

## A transgenerational perspective on conflict-related sexual violence:

### Facing the past - Transforming the future

Conference on 14th May 2018 in Sarajevo / Bosnia and Herzegovina

**Dr. Monika Hauser:** *Healing of human rights violations needs memorisation and recognition by society & government - 25 years of experience of medica mondiale in conflict & post-war regions*

#### Keynote speech

I would like to begin with a quote from a Bosnian woman. During a study 4 years ago, she said: *"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."* (Emira)

#### Two questions at the beginning:

**1. How can there even be the smallest amount of healing** if own community is continuing to ostracise and even despise survivors? Surely one of our main tasks is to enhance the women's contact to society in order to help them overcome their isolation! We can assume that the taboo on speaking about these crimes is one of the main causes of the isolation, as well as one of the main factors that leads to trauma being passed on to the next generation. This surely obligates us as experts, as activists, and as society in general, to concentrate on discovering the causes of this taboo and then removing them!

**And 2. question:** Who is actually "affected" by this violence, and who not? The Fifth Edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5, 2013) finally has a much more comprehensive view on the groups who suffer from post-traumatic stress because of their wartime and post-war experiences. The new definition includes many more people as "affected" than previous definitions (as e.g. to have witnessed acts of violence, or working therapeutically or first aid with traumatized people). An individual or a society can both dissociate the fact that they are affected. But if we do dissociate, then we have to live with the consequences of the massive effort of suppression that this involves.

Alternatively, we can face up to it and see it as an opportunity to bring about a much greater level of solidarity within society. In the best case, this can prevent future cycles of violence. All of this means we need new instruments such as psycho-education for much larger parts of the population in order to explain all these contexts and connections. And we should not do this by focussing on deficits but instead we need the approach of giving people the skills and knowledge they need for getting own agency. The more this is important in order not get hostage of own trauma - as politicians try to instrumentalize that in the narrow ethnical limits! After all, it is a fact that there are many people suffering from an extreme level of stress. The attitude that “for me it wasn’t that bad” is one which encourages dissociation and stops people confronting these issues. In turn, this then means they pass on their issues to others in an unreflected way. Breaking through this pattern could immediately lead to greater acceptance of and empathy for women and girls who have experienced or continue to experience sexualised violence.

These are the issues I want to concentrate on today. I will talk for about 30 minutes and then give you 5 minutes to talk in groups of two or three about what you heard – to reflect and consider before we start our larger discussion.

**25 years ago**, I started to get involved, based on strong feelings of solidarity. In the beginning, there was anger. Anger at the particular violence Bosnian women and girls had to endure. I would like to remind you that at that time there was a very active international feminist network, whose members demonstrated on the streets of Berlin, Stockholm or London in order to express their outrage about the violence towards the Bosnian women. Those activists not only listened to the outcry of Bosnian women, but also responded immediately by protesting, demanding an end to impunity and collecting donations.

This was only possible because in 1992 and 93 there were many Bosnian women who found courage in their desperation, and they were not to be silenced but expressed their anger, disgust and devastation clearly and loudly in front of journalists, their microphones and their cameras. Have you read so far any schoolbooks which feature this courage?

Together with professional women from Bosnia, Medica Zenica was founded because during the war there was hardly any adequate professional support for severely traumatised Bosnian women.

From the beginning it was clear to all of us how widespread previous experiences of sexualised violence were among us, too. So we asked ourselves how we would like to be treated. The answer was clear: with respect! And this attitude is still needed: We still need professional and supportive assistance. We still need to share the pain with the survivors, because the consequences of violence are far from over!

When I arrived in Zenica in the last days of December 1992, every school, sports hall and other suitable building in the city and surroundings was full of refugees – especially women, children and older people. I soon met female experts who were very enthusiastic about working together to put into action the idea of an interdisciplinary therapy centre. The nurses had experienced what it meant when the Chief Gynaecologist turned away pregnant women: faced with an absence of support, those women saw no other way out than suicide. We wanted to counteract this by offering empathy and assistance matched with the women's requirements.

