

# **Shame and Silence in the Aftermath of War Rape in Bosnia and Herzegovina: 22 years later**

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## **BACKGROUND**

The war in Bosnia and Herzegovina (B&H) (1992-1995) was characterized by mass war crimes, crimes against humanity and genocide, which in 1993 led to the establishment of the International Criminal Tribunal for the former Yugoslavia (ICTY) (Crider, 2012). According to the data provided by ICTY, International Commission on Missing Persons (ICMP), UN High Commission for Refugees (UNHCR), and the Parliamentary Assembly of the Council of Europe, the final figures of atrocities committed in B&H are the following: 103 000 killed (of which 60% civilians), 30 000 missing, over 2 millions forcibly displaced people (refugees and internally displaced people) while an estimated 20,000 women and girls were the victims of rape and other forms of sexual violence in the pogroms of „ethnic cleansing“ (ICTY, 2010; ICMP, 2012a; UNHCR, 2012b).

Studies conducted among displaced persons from different conflict zones, including those coming from Bosnia and Herzegovina, showed that mass traumatization caused by organized violence such as war, various forms of torture, including rape, sexual enslavement, forced impregnation, imprisonment, loss of a family members, deportations and living in exile can result in short-term and long-term effects on mental health of survivors, particularly post-traumatic stress disorders and depression (Glaesmer et. al, 2010; Lončar et al., 2006; Boden, 2002; Arcel, 1998).

War rape is defined by McDougall (Hagen, 2010) as “a deliberate and strategic decision on the part of combatants to intimidate and destroy “the enemy” as a whole by raping and enslaving women who are identified as members of the opposition group”. Although the subject of rape and sexual torture perpetrated against women in Bosnia and Herzegovina have been reported since the outbreak of the war in 1992, most literature discussed this crime in the context of underestimating victimization due to the lack of data on victims whom were murdered or perished due to injuries during or after the rape, and the underreporting among

those who have survived (Crider, 2012; Hagen, 2010; Stiglmayer, 1994). In spite of war rape statistics that vastly under-represent the actual number of those who were raped, women are identified as one of the most vulnerable group in need of protection and support. Apart of sexual torture, they had been exposed to various extremely traumatic events, such as unwanted pregnancy that resulted from rape (forced to bear a child or forced to abortion), loss of their closest and entire livelihoods, deprivation, hunger, forced labour, threats, witnessing of atrocities, torture and murder of others, forced marriages and/or forced migration, which drastically highthened their traumatization. However, the suffering of women continued in post-traumatic context due to displacement, resolving financial and health problems, loss of social network and tracing for missing family members (Baraković et al., 2014).

It is known that rape that occurs in situations of armed conflict has „distinct characteristics, consequences, and implications for research and service providers than the peacetime rape“ (Hagen, 2010). Rape survivors often display a high-level of shame and self-blame (Paludi, 1999). Previous studies indicate that the context of the assault and socio-cultural factors influence the victim’s posttraumatic reactions to rape, symptoms presentation, therapeutic approach and recovery process (Delić, 2015; Mollica, 2009; Avdibegović et al., 2007).

The aim of this study is to investigate the war rape context and consequences of psychological traumatization in women victims of war rape in Bosnia and Herzegovina who were also exposed to multiple war-related traumatic events, and to explore the relationship between posttraumatic stress disorder and silence surrounding war rape in B&H.

## **METHODS**

This is a cross-sectional study, which is part of the research project on quality of life and long-term psychological consequences in women with experience of war rape conducted in a period 2011-2014 in Bosnia and Herzegovina.

The sample comprised of the group of 105 women with experience of war rape and no psychiatric history before the war, who are registered members of the Association “Women Victims of War”, and the group of 88 controls from general population, who had no experience of war rape and psychiatric history before the war. The group of 105 victims of war rape is selected using a multi stage sampling method, and the control group (non-victims) using the snowball sampling method. Participation in this study was on voluntary basis, with

an informed consent. The demographic characteristics of the sample groups are given in the Table 1.

