



# We are still alive.

We have been harmed but we are brave and strong.



**A research on the long-term consequences of war rape and coping strategies of survivors in Bosnia and Herzegovina**

**Summary**



Top row from left to right: Mediha Haskić, Elvira Duraković-Belko, Lejla Heremić, Ferida Đekić, Nejra Nuna ČengiĆ, Karin Griese, Monika Hauser (founder of *Medica Zenica* and *medica mondiale*), Kirsten Wienberg, Emina Pašić, Andreja Dugandžić. Bottom row from left to right: Halima Husić, Emina Osmanović, Fatima Čajlaković, Irma Šiljak, Sabiha Husić (M.Sc., director of *Medica Zenica*). Picture: Imrana Kapetanovic / *medica mondiale* & *Medica Zenica*

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## A research on the long-term consequences of war rape and coping strategies of survivors in Bosnia and Herzegovina

### Summary

Researchers: Sabiha Husić, M.Sc., Irma Šiljak, Emina Osmanović, Ferida Đekić, Lejla Heremić  
Consultants: Dr. Simone Lindorfer, Dr. Elvira Duraković-Belko, Andreja Dugandžić, Nejra Čengić  
Reference Group/Editorial Team: Sabiha Husić, M.Sc., Dr. Elvira Duraković-Belko, Irma Šiljak,  
Dr. Monika Hauser, Dr. Simone Lindorfer, Kirsten Wienberg, Karin Griese

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The full research report is available  
for download on our websites:  
[www.medicamondiale.org](http://www.medicamondiale.org)  
[www.medicazenica.org](http://www.medicazenica.org)



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This research has been many years in the making, so a complete list of all the people we would like to thank would be prohibitively long. We would therefore like to take this opportunity to extend our deeply-felt appreciation to everyone who has made it possible.

But above all, we know that this research could not have been done without the courage of the women survivors in Bosnia and Herzegovina who took the brave decision to participate in this research. By sharing your experiences with us, we learned a lot from you. Thank you for your trust and time! This research is dedicated to you, and also to the women survivors who remain silent, in the hope that you will be motivated to speak out.

We would like to especially thank the research team in Bosnia and Herzegovina and our experts, consultants and advisors for their commitment and determination. It was both challenging and inspiring to work with you all! We equally want to thank our interview partners in governmental institutions and in non-governmental organisations who shared their valuable insights with us.

We wish to thank our colleagues in *Medica Zenica* and *medica mondiale* who provided us with constant support and encouragement.

We would also like to take this opportunity to thank our families and friends who believed in what we were doing and encouraged and supported us throughout the project because they share the values that underpin our work, our wish that future generations can learn and benefit from this research, and our hope that it will contribute to reaching a day when rape and sexual violence are no longer so prevalent in our society.

And of course, many thanks to our donors who supported our research and helped us to record a part of these survivors' history so we can learn from them how to help others.

This research has had its own history and dynamics; it was a challenge and all of us who were involved in this process feel that we are not the same as in the beginning.

Sabiha Husic, M.Sc.  
Director  
*Medica Zenica*

Kirsten Wienberg  
Head of Evaluation and  
Quality Department  
*medica mondiale*

## Foreword

“Point your finger at the perpetrator and not at me.”

“Do not underestimate yourself. You are not different from others or worse than them. Appreciate yourself.”

“We are not ‘those poor women’, we are strong, active and courageous.”

(Quotes of Bosnian survivors, former clients of *Medica Zenica*)

Over the last twenty years, we have seen a marked increase in awareness of sexual war-time violence and its severe consequences. This is largely due to the worldwide outcry against the mass rapes committed in Bosnia in 1992 and 1993, which in turn was only possible because of the courage of the Bosnian women who spoke out publicly to tell the world what had happened to them. Their courage was followed by the untiring, unflinching efforts of women’s rights activists and feminists all over the world to organise support. There was a huge wave of solidarity, from which *Medica Zenica*, followed by *medica mondiale*, emerged. The Bosnian organisation *Medica Zenica* was founded in 1993, and is known throughout the country for its tireless work to secure the rights of women who have survived sexual violence, while *medica mondiale* is a non-governmental organisation based in Germany which supports women and girls in war and crisis zones throughout the world.

Several international achievements have been realised since 1993, including a series of important UN resolutions, the institution of sexual violence as a war crime under international criminal law, and frequent international conferences on the issue. Nonetheless, wartime rape and other forms of gender-specific violence in war-torn and post-war societies still continue – day in and day out.

It is encouraging that, since 2006, survivors in Bosnia and Herzegovina have been able to obtain the groundbreaking status of civilian victims of war in Bosnia and Herzegovina. Disappointingly, however, they have lived in constant fear ever since from the knowledge that they can lose it again if they leave the Federation of Bosnia and Herzegovina and return to their former homes in the Republika Srpska, where this status is not respected.

In October 2013, at a conference held jointly by *Medica Zenica* and *medica mondiale* entitled “Working towards dignity, 20 years of struggle for dignity of survivors of war

rape“, our conclusion was that most of the survivors are still suffering. The statement “I survived the war, but how can I survive peace?” says everything about the daily fight of those who, despite having gone through hell for two decades, are mobilizing all their efforts in order to go on for a life worth living for themselves and their children.

Although *Medica Zenica* has recorded more than 400,000 instances of supporting women over the last 21 years, violence against women continues to be a huge problem in Bosnian society. Alongside the consequences of the war, reasons for this violence include poverty, unemployment, shattered families, and prevailing patriarchal structures and gender inequality within society.

We are often asked for the “real” figures. But how do you count when some women were raped many times, every day, for weeks on end? How do you count the women and girls who were killed after being raped? And in any case, counting only produces statistics, and we want to shout, as loudly as we are able, that behind each of these statistics there are individuals – survivors – who must often bear the consequences of this violence for the rest of their lives. Let us try to express that even more clearly: War rape is a severe violation of a woman’s human rights, and has extremely detrimental effects on her somatic, psychological and social integrity. The woman is degraded; her most intimate self is deeply injured; and her dignity is trampled upon. Many women suffer for years, even decades, from psychological and physical post-traumatic symptoms such as panic attacks, chronic pain and cancers – and **they simply feel homeless in their own lives.**

The probability of trauma symptoms becoming chronic is very high for the victims of rape – over 50% in the research. Together with the life-long impairments mentioned above, survivors also suffer social consequences such as stigmatisation and social exclusion, which often jeopardises their ability to support themselves and their families. For this reason, many find it impossible to talk about what happened to them, and this socially-enforced pressure to remain silent then leads to even more suffering. We also have to assume that the majority of survivors remain silent, and so never receive any specific support.