**In April 1993**, the women's therapy centre opened its doors – still in the midst of the war. From the beginning, around 20 women and their children lived in the in-patient part, with round-the-clock care. We also had out-patient clinics for gynaecological, psychosocial and therapy services. It was essential to adopt a psychosomatic orientation, since the women who had survived violence had extreme injuries to their physical, psychological and social being, but were often primarily focussed on physical complaints. So we could only reach them in an interdisciplinary sense if the medics (gynaecologist, internist and psychiatrist) worked closely together with the psychologists, the nurses, the social worker and, where appropriate, the Mualima – an Islamic theologian. I am happy to see that our Zilka Spahic and Sabiha Husic both are here! They could then share their observations and coordinate their interventions. Very early on we started to carry out essential training on how to avoid retraumatisation. One simple example: a gynaecological examination itself can be a trigger situation for a retraumatisation and this insight had to be integrated into everyday work at the clinic. This alone was sufficient to make most of the conventionally trained medical staff think about their own work in a totally new way. Another elementary part of the approach at Medica Zenica was our offer of social surroundings which gave the women empathy, respect, appreciation and solidarity. Without this as the foundations, the psychologists could not start their crisis intervention or therapeutic dialogues. Initially much of this involved taking very cautious steps. The psychologists themselves were also often

afraid of what they might hear when the women told their stories. We started to read “Trauma and Recovery: The Aftermath of Violence” by Judith Herman, which was translated into Bosnian by Edita Ostojic. It took time, but the staff did eventually develop confidence in their own powers – an experience which initially could be very painful. Later the colleagues of new centres of medica mondiale in Kosovo, Afghanistan and Liberia went through the same process, which was why I insisted that colleagues as Edita Ostojic, Marijana Senjak and others were the ones who trained their new colleagues in Gjakova or Kabul!

It was clear from the start that individual self-care and supervision have to be part of our work if we ourselves are to remain healthy.

And it also became clear early enough that the work is about identifying, including and cultivating the personal resources the women have. These enabled them to survive their experience and can also enable them to cope with the trauma. This insight was and is a cornerstone of the work at *medica mondiale* and *Medica Zenica*. Because of the specific cultural context, we thought it was important to include a mualima right from the start. The refugee women from rural areas were more traditional and religious in their attitudes and so they found it easier to open up to her. Of course, she then worked very closely with the psychologists. Practical economic qualifications are also important to help the women break out of the trap that comes with their “victim status”.

The perception and judgement of sexualised wartime violence has undergone fundamental changes in the last 25 years. The behaviour and ignorance of the international community back in 1993 - like f.e. the International Red Cross or UN agencies as UNHCR - still turned a blind eye to rape and other forms of sexual violence. A member of the Copenhagen Centre for Torture Victims even explained to one of our staff members, who had enquired about cooperation, that the Bosnian war rape survivors did not qualify under their definition of torture and therefore did not belong to their group of clients. The international community should have known better. It was known but again forgotten that millions of women and girls had been raped in the European and African theatres of World War II. Its major roots are the patriarchal order and the misogynist culture, where men believe they have access to female bodies, restricted only by the ownership claims of other men. It is the same order and the same culture that prevented the international community so long from acknowledging rape and sexual violence as extremely serious human rights violations

Today it is clearly considered to be a war crime and crime against humanity. So the outrage vocalised by Bosnian women and activists, and others, has had an effect even beyond this region's borders. It has sparked public debates around the world. Furthermore, sexualised wartime violence has also been included as part of several cases at the International Criminal Tribunal for the former Yugoslavia (ICTY).

Women all over the world are struggling to reclaim their bodies and sexual autonomy. It was and still is this manifold struggle that slowly but steadily sets into motion a fundamental change where rape is no longer seen as a peccadillo but instead a most serious crime. This process is ongoing and, of course, not free of backlash.

Politicians and the public tend to pathologize victims, in particular rape victims. This reduces survivors of violence to their symptoms. It is also used to deny the rationality of their acts and opinions. So this strategy is a convenient tool to reject claims or simply not to take them seriously. Even the concept of post-traumatic stress syndrome or disorder, PTSD, does not go far enough. For many of the survivors, the concept of "post" or "after" simply does not exist with regard to their trauma and daily reality. Another disadvantage of this definition is that, in fact, survivors of violence are not really "ill". Instead, they have experienced the most severe violation of human rights. This requires public recognition and professional support. Furthermore, we cannot speak about single, isolated events, but instead we should be looking at the continuum of sexualised violence and ongoing discrimination, both during and after the war. We can consider this to be sequences of retraumatising experiences.

Even the so-called *Dayton Peace Agreement* can be considered as part of this continuum: there were no women around the table during the treaty negotiations nor was there any discussion of contents or issue that reflected the reality of women!

The life-long impairments mentioned already are then also linked to social consequences such as stigmatisation and social exclusion, which often jeopardise a woman's ability to support herself and her family. For this reason, many women see no possibility to talk about what happened to them – even when they have a strong inner wish to speak up. Even more suffering results from this socially enforced obligation to remain silent.

So we especially need to think about how we can help them to speak out for themselves! This needs professional support, yes. But it also needs safe spaces where they can meet

and talk to develop and formulate their own wishes, reports and demands. They need these safe spaces to create connection and synergy, and to overcome the massive isolation.