Table 1. Sociodemographic characteristics of the sample groups

Characteristics	Women with war rape experience (N =105)	Women without war rape experience (N = 88)	p
<b>Nationality</b>			$\chi^2 = 1.174, p = 0.556$
Bosnian Muslim	95 (90.5)	80 (90.9)	
Bosnian Serb	5 (4.8)	2 (2.3)	
Bosnian Croat	5 (4.8)	6 (6.8)	
Age (mean $\pm$ SD)	48.9 $\pm$ 8.8	44.8 $\pm$ 7.4	$\chi^2 = 12.042, p = 0.001$
<b>Marital status</b>			$\chi^2 = 15.017, p = 0.002$
Single	12 (11.4)	2 (2.3)	
Married	59 (56.2)	71 (80.7)	
Widow	23 (21.9)	8 (9.1)	
Divorced	11 (10.5)	7 (7.9)	
<b>Level of education</b>			$\chi^2 = 26.012, p < 0.001$
No education	14 (13.3)	1 (1.1)	
Primary school	33 (31.4)	10 (11.4)	
Secondary school	52 (49.5)	62 (70.5)	
Higher education	6 (5.7)	15 (17.0)	
<b>Employment status</b>			$\chi^2 = 51.086, p < 0.001$
Unemployed	72 (68.6)	28 (31.8)	
Employed	16 (15.2)	57 (64.8)	
Retired	17 (16.2)	3 (3.4)	
<b>Place of residence</b>			$\chi^2 = 4.535, p < 0.033$
Rural	40 (38.1)	47 (53.4)	
Urban	65 (61.9)	41 (46.6)	
<b>Forced migration</b>			$\chi^2 = 34.582, p < 0.001$
Yes	93 (88.6)	44 (50.0)	
No	12 (11.4)	44 (50.0)	

<b>Residential status</b>			$\chi^2 = 67.004, p < 0.001$
Internally displaced or refugee	69 (65.7)	9 (10.2)	
Domicile	13 (12.4)	49 (55.7)	
Returnees	23 (21.9)	30 (34.1)	
<b>Consuming alcohol</b>			
Yes	1 (0.9)	2 (2.3)	
No	104 (99.1)	86 (97.7)	
<b>Smoking</b>			$\chi^2 = 0.919, p = 0.338$
Yes	55 (52.4)	40 (45.5)	
No	50 (47.6)	48 (54.5)	
<b>Professional help seeking after the war</b>			$\chi^2 = 80.897, p < 0.001$
Yes	95 (90.5)	24 (27.3)	
No	10 (9.5)	64 (72.7)	
<b>Using psychotropic drugs</b>			$\chi^2 = 53.861, p < 0.001$
Yes	98 (93.3)	40 (45.5)	
No	7 (6.7)	48 (54.5)	

## Instruments

Sociodemographic data (nationality, age, marital status, education, employment status, place of residence, forced migration, residential status, professional help seeking after the war, the usage of psychotropic drugs, alcohol and tobacco consumption) and data on war rape characteristics, including data on silence related to war rape experience were gathered by a general questionnaire for women constructed for the purpose of this study. To explore the war rape context, women survivors of war rape were asked about a period (year) of war when they were raped, their experience of stay in concentration camp(s) and/or other experiences of detention, their age and marital status at the time of rape, a number of rape experiences, a number of perpetrators, relationship with perpetrators (a strange or an acquaintance or both), the presence of other people during the rape, pregnancy that resulted from rape, duration of silence and disclosure experience related to war rape, experience of court witnessing as well

as data on the experience of the loss during the war, and involvement in the program(s) of psycho-social support.

Data on the exposure to traumatic events and presence of posttraumatic stress disorder (PTSD) symptoms were collected using Harvard Trauma Questionnaire (HTQ), a version for Bosnia and Herzegovina (Allden et al., 1998). This screening instrument was administered by psychiatrist (the author of this paper).

