

Approaches to providing support for survivors of sexualised violence:

Lessons from Bosnia and Herzegovina

During the war in Bosnia-Herzegovina (BiH) from 1992 to 1995, between 20,000 and 50,000 women and girls were raped. Many of them were subjected to sexualised violence in concentration camps for periods of months. This led to outrage throughout the world, in particular with regard to the systematic mass rape of Muslim Bosnian women carried out as a method of warfare by Bosnian-Serbian and Bosnian-Croatian militia. In spite of the international attention, no process of coming to terms with these crimes found its way into the Dayton Peace Agreement. As a consequence, the rights and interests of survivors of sexualised wartime violence¹ have not received appropriate consideration within the peace process. With this situation in mind, the women's rights organisations *Medica Zenica* and *medica mondiale* carried out a study on the long-term consequences of wartime rape in Bosnia-Herzegovina². The research results provide insights into effective approaches for supporting affected women and girls.

Long-term support for survivors

*"It is my story, I am growing old with it and I don't have any more tears, I cannot cry anymore, but there is a ticking bomb inside me, I feel it's going to go off any time now."*³

What is a traumatic experience?

Experiences are traumatic if they trigger extraordinary fear which cannot be countered by either fight or flight strategies. For the person affected, the experience is one of extreme

helplessness and powerlessness. Many people can process their experience of a road traffic accident or a natural disaster without feeling overly affected in the long term. In contrast, up to half of all survivors of torture, ongoing domestic violence or rape report that they suffer from clear psychological, physical and social consequences. These might be in the form of lethargy, sleep disturbances, chronic pain or post-traumatic stress disorder (PTSD), and they often have long-term adverse effects on the life of the affected person. These traumatic stress reactions are actually the organism's attempt to deal with the dramatic experiences. So, psychotrauma can be understood as a survival reaction to an event which is perceived as an existential threat.

¹ Here, sexualised violence is used particularly to refer to rape. It should be noted that rape is not an aggressive expression of sexuality, but rather a sexual expression of aggression: i.e. the violence is sexualised. It serves to exercise power, control and oppression over another human. In addition to rape, during war women and girls suffer many other forms of gender-based violence, such as forced pregnancy and sexual enslavement. Women and girls are affected by gender-specific violence in times of peace as well. This includes domestic violence, trafficking in women, and child marriage.

² *Medica Zenica* is recognised in BiH for providing over two decades of support for traumatised women and girls. With its head office in Germany, *medica mondiale* is non-governmental organisation working on behalf of survivors of sexualised wartime violence around the world. It helped to establish *Medica Zenica* in 1993. In a joint study, the two organisations surveyed 51 survivors on the issue of the long-term consequences of wartime rape. *Medica Zenica/medica mondiale* (2014): "We are still alive. We have been harmed, but we are brave and strong." Research on the long-term consequences of war rape and coping strategies of survivors in Bosnia and Herzegovina, available at: www.medicamondiale.org/en.html. The German summary of the study can be found at www.medicamondiale.org.

³ Emira (name changed), biographical interview from the study.

Rape is one of the most serious traumatic experiences, and is a massive attack on the dignity of the person. In times of peace, 50-65% of people affected go on to develop symptoms of post-traumatic stress⁴. Reasons for this include personal intimacy barriers being breached drastically, with a massive undermining of the sense of self-determination in relationships to other people. War brings with it the additional characteristic of ongoing danger to body and soul and it often leads to a whole chain of traumatic experiences: displacement, hunger and death of family members, and stigmatisation and social isolation in the case of sexualised violence. A sequence of traumatic experiences such as this therefore leads to especially severe traumatic stress reactions.

More than 70% of the participants in the study indicated that the rapes were still significantly influencing their lives. Some 20 years after the wartime rapes took place, 93.5% of the women are suffering from gynaecological problems, 65% regularly take psychopharmaceutical drugs, and 57% of the survivors suffer post-traumatic stress disorder. So the results of the study indicate chronification of the consequences of wartime rape. For this reason, support provided to affected women and girls needs to be long-term – in its conception, delivery and funding. The appropriate offers and infrastructure have to be established locally. Only this will guarantee sustainable provision of qualified counselling and assistance.