I want to give you now some Insights from a study, which our partner organisation *Medica Zenica and medica mondiale* carried out 4 years ago. We wanted to know more about the long-term consequences of sexualised wartime violence. The respondents were 51 female survivors who had received counselling and support more than 20 years ago. The results reveal a complex picture of cumulative and sequential traumata and ongoing suffering for most of the women. Their problems include the following.

- negative effects on psychological and physical health, 57% of the women suffer from post-traumatic stress disorder / more than 70% of the respondents indicated that the rapes were still significantly influencing their lives / 93.5% of the women suffer from gynaecological problems and 65% regularly take psychopharmacologic drugs
- problems which are major causes of ongoing suffering: a lack of social acknowledgement and integration / a lack of specialist knowledge and training among Bosnia healthcare staff, or even discriminatory behaviour from them / the additional stress caused by poverty and economic-political instability, with the associated lack of prospects for the future
- and, particularly worrying: transgenerational impacts on next generation - their children

It is impressive to see how many women nonetheless find significant reserves of inner power to cope with their lives. But for most of them, this is still miles away from having a life that they or we could describe as a “good life”! (Copies of the study are available outside and I am sure colleagues from MZ are ready for answering questions.)

One of the most important insights from the study was the high need for awareness raising among healthcare staff. This result is similar to other postwar countries where *medica mondiale* is implementing such trainings. Therefore working closely together with *medica mondiale*, *Medica Zenica* has taken a practical step here by developing and carrying out a train-the-trainer programme for healthcare professionals in BiH. (This measure saw a total of 13 trainers take part who subsequently trained approximately 100 healthcare professionals in the

cantons of Zenica-Doboj, Central Bosnia and Una Sana.) The aim is to provide training on the issues of sexualised violence and trauma, as well as self-care. This enables them to recognise victims of violence and communicate with them in a skilled and trauma-sensitive manner. Current state-run training programmes are purely technical in character. There is no reference to the person of the healthcare professional and no reflection on their own traumatic experiences or their own attitudes, which might be stereotypical and patriarchally influenced.

Without this awareness, a gynaecological examination, a police interrogation, or giving a witness statement in court can all trigger a re-traumatisation. Therefore, a trauma-sensitive approach is absolutely essential. It has to take into account certain basic principles, such as creating a safe environment, avoiding additional stress to survivors and preventing reactivation of trauma symptoms. This approach strengthens and stabilises the survivors.

Another necessary component of a trauma-sensitive approach is the self-reflection and well-being of the practitioners themselves. Without self-care they may eventually feel they cannot cope with the suffering they hear about. This is especially important because many of the practitioners themselves have experiences of wartime trauma or gender-specific violence to process. Many, however, will have dissociated their own suffering in order to keep functioning in their work and cope with everyday stresses. Anyway: How can we divide into “clients” and “specialists” when living in a collectively traumatised society? Especially in a society which is as fragmented as the Bosnian one?

We need to do more than just ask ourselves *when* we encounter stress. We also need to ask how each of us as an individual reacts to severe stress - and to look at both the positive and negative reactions. This means that our practice of self-care should involve more than just 1) remaining healthy in the long term and 2) maintaining an equilibrium from which we can act for our clients in a beneficial way. A meaningful self-care also needs to ensure that we 3) do not pass on our own experiences of trauma to our clients. Since this can all too easily happen in situations of high stress, we have to take care to avoid that high stress.

I also repeatedly experience international conferences of experts where the participants talk the whole day about trauma using “them” to refer to the people affected and “us” for the experts. This distancing is unhealthy. And it also lessens our credibility. We need an

inclusive approach. We have to be in contact with ourselves, perceive our own wounds, and care for ourselves!

Our key insight so far from the project is – and I want to connect to what Esmina Avdibegovic said - that the Know-how of NGOs is not yet transferred to governmental structures. Most healthcare professionals have very little knowledge and have had very little self-reflection on this issue. Reasons for this include the fact that in recent years, the term “trauma” has been over-used - but in the same time because of the current political and social circumstances there is hardly anybody who is ready to take a real serious look at trauma. This is a paradox. And it leads to further dissociation from the own traumatised parts.

I spoke already about the stereotypical prejudices which women face due to the concepts of a patriarchal society that puts the blame on the women themselves. I am sure you all have your own experiences which you could tell at this point. The result of this all is further humiliation and retraumatisation of the survivors. Could it be the case that some experts are refusing to deal with the pain of these women because they seek to avoid dealing with their own pain?

So there is still a lot to do in the healthcare sector. This is why we are currently planning a second phase to the project for the cantons Zenica Doboje, Central Bosnia, Una Sana and Brčko District.