The HTQ is designed to empirically measure the exposure to traumatic events and trauma syndromes in individuals who have survived torture and mass violence such as war. It consists of four sections (Part I-IV). The first section (Part I) covers 46 traumatic events that are historically accurate for assessing the exposure of civilian population of Bosnia and Herzegovina to war-related and refuge experience, with two possible responses “Yes” or “No” to each question. The second section (Part II) consists of an open-ended questions that asks the respondent to describe the most terrifying events that have happened to her or him, while the third section (Part III) asks about events that may result in head injury. The fourth section (Part IV) contains 40 symptom items related to trauma experience, of which the first 16 trauma symptoms derived from the DSM-IV criteria for posttraumatic stress-disorder (PTSD), and 24 additional items refer to the impact of trauma on subject’s perception of her/his ability to function in everyday life. The scale for each question in this section is rated 1 to 4 (1 - “Not at all,” 2 - “A little,” 3 - “Strongly,” 4 - “Very strongly”). The total result is the average score on all 40 items, and the total result  $>2.5$  is considered to be “positive” for PTSD. The HTQ demonstrated strong reliability and internal consistency with the coefficient alpha .967 for the entire PTSD scale and alpha .969 for the self-perception of functioning scale.

## **RESULTS**

### **Sociodemographic data**

The average age of women with experience of war rape was  $48.9 \pm 8.8$ . A greater number of women victims were married, with secondary school education, unemployed, live in town, have status of displaced person and were forced to change their place of residence during the war (Table 1).

### **Experiencing the trauma of war induced loss**

The loss of family member(s), close relatives and friends (killed or missing) were reported by a significantly higher number of women with experience of war rape (89 or 46.11 %) compared to the control group (58 or 30.0%) ( $\chi^2 = 9.374$ ,  $p = 0.002$ ). With regard to relationship with person(s) who was killed in the war, most women in both groups reported that they have lost family members/relatives, friends and neighbors, and with regard to the loss of a family member 25 (12.9%) reported the loss of a spouse, 23 (11.9 %) the loss of a brother, 18 (9.3%) the loss of a father, 13 (6.7 %) reported the loss of mother or sister, while 8 (4.1%) women with war rape experience reported the loss of a child. A significantly higher number of women with war rape experience reported that their close relatives were missing (56 or 29.0%) compared to controls (16 or 8.3%) ( $\chi^2 = 25.293$ ,  $p < 0.001$ ).

Out of total sample, a significantly higher number of women rape victims reported that their family members and close relatives were being wounded during the war (75 or 38.9 %) compared to control group (56 or 29.0%) ( $\chi^2 = 1.333$ ,  $p = 0.248$ ). Also, 5 (4.8%) women with experience of war rape and 1 (1.4%) control reported that they were being wounded in war.

### **War Rape Context**

Women victims of war rape have been exposed to a number of traumatic events. According to the HTQ Part I, the subjects from our sample experienced an average of  $16.4 \pm 11.24$  traumatic events, among which the group of women victims of war rape have had a significantly higher number of traumatic events ( $25.55 \pm 5.75$ ) than non-victims ( $6.01 \pm 5.40$ ) ( $\chi^2 = 135.695$ ,  $p < 0.001$ ). The most frequently experienced traumatic events in total sample were: a direct exposure to shelling/grenade attacks (163 or 84.4%), lack of food and water (129 or 66.8%), confiscation or destruction of property (128 or 66.3%), lack of shelter (117 or 60.6%), being forced to leave their home (137 or 71.0%), torture (100 or 51.8%), forced separation from family members (113 or 58.5%), murder or death of family member (110 or 56.9%). In addition, women with experience of war rape were being exposed to beatings to the body (79 or 40.9%), knifing (20 or 10.4%), forced labor (34 or 17.6%), forced to betray family member (40 or 20.7%), forced to betray unrelated party (36 or 18.6%), and witnessing the rape or sexual abuse (48 or 24.9%).

According to the HTQ Part III, the 49 (25.3%) subjects from the group of women with experience of war rape reported a head injury (beatings to the head), of which 31 (16.1%) resulted in the loss of consciousness. Women from both groups were exposed to starvation, of which 84 (80.0%) women survivors of war rape and 6 (6.8%) women from the control group. Out of 105 women rape victims, a significantly higher number were raped at the beginning of the war (in 1992) or 22 years prior to this study ( $\chi^2 = 206.095$ ,  $p < 0.001$ ). The mean age of women at the time of rape was  $29.69 \pm 8.90$ , ranging from 12 to 48 years. In regard to marital status at the time of rape, most women were married (61 or 58.1%) ( $\chi^2 = 80.562$ ,  $p < 0.001$ ), while 33 (31%) were unmarried, 6 (6.0 %) divorced and 5 (5.0 %) widowed. Regarding the presence of other person(s) during the victimizing event, 51 (48.5%) women victims reported that other persons witnessed their rape, whereas 53 (50.5%) women reported on being forced to witness the torture of others.

