020). Reducing Shame, Promoting Dignity: A Model for the Primary Prevention of Complex Post-Traumatic Stress Disorder. *Trauma, Violence, & Abuse*. <https://doi.org/10.1177/1524838020979667>
- Tuba, H. (2020, August 28). Secondary traumatic stress and being a partner to a person with CPTSD. Heather Tuba. <https://heathertuba.com/secondary-trauma-partner-cptsd/>
- Stadtmann, M. P., Maercker, A., Binder, J., & Schnepf, W. (2018). Mastering life together - symptom management, views, and experiences of relatives of persons with CPTSD: a grounded theory study. *Journal of Patient-Reported Outcomes*, 2(50). <https://doi.org/10.1186/s41687-018-0070-5>
- Salter, M., & Hall, H. (2020). Reducing Shame, Promoting Dignity: A Model for the Primary Prevention of Complex Post-Traumatic Stress Disorder. *Trauma, Violence, & Abuse*. <https://doi.org/10.1177/1524838020979667>
- Tuba, Heather (@heathertuba). (2020, September 15). If you are a partner of a trauma survivor, I'm sorry if the only resource you've been offered to understand your partner's trauma is The Body Keeps the Score. <https://www.instagram.com/p/CFKJMCSjmpU/>
- Stadtmann, M.P., Maercker, A., Binder, J. et al. (2018). Why do I have to suffer? Symptom management, views and experiences of persons with a CPTSD: a grounded theory approach. *BMC Psychiatry*, 18 (392). <https://doi.org/10.1186/s12888-018-1971-9>
- Stadtmann, M. P., Maercker, A., Binder, J., & Schnepf, W. (2018). Mastering life together - symptom management, views, and experiences of relatives of persons with CPTSD: a grounded theory study. *Journal of Patient-Reported Outcomes*, 2(50). <https://doi.org/10.1186/s41687-018-0070-5>
- Tuba, H. (2020, December 5). Loss of self, caregiving and being a partner to a person with CPTSD. Heather Tuba. <https://heathertuba.com/loss-self-caregiving-cptsd/>
- Tuba, Heather. (2018). Testimonial from Ashley MacNevin, BSW, RSW, Waypoints. <https://heathertuba.com/about/>
- Tuba, H. (2020, September 17). Complex PTSD & the need for better family support - interview with Dr Manuel P Stadtmann. Heather Tuba. <https://heathertuba.com/complex-ptsd-family-support/>
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- Correspondence regarding this article may be addressed to Heather Tuba, BA Director: Birch Consulting and Support Services Email: info@heathertuba.com

BOOK REVIEW





**NO ONE
SHALL BE
SUBJECTED TO
TORTURE
OR TO CRUEL,
INHUMAN OR
DEGRADING
TREATMENT OR
PUNISHMENT**

About the Book: Embodied Healing

Survivor and facilitator voices from the practice of trauma-sensitive yoga, Jenn Turner, 2020, North Atlantic Books.

About Reviewers

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Book Review

In a balanced blend of compelling scientific evidence and personal narrative, *Embodied Healing* details what Trauma Center Trauma-Sensitive Yoga (TCTSY) is and how it is implemented in the real world. This collection of essays, edited by Jenn Turner, details how numerous people from various backgrounds, identities, and walks of life came to experience trauma-sensitive yoga for the first time.

Actively noticing pinching pain in one's shoulders and feeling safe enough to make the choice of leaving the arms down by the sides, instead of overhead with the rest of the class, can be a catalyst for freedom and transformation off the yoga mat and into the world. Similarly, bearing witness to other people's stories of embodied healing can be a catalyst for us to look inward and find ourselves positioned one step closer to understanding what wholeness means and feels like for us.