Stress- and trauma-sensitive approaches to integrated support for survivors

“... the most I ever got was Medica. What you did for me, that psychological support. Material support, when people are hungry, is very welcome. And to me, I was hungry all that time. I was hungry for self-confidence, I was hungry for support so I can move on, so I could live. To give me strength, to tell me that what I thought was my fault that it wasn't my fault. When I heard that it was worth to me. It meant everything to me, and it still does...”⁵

The severity and persistence of traumatic experiences depend not only on their severity, but very significantly on the experiences which the affected person has afterwards. A decisive factor is whether survivors of sexualised violence encounter stigmatisation or recognition and appreciation

from the people around them. The overwhelming majority of respondents evaluated the support on offer from *Medica Zenica* as extremely or very helpful. The women especially emphasised the fact that *Medica Zenica* provides an integrated package of assistance. This includes professional psychosocial work⁶, legal advice, medical care, the provision of food and accommodation, and funding for income-generating measures. Furthermore, *Medica Zenica* is actively committed to survivors' rights in society as a whole in BiH.



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The stress- and trauma-sensitive approach developed by *medica mondiale* alleviates the destructive and burdensome psychosocial dynamics which are triggered by sexualised violence in patriarchal societies. Important stabilising factors for survivors of sexualised violence are the recreation of security, empowerment (enhancing self-efficacy and self-appreciation) and the promotion of solidarity and social connections. Affected women thus gain the opportunity to activate their own resources, regaining control over their life and trust in themselves and others. These basic principles of stress- and trauma-sensitivity are to be applied in all of the support and assistance on offer.

⁴ Perkonig, A. & Wittchen, H.-U. (1999): Prevalence and comorbidity of traumatic events and posttraumatic stress disorder in adolescence and young adults. in: A. Maercker, M. Schützwohl & Z. Solomon (Ed.): Posttraumatic Stress Disorder: A life-span developmental perspective, pp. 113-136, Seattle.

⁵ Larisa (name changed), biographical interview from the study.

⁶ Psychosocial counselling can be generally understood as counselling relating to life and social issues for people facing difficulties or crises.

Principles of Stress- and Trauma-Sensitivity

SECURITY

- Reduce fear and stress
- Convey feeling of safety
- Establish trust

STRENGTHENING (Empowerment)

- Enhance self-efficacy
- Strengthen self-esteem

SOLIDARITY AND CONNECTION

- Acknowledge the suffering
- Convey an experience of solidarity, connection and social participation
- Adopt an integrated, holistic view of the affected person in their social environment

MINDFUL ORGANISATIONAL CULTURE & SELF-CARE

- Promotion of competencies to deal with stress
- Awareness for splitting dynamics in the group
- Self-care and mindfulness
- Enhance resilience

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Today, it is still mainly women's rights organisations who are providing expert advice and support in BiH. Many of the women involved have been performing this often very stressful work for decades, consistently supporting affected women and girls. However, their commitment often earns them hostility and pressure, instead of the utmost recognition and support which they deserve. In particular, this should come from the international community, and needs to include measures such as diplomatic protection for women's rights defenders.

Governmental institutions in BiH rarely exhibit either the expertise or the attitude needed to provide the appropriate assistance. For example, for signs of traumatic stress doctors generally prescribe psychopharmaceuticals instead of psychosocial measures. In this way, they do not strengthen the coping ability of the survivors. In fact, psychopharmaceuticals can even weaken the efficacy of coping processes. So in post-war contexts it is necessary to carry out gender-equal and stress- and trauma-sensitive reforms in the healthcare, legal, security and education sectors of the country. This means that policy and practice in all of these areas needs to apply the principles of stress- and trauma-sensitivity.

Prevention of transgenerational traumatization

*"My child is in a psychiatric institution because of everything that I went through."*⁷

Parents have a strong influence on how children learn to see the world, themselves and other people, affecting the extent it is possible for them to shape their lives as adolescents in a self-determined and self-confident way. More than half of those surveyed reported that the experiences of rape have an absolute or partial influence on their relationships to all of their children – not just children born out of rape.

This study provides evidence of transgenerational traumatization of the children of survivors. For instance, some of them show signs of traumatic stress reactions, even though they did not directly undergo the traumatic experiences themselves. In order to prevent a transgenerational transference of trauma, the next generation has to be included in the processing of that trauma. This means appropriate advice needs to be on offer for children and other family members. Preventive measures to counter transgenerational traumatization also promote a constructive way of dealing with the injustices. This has to take place at a societal level and will have a significant peace-building impact.