Most victims have had three and more experiences of rape (48 or 45.7%), 14 (13.0 %) women had two rape experiences, and 43 (41.0%) one experience of war rape. The number of rape experiences in this study was not congruent to the number of perpetrators. Regarding the number of perpetrators, 47 (44.8%) women were raped by three and more than three offenders, 10 (10.1%) were raped by two, and 48 (46.1%) by one person („man in uniform“). Concerning the relationship with perpetrator(s), most women were raped by a stranger (80 or 76.2%), 12 (11.5%) by an acquaintance, and 13 (12.4%) by both stranger(s) and acquaintance. Out of 105 women victims of rape, 14 (13.3%) reported that the rape resulted in pregnancy, among which 10 (9.5%) pregnancies were terminated.

Out of total sample in this study, a significantly greater number of women with war rape experience (67 or 34.7%) compared to women without rape experience (1 or 0.5%) were held in concentration camps during the war ( $\chi^2 = 80.472$ ,  $p < 0.001$ ). Regarding the number of concentration camps where they were imprisoned, most victims were kept at one concentration camp (54 or 28.0%), 9 (4.7%) at two camps and 4 (2.1%) women were held at three and more concentration camps ( $\chi^2 = 69.735$ ,  $p < 0.001$ ).

Apart of the firsthand experience of stay in concentration camp, women from our sample were being detained in other places too, among which a significantly higher number of women with experience of war rape (44 or 22.8%) than women from the control group (8 or 4.1%) ( $\chi^2 = 26.189$ ,  $p < 0.001$ ). With regard to other places of detention, women victims of rape were

mainly kept under home confinement (19 or 9.8%) and at abandoned houses (17 or 8.8%), while out of total sample most women were kept at motels and other public buildings/areas (i.e. schools, stadion, factory, police office, hospital, etc.) (20 or 10.3%).

### War Rape and Silence

The period of silence following rape lasted in average of  $10.43 \pm 5.90$  years (range of 1-20 years). A significantly greater number of women with experience of war rape have had rape disclosure 11 to 15 years later ( $\chi^2 = 50.695, p < 0.001$ ). Concerning initial rape disclosure most victims have disclosed having been raped firstly to their girlfriend (20 or 19.0%), a doctor (20 or 19.0%), then to womens' organizations (19 or 18.1%), while the smallest number initially disclosed the assault to their sister (4 or 3.8%) and/or brother (2 or 1.9%) (Table 2).

Our results show that a significantly greater number of women said to their psychiatrist about rape (94 or 89.5%) ( $\chi^2 = 65.610, p < 0.001$ ), while a significantly lesser number of rape victims had testified at the court (32 or 30.4%) ( $\chi^2 = 14.486, p < 0.001$ ). Out of 105 women with experience of war rape, 23 (21.9%) responded postively to the question asked on the opportunity to meeting the perpetrator, 5 (4.8%) said that they do not know, and 77 (73.3%) responded negatively.

Table 2. Distribution of subjects (n=105) in relation to initial rape disclosure experience

Person or service to whom subjects initially have disclosed having been raped	N (%)
Husband	12 (11.4)
Parents	10 (9.5)
Girlfriend	20 (19.0)
Sister	4 (3.8)
Brother	2 (1.9)
Relative	6 (5.7)
Doctor	20 (19.0)
Investigator/Police	10 (9.5)
Women's organization	19 (18.1)
Other people reported on rape	1 (1.0)
Total	105 (100.0)

## Receiving psychosocial help

Out of total sample (N=193), 78 (40.4%) subjects received psychosocial help and support in different periods in the last 22 years, among which 67 (63.8%) women with experience of war rape and 11 (12.5%) women with no rape experience. A significantly greater number of women victims (22 or 20.9%) have received psychosocial help during the war compared to non-victims (2 or 2.3%) ( $\chi^2 = 15.342$ ,  $p < 0.001$ ), as well as after the war (29 or 27.6% victims vs 2 or 2.3% non-victims) ( $\chi^2 = 22.813$ ,  $p < 0.001$ ), whereas 54 (51.4%) women victims and 11 (12.5%) non-victims have received psychosocial help at the time of study. With regard to psychosocial help received, a statistical significance is found between the groups ( $\chi^2 = 32.482$ ,  $p < 0.001$ ). Out of 54 women who received psychosocial help during this study, 13 women received help also during the war and 18 after the war. Out of 22 women who had been offered a psychosocial help during the war, 15 women have received the help also after the war.