On the other hand, we also know that many survivors want to speak up so that “the world will know what happened to them”<sup>1</sup> – but it is not only up to them alone to break the silence. The reality is that, even 21 years after

1 Title of a documentary by *medica mondiale* about the Foca Trial of the ICTY, 2009.

the war, it is apparent that society, community, politicians are not ready!

The devastating effects of wartime sexual violence are not limited to the individual women themselves. Their families and the whole social environment is also involved. In fact, these long-term consequences persist into the next generations.

How have European post-war societies dealt with their own trauma? In Germany, today's generation of grandchildren are the first to really consider the complex issues of guilt, responsibility and suffering, complicated further by all the destructive and unhealthy effects of their parents' and grandparents' silence and denial.

This research was compiled in the same way that we approach all our work: in a spirit of participation, in order to empower women and girls. We were also clear among ourselves that we wanted to keep editorial ownership. Although this was not easy – we do not want to deny the many arguments and controversies we had over the time – it was very important for the longstanding and earnest partnership between *Medica Zenica* and *medica mondiale* to stick to this common work.

21 years ago, we started our commitment based on clear feelings of solidarity. We were driven by the fact that sex-

ual violence could also happen to us. And we asked ourselves how we would then like to be treated. The answer was clear: with respect and as individuals! 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!

In this spirit we want to share the results of this study with like-minded people. With researchers to recognise and fill the gaps in our existing knowledge. With politicians to make them better able to understand their responsibility to act. With donors to continue with their crucial support. With young people to prevent violence.

Whatever function or place we are in – it's all about dignity. The dignity of the survivors and, at the end of the day, the dignity of ourselves.

Monika Hauser, *founder of Medica Zenica and medica mondiale*

Sabiha Husic, M. Sc., *director of Medica Zenica*



## 1. Introduction

It is estimated that during the war in Bosnia and Herzegovina (1992–1995), between 20,000 and 50,000 women and girls were systematically raped, sexually assaulted and tortured in concentration camps and while imprisoned in their own homes. Many were forcefully impregnated, and only released when their pregnancy had developed too far for them to have an abortion.

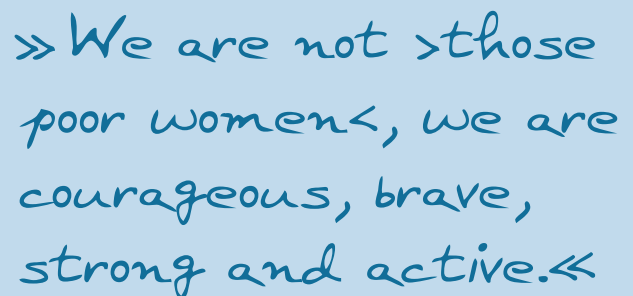
Prevalence rates for different traumatic events, as established by international trauma research, show that war and rape stand as the most destructive of all traumatic experiences. Their combination, war rape, is therefore expected to produce tremendous psychological suffering in survivors, affecting their mental and physical health and their relationships with others.

However, there has been little systematic research on war rape, and next to nothing is known about the long-term consequences of war rape on survivors, their capacity to cope with their experiences, and the strategies they adopt to do so.

In Bosnia and Herzegovina, most research projects on the consequences of war were conducted in the first decade after the war, amongst which only a very few focussed on the particularities of war rape.

Against this background, *Medica Zenica* and *medica mondiale* conducted a study with 51 survivors of war rape and sexual violence from Bosnia and Herzegovina who had used Medica's services during and after the war. While preparing the research, the two organisations formulated four main areas of interest:

1. How has the war-related sexual violence and rape impacted on the lives of the survivors and their psychological well-being, health, relationships, and on family systems?
2. How does Bosnian society treat survivors of war-related sexual violence and rape nowadays? How are they integrated into their society from the legal, social, health and psychosocial point of view?
3. What has helped survivors to get on with their lives after war rape? What has given them the strength to continue their lives? What are their coping mechanisms, and how did they evolve in the two decades after their traumatising experiences?
4. What did *Medica Zenica's* work mean for the survivors in their coping process? What were the most important "ingredients" in the help they received that actually made the difference for the women and supported them the most?



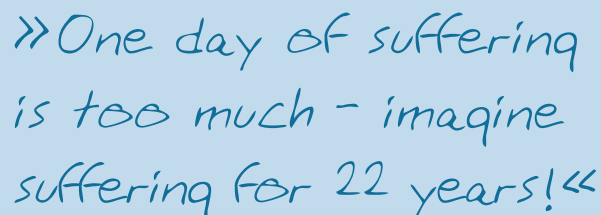
» We are not >those poor women<, we are courageous, brave, strong and active.«

## 2. Methodology

The research and evaluation project is based on a **feminist research paradigm**: i.e. it is research done *by* women, *for* women, *about* women (although not exclusively), and *from* a woman's *perspective*. The survivors' voices are located at the centre of all methodological choices. In addition, we consciously decided to have the study conducted by professional staff from *Medica Zenica*, in collaboration with national and international consultants, to counteract the extreme shame felt by survivors which makes research on (war) rape and sexual violence so challenging and ethically questionable. The planning, methodology and implementation of the research were thus chosen to enable the participants to feel accepted and supported in a research environment that they could connect to positive experiences, namely *Medica Zenica*. This enabled them to talk about their experiences in emotionally safe ways, and reveal unique insights into their lives.

Along with the overall feminist approach of the research, we also followed the **ethical principle of trauma-sensitivity** at all steps of the project. We ensured that a counsellor was always available to the participants during the interviews and tests. We formulated questions and chose instruments that would allow the women to have maximum control over what they wanted to share; we also field-tested the instruments and adjusted the methods before starting the research to ensure that the women taking part did not find the procedure too emotionally draining and destabilising. We fed the results back to the participants and asked again for their comments so they could remain in control of the insights they had shared. Finally, we provided care and supervision to the research team members conducting the interviews, since listening to the profound suffering of the women also had an emotional impact on the team members.