I have described this project in such detail because the precise moment of contact of a doctor or a psychologist with a survivor can reveal the whole conflict: the directly tangible consequences of the war in the form of an individual’s pain; the dissociation of the trauma after the war; and the inability of society to deal with all of this or to face up to its own past. After all, the latter would mean perceiving the consequences of the destructive psychological effects that are present today and investing resources to deal with them – since a constructive future cannot be shaped unless this is done. Doing this would allow us to talk of justice: recognising and acknowledging the trauma of sexualised violence while neither stigmatising the survivors nor making heroines out of them, since both would be a type of distancing. Instead we would be aware of their power and their will to survive. This in turn would allow them to re-establish their self-esteem and shape their own future in a powerful way, while feeling a sense of belonging to their community.

Unfortunately, the opposite is generally the case when it comes to applying for the state's war invalidity pension! Of course it was an internationally historic milestone when the 2006 law was passed to allow the status of 'civilian war victim' to be granted to women raped during the war. Women's organisations worked hard to achieve this and the popularity of the film *Grbavica* also helped. However, the implementation of the law has been very problematic. Until now, about 900 persons have applied for the status (most of them in the BiH Federation), out of them 800 women and 100 men got the registration.

Affected women are subjected to many bureaucratic procedures from their canton authorities. Discrimination is built into the compensation system, since women who live in the Republika Srpska or Brcko Distrikt have a much more difficult situation accessing the compensation. Recently, after submitting an application, survivors have had to wait many months before it is processed. The experience of women is in stark contrast to that of male war victims, who generally receive their registrations very quickly.

Something that was originally intended to be a social and political recognition of the injustice that had been suffered is now actually creating more humiliation and it is even re-activating the symptoms of trauma. *Medica Zenica* is accompanying the survivors as they speak publicly about their experiences in dialogues with the responsible commission at the federal level. There are also campaigns relating to this which are intended to create more sensitivity – including one specific day of action on June 19th.

How can we talk about the important work of memorisation when even the most simple of standards are not being upheld by those working in the healthcare, government or legal sectors?!

So now I will come to my last point. Memorising. What will be printed one day in the history books? What will be left out of them? Whose narrative will be told? And whose won't be told? Memorisation can only succeed if the past is reconstructed in a holistic way. Committing something to collective memory cannot be done by an individual! It needs family, community and government. In fact, at a wider level it needs the international community!

A culture of remembrance is not simple or easy: it needs long-term courage and strength. It cannot be 'commanded from above'. Instead it has to be done in harmony with the experienced pain. Unless feelings are included, it remains nothing other than a distanced,

political memorisation. Memorials and more memorials – that nobody needs. But what is needed is the political sensitivity for the potential conflict that could arise in relation to a memorial. For example, what does it mean for survivors who live in Lasvatal if they have to pass by a monumental cross every day? There are risks associated with any act of memorisation. For example, an existing ‘victim status’ could be reinforced. Or even celebrated, since male victims are often seen as heroes. So it is very important to consciously design the way people participate in the process of memorisation. A true culture of remembrance has to be built up in an inclusive manner. Nobody should be excluded.

And memorisation has to have an aim: the aim should be to perceive the victims and to pay tribute to everything they are. The aims should also include: to cast a critical light on the past, drawing connections between the past and the present; to make social integration possible; to increase sensitivity in future generations; and to bring about a deep political promise that these things will never happen again.

The meaning of the memorisation also has to be a repeated consideration of what can help to break through the dynamics of trauma being passed on from one generation to the next. The latest trauma research has shown how fundamental it is to be in connection with others, especially our most basic relationships. Social support is a significant protective factor that prevents PTSD or more complex PTSD. Traumatization experiences will be passed on if they are not dealt with and [processed](#). (Pierre Janet, the founder of modern dynamic psychiatry had already stated in 1902: If a person does not realise or perceive that he/she is traumatised, they will necessarily repeat or re-enact that trauma!)

Therefore only being connected with ourselves and aware about our own needs we can become capable of true connections. This also applies to society as a whole. Trauma cannot be resolved if we remain only on a technical or political level.

To conclude, I want to pay tribute to activists and experts here and around the world. It is the women’s rights activists in the very countries which we designate as “fragile states” who have to deal every day with the devastating effects of male violence and try to restore the will to live in countless women and girls. They - and many of you - are the ones who have been supporting women for decades as they struggle to cope with their pain. They and you are the ones who keep working even when everything is collapsing around them.

And they are the ones who keep doing this even though they are given no financial security. These women are performing courageous development work and actively defending the values we cherish so dearly in the West. They have to finally receive the financial support and political recognition they need and deserve. They are the interface between the survivors and the society that disowns them and the connected issues. It is through them that healing effects can spread into the wider community. THAT has to be written in the school and history books. THAT is something the next generations have to hear about!

Thank you very much!

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