## War Rape Consequences

Out of 105 women with experience of war rape, the PTSD symptoms score  $> 2.5$  was found in 94.3% victims, and the most common were intrusive symptoms, hyperarousal and avoidance symptoms. Total PTSD symptoms score and the score of the symptom groups were significantly higher in women victims of rape than in controls (Kruskal Wallis test,  $\chi^2 = 112.157$ ,  $p < 0.001$ ) (Table 3).

Table 3. Mean of total score and the score of symptom groups of posttraumatic stress disorder in total sample of women (N = 193)

Sample Group	Values of total score and symptom groups score of PTSD			
	Total PTSD M $\pm$ SD	Intrusive symptoms M $\pm$ SD	Avoidance symptoms M $\pm$ SD	Hyperarousal M $\pm$ SD
Women with war rape experience (n = 105)	3.29 $\pm$ 0.46	3.44 $\pm$ 0.49	3.16 $\pm$ 0.51	3.30 $\pm$ 0.54
Women without war rape experience (n = 88)	1.92 $\pm$ 0.69	1.90 $\pm$ 0.78	1.91 $\pm$ 0.71	1.97 $\pm$ 0.76

PTSD – posttraumatic stress disorder, M – mean value, SD - standard deviation

Among women victims of rape no statistically significant difference between women with PTSD (score >2.5) and women without PTSD (score <2.5) is found regarding the age at the time of research ( $F = 0.138$ ,  $p = 0.711$ ), age at the time of rape ( $F = 0.900$ ,  $p = 0.345$ ), and duration of silence ( $F = 0.001$ ,  $p = 0.345$ ), whereas a statistical significance is found concerning the number of traumatic events ( $F = 4.755$ ,  $p = 0.031$ ). There was no statistical significance between subgroups of women with different periods of silence duration and PTSD symptoms, the age of women at the time of research and the age of women at the time of rape, while a statistically significant difference is found in the number of traumatic experiences between the subgroup of women who kept silent 6-10 years, the subgroup of women who kept silent 11-15 years ( $t = 2.504$ ,  $p = 0.015$ ), and the subgroup of women with duration of silence from 16 to 20 years ( $t = 3.445$ ,  $p = 0.003$ ). The number of traumatic events experienced by women survivors was negatively associated with duration of silence ( $r = -0.279$ ,  $p = 0.004$ ). The greater the number of traumatic experiences, the shorter duration of silence about rape.

In the group of women with experience of war rape no significant correlation is found between the age at the time of study and PTSD symptoms ( $r = 0.088$ ,  $p = 0.187$ ), the age at the time of rape and PTSD symptoms ( $r = 0.143$ ,  $p = 0.146$ ), the number of traumatic events and PTSD symptoms ( $r = 0.149$ ,  $p = 0.064$ ), nor between duration of silence and PTSD symptoms ( $r = 0.075$ ,  $p = 0.446$ ). However, a significant correlation is found between the PTSD symptoms and the number of traumatic events in non-victims ( $r = 0.218$ ,  $p = 0.021$ ). In total sample ( $N=193$ ) we found a significant relationship between the age of women and PTSD symptoms ( $r = 0.226$ ,  $p = 0.002$ ), and the number of traumatic events and PTSD symptoms ( $r = 0.183$ ,  $p = 0.011$ ).