Our research favours a **systemic perspective** on war rape, since we do not believe that war rape is the "fate" of individual women; rather it takes place in historical and regional contexts in which people hold patriarchally-



»One day of suffering is too much - imagine suffering for 22 years!«

informed values about sexuality and virginity, while certain myths they believe about rape contribute to making rape such a powerful strategy of warfare. In addition, war rape also elicits responses from survivors' families, communities, from the larger society, and from the culture in which it takes place. Our research therefore included the views and experiences of Ministries as well as from non-governmental organisations (NGOs) in Bosnia and Herzegovina.

We used a **multi-method design**, combining quantitative and qualitative research methodologies to obtain multiple viewpoints that enabled us to understand the issues at hand more deeply and thus to elicit a more holistic view on complex phenomena. We combined a *questionnaire* with open and closed questions, specifically designed for the purpose of the study and covering all four research areas, the *Harvard Trauma Questionnaire Bosnia and Herzegovina version* (HTQ-BH; Oruč et al., 2008), the *Brief Symptom Inventory* (BSI; Derogatis, 1993) and the *Brief Cope Questionnaire* (Brief COPE; Carver, 1997) to cover the quantitative methodology. All data was analysed using SPSS 21.

The qualitative methodology consisted of *key informant interviews* with two relevant ministries<sup>2</sup>, alongside *focus group discussions* with six NGOs working in the same field and in different parts of Bosnia and Herzegovina.<sup>3</sup>

In addition, within the qualitative methodology, seven participants were selected according to certain relevant cri-

2 The research team initially planned to conduct interviews in the Ministry for Human Rights and Refugees of Bosnia and Herzegovina, the Federal Ministry of Labour and Social Policy, the Ministry of Health and Social Protection of Republika Srpska, the Department of Health and other services of the Brčko District, and the Department for Veteran Protection and Civilian Victims of War, who are the key national authorities for supporting survivors. However, only two of the government institutions that we contacted took part in the research: the Ministry for Human Rights and Refugees of Bosnia and Herzegovina and the Federal Ministry of Labour and Social Policy. The other institutions did not participate, even though the relevant persons from these ministries were contacted on several occasions.

3 In selecting the relevant NGOs, it was necessary to ensure objectivity by covering the whole of Bosnia and Herzegovina, and including the main NGOs that were dealing with questions of violence against women during and after the war. *Medica Zenica* chose to include the following NGOs: the Association "Žene sa Une" Bihać, the Association "Žene žrtve rata" Sarajevo, Foundation "Udružene žene" Banja Luka, Association "Vive Žene" Tuzla, Association "Budućnost" Modriča, and Association of Concentration Camp Torture Survivors of the Canton Sarajevo – Section of Women Camp Torture Survivors. All of the selected NGOs agreed to participate in the research.



teria to take part in *life story interviews*; a special type of in-depth interview providing additional information about the long-term impacts of war rape and sexual violence, and a longitudinal perspective of coping processes.

The research **participants** were all survivors of war rape and sexual violence who have used or still use the services of *Medica Zenica*. *Medica Zenica* tried to contact all 119 women for whom they had documentation available to offer them the chance to participate. 51 agreed, while of the remaining 68, a total of 28 women did not want to participate, mostly because they did not want to talk about their past experiences, 13 had already died, 5 of them due to cancer, 17 now live outside Bosnia and Herzegovina, and 10 could not be traced.

**Limitations of the study:** The findings cannot be generalised to all war rape survivors since women who sought help from *Medica Zenica* but were not prepared to participate in the study, and women who did not seek help in the first place, may have adopted other coping behaviours, and the impact of their experiences might be different. We excluded control groups with whom we could

have compared the results from our study due to the numerous methodological and ethical concerns connected to research designs that work with controls. We were also aware of the potential for social desirability bias, and the fact that responses may have been distorted since the research was conducted by an organisation to whom the women felt grateful for the help that they had received. Along-side this, however, our methodology may have avoided distortions caused by shame-induced behaviour patterns and exposure to over-whelming experiences of stress and retraumatisation.

As with all retrospective studies, many questions related to the past evoked memories of how the participants saw their experience *from today's perspective*; memory effects due to cognitive selection might therefore interfere with what the reality "then" actually was. Finally, the women themselves are at the focus of the methodology, and their perspectives and perceptions are consciously given ample space. As a consequence, other aspects of the topic such as the views of husbands and children were not covered and more research on these and related aspects are recommended.

### 3. Research results

#### a. How has war-related sexual violence and rape impacted on the lives of the survivors and their psychological well-being, health, relationships, and on family systems?

*“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, life story)

Most research world-wide shows that the prevalence rates of Posttraumatic Stress Disorder after rape lie between 50% and 65% (e.g. Perkonigg & Wittchen, 1999; Kessler et al., 1995).

In our sample, 57% of the survivors are still suffering from Posttraumatic Stress Disorder around twenty years after the war rape. Average general perceived psychological discomfort for all survivors also proved to be extremely high, with particularly strong problems in the areas of somatisation and anxiety disorders. 76% of the participants reported strong difficulties in falling asleep, while 40% suffered from frequent thoughts about death and dying, which can be interpreted as a proxy indicator of depressive moods. These results clearly indicate a debilitating long-term effect of war rape on survivors, which might be especially alarming given the fact that the study participants all benefited from a variety of psychosocial services from *Medica Zenica* that they described as having been very helpful.

It is worth adding that according to the statistical analysis, being in employment after the war seems to play an important protective role: Unemployed participants reported more perceived psychological discomfort and a higher intensity of distressing symptoms compared to those who were employed. Participants who are working also assessed their health as better than those who are unemployed and those who have retired.

It appears that for most survivors in our sample time has not healed the psychological wounds of war rape, since more than 70% of the participants reported that rape still influences their lives completely, mostly in the form of constant distressing memories of the events, emotional problems such as fear or nervousness, health challenges, and serious problems in close personal relationships. Many women movingly described the typical post-traumatic dynamic of being constantly reminded of – and trying to avoid the memory of – events which they experience as vividly as if they had only recently happened. As one participant described: *“I cannot have my coffee upstairs, be-*

» It is important that I am alive.«

*cause the image of being raped repeatedly whenever they wanted comes back”* (questionnaire, open question). Another participant spoke about her inability to “forget” or “get used” to what happened, since every-day life is full of reminders: *“No day can go by without me thinking, because every day, I see the school where I was taken to”* (questionnaire, open question).