Turner's book was published in 2020 when many people were faced with new barriers to accessing trauma treatment due to the global pandemic, making us curious about the adaptability of trauma-sensitive yoga to virtual settings. *Embodied Healing* is not only a thoughtfully written book for survivors of complex trauma to realistically envi-

sion how TCTSY might look and feel if practiced, but it also serves as a felt guide to potential and current facilitators and participants as to how much work may be needed to leave your expectations of this practice at the door. Because of this, readers would benefit from intentional engagement with this content while being mindful of how these trauma narratives might interact with their own.

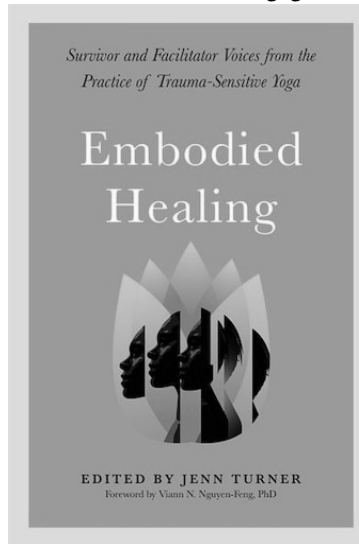
Various facilitators and clients within this book take us on a plethora of journeys across the globe and across the lifespan. From a Zen center in Japan to a residential care center for teens north of Boston, we witness the power of letting go of the outcomes and how having a space for

feeling peace can be a catalyst for wanting to find other sources of peace off of the yoga mat. As either survivor or facilitator shared each story, it became increasingly apparent that embodied healing created a life of its own within both parties when both were ready to connect to the gift of the present moment.

While acknowledging the breadth of identities already represented, one pivotal voice that was missing and could have connected TCTSY to the origins of yoga would belong to Southeast Asian individuals. We would like to know more about Southeast Asian perspectives on the application of yoga to treat complex trauma and how yoga can be both honored and personalized throughout this

process. Further, we are interested in knowing more about the founders of TCTSY and if the conceptualization of TCTSY was informed by Southeast Asian practitioners more closely connected to the roots of yoga's creation and tradition.

Additionally, the lack of narratives from people who do not identify as women (e.g. men, non-binary, gender non-conforming individuals) promotes us to contemplate the applicability of TCTSY for people who are not women. The lack of representation of non-dominant cultural perspectives and experience with trauma-sensitive yoga is reflective of a trend in Westernized yoga spaces to be predominantly White, able-bodied, financially well-off cis-gendered women. However, the TCTSY approach does work to offer alternatives to this trend through the integration of the following pillars: invitational language, present-moment experiences, choice-making, shared authentic experience, and non-coercion. Various stories within *Embodied Healing* demonstrate how these TCTSY principles, especially non-coercion, can be readily applied to meet



marginalized groups' needs that mainstream yoga may not cater to or adapt to.

Embodied Healing is an enriching addition to the existing body of work on mind-body interventions for healing complex trauma. The facilitators and clients in this book share the premise that body-based healing modalities are effective for treating complex trauma with other authors. To provide some examples, van der Kolk (2014) focuses on the physiological damage of trauma on the brain, mind, and body and Levine (1997) discusses releasing trauma from the body through Somatic Experiencing; however, both are cis-gendered White male leaders in medicine. Thus, *Embodied Healing* bestows a unique approach in elevating novel, diverse voices of complex trauma survivors and their first-hand journeys into and through acknowledging and reclaiming their body and self as their own (experiences that may not have had the opportunity to make it into mainstream discourse prior to this book).

Other work bolsters the idea of befriending the body and includes and uplifts gender diverse experiences like body dysmorphia and how body-based self-love is intertwined with acknowledging systems of oppression that cause direct harm, particularly to marginalized individuals (Taylor, 2018). Related to this, we would like to know how the principles of trauma-sensitive yoga could set the groundwork for how body-based practices can relate to dismantling overarching systems of oppression, taking it a step beyond the dynamics between facilitator and survivor or provider and client. While reclaiming personal agency with a trauma-sensitive yoga facilitator can feel empowering, we would benefit from knowing more about how these tools could help participants navigate the broader systems of oppression that they interact with and can be harmed by.