Social recognition of the injustice

*"Point your finger at the perpetrator and not at me!"*⁸

Survivors of sexualised wartime violence frequently have feelings of self-doubt and shame. This is partly due to the fact that patriarchal societies lay the blame for rape on those who are raped. They are then treated as "dishonoured" and cast out of their communities, which all too often means they also lose any opportunity to provide for themselves economically. Social recognition therefore plays a significant role in coping with experiences of violence. Some participants in the study received consistent backing from their partner, friends and/or family. This support gave them the strength to process their experiences of rape. As well as the immediate social surroundings, the attitude of state and society towards survivors is also critical for the process of coming to terms with the injustices experienced.

⁷ Quote from a *Medica Zenica* client from the study.

⁸ Quote from a *Medica Zenica* client from the study.

The status of “Civilian War Victim” – an instrument of social recognition?

In BiH, survivors of sexualised wartime violence have been able to apply for the status of ‘civilian war victim’ since 2006. This status entitles them to draw a monthly financial benefit of approximately 275 euros. Additionally, they have access to special assistance programmes. Bosnian women’s rights organisations fought hard to achieve this “recognition”. Since then, the status of civilian war victim has been granted to approx. 800 women, which is a relatively low number of those affected.

Survivors reported significant difficulties with the administrative procedures necessary for an application. The process was drawn out, unclear and complicated. Affected women had to submit themselves to a process which they were not in control of. Women repeatedly had to tell their ‘stories’ to employees of the institutions involved. These public servants were generally male and very often insensitive. As a consequence, the women repeatedly found themselves in a situation of great insecurity or where they had no control. In many cases this procedure led to the experience of retraumatisation. If the responsible institutions adopted a stress- and trauma-sensitive approach, this would avoid any retraumatisation of the women and would enable them to assert their rights.

Furthermore, as in almost all post-war contexts, sexualised wartime violence is still a taboo in BiH. Society as a whole has still not undergone any reasonable process of coming to terms with its history, in spite of media attention such as the 2006 film *Grbavica* which focused on this issue. So survivors are still stigmatised today. One woman described how she showed her certificate at a state institution, only for the public servant to comment: “So what, why didn’t she take care of herself like I did, why nobody raped me?”⁹

Even though this status was intended to provide recognition and appreciation, it does not provide any counterbalance to the negative reactions from the women’s surroundings. In fact, it reinforces their status as victim¹⁰. In contrast to male war veterans who are regarded as heroes by themselves and others, the affected women do not perceive this status to be an expression of social acknowledgement.

These problems with the status of “civilian war victim” are symptomatic for the way in which Bosnian society deals with survivors of sexualised wartime violence. The women surveyed described a blatant lack of justice at all levels: government, society, economy and media. Even today, they are experiencing everyday discrimination and renewed violence in BiH¹¹. Remaining silent is still the order of the day for those affected, since if they do not, they experience stigmatisation and exclusion. These psychosocial dynamics are extremely destabilising and are diametrically opposed to the dynamic which would be necessary for successful processing of the experienced injustice. The aim of all support should be to empower the women to improve their self-esteem and self-efficacy.

Violence against women and girls is an expression of discriminatory gender relationships. The rights, interests and needs of women and girls are not given priority by the men and boys in patriarchal societies. Throughout the world, women and girls are denied their rights to self-determination as far as their own body is concerned. Sexualised and gender-based violence becomes established in times of peace, is exacerbated during armed conflict, and propagates in post-war societies. The use of rape as a strategic means to conduct a war is, in the end, a consequence of this injustice.

Dealing with the consequences of wartime rape cannot take place without addressing these systemic contexts. In fact, it is the responsibility of society as a whole to implement the rights of survivors and overcome every form of sexualised and gender-specific violence. Independent, civil society advocacy, awareness-raising and networking efforts are important instruments to bring about change in the general political conditions and societal consciousness. Sufficient funding is needed for this type of measure. Political commitment by local women’s rights organisations also needs support from the international community, particularly at a diplomatic level.

⁹ Quote from a *Medica Zenica* client from the study.

¹⁰ This is not intended as a general criticism of the status but rather of the way in which state institutions and Bosnian society deals with survivors of sexualised wartime violence.