An evaluation of the health and reproductive health problems reported by the survivors offers a further strong indication of the chronicity of the long-term consequences of war rape, with more than 85% of the respondents seeing a doctor on a regular basis; most frequently gynaecologists and psychiatrists / neurologists or psychologists. 65% take medicines regularly, and half of these have started taking medicine since the war. Psychopharmacological drugs are used by almost 91% of those who take drugs, sometimes in combination with cardio-vascular medicines (more than 50%) or hormone regulators (27%). The high levels of both cardio-vascular and hormonal medications amongst survivors could be a strong indicator for the debilitating health effects of cumulative and continuous posttraumatic and everyday stresses on the body systems that lead to chronic diseases.

The alarming frequency of gynaecological problems is an equally challenging health issue for the survivors in our study group. More than 58% of the women still suffer from at least four or more gynaecological symptoms, even 20 years after the experience and despite gynaecological treatment. The symptoms reported most frequently are uncontrollable urination (53%), pain in the pelvic area (49%), and vaginism (44%). Almost 20% of the women reported having had difficulties in getting pregnant after the rape experience, and more than 10% have had cancer; some former clients already died due to cancer, and so could not participate in the study.

In our study, more than 75% of the women reported that the rape experience influenced their lives with husbands or men in general either to some extent (around 30%) or completely (almost 46%). 56.5% of the women said that their husbands or partners knew about the rape experience. The major problems the women reported related to sexuality with husbands and partners, and repulsion,

anger and distrust towards men in general. Sexual activity is often avoided completely, or associated with feelings of disgust and fear, as the following quotations show:

*“I want to kill myself when he is asking to have intercourse.”*

(Questionnaire, open question)

*“After the rape I was never able to be intimate with my husband again, I am afraid of men.”*

(Questionnaire, open question)

In the life stories, however, some women also reported the support that they got from their husbands in accepting them and their relational problems, which contradicts the stereotype of husbands rejecting rape survivors. One survivor who had conceived a child during the rape underlined her husband’s patience and acceptance: *“...his move, his touch could drive me mad, but he endured everything stoically. (...) I must have done something good somewhere when I got a husband like that. I don’t know what I did to deserve him. The man never married before, he brought me and our child to his family, everybody accepted me so well; it required a lot of strength”* (Sara, life story).

More than half of the participants reported that their rape experience affected their relationships with their children either fully or to some extent. They described these dynamics in different ways: Some connected the children’s problems to their mother’s war rape experience:

*“My youngest child’s hair fell out; the doctor told me it was due to stress.”*

(Questionnaire, open question)

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

(Questionnaire, open question)

Some talked about having considerable difficulties in being an emotionally stable and available parent:

*“I cannot show love or emotions towards them. Everything died in me.”*

*“I raise my voice when I start remembering, I get nervous.”*

(Questionnaire, open question)

Others pointed to their constant fear that something could happen to their children: *“I am overly protective of my children, I don’t let them spend time with other people; I don’t trust people”* (questionnaire, open question).

We also found other types of worries in our interviews: Some mothers anticipated having a negative impact on their children, either because of their emotional instability

or because the rape experience left them feeling “inadequate” and “not intact”; or that their daughters might go through the same experience, so they cannot enjoy their growing up into young women. This strong anticipation of “bad things” always happening is a dominant feature of survivors’ posttraumatic thought patterns, and might heavily influence how their children learn to see the world, themselves and other people, and to which extent they are “allowed” to become independent when growing up.

Around 46% of the children know what happened to their mothers during the war. Many women highlighted the fact that a prevailing silence has left them afraid to tell their story, and discourages their children from asking questions. This silence is especially strong towards children born of rape, but it also exists in other children. Participants reported that they wanted to protect their children but suspect that the children “know” or “feel” that there is something “wrong” with their mothers. One woman described it as follows: *“I could never talk to them about things I went through, I don’t want to burden them, although all over our children have traumas just by looking at us”* (Emira, life story).

The silence is particularly reinforced by the idea that the children might reject or abandon their mothers once they know about the war rape experience. This points at feelings of shame that remain strong, and the self-perception of being “marked” forever with an indelible imprint of the war rape.

## **b. How does Bosnian society treat survivors of war-related sexual violence and rape nowadays? How are they integrated into their society from the legal, social, health, and psychosocial point of view?**

*“Are you one of these raped women?”*

(Postman upon delivering a letter from a Bosnian organisation known to work with survivors of war rape, quoted by Emira in her life story)

*“I turned around once more just to make sure that it was him, and all of them were looking at me.”*

(Emira describing in her life story how, while shopping, she recognised a man who had raped her by a tattoo on his arm)

*“After all these years I am so deeply disappointed in justice, that for some time it had a great psychological impact. (...) The justice from social institutions, courts, I don’t believe in it anymore. It is not a justice for me anymore. For me that is ridiculing the victims. Nothing else. There is no justice there.”*

(Larisa, life story)

Social acknowledgment can be understood as “a victim’s experience of positive reactions from society that show appreciation for the victim’s unique state and acknowledge the victim’s current difficult situation” (Maercker & Müller, 2004, p. 345), functioning as a protective factor in the aftermath of posttraumatic stress. It usually extends beyond partners, friends and families to include significant social actors such as local and state authorities, communities and groups, the media, and public opinion.

Uniquely in the world, in 2006 Bosnia and Herzegovina passed legislation that granted the status known as “Civilian Victims of War” to survivors of war rape. This status, which was strongly lobbied for by *Medica Zenica* and other NGOs in Bosnia and Herzegovina, bestows the right to a monthly payment of 550 BAM (approximately 280 Euro), and also guarantees access to special educational programs, retraining and additional training, and health, social, housing and unemployment support. However, between its inception in 2006 and the end of 2013, only 779 of the estimated 20–50,000 war rape survivors in Bosnia and Herzegovina obtained this status.

