

NO means NO!!!

Halliwick™ Concept as a tool to work with victim of sexual harassment.

Author: Noga Ben-Anat

Institution: *Noga's Hydrotherapy, Jahara ® & Halliwick™ Center – Israel*

The lecturer is a senior Hydrotherapist, Halliwick lecturer, Jahara® (AJT) and a volunteer at the Center for Assistance to Victims of Sexual Harassment

Corresponding author e-mail: noga@nog.co.il

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Note: At some points, the female language is in order to simplify the text, but aimed at both genders.

Sexual assault.

Sexual assault is defined by using physical or psychological force; touching that occurs against one's will; and the aim of the attack is to hit and humiliate the victim. Assault and sexual harassment can occur when we meet a person face to face, but the harassment can also happen via a telephone, an e-mail, at a forum. Assault victims can be harassed through touch, words, images and in other ways. Sexual assault does **not** only mean rape. Neither of us invite sexual assault, people don't choose to be a victim. The responsibility and the blame of the assault lies only on the assailant. Nothing is on the victim. There is no excuse to blame the victim.

Mental effects

A man who has been sexually assaulted can experience a wide range of emotions:

- Anger and frustration
- Depression and anxiety and a desire for seclusion and detachment from the environment
- Damaged self-esteem
- Guilt, shame or confusion
- Sleep disturbances and nightmares
- Eating disorders
- Sexual difficulties
- Difficulties in contacting members/partners

Sexual assault can cause the victim to lose control of her body, on her own territory.

It is very important not to panic. The feelings that appears are normal and we must understand that the mind and the body react in the following way to cope with the trauma:

Fight, Flee, Freeze

When we think about rape, we are often influenced by movies we've seen, where the victim screams and fights back. Therefore, sometimes victims question themselves after the attack: "Why didn't I run? Why? Why did I stay and didn't scream?" These questions are accompanied by guilt.

In fact, the body and the mind are often in a state of shock and paralysis. Even if after the attack we know exactly what needed to be done, the body is not always able to follow our directions.

It is important to know

Sexual assault can happen to anybody in all segments of the population: boys and girls, no matter their age or religion. Sexual assault can be performed by a stranger, acquaintance, spouse or a family member.

The goals for working with victims of sexual assault.

1. Creating faith in the body (you betrayed me?)
2. Strengthening the body image.
3. Supporting and strengthening the self-image
4. Creating a new personal belief in the ability to control life.

Why water?

There are various studies about the use of water treatments as a tool for emotional therapy and of the close connection between water activity and good feeling.

Accelerated release of cortisol, serotonin

Some of the articles point out the improvement in the emotional state caused by accelerated release of cortisol, serotonin and other hormones that affect one's mood and the ability to cope with stress.

(Toda et al., 2006) (Marzsziti et al., 2007)

Does not cause side effects

Another study compared treatments using medication to Hydrotherapy for anxiety patients and established an advantage for water treatment, noting as a great advantage the fact that water treatments do not produce side effects (Dubois et al., 2010)

Effective for people with depression

A study in Virginia, which examined the benefits of Hydrotherapy as a treatment for cancer and chronic pain, noted that treatment is also effective for people with depression (Schevchuk, 2008)

What links sexual assault to the Halliwick Concept?

The combination of my duty at the help center and my work in water lead me to the conclusion that the main difficulty for the victims is in trusting their ability of control:

- **Control of the response**
- **Control of the body**
- **Control of events**

Why Halliwick?

Does not require intimacy

Allows self-learning of body abilities

Allows personal progress from one point to the other

Allows to stay at any point until obtains total trust in the body's ability to deal with external power (as rotations or upthrust)

Leads through the Ten Point Programme to the understanding of the body's capabilities and to feel the ability of control.

Rationale

By using the Halliwick's steps of progress we will lead the swimmer to renew intimacy with her body's abilities until obtaining complete control and trust, with an emphasis on support for individual needs.

Treatment plan

An outside meeting to coordinate expectations.

Observing the initial contact of the swimmer with the water and the initial adjustments to present time needs (can be a professional swimmer who will just agree to dip her feet)

Adjusting the atmosphere of the conversation (language, humour, age)

Progress and moving from step to step as necessary to achieve the goals (or part of them)

If possible, using the swimmer as a volunteer in a Halliwick team.

Required — contact/accompaniment with the accompanying emotional therapist in everyday life. If not, a recommendation to do so.

Even if you say it only once in a whisper, or don't say it: **NO means NO!!!**

Using the principles of Halliwick with these victims is not a result of research but presents my personal experience and the subjective sharing with the swimmers
My goal in this article is a worldwide research of this subject.