Regarding the mean of PTSD symptoms, no significant difference is found between the groups of women of different marital status at the time of rape ( $F = 1.230$ ,  $p = 0.303$ ). Also, there was no significant difference between the PTSD symptoms score and the number of perpetrators ( $F = 0.069$ ,  $p = 0.976$ ), the pregnancy that resulted from rape ( $\chi^2 = 0.024$ ,  $p = 0.876$ ), the psychosocial help received during the war ( $\chi^2 = 0.515$ ,  $p = 0.473$ ), after the war ( $\chi^2 = 0.547$ ,  $p = 0.460$ ), and at the time of study ( $\chi^2 = 3.211$ ,  $p = 0.073$ ). There was no significant difference in the mean of PTSD symptoms between women who testified at court and women who did not testify ( $\chi^2 = 0.666$ ,  $p = 0.415$ ). Concerning the psychiatric treatment seeking after the war, there was no significant difference in the mean values of PTSD symptoms total score

between women who sought and who did not seek psychiatric treatment ( $\chi^2 = 1.066$ ,  $p = 0.302$ ). Out of total sample, women who were taking psychotropic drugs reported a significantly higher intensity of PTSD symptoms ( $3.01 \pm 0.69$ ) compared to those who were not ( $1.79 \pm 0.72$ ) ( $\chi^2 = 65.200$ ,  $p < 0.001$ ). In the group of women with war rape experience, there was no significant difference in the mean of PTSD symptoms between women who were taking ( $3.31 \pm 0.44$ ) and not taking ( $2.93 \pm 0.65$ ) psychotropic drugs ( $\chi^2 = 2.756$ ,  $p = 0.097$ ).

Statistical significance is found in women's self-perception of functioning in everyday life ( $\chi^2 = 109.006$ ,  $p < 0.001$ ). The mean of self-perception of functioning was significantly higher in women victims of war rape ( $2.93 \pm 0.53$ ) than in non-victims ( $1.67 \pm 0.56$ ). A strong positive association is found between self-perception of functioning and PTSD symptoms ( $r = 0.766$ ,  $p < 0.001$ ).

Assessing the HTQ items related to feeling guilt and shame, it is found that the greatest number of women war rape victims very strongly agreed with statements: „Feeling humiliated by your experience“ (73/105), „Spending time asking why these event happened to you“ (66/105), and „Feeling ashamed of the event that have happened to you“ (57/105). In addition, war rape victims strongly agreed with statements: „Feeling that people do not understand what happened to you“ (46/105), and „Feeling no trust in others“ (42/105) (Table 4).

Table 4. The level of agreement of subjects (N = 105) with statements related to feeling guilt and shame according to Harvard Trauma Questionnaire (HTQ)

Statements related to feeling guilt and shame	Level of agreement			
	Not at All n	A little n	Strongly n	Very strongly n
Blaming yourself for what has happened to you	49	13	22	21
Feeling guilty for having survived	45	15	23	20
Feeling ashamed of the event that have happened to you	10	12	26	57
Feeling that people do not understand what happened to you	2	18	46	39
Feeling humiliated by your experience	3	5	24	73
Feeling no trust in others	6	21	42	36
Spending time asking „why these event happened to you“	3	8	28	66

## DISCUSSION

Terror potential of an organized violence such as war, with very many traumatic events is likely to create an atmosphere of horror, high-intensity fear and hopelessness, which afterwards can result in severe emotional distress in those affected. The war in Bosnia and Herzegovina left many people with great loss, forcibly displaced and separated from their family members, relatives and friends. Mass destruction led to breaking a subtle social network, lacking support from the closest and feelings of distrust and unsafety, which constitute a high risk for poor mental health outcomes in the long run. Glaesmer et al. (2010) reported on the long-term effects of war traumatic experiences from the World War II that more than 60 years later parallel posttraumatic stress disorder (PTSD) and posttraumatic symptoms, such as: avoidance of thoughts and feelings, sleep disturbances, distressing dreams and intrusive thoughts.

It is well documented in the literature that the war rape of women, used as „a weapon of war“, is not a single, isolated traumatic experience but rather part of the accelerating war dynamics.

In recent history of warship, throughout the world, women were often being exposed to sexual violence, torture and imprisonment that can lead to an extreme long-lasting suffering and poor adjustment. However, war rape is not only the assault on the integrity of one's body and soul, but undermining a family and social structure, and creating a vicious circle that further complicate the process of recovery.