In our sample, 39 women of the 51 participants – over 75% – have successfully obtained the status. However, the perception of social recognition of war rape survivors is quite low, even amongst these status holders: Women participating in the research said that governmental, cantonal and entity institutions do “nothing” for women who survived war-time rape, apart from securing some financial benefits. And whereas those having obtained the status have access to the payment, only 6-8% also accessed other special programmes entailed in the status. Very little of the potential of this strong political measure is therefore being exploited, and it is obviously not perceived as an empowering act of social acknowledgement.

This interpretation is underlined by 42.5% of the women reporting either difficulties with the administrative procedures and / or the fact that the whole procedure of obtaining the status often includes exposure to shameful, uncomfortable situations; an experience that was underlined in discussions with NGOs participating in the research. The women who apply must repeat their story to employees of the institutions involved who are frequently male, and often unprepared and insensitive, while having

the status does not necessarily increase social acknowledgement; it sometimes gives rise to stigmatising and derogatory comments from people in their communities and particularly the institutions involved. As one participant commented: “...they say you sell yourself for money. But I wish I didn’t have it (i.e. the status) ... if only it had not happened to me” (Emira, life story).

Another woman described how, when she showed her certificate during her daughter’s enrolment process at school, an official commented: “So what, why didn’t she take care of herself like I did, why nobody raped me?” (Sara, life story).

NGOs, governmental representatives and participants highlighted a number of other problems associated with the status of civilian victim of war, in particular the lack of political will, which hinders the adoption of a unified strategy and legislation at state level that could regulate the status and rights of survivors across the whole of Bosnia and Herzegovina. This deficiency leads to a situation of injustice whereby e.g. a survivor holding the status loses it again if they go back to Republika Srpska.

In focus group discussions, NGOs underlined the participants’ perception that the rights connected to the status are reduced to mere financial benefits. They also pointed out the limitation that war rape survivors don’t have the same rights as other groups of survivors who were traumatised during the war, such as the association of disabled war veterans, who have been given more privileges. The participants clearly stated that they receive much more support from NGOs than from political institutions, and since this support is based on funding, usually provided by international donors, there is a constant struggle and stress for fundraising to maintain continuity. Finally, NGOs and some of the participants mentioned the issue of the political manipulation of women who survived rape, namely that politicians and other people “talk a lot about ‘those raped women’, ‘those victims’....well, man, what do you think that that woman is?” (Sara, life story).

Another issue reflecting a powerful aspect of the perceived lack of social recognition is the fact that many perpetrators still live free and unpunished. Survivors described situations where they encountered their perpetrators in their daily lives which, from a trauma psychological view-point,

»My children helped me the most. They are my sense of all. Everything nice I didn't have, all sufferings I had I forgot about through my children. Through them I fought and had enthusiasm to move on.«



constitutes an extremely destructive experience of re-traumatisation and actually complicates or even disables the survivors' paths towards healing and stability. From a justice perspective, it ridicules a state's and society's commitment to protect victims of war crimes.

In addition, survivors who testified in court compared their positive experiences of appearing at the ICTY in The Hague with the difficulties and obstacles they faced when testifying at the Bosnia and Herzegovinian Courts. The lack of protection, the lack of sensitivity, e.g. when male investigators come to survivors' homes to take statements in clearly marked cars, the length of the legal processes of bringing perpetrators to justice, combined with negative experiences of giving testimony, all affect survivors' faith and belief in the legal system and decreases their willingness to testify.

Regarding social acknowledgement, the study thus showed that despite the potential power of the unique status of civilian victim of war in Bosnia and Herzegovina, the women do not perceive it as socially recognising. In addition, it cannot outweigh the far more powerful negative responses from the survivors' surroundings that still prevail at all levels of society, and the tremendous lack of protection and justice that they feel. It is of utmost importance to underline that these deficiencies are a strong indicator for the incompleteness of the peace process within Bosnian and Herzegovinian society.

### **c. What has helped survivors to get on with their lives after war rape? What has given them the strength to continue their lives? What are their coping mechanisms and how did they evolve in the two decades after their traumatising experiences?**

*"You can't erase it. You can't take just a rubber and erase it, but you have to think about good things."*  
(Zehra, life story)

*"I don't want rape to mark me. I don't want that to be a centre of my life."*  
(Elmana, life story)

Scientific research on coping after traumatic events shows that coping strategies differ in their significance for a successful recovery.

According to our results, the coping strategies which the participants used most often can be classified amongst those associated with better integration of the trauma into the survivor's life, namely acceptance, emotional support, active coping, religion, instrumental support and planning.

However, according to their self-reports, the strategy which the participants use most commonly is diverting attention. On the one hand, this is adaptive because it reduces trauma-related rumination and fixation, enabling survivors to focus on other things in their lives. On the other, the frequent use of this strategy shows how extremely immersed in their trauma the participants remain in their lives. In line with this, the regular use of psychopharmacological medication amongst 60% of all participants can be understood as another prevalent coping strategy that is meant to mitigate the still strongly-felt nervousness and emotional instability and "calm" the women down, so that they can "manage" their daily lives.

One interesting additional result regarding coping strategies may support the ambiguous impact of the status of the civilian victim of war mentioned above: Those women who had achieved the status showed more self-blame than those without the status. This finding may be related to negative and stigmatising responses from within the general society to the women's achieved status, which again underlines the well-researched social-psychological fact that the existence of negative social responses usually outweighs the potential benefits from positive responses. It could also be interpreted as a side-effect of the status, namely that a "status" solely defined by the rape experience may eventually cement the survivor's identity as a victim.

Another result of the statistical data analysis shows that participants who have shared about their experiences with significant others, such as relatives and friends, tend to use more active coping strategies. This association can be interpreted in both ways: either active coping as a preferred coping style automatically leads to a tendency to open up to others, which in itself might be seen as an active coping strategy; or the other way round: having shared about the experience opens the way to more active coping. We might cautiously suggest that the fact that the women had been able to open up in a trusted and caring environment such as at *Medica Zenica* during or immediately after the war may potentially have had a positive impact on survivors acquiring healthier coping strategies and a larger repertoire of coping mechanisms, which research has associated with better post-traumatic adjustment.