¹¹ United Nations General Assembly (2013): Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo, Mission to Bosnia and Herzegovina: A/HRC/23/49/Add.3

Consistent prosecution of perpetrators

"I turned around once more just to make sure it was him, and all of them were looking at me."¹²

Sexualised wartime violence is a breach of international law. Governments are obliged to pursue this crime¹³. For most women and girls it is simply unbearable when perpetrators are never brought to justice. Participants in this study reported how in their everyday lives they would encounter the men who had raped them. This can lead to retraumatisation. For many survivors this makes it very difficult or even impossible to cope with the injustice they experienced. The ongoing impunity is generally a result of insufficient political will to recognise and deal with this injustice. Furthermore, many affected women and girls never take the rapes to court for fear of being stigmatised and excluded by the people in their community.

Perpetrators of sexualised wartime violence finally have to be pursued and punished under criminal law. Even after 20 years, this would be an extremely important sign of social recognition. Seeing the perpetrators brought to justice can have a strengthening effect on survivors. It is important to create the appropriate conditions which will enable survivors in BiH to assert their rights¹⁴. Public prosecutors need to adopt a stress- and trauma-sensitive approach during both the investigations and the prosecution. They need to counteract the destructive psychosocial dynamics of sexualised violence. In other words, it should not be allowed to make victims of the women and girls again¹⁵. Judges, prosecutors, lawyers and all others with a significant involvement in the prosecution have to know about the dynamics of sexualised wartime violence and integrate this knowledge systematically into their procedures. Victim witnesses also need consistent protection. They need to be provided with free, expert psychosocial support in addition to independent legal representation during the whole prosecution process. This is the only way of guaranteeing that survivors can take an active part in the case.

Conclusion

"Do not underestimate yourself. You are not different from others or worse than them. Appreciate yourself."¹⁶

The study demonstrates that long-term integrated support in the form of stress- and trauma-sensitive assistance can have a significant stabilising impact on survivors. A decisive factor is whether women and girls also receive support from a non-stigmatising environment. Integrated stress- and trauma-sensitive offers of assistance, social recognition, and protection from any new violence are the building blocks for a process of coping with the traumatic events. If stabilisation succeeds at these levels, many survivors will not need intensive psychotherapy or psychiatric treatment. They will be able to take their lives in their own hands and create self-determined opportunities for their future.

With this in mind, it can be seen that the responsibility for dealing with the consequences of sexualised wartime violence does not lie with the individual but with society as a whole. The rights of survivors have to be asserted at various levels: political, economical, social and legal. In the end, the issue is the realisation of gender justice, since any form of sexualised or gender-specific violence – whether in times of peace or during armed conflict – is an expression of discriminatory gender relationships. This systemic approach to dealing with the causes and consequences of sexualised wartime violence would have an overall peace-building impact on post-war societies!

The deficiencies described (at the levels of the government and of society as a whole) are a clear indication of the incompleteness of the peace process in BiH. One reason for this is the fact that sexualised wartime violence simply had no part in the Dayton Peace Agreement. Women were not involved in the peace negotiations. The peace agreement enhanced the de facto split in the society in BiH. This made it impossible to engage in any collective processing of war crimes and the related trauma. So there is an urgent need to take action here.

12 Emira (name changed) describes in her biographical interview how she was out shopping when she recognised the man who had raped her, because of his tattoo.

