



### MSF Diary (experience from the field) June 2010

*Jui Shankar is a psychologist by profession. She is sharing one of her experiences from Papua New Guinea (PNG) where she worked as a Mental Health Officer for 9 months. She has been working with MSF from last few years and currently is working in Iraq.*

#### **4:47 p.m., Lae, Papua New Guinea**

In the coastal region of Papua New Guinea, lies the second largest city in the country – Lae (population approximately.....), Morobe Province. Lush thick green foliage and emerald blue sea is one of the first views of Lae as the airplane descends to the airport - truly a paradise. This perception continues as one travels into the city, until one is confronted with the MSF billboard at top town, which among other messages says "Stop Domestic and Sexual Violence in PNG now!"

MSF's presence in Lae is unique; different from the context of war, conflict, or natural disasters, MSF is responding to the humanitarian crisis of sexual and domestic violence perpetrated especially against women and children. In one report\* the rates of sexual

violence have been reported as 50% women have been forced to have sex against their will, 50% of married women have been forced to have sex by their husbands, and 50% of the survivors of sexual violence seeking medical services were under 16 years of age, with a quarter younger than 12, and one in ten were younger than 8 years.

In 2007, on invitation from the provincial hospital and a local initiative that had started the *Women and Children Support Center* (WCSC), MSF agreed to support and run the WCSC. Since this time, MSF has been providing medical and psychosocial care to survivors of sexual and domestic violence. Since the start of the MSF support clinic, over 5000 new patients/clients have received care at the clinic, with many returning/old patients.

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\* From *Violence against Women in Melanesian and East Timor*, AusAid, (2008)

A bit of context helps set the stage for the rest of this article as I now recount some of the experiences during my nine months at the WCSC in Lae.

4:56 p.m. at the MSF clinic - a doctor, an outreach nurse, and I walk through the hospital looking for a 10-year-old boy carrying a naked baby while their mother is receiving stitches on her head at the clinic. The mother has run ahead to receive care at a clinic before 5:00 p.m., asking the children to follow her. The children never make it to the clinic. She and her children have been thrown out of the house by the husband/father. Three of us wander through the hospital hoping to locate the children, while two drivers take an MSF vehicle to track the children on the road.



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12:45 p.m. on a Saturday (15 minutes before the clinic is closing for the weekend) and the clinic is empty, except for a patient who was brought in by her sister-in-law, with severe head injuries caused by her husband who attacked her in broad daylight in the middle of a crowded road, with a rock. The woman's scalp is spilt open and the doctor is busy stitching the flaps together, while her sister-in-law insists her brother is very dangerous and the patient needs a safe place to stay. Since the sister's life is also in danger, she leaves early and the patient is left with us.

Some very typical moments at the clinic:

An MSF doctor and I escort a woman with a broken arm down to the surgery department. It was uncertain if the woman's husband (who is part of the hospital security) would attempt to attack her again, as he had threatened to kill her if he saw her again.

I am sitting in a counselling room attempting to negotiate with a husband. The husband had brought the patient to the clinic and had patiently waited outside the clinic while his wife received medical care. The negotiation was for a day's rest for a patient at her sister's home, who had been beaten unconscious by her husband, and in this state of unconscious her husband had pulled out her front teeth with pliers.

I am co-facilitating with a counsellor, a conversation between a mother and her 12 year old daughter. The daughter had been repeatedly raped by her step-father and when the mother found out, the step-father threw the mother and 4 children (ranging from ages 3-12 years) out of the house. The mother in her anger, grief, and sorrow began to physically assault the 12 year old whenever the mother feels anger. The young patient wants to run away from the house as she no longer wants to be beaten by her mother.

These and many other similar stories make up the lives of women and children who live with violence or under the threat of violence, physical, sexual, and/or emotional. In most instances, the violence has been perpetrated by spouses or family members – a very personal act of brutality.

The MSF clinic has a highly dedicated and motivated team of health care professionals and support staff who provide care to women and children. The services are for survivors of sexual and intimate partner violence (IPV)<sup>†</sup>. Everyday there are between ten and thirty survivors who seek care at the clinic. Everyday there are many whose immediate medical and

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<sup>†</sup> **Intimate Partner Violence** includes current or former spouses (legal and customary law), non-marital partners (boyfriends, girlfriends, same-sex partner, dating partner). Intimate partners may or may not be cohabitating and the relationship need not involve sexual activities. From *Gender-based violence case definitions*, ICRC (2007)

psychosocial needs are attended to; often nothing more beyond this is or can be guaranteed. Everyday there are the most horrific stories of violence perpetuated that can turn your stomach inside out. Everyday the staff is challenged with these stories and yet are able to find hope and optimism for the patient and themselves.

As a psychologist working and living in such an environment is challenging. The extreme violence and trauma that one encounters through the daily stories from clients, the blackened eye that stares back at you, the head wounds which the doctor is stitching together; the experience itself starts to create an altered sense of reality – sometimes numbing the senses and sometimes creating frustration towards an unequal and unjust system . The cycle of violence is constant; the extreme brutality of force, the stories, the experiences, the injuries, all of which make it *almost* impossible to imagine any good in the world. Yet, at each step of the way, there is the staff at the WCSC who is working hard to minimize the impact of violence.

I was surprised at the way I responded to the sight, sound, and smell of violence when I first encountered a woman who was tortured physically and sexually for three days in the most horrific ways by her husband. She was rescued by neighbours who heard her screams. I walked into the room and nearly fell back, repelled by what had been done to this woman. While

I was overwhelmed with my own reactions and feelings, I remember a part of me was processing an eye staring at me (she could not open her other eye), gauging my reaction. It was a moment in which I was confronted with my own belief in human resiliency, about beauty despite violence, about survival, about human dignity. What I experienced in that moment was certainly not unique or special but it was a reminder of the impact of violence on her and on me.

What followed this initial meeting were many medical follow-ups, many counselling sessions, all in an attempt to reunite the woman with her children. All through she was determined, unafraid, and proud. This, despite, everyone in the clinic being tired of seeing her (this was the eleventh time she had come with serious injuries in less than a year), despite her husband actively looking for her, despite the physical pain of her injuries. This woman, in a matter of two weeks, physically recovered from her injuries, placed a charge against her husband with the police, got her children from the house, and honoured herself by reflecting on what she wanted the most in her life. Somewhere in her path, she encountered change. Perhaps the violence in the last time was too much, perhaps her children were threatened, and perhaps she saw that nothing would change in the cycle of violence, perhaps, perhaps. And perhaps one day, in

all reality, she would be back at the clinic seeking services for injuries sustained again. None will ever know what made that difference, that moment of change.

Each such experience and each day makes it challenging for the staff, sometimes it is too much for them, sometimes the stories make them hopeless, sometimes they are angered by the loss of dignity of their clients, and sometimes they are just exhausted. However, the wonder of human resiliency makes it possible for each member to find what makes sense to them in the face of vicious violence. Some find comfort in light chatter, banter, and laughter with colleagues, others find a quiet moment outside the hospital gates to chew beetle nut, others find contentment in the laughter for their children at the end of the day, and yet others immerse themselves in developing systems to help deliver quality care to survivors. This self-care allows each staff to return to the clinic the next day with energy and internal resources to face the ugliness of what could be for another woman or another child. The dedication and resiliency of the staff is humbling.

Its 4:47 p.m. on a Friday afternoon; a woman walks into the clinic, seeing her you know it will be another one of those days and whoever is in the clinic gears into action...