In line with this suggestion, the majority of participants identified breaking the silence and talking about their experiences as a principal healing agent, as can be seen in the following quotation that reflects a survivor's recommendation to other survivors:

*"It [i.e. talking about it] is a relief. No matter for how long, but it is some kind of psychological relief for yourself. It is better to admit, then you move on, you turn a new page in*

*your life and continue. You don't have to change your life completely, children, husband, environment, but it is, somehow, to turn the page in order to move on differently...*"  
(Berina, life story)

40% of the participants self-reported that time had made it easier to cope with difficult experiences such as war rape. The women described the positive impact of learning how to deal with the experience. Factors that helped them included time, and realising that despite the horrible events they went through, good things could still happen in their lives afterwards. However, equal numbers of participants (28% each) felt that it is as difficult or even more difficult to cope with the experience now as it was immediately after the war. Some participants mentioned an increasing sense of getting older and having less strength for coping with the ongoing stresses of daily life; some also described the feeling of becoming "more aware of what happened" over time, which suggests that they realise how long-lasting the impact of their experiences has been, deepening the perception amongst many survivors of being 'marked for life'.

When asked what gave them strength to carry on with their lives, all the participants ranked their relationships with their children and grandchildren, husbands and other people's support as high, with children and grandchildren highest of all. The source of resilience mentioned most often that was not primarily connected with relationships was work, which again underscores the importance of work for stabilising and healing.

Relationships and social support are known to be amongst the most important protective factors in trauma psychology, and are a particularly important recovery factor for survivors of rape. The importance of children in particular in the women's testimonies is obvious, while at the same time children are in danger of becoming overburdened with the feeling of being a consolation for their mothers' pain, or responsible for making up for the loss and pain that was inflicted on their lives; an effect known from research on the transgenerational effects of trauma. This double-edged aspect of the importance of children for their mother's coping might be well portrayed in the following quotations from the life stories:

*"My children helped me the most. They are my sense of all. Everything nice I didn't have, all sufferings I had I forgot about through my children. Through them I fought and had enthusiasm to move on."*  
(Larisa, life story)

*"I wanted her (i.e. her daughter), because I wanted to know what motherhood was. I wanted her to be mine. She is all I have. I have a husband and a brother but she is all*

*>>We are still alive.  
We have been harmed  
but we are brave and  
strong.<<*

*mine. That is the only thing on Earth that she is mine."*  
(Sara, life story)

Is post-traumatic growth possible after the terror of war rape and sexual violence? Post-traumatic growth research states that traumatic events do not just impact negatively on survivors' mental health, but can also lead to positive changes in self-perception, interpersonal relationships, and life-philosophy (Tedeschi and Calhoun, 1996). When being asked about positive learning experiences despite their painful stories, 32% felt that they had learnt no positive lessons, while 68% believed that they actually changed their attitudes towards life, self and people / relationships. The following quotations speak for themselves in illustrating this growth experience:

*"Perhaps I value myself more now. When I look at people around me, who didn't suffer through anything, and in some way they seem to be suffering more than I am. They don't have anything. I am more proud and coping better, I can manage better and I might have not known that before. It is all thanks to people who helped me work on myself, to think positively, and use my experience to help others."*  
(Questionnaire, open question)

*"I became more empathetic, I like to listen to people's stories and tell them mine to comfort them."*  
(Questionnaire, open question)

Research on posttraumatic growth has shown that it is not contradictory for trauma survivors to report a number of posttraumatic symptoms, *while at the same time* talking about growth that occurred in their life as a result of the traumatic experience. This has also been confirmed in our study: The fact that the women still suffer considerably from the impact of their war rape experience does not contradict the growth experiences that they also reported.



#### **d. What did Medica Zenica's work mean for the survivors in their coping process? What were the most important "ingredients" in the help they received that actually made the difference for the women and supported them the most?**

*"...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 at 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..."*

(Larisa, life story)

Since *Medica Zenica* was one of the first organisations to be founded with the objective of supporting women and girl survivors of war rape in Bosnia and Herzegovina, the research also wanted to look at the specific impact which the participants attributed *Medica's* intervention.

Our research results show that around half of the participants came to *Medica* for the first time during the war between 1993 and 1995, while the others were introduced to *Medica's* services after the war was over. Many of the participants are still using *Medica's* services today. Since research on survivors of sexual violence in other contexts shows that rape survivors are generally reluctant to seek help so soon after the event, it is rather striking that half of all the participants came to *Medica Zenica* in the immediate aftermath of war rape. Many women who survive rape, including women in non-war settings, suffer for years trying to come to terms with it by themselves, and only seek help much later. This was not the case in our sample.

Since about half of the participants first heard about *Medica* from friends, other women who had the same experience, or family members, it appears likely that *Medica* had a growing word-of-mouth credibility and a reputation that women were well treated and got support there, which encouraged others to come. A significant number of the participants (26%) reported having been "reached" by *Medica Zenica*, and this was mentioned in the open questions and in the life stories as having been an important experience: Somebody cared for them. This long-term support and the special approach to survivors have been evaluated as a source of resilience and most probably a key transmitter of social support that was important for coping, apart from and beyond the social support provided by family members, children and husbands. Since family bonds might be a source of support, but also sometimes may complicate recovery and impact negatively on the children, other sources of help,

such as support organisations and peers, might become extremely important for survivors of war rape trauma.

Most participants (more than 80%) reported having received psychological help, medical assistance, food and clothing, and other supplies. The safe house provided shelter to about 50% of the participants, and approximately 40% stated that *Medica* helped them to make contact with other organisations. A significant number of participants (25% to 40%) received religious support, financial assistance, or help with child care. 24% of survivors completed vocational training courses and approximately 14% of them completed computer or English language courses. Around 16% reported having received support from *Medica Zenica* with court processes.