While addressing these systems of oppression and our own healing journey can be daunting, Turner encourages us to start where we are and with what we have: our bodies. While research has found that trauma is stored in the body, it would be crucial for us to know more about how to navigate when trauma-sensitive yoga may trigger clients and how to address trauma-related or even accessibility barriers (e.g. being deaf, hard of hearing, physically impaired, blind) to body-based interventions.

We would like to know more about the considerations for whom trauma-sensitive yoga would not be recommended and how modifications to the unique needs of participants can be integrated. Illustrating this individualization process includes Turner's emphasis on the importance of adjusting the frequency of cues that invite clients to focus on their bodily sensations and that minimizing these cues

would be paramount to avoid overwhelming children and youths.

As this practice has grown over the years in becoming an intervention supported by continual research, Turner is able to clearly communicate the purpose of this practice, its approach, and the four themes (shared authentic experience, making choices, present moment, effective action) of thought that embody the healing practice of TCTSY and created the outline of this book. Interception, our capacity and ability to tune into our bodily sensations, is a key concept of TCTSY. This concept has implications for clinicians and yoga facilitators as a pathway to restoring negative impacts of trauma such as severing the mind and body connection, loss of identity or sense of self, and compromising capacity for growth.

Building upon this, the stories embedded within this book allow us to further understand the role of trauma-sensitive yoga in a survivor's internal relationship (e.g. increased abilities to engage in following their internal compass) and in deepening a survivor's bi-directional connection with others (e.g. ability to voice their opinions and set boundaries). Turner emphasizes the importance of utilizing invitational language as a way to authentically connect with clients by prioritizing clients' ability to choose what is best for them within any given moment. This gives us insight into the role that trauma-sensitive yoga facilitators play in creating a conducive environment that makes it safe and empowering for survivors to come into their own sense of personal agency.

As reviewers of Turner's book, our experiences, perspectives, and expertise shape the way in which we interact with and are impacted by *Embodied Healing*. We write this review as women of color, 200-hour yoga teachers with trauma-informed training and prospective TCTSY facilitator applicants (B.W. and M.M.N.), an education and outreach coordinator at a domestic violence shelter (B.W.), a domestic and sexual violence survivor (B.W.), a post-bac research assistant in a mind-body trauma care lab (B.W.), a pediatric operating room registered nurse (M.M.N.), and an author of a book on "The Human Healing Project" (M.M.N.). *Embodied Healing* has profound implications for the fields of psychology, advocacy, medicine, yoga, healing, and many others. *Embodied Healing* is just the beginning of uplifting diverse voices, robust mind-body interventions, and effective approaches to healing complex trauma impacts.

References:

- Levine, P. A. (1997). *Waking the tiger: Healing trauma*. North Atlantic Books.
- Taylor, S. R. (2018). *The body is not an apology: The power of radical self-love*. Berrett-Koehler Publisher Inc.
- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Publishing Group.



TORTURE TODAY

One in five inmates in the United States has tested positive for COVID-19. As of November 2020, COVID-19 case rates in prison are nearly four times the national rate and the COVID-19 mortality rate in prison is approximately twice that of the rate for the general population. In the state of California, COVID-19 has surged across the overcrowded prison system. Many inmates and families have struggled with the California Department of Corrections and reported its failures to prevent and control outbreaks. In our article, we will share revealing insights from inmates on how the COVID-19 pandemic has affected their health and wellbeing, and how the pandemic has shone a light on the widespread violations of human rights in correctional settings. It has also exposed the shortcomings of the social protection system, for those in prisons, and reinforced the ask for its cushioning.