13 United Nations Security Council: S/RES/1820 (2008).

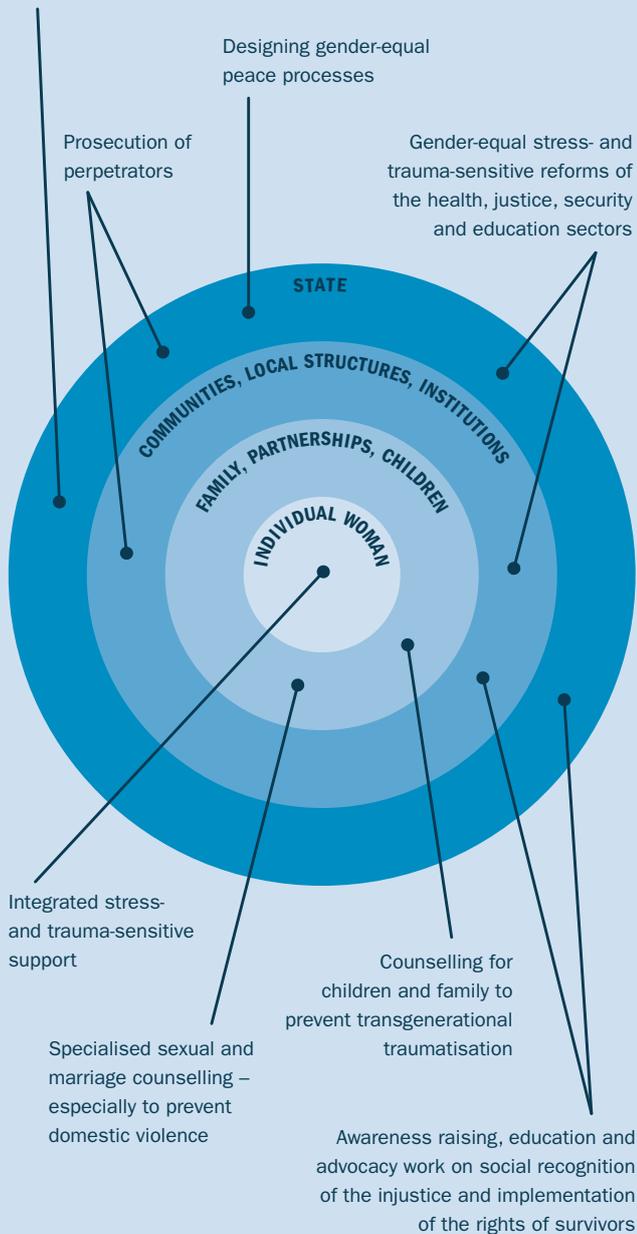
14 And this actually also applies to Germany. German public international law has to be implemented in a gender-equal and stress- and trauma-sensitive way. Sexualised violence needs to become a stronger focus of German public international law cases.

15 See *medica mondiale* (2009): „... damit es niemandem in der Welt widerfährt“ [“... so nobody in the world suffers like this. The problem with rape cases – Views of witnesses, prosecutors and judges on the prosecution of sexualised violence during the war in former Yugoslavia.”] at: www.medicamondiale.org.

16 Quote from a *Medica Zenica* client from the study.

Approaches to provide support for survivors of sexualised violence

Establishment of legal and institutional foundations for the process of coming to terms with the injustice



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Appeal to the German government

“We are still alive. We have been harmed but we are brave and strong.”¹⁷

This study has resulted in important insights into the long-term consequences of wartime rape¹⁸. The lessons of BiH allow us to derive approaches for effective support of survivors in other conflict contexts, too. The federal German government is obliged to work towards an end to sexualised wartime violence¹⁹. In its National Plan of Action on the implementation of UN Resolution 1325 for women, peace and security, it also committed itself towards supporting survivors²⁰. *medica mondiale* is calling on the German government to implement the following points in its foreign policy and development policy in post-conflict countries as well as fragile states:

- » Provide political and financial support for independent non-governmental organisations in their long-term work to establish integrated stress- and trauma-sensitive assistance as well as protection for survivors.
- » Strengthen and protect local women’s rights organisations and human rights defenders as political players, in particular in their role as civil society control instances and driving forces for societal change.
- » Promote reforms in healthcare, justice, security and education sectors to ensure that survivors can receive the necessary stress- and trauma-sensitive support from state institutions, in turn enabling them to assert their rights.
- » Demand and support consistent prosecution of perpetrators, both internationally, such as in the International Court of Justice, as well as locally.
- » Actively contribute to establishing gender-equal peace negotiations and processes, and further pursue political processes of coming to terms with past injustice.
- » Establish gender justice as the priority of civil crisis prevention.

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medica mondiale e. V.,
Hülchrather Straße 4,
50670 Köln,
Tel. 0221/93 18 98-0,
Fax 0221/93 18 98-1,
info@medicamondiale.org
www.medicamondiale.org

Legally responsible for content
under German press law:
Monika Hauser

Author: Jeannette Böhme
Editors: Monika Hauser,
Alena Mehlau, Mandy Seidel
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Graphics: Benjamin Binder

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¹⁷ Quote from a *Medica Zenica* client from the study.

¹⁸ The full-length version of the study contains detailed demands issued to the Bosnian state and the international community, which aim to bring about an improvement in the practical situation of survivors of sexualised wartime violence in BiH.

¹⁹ United Nations Security Council: S/RES/1325 (2000) and S/RES/1820 (2008).

²⁰ Federal German Government (2012): Plan of Action of the German government on the Implementation of Resolution 1325 of the Security Council of the United Nations for the period 2013-2016, at: http://www.auswaertiges-amt.de/cae/servlet/contentblob/633902/publicationFile/175260/121219_Aktionsplan_download.pdf.