The meaning and benefit of *Medica Zenica's* work is most strongly confirmed by the fact that the vast majority of the participants rate *Medica's* services as "extremely helpful" or "very helpful". Survivors highlighted the fact that *Medica Zenica* provided comprehensive support, assistance and unconditional trust. Their responses thus match the results of other studies in the same field from Bosnia and Herzegovina that also pointed to the significance of more general therapeutic factors: Apart from taking care of their needs for professional medical and psychological care, housing and food, it was crucial to provide them with a space in which they could re-establish trust in human beings and create normal and stimulating inter-personal relationships in which they feel accepted, cared for and safe. This might best be portrayed in the following quotations:

*"If it wasn't for Medica I don't know would I stay alive. I tried to commit suicide a couple of times, but after their treatments it never occurred to me to try again."*

(Questionnaire, open question)

*"Medica was a house that helped me the most, I had all kinds of help I asked for, in other words I was pulled out of the worst state ever, because I thought my life will have no meaning after my release from the concentration camp. Medica is commendable for that, and I thank them that I am capable to support my children today."*

(Questionnaire, open question)

*"... I found understanding there, I had support, I had a feeling of security. Everyone was nice, polite, and you could talk to anyone. Since this war I have nice memories from Medica, I met nice people, I remember them gladly. In the war, that was the only time I felt safe. Staying in Medica was the only positive thing that happened in that war."*

(Questionnaire, open question)

## 4. Recommendations

The research results as presented here show a complex picture of both continuous suffering for most survivors – due to the chronified posttraumatic dynamics and other challenges of mental and physical health, but also a perceived lack of social acknowledgement, lack of protection and ongoing life stressors – **and** a considerable ability to cope and recreate their lives and their relationships with others, giving rise to a number of relevant recommendations. These recommendations are meant to reflect both the needs of survivors and the greater context of suffering as portrayed in the research results, namely its societal dimensions: Our research clearly revealed transgenerational effects of the survivors' trauma on their children, as well as the wounds of war rape and sexual violence that remain unhealed and are reinforced and chronified by the tremendous lack of social acknowledgement and protection. Therefore, the following recommendations need to be conceptualised in line with the international obligations of the state and entities of Bosnia and Herzegovina that guarantee access to justice and reparation. They should also be firmly placed within the national peace-building and reconciliation agenda.

In our function and self-understanding as organisations with more than 20 years' experience in supporting women and girls affected by conflict-related sexual gender-based violence and advocating for the rights of survivors, *Medica Zenica* and *medica mondiale* therefore recommend the following key points to

- the State of Bosnia and Herzegovina,
- the authorities of the Federation of Bosnia and Herzegovina and the Republika Srpska, Brčko district,
- the NGOs working in Bosnia and Herzegovina,
- the international Donors and Institutions,
- and the society / media in Bosnia and Herzegovina.

### a. Regarding support programmes for survivors in general:

- **Commit to long-term funding for holistic programs to support survivors, including psychosocial and health services, legal aid services, economic benefits and income-generating projects, information networks, and advocacy activities.** The needs for support are still high and with the aging effect, many survivors will still need special support programmes. This recommendation includes the long-term funding of NGOs in Bosnia and Herzegovina, including core funding, perhaps through creating a special fund or budget lines to support survivors and their families without singling out survivors of war rape and sexual violence.

- **Multiply and replicate the established networks amongst Institutions and NGOs in Zenica Dobo Canton, Una-Sana Canton, Central Bosnia Canton and Banja Luka, and throughout Bosnia and Herzegovina.** The unique networks and the protocols agreed among the stakeholders have proven to be an effective model that provides support for survivors of war violence, while at the same time strengthening the capacities of the institutions involved. This model can be easily transferred to other parts of Bosnia and Herzegovina, and should be adapted where necessary according to the demanding needs of the Bosnian society to take the long-term effects of war trauma into account.
- **Strengthen the cooperation between government and NGOs, and amongst NGOs.** It is of utmost importance that efforts are combined and synergised in order to achieve the best results and for the survivors to feel that they are actually acknowledged on a broad societal basis.
- **Strengthen the position and acknowledgement of NGOs by the State.** Given the need for ongoing support and the fact that family members are also often extremely burdened by the long-term impact of the war, and given the weaknesses and shortcomings related to the status of civilian victim of war, NGOs in Bosnia and Herzegovina have become a strong agent in providing social support and social acknowledgement. Their contribution must be strengthened publically.

### b. Regarding specialised psychosocial programmes for survivors, and trauma sensitivity in the legal, psychosocial and health professional domains:

- **Provide ongoing counselling for survivors of war rape and sexual violence.** The study results clearly show that rape and sexual violence have led to a general fragility in women's health, psychosocial well-being and relationships. However, the women still continue their life paths with great courage and try to recreate their lives and relationships with others, while children

» Point your finger at the perpetrator and not at me.«

are of particular importance for the women's coping. Therefore, in order for survivors to be able to lessen the stress in their current lives and support them in rediscovering trust in relationships in general and developing healthy relationship patterns with their children, it is important to continuously offer counselling and psychotherapy. Since we do not have ready-made therapy concepts for these often-chronified and complex forms of traumatising, creativity and the adaptation to local contexts will be needed, as proved necessary in the early days of psychosocial work in Bosnia and Herzegovina.

- **Provide low-threshold counselling services for families of survivors and for their children.** The findings show signs of the transgenerational transmission effects of trauma to the next generation, while at the same time the children's well-being and future prospects are very important for stabilising the survivors. Against this background, it is very important to consciously support the younger generation in their psychosocial needs. This should include sensitising families, teachers, social workers and educational institutions on the effects of traumatising, providing low-threshold counselling for children, and family-oriented therapeutic approaches.
- **Provide special counselling on issues of sexuality and married life.** The study clearly indicates that gynaecological and sexual problems are among the most overriding and powerful effects of war rape. This has had grave consequences for the survivors' sexual lives and their relationships with men. There is a great need to develop specialised counselling skills on sexuality and marriage therapy amongst trained counsellors working in Bosnia and Herzegovina.
- **Commit to the implementation of a trauma-sensitive approach, based on solidarity, in all support services, including training for all professionals in the area of health and psychosocial professionals, as well as in the educational and legal fields.** Given the alarming evidence that the survivors' health and psychological situations are still very fragile and will most probably become worse as aging and post-war stressors play their ongoing role, we need awareness in all professional areas which the survivors access for support, particularly (but not exclusively) in the health sector, since health institutions might serve as a primary access strategy for the women to seek help, also for those women who would never otherwise reveal their war rape experiences. All health professionals in Bosnia and Herzegovina should therefore receive regular education on the impact of (war rape) trauma on health, and on how to apply a trauma-sensitive approach in their work.
- **Pay particular attention to the prevalence of cancer and to the high rate of severe gynaecological and reproductive health problems, as well as to the extremely high rates of psychopharmacological medi-**

**cation that most survivors have used for the last 20 years.** Women and health professionals have to be sensitised about the risk of addiction related to dealing with trauma symptoms. Other ways of trauma-informed diagnosis, treatment and support might help to reduce the use of medications. This will also lead to more empowerment of women, and will encourage positive self-regulation and stabilisation. As one of the women said in her life story: *"I don't want to take medication. I want to laugh!"*

- **Conduct more studies on the long-term effects of the war on women, men and children, with special regard to the transgenerational effects.** Most studies were conducted in the first 10 years after the war; to date, there seems to be no other scientific study that was conducted on the long-term effects of the war, let alone on the long-term effects of war rape. In order to have a good basis for planning, we need scientifically proven data on these issues. Our study therefore hopes to encourage more research in this area.