—This will be a collaborative contribution, by James Wong and Jameel Coles

The internet and social media can have negative and limited information about immigrants, migrants, and refugees entering Canada. Through the use of trauma-informed marketing, websites and social media can improve the representation of these newcomer groups. This representation will help educate Canadians about the struggles, torture, and trauma these newcomers have suffered from in their home countries. Currently, these newcomers feel unwanted and are misrepresented in the media when they arrive in Canada. Raising awareness of these groups will help decrease further trauma and vulnerability. Through trauma-informed marketing, the voices of survivors of torture and trauma can be heard through their stories and experiences. Giving a voice to these individuals, will help their transition into Canadian society and provide them with agency, which they have lost through the dehumanizing experiences they have endured.

-----by Robin Curry, VAT/VAST Research and Documentation

What comes to mind when you hear the word 'torture'? Do you think of the Dark Ages? Perhaps you think of wars and genocide and diabolical experimentation on humans or cute, fluffy animals. Have you ever considered the prison industrial complex and the variety of ways in which everyone associated with the system suffers on some level. Physical....psychological....emotional....torture shows its face in many forms and on many fronts. I had the unpleasant experience of learning about this intimately as I served 24 years of a life sentence with a front row, seat exploring the depths to which the system can impact us all, both directly and indirectly.

—by Eldra Jackson III, co-executive director of Inside Circle

The Matrix of the Incommunicable

Luke Felczak

I have noticed a pattern in my life. In times of uncertainty, I am drawn to words. But put more accurately, I am drawn to the history of words, to their evolving history and nature. Some years ago, it got to the point where I had to purchase my own etymological dictionary. It is now on my shelf, and I consult it in times of change. Another person might consult the *I Ching* or a sacred text. I, however, consult my dictionary.

I mention this because I have a problem. Not a problem like a leaky faucet problem, or a number problem, like what is the square root of 81 ($\sqrt{81}$) (Answer: 9). I have a word problem. The word problem is the word *torture*. When I just wrote this sentence in manuscript, I wrote *I have a world problem* instead of *word problem*. This is an interesting slip. Something to note, I think. Now back to my problem. My problem is that the word *torture* is itself a problem. And those who work in the fields of advocacy and rehabilitation, I believe, experience the problem of this word in not only their work but also in how the work is or even can be presented and promoted *in the world out there*. I will give you an example. I am having a conversation with an acquaintance.

I tell them that because it is topical and because I want to share this development in my life, I am now working at the Vancouver Association for Survivors of Torture (VAST). After I say this, I have a complex internal experience with verbal and non-verbal, cognitive, and pre-cognitive aspects. I feel a kind of subdued personal pride. After all, I worked hard to get here, and now I have arrived. But there is also a kind of embarrassment or shame, as though I were now seeing the Emperor in his new clothes for the first time. Other times, I say *the word*, and the word is said, and the soundwaves travel, and the soundwaves are heard. But instead of deepening or encouraging conversation, something seems to become palpably impossible. And then it feels like we are both on the moon.

Leaving connotation behind, the problem follows us to denotation as well. The Office of the High Commissioner for Human Rights (2011) has clearly defined the word and has probably struggled to do so. The inclusion or exclusion of *state-sponsored*, for example. Cruel and inhumane treatment and punishment? A child who is made, as a form of punishment, to eat garbage by their parent. Of course, this is abuse, but it also strikes something more than that. One of my first clients at VAST

was a woman escaping domestic violence. She used the word torture to describe her experience. And here, an interesting question comes to mind: is patriarchy state-sponsored?

Even in the plastic world of my otherwise anchoring etymological dictionary, where denotation blends to connotation, the one becoming the other, and so in a certain sense, *neither*, the entry for the word torture leaves me feeling disturbed (presumably a good thing), but dissatisfied as well (I'm curious). The issue is not whether the word communicates from an experiential perspective, the essence of an experience. The word torture, in and of itself, I believe, can bring us no closer to the experience of torture than, in and of themselves, can the words *love or death* brings us closer to those experiences. So perhaps here is where the problem lies. The meaning of the experience that it purports to mean, and that it means to mean, is in large part incommunicable. And here, despite the thermostat being turned to 23°C, my teeth start to chatter, and my body starts to shake. And I wonder if teeth chattering and body shaking are one of its connotations.