Description of Case Studies:

- **Shir** - A woman who suffered from Sexual abuse by her father in her childhood.
- **Tamar** - Girl raped
- **David** - A boy who suffered from sexual harassment of his friends in the garden.

Shir (pseudonym) was sent to me by the foster family where she stayed for rehabilitation in 2014.

She was 18 years old, and from the few details I knew about her, I understood that she had suffered from sexual harassment and was subsequently raped by her father from the age of 6 .

When Shir was 16 years old she told her older sister about it and discovered that her sister had undergone the same abuse but still refuses to share it with anyone including her mother.

When it became clear that her 8-year-old sister had also entered the cycle of torture by her father, she could not remain silent and confronted the mother.

The mother denied and accused Shir of fabricating things and involving her sisters. Shir was ostracized by the family and therefore sent to a foster family by the welfare authorities.

Shir was in a particularly poor mental and physical state.

Luckily, she received a warm and experienced foster family that accepted her fully with her story and provided her a range of professional services for help and support:

Psychological therapy, Counselling and guidance by nutritionist, employment, completion of matriculation exams, and Hydrotherapy.

When Shir came to me, she only showered once a week and ate only junk food. She did not do any sports. She claimed she could not concentrate on her studies or work. The idea was to work with Shir in small steps, letting her dictate the rhythm.

We met once a week.

In the first three sessions, we sat on the stairs with only the feet in the water, while Shir kept telling again and again in a monotonous voice her own story and the story of her sisters.

She spoke about the detachment from her older sister who joined the family's ostracism against her, and her little sister who is lost in the family's chaos and is still at home.

At the 4th meeting, there was progress. Tears started as we sat on the bottom step.

At the 5th meeting, we were already walking back and forth in the water , and three important things happened:

- 1 .Shir made eye contact with me.
- 2 .When she lost her balance for a moment, she grabbed my hand and held for another short moment.
- 3 .Shir took a shower and even asked for shampoo.

In the following meetings, we established Shir's relationship with her body through water activity:

Entering the head into the water, playing various breathing control and balance games, and gaining control of rotations.

We began to experience laughter and smiles and I began to talk to her about what she was doing in everyday life (up to that point, I was only listening). We continued our work together while I was following her personal progress.

During the next meeting, I sat on the pool side while Shir was swimming and diving.

The extensive support that Shir gets seemed to begin to affect her and after 20 meetings we separated and she left the foster family.

In Jan. 2017, I received a greeting from Shir, informing me she is married and expecting her first child.

This is the connection between the Halliwick Concept and the story of Shir.

There are articles and studies that point to a direct correlation between sexual harassment and difficulties in pregnancy and childbirth:

"The obstruction at birth usually occurs in its first stage because of the increased pain, fear and tension that provoke physiological responses to survival (Tallman & Hering, 1998) ." Some of the experiences described above reflect the so-called re-experience of trauma, sexual abuse, or rape.

"The pain in the genitals may be experienced as punitive and valid, as experienced during rape". Simkin (2004) and Kitzinger (1997)

"... This problem may worsen, and the result is that many women refrain from being examined at all or suffer from unnecessary and silent suffering during the tests." (Sobol) These tests stimulate the memory stored in the body at the cell level and by their nature awakening symptoms of avoidance characteristics of trauma victims "(Segal, 2015).

Tamar (a pseudonym) came to me at the age of 21 in 2015.

Tamar suffered gang rape at the age of 15 .

She was sent to me by the rehabilitation family she was living with at the time .

Tamar was released from a hospital after a suicide attempt and sent to live with a rehabilitation family .

Tamar could swim in the past but when she came to me, she refused to leave the pool floor.

The process with Tamar was long and full of sadness.

During the year, she was hospitalized due to what appeared to be another suicide attempt by cutting her veins.

Tamar claimed that there were no suicide attempts but "deep inner need to feel ."

So, the time of the two of us together was full of new beginnings with sharp twists, ups and downs.

The main goal with Tamar was to establish trust and control of her body using various activities in the water .

Tamar was able to maintain a sequence of three impressive months .

It was very touching when she said: "**One day I will ask you for a Jahara treatment.**"

That was very significant because it requires floating support with deep trust in me as a therapist.

Tamar left and returned to her hometown after a long "on & off" year with me.

David (pseudonym) came to me in 2013 at the age of 5 .

According to his parents, he was sexually abused in preschool by two of his friends and removed to a different preschool in another village.

In the coordination meeting with his parents, they told me about a very surprising reaction by David:

David does not respect the personal space of others. He touches, leans, hugs and kisses even strangers .

The parents were confused by this "opposite reaction ".

Since David was treated by a joint educational/therapeutic team, I brought this behavior of David to their attention.

We decided together with the parents to work on borders and to regain his control of the body's position in space.