### c. Regarding the special state law on the status of civilian victim of war:

- **Adopt a state law on Victims of Torture in Bosnia and Herzegovina, and amend and improve the application process for the status of civilian victim of war, in particular by:**
  - ➔ Adopting a **uniform state law** on Victims of Torture. To achieve this, it would be necessary to advocate for a single legislation at the state level which would regulate the rights of victims of torture and provide an opportunity for all survivors to exercise equal rights regardless of where they live in Bosnia and Herzegovina;
  - ➔ In the absence of a uniform state law, **harmonising as soon as possible the existing laws** at entity and cantonal levels, and in the Brčko District, so that all survivors can obtain the rights of survivors, such as the status of civilian victim of war regardless of where they live in Bosnia and Herzegovina;
  - ➔ Ensuring that, in addition to the regular payment of 550 BAM, obtaining the status of civilian victim of war enables survivors to obtain all other rights associated with it, such as the **right to special educational, housing and economic empowerment programmes**;
  - ➔ **Improving information** about the survivors' right to apply for the Status of Civilian War Victim, and making the procedure and its implications more transparent. It is imperative to make the procedure of claiming the status less complicated and less stressful to avoid retraumatisation;
  - ➔ **Granting the survivors of war rape equal rights and privileges** to those of other civilian victims of war and

war veterans. It is therefore necessary to work on sensitisation for the entire post-war Bosnia and Herzegovina environment, in order to tackle the issue of stigmatisation of women who survived war-time rape;

- **Starting an information campaign** on how survivors can apply for and exercise their rights;
- **Sensitising the media** and encouraging them to play a more active and adequate role in promoting survivors' rights;
- **Providing the employees of public administration with specific training on the consequences of trauma** resulting from rape and sexual violence so that these employees and lawyers, as well as doctors, employees of the Institute for Medical Expertise and NGOs involved in the procedure, will become sensitised to the symptoms of PTSD, such as a feeling of shame, guilt, etc. This would prevent survivors from being exposed to unnecessary re-victimisation.
- **Commission an evaluation in five years' time** to evaluate the progress and effects of amendments and improvements in the application process and the state law on the Status of Civilian Victim of war in Bosnia and Herzegovina.

#### d. Regarding protecting of survivors of war rape while testifying:

- **Provide better support and protection of women before and during the process of testifying against perpetrators in the national courts of Bosnia and Herzegovina.** Everyone involved at all levels of the legal system should be sensitised by means of a qualification on issues of safety and protection and adopting a trauma-sensitive approach towards survivors and witnesses, and that constant care should be provided for survivors and their families throughout and beyond the process of testifying.
- **Work for the continuous prosecution of perpetrators.** Pursuing legal justice sends an extremely important signal about social acknowledgement to survivors, both those who testify and those who do not, and even to those who have so far chosen not to tell their story. Recognising that there is at least some level of justice taking place can have a healing effect beyond therapeutic work.

#### e. Regarding social acknowledgement of survivors (Special recommendations to the society and communities of Bosnia and Herzegovina):

- **Encourage communities to take positive action towards the social acknowledgement of survivors.** Based on the study's findings that stigmatising dynamics in communities are a major reason why survivors keep silent, and given the fact that the participants in the study feel almost no support from their local communities, campaigns and activities need to be derived to redress the balance. Stigma and shame belong to the perpetrators and not to the survivors!
- **Actively work towards changing the victim discourse into a discourse of survival.** The stereotypical "victim" discourse needs to be reshaped in a way that emphasises the strengths and capacities of survivors. It is important that all segments of society adopt this approach to their perception of and public discourses about survivors.
- **Have more men involved in the work against stigmatisation, and provide a space for men to reflect on their roles and attitude towards women and girls, and act as positive role models for young men and boys.** The study clearly indicates that women perceive the support of male family members as a crucial coping support. Therefore, it is not only important for the women but also very important for the next generation that more men reflect on their roles and attitudes towards women and girls. Society needs more positive role models for young men and boys. This will help overcome the stigmatisation and devaluation of women that is rooted in patriarchal societies, and contribute to an inclusive, peaceful society and more perceived equality between men and women.
- **Establish a monitoring mechanism in Bosnia and Herzegovina** whereby state representatives, NGOs, survivor organisations, relevant representatives of the media and other organisations from civil society are in constant dialogue about the effects of sexual violence and war trauma.

»If we were protected, if we were given protection, of course we should speak up. There, where we should speak up. And be protected. And that message should be carried and remembered. If it is not remembered, it will happen again... so women have to speak to save themselves.«



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*Medica Zenica* is the oldest expert non-governmental organisation which has been, since April 1993, continuously providing help, support and care to women and children survivors of war rape and sexual violence. Our approach to women and children, survivors of war rape, sexual violence and trauma is based on humanistic values. *Medica Zenica* provides education of professionals working with survivors, lobbies and advocates the improvement of the life quality of survivors as well as establishes networks that enable survivors of war rape and sexual violence to know when, where and how to exercise their rights. In the past almost 22 years of active work with survivors of trauma, *Medica Zenica* has provided more than 400,000 various services across Bosnia and Herzegovina.

[www.medicazenica.org](http://www.medicazenica.org)



*medica mondiale* is a German based feminist women's rights organisation supporting women and girls in war and conflict regions founded by Monika Hauser. Together with local experts she opened the women's therapy centre *Medica Zenica* in Bosnia in April 1993. *medica mondiale* provides psychosocial and legal counselling and trauma sensitive medical consultation, and enhances protection – both through its own projects and in co-operation with local women's organisations. At a political level, *medica mondiale* actively advocates the enforcement of women's rights and interests and demands consistent punishment of crimes as well as effective protection, justice and political ownership for women survivors of sexual and gender based violence.

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