This is not a new problem for the life of the word, or for those trying to learn more of it, more about it, or how to make it better or easier. Neuroimaging studies have confirmed that our capacity for information-processing at the level of language basically flies out the window (van der Kolk, 2014). Bye-bye language. And this is also echoed through passing reference in W. G. Sebald's novel *Austerlitz*, in which he describes the artist Gastone Novelli, who, after surviving the word, incorporates into his recurring art permutations of the letter A, often "rising and falling in waves like a long-drawn-out scream" (p. 27):

A AAAAAAAAAA
A AAAAAAAAAA
A AAAAAAAAAA
A AAAAAAAAAA
A AAAAAAAAAA
A AAAAAAAAAA
A AAAAAAAAAA
A AAAAAAAAAA
A AAAAAAAAAA
A AAAAAAAAAA

Seeing this image now, which was first communicated to me in Sebald's *Austerlitz* (p. 27), the worlds/words

that come to mind are *the matrix of the incommunicable*, as well as the image of the *Blue Screen of Death*, familiar to so many Microsoft users when their operating system crashes. And here, as an expressive arts therapist, I notice myself perhaps encountering the limitations of my own bias. Maybe art can bring us no closer to the meaning of the word than the word itself.

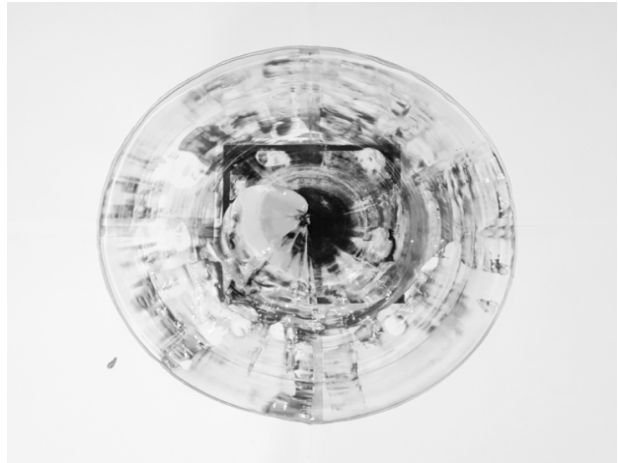
“A child who is made, as a form of punishment, to eat garbage by their parent. Of course, this is abuse, but it also strikes of something more than that.”

In Primo Levi’s *The Grey Zone*, the author-survivor invites us to suspend our judgment of those who have fallen into the plasmic world of connotation/denotation between the worlds/words of *victim* and *perpetrator*, because, essentially, the circumference that created the ambiguous world of the prisoner-functionary, existed apart from the world in which judgment, after the fact, can be responsibly levied. Maybe, in like manner, a solution to this problem can be this: to allow the word to exist and to be used solely by those who have had its experience. Something of this sort, I believe, is implied by Jean Améry, in his essay *At the Mind’s Limits*. Améry experienced this word at the age of 31. In his essay, he refers to the reader as well as to another less visible audience. He refers to this second audience as his *comrades in fate*—those who know what he knows and what the reader may not. Here I imagine the VIP lounge at a large airport. The lights are dim. There is anonymity in the space. A large aquarium with strange fish. There are no waiters or waitresses. There is no barman. There is nothing to order or want. Only those who know the word may sit there; only those who know the word may use it. An improbable solution that does not appear, at least to me, especially helpful.

From what I understand, in the Talmudic Jewish tradition, it is prohibited to write the name of God. Instead, if there is a textual demand for representation or reference, the tetragram, YHWH, can be used instead. Reference is made without capture or captivity. Reference is humbled. Language may lose. But perhaps something in terms of our understanding is gained. Maybe it would be both an expression of the problem and a solution if we also wrote the word torture in the form of a tetragram, maybe something like this: TR/TR. That is an interesting solution, with its own connotations, one of

which happens to remind me of the pre-Socratic dictum, *good and evil are one*.

I do not know how the etymological entry for the word TR/TR would read. But I am reminded of the last sentence in Ludwig Wittgenstein’s *Tractatus Logico-Philosophicus*. In closing his text, he states that *whatever cannot be spoken must be passed over in silence*. The logical complement of this provocative statement is equally provocative. Namely, that that which cannot be passed over in silence must be spoken. We who work in the grey zone between silence and speech: may we know this word wisely.



Figure

Octogrammaton: YHTRWHTR

References:

- Améry, J. (1980). *At the mind’s limits: Contemplations by a Survivor on Auschwitz and its realities*. Indiana University Press.
- Levi, P. (2017). The Intellectual in Auschwitz. In *The Drowned and the Saved*, (pp. 113–134). NY: Amazon.com.
- Sebald, W. G. (2010). *Austerlitz*. Modern Library. Amazon.com
- United Nations High Commissioner for Human Rights (2011, July). *UNHCR resettlement handbook*. <https://www.unhcr.org/protection/resettlement/46f7c0ee2/unhcr-resettlement-handbook-complete-publication.html>
- Wittgenstein, L. (1999). *Tractatus logico-philosophicus*. Dover Publications.
- van der Kolk, B. (2014). *The body keeps the score*. Viking Penguin.

Call for Contributions and Peer Reviewers

Voices Against Torture - VAT journal is a semi-annual journal launched in 2020 as an organic extension of the education, advocacy, and community-building mandate of the Vancouver Association for the Survivors of Torture (VAST). VAT operates in alignment with the values and vision of the VAST community and hopes to lift the voices of torture survivors further to support resilience and dignity.

VAT aims to provide a platform for discussing torture prevention, improving awareness of and support for refugee and immigrant mental health, and highlighting global human rights concerns.

As an interdisciplinary and transdisciplinary journal, VAT invites submissions from a wide range of academic disciplines and actively seeks collaboration and conversation across disciplines. This approach intends to link theory and lived experience to social change, bringing together academics, activists, educators, therapists, healers, and those directly and indirectly affected by torture.

The Journal will consist of the following sections:

- Research Articles (6,000 – 8,000 words)
- Review Essays (<6,000 words)
- Notes from the Field (<4,000 words)
- Policy Review (<3,000 words)
- Creative Interventions and embodiment practices (1,000-3,000 words)
- Book Reviews (1,000-2,000 words)
- Letters to the Editor

Date of Publishing: Biannual: March and September

Submission : Open

Submission closes: 31stDecember and 30th June

Please send your papers and feedback to the Editor-in-Chief at: farooq@vast-vancouver.ca

Submission Requirements

- Typed in English language and double spaced
- Font style: Times New Roman and Font Size:12
- Text submissions should be 500-700 words
- Manuscript only in MS-Word (*.doc or *.docx) format
- Image files (if any) in .jpg format, 300dpi.
- References/bibliography need to be numbered if provided with the article.
- Follow APA 7th referencing and citation style consistently.
- Tables and figures should be inserted within the body of the text.

Expression of Interest for Peer-Review:

Voices Against Torture journal invites experienced peer reviewers in the area of human rights and torture to join the journal peer review panel. Since the promotion of the cause of human rights is a public good, we encourage volunteers to join the panel. Their contribution in this regard shall be formally acknowledged.

To register your interest, kindly send your detailed CV along with your expression of interest to: vrdc@vast-vancouver.ca

The Editor-in-Chief, however, retains the right to suggest any change in style, if required.

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- Mohammad's Article: Majd Abu Srour, West Bank, Palestine
- Meriel Gross's Article: (1st picture) : Meriel Gross, Penally, (2nd picture): Krystal Perez: Ameyal A.C gender studies certification program, Mexico City, (3rd picture): Krystal Perez: Trauma Sensitive Yoga workshop, Veracruz México



Voices Against Torture encourages its readership to give their feedback and invite attention to the human rights violation (s) and torture-related incident (s) that they have experienced or are in their knowledge. They think those need reporting.

For this, we will request you to identify the source of information and give your complete name and address. After due scrutiny, we will be glad to publish your letters in the journal's next issue.

Please send your feedback to the Editor-in-Chief: farooq@vast-vancouver.ca

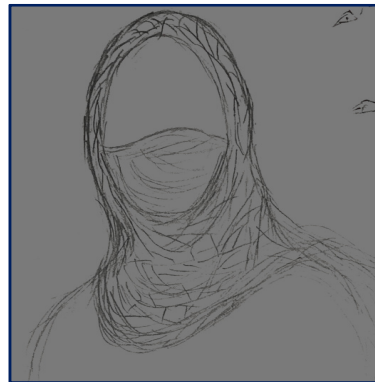
Hijab vs. Torture vs. Human Rights:

Suppose Torture considers the abuse of someone's rights. In that case, some of the religious groups and so-called champions of human rights countries (countries who already banned the Hijab or are in line for banning it) are inflicting Torture on the women who want to use Hijab.

This object is known as a hijab which is worn in Muslim societies. It is regarded as a piece of clothing that is worn as an act of modesty in Islam. There are numerous viewpoints of exactly is the role of the Hijab or why it is worn. Some deem it as Islamic propaganda, or male chauvinism acted out on women, while some regard it as a source of protection or a way to preserve beauty.

In Muslim culture, where the Hijab is taken as the symbol of personal protection and privacy (it can be compared to locking your house's doors), it has become necessary to protect family honor with patriarchal dominance.

Since the terrorist attacks in the last decade, western culture and media have categorized Muslim culture and its norms, such as a hijab, terror, and fear. Islam has been stigmatized based on unjustified facts and opinions, which primarily is gullible knowledge. Whenever we encounter the topic of Hijab in the west, consciously or unconsciously, the idea of negativity comes



across our mind, but the idea that it was used as a mode of fashion symbolizing ladylike personality in the western culture or that it is worn for the practical purposes such as working in the outdoors during winter times

never strikes our thoughts.

Now these days, COVID 19 forced everyone to wear mask MASKS which is almost like Hijab. Champion of human rights, Muslims, everyone who loves life wears it, now all the so-called excuses of terrorist, ladylike vanished away.

Being a 17-year-old girl, it's a question: is it not Torture for any female to force her not to cover her face or vice versa? Is it not an abuse of human rights?

To be continued in the next issue –(Ghazlia)

FORTHCOMING EVENTS

International Webinar on Right-Based Planning and Programing
Voices Against Torture-TBA

Decolonizing Workshops and Leadership Training

Mi tel'nexw Leadership Society

Squamish-led leadership strengthening for everyone

April Registration for the Leadership Workshop:

<https://www.mitelnexwleadershipsociety.org/individuals>

Spring Registration for Decolonize First, 4-week seminar:

<https://decolonizeeverything.org/events>

More information and resources:

www.mitelnexwleadershipsociety.org

Trauma-informed Conferences, Workshops, and Trainings

Conference on Trauma & Embodiment (Online)

April 10 - 11, 2021

8AM - 1PM EDT both days

Registration: <https://www.eventbrite.com/e/2nd-annual-conference-on-trauma-and-embodiment-registration-121071138033>

More Information: <https://www.traumasensitiveyoga.com/events/#conference>

Spring Trauma Center Trauma-Sensitive (TCTSY) Remote 20-hour Training:

April 17th, 18th & 24th, 2021

TCTSY is an evidence-based adjunctive treatment for complex trauma or chronic, treatment-resistant Post Traumatic Stress Disorder (PTSD).

This 20-hour foundational training will emphasize the core components of the practice of TCTSY, and how those fundamental elements relate to any anti-oppressive and trauma-informed work. Experiential in design, participants will gain specific tools to apply this trauma-sensitive embodiment framework within diverse contexts (clinical, medical, educational, humanitarian, personal inquiry). All are welcome.

Registration: <https://iwtherapies.com/april-2021-remote-training/>

More information: <https://www.traumasensitiveyoga.com>

Information on free TCTSY classes:

https://www.reddit.com/r/CPTSDNextSteps/comments/lstdqw9/trauma_sensitive_yoga_daily_free_donationbased/

Help Eliminate Torture: S.O.S. Appeal

Dear Patrons and Friends,

We, the Editorial Board Members of the Journal, Voices Against Torture- an International Journal on Human Rights, a newly incepted policy research communication organ of Vancouver Association of Torture Survivors (VAST), are gravely concerned over the worsening and deepening state of Torture in many parts of the world- Prohibition of Torture Index 2019-20 (Statista- <https://www.statista.com/statistics/1131048/prohibition-of-torture-index-in-cis-by-country/>).

As rightly maintained by World Organization against Torture, "Nothing can justify Torture under any circumstances (OMCT- <https://www.omct.org/>), for it tantamount to imprisoning both minds and souls. And not only that Torture leaves a lasting scar on the bodies and the minds of its victim(s), but as its psycho-social sequel, it also becomes a weeping wound for generations. In the recent past, an exodus of refugees (UNHCR -<https://www.unhcr.org/figures-at-a-glance.html>), from many countries; and violence perpetrated against women (BBC- <https://www.bbc.com/news/av/world-53014211>) and neglect and abuse of the elderly during the Contagion COVID pandemic (AGE Platform Europe- <https://www.age-platform.eu/press-releases/elder-abuse-has-been-rise-during-covid-19-pandemic-it-high-time-take-it-seriously>) signifies the emergent need to help arrest torture becoming endemic, as stipulated in humanitarian and human rights law, which has unfortunately taken a contagious proportion.

In this backdrop, the emergent need for evidence-based/ informed policymaking & advocacy around human rights; and rehabilitation & mainstreaming of torture victims needs hardly any emphasis. VAST, being mindful of this emergent need to cultivate respect for human rights as an underpinning factor for human security and containment of Torture worldwide, has chosen to reach out to the global stakeholders through VAT Journal.

Alongside VAT Journal, we plan to hold international & regional workshop(s) via both platforms of in-person and online. With this initiative, we aim to help spread awareness in trauma recovery and further educate in civil society, academia, and the public sector to help develop Human Rights advocates and empower practitioners to help lead from the front lines of eradicating Torture from our world.

We at VAT Journal Editorial Board, through these lines, seek the support of the international community to join their heads and hands in this noble and emergent cause for the public good.

Sincerely yours,

VAT Editorial Board Members:

Dr. Farooq Mehdi, Dr. Fizza Sabir, Dr. Wajid Pirzada, Leila Jonson, Dr. Patrick Swanzy,
Dr. Rubina Hanif, Dr. Poulomee Datta, Dr. Grant Charles, Mohammad Abu Srour

Vancouver Association for the Survivors of Torture

2610 Victoria Dr., Vancouver, BC V5N 4L2, www.vast-vancouver.ca, <http://vat.vast-vancouver.ca/>

How can movement help heal intergenerational trauma or traumatic stress?

When we are free to make choices based on how we feel in the present moment, we help heal the mind-body experience.

Therefore, two of the most powerful questions we can ask ourselves in a trauma-informed practice are:

What am I noticing in my body?



What do I want to do about that?

The Choice is Yours.

Feel free to be here for a few more breaths, and you're always welcome to adjust.



Laxgalts'ap Village Government
"Dwelling Place, Comprised of Dwelling Places"



All profits go towards trauma-informed care for Indigenous Peoples

www.twocedars.com

Ray H. Vick

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International Journal on Human Rights

Voices Against Torture

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- قيناشقا قارشى ئاؤازالر
- تشدد جي خلاف آواز

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