**Sociodemographic characteristics.** Women and girls are most frequent victims of sexual violence in war regardless age, education, marital and employment status, ethnical and political affiliation. In present study, the greatest number of women victims were: raped at the age from 12 to 48, married, with secondary school education, unemployed and of Bosnian Muslim ethnicity. At the time of study, the greater number of women survivors lived in town, had status of displaced person and reported that they were being forced to change their place of residence during the war. Concerning sociodemographic characteristics the results obtained are similar to results of previous studies. Six decades after the World War II, Kuwert et al. (2014) found that the average age of German women survivors of war rape was 16, ranging from 12 to 25, while in Democratic Republic of Congo the average age of victimized women was 36 (range 3.5 – 80) (Bartels et al., 2010; Isikozlu & Millard, 2010). Studies conducted among Bosnian women survivors of war rape found that the average age of victims at the time of rape was 29 (range 16-75) (Arcel, 1998),  $32 \pm 6.4$  (range 14-83) (Lončar et al., 2006), and from 13 to 38 (Husić et al., 2014), which together with our results confirm that women of reproductive age were mainly exposed to war rape in Bosnia and Herzegovina. Regarding the ethnicity, the results from our study are consistent to previous reports on the ethnical distribution of women victims of war rape in B&H (Isikozlu & Millard, 2010; Mollica, 2009; Arcel, 1998; Stiglmayer, 1994). With regard to marital status and education, we found that significantly more women in both groups were married and with secondary school, while in the group of women war rape victims there were more widows, divorced and single women, and more women with primary school or without primary education, which is consistent to previous reports (Husić et al., 2014; Lončar et al., 2006; Arcel, 1998). The greater number of victimized women in our sample were unemployed. It can be explained by uncertainty and insecurity of displaced persons status, and low level of social and occupational functioning of victims of war rape, but also with their social exclusion and the lack of a comprehensive psychosocial rehabilitation and economic empowerment programs for women survivors.

Out of 105 subjects with war rape experience, 52.4% were of rural, and 47.6% of urban origin before the war, indicating that geographical characteristics did not influence the prevalence of rape. Regarding the residential status, at the time of study, the greatest number of women victims have had a status of displaced persons. This result confirmed that the war rape is often associated with other traumatic experiences, such as forced migration and that the rape of women is used as a threatening „weapon of war“ with the aim of ethnic cleansing (Husić et al., 2014; Jones et al., 2014; Bartels et al., 2010; Mollica, 2009; Niarchos, 1995; Stiglmayer, 1994).

Traditional view on women's rape through the history prevented a recognition of rape as a crime against victim, because woman was considered to be a male property, whose value was measured by her virginity, while individual personality of woman and extremely painful wounds that resulted from rape were fully neglected (Cahill, 2001). Feeling less worthy, powerless and helpless, women victims of rape are reluctant to rape disclosure. Deeply rooted cultural stereotypes and prejudices about female sexuality, together with societal stigmatization contribute to a great extent to underreporting rape and a lack of prosecutions of this crime. In spite of the establishment of the International Criminal Tribunal for the former Yugoslavia, and the fact that mass war rape that happened in war (1992-1995) is recognized as a crime against humanity, in Bosnian patriarchal society it is still viewed as a matter of honor and shame, and it seems that victim-blaming misconceptions are socially accepted. Fearing stigma, ostracism and rejection, even 20 years after the weapons are silent, women survivors of war rape in Bosnia and Herzegovina are facing the lack of institutional and social support, insecurity and a slow pace of justice.

Out of 105 subjects with experience of war rape, the number of women victims who returned to their prewar places of residence and the number of women victims who reported on returnee status is different. This is because a certain number of women have got their property back and/or renewed their houses, yet living in exile as internally displaced persons. It can be explained with feeling no safe, fear and distrust, having in mind that the greatest number of perpetrators of war rape still walk free, as well as with the lack of social network in the pre-migration settings, and also with avoidance of traumatic reminders.

Apart of war rape, within a mass war destruction, many women from Rwanda and former Yugoslavia were being exposed to a number of losses, including the experience of trauma of missing family member(s) and long-lasting tracing after the war (Baraković, 2012). We found

in our study that a significantly higher number of women survivors have experienced the trauma of murder, wounding and missing of close family members, whereas 4.8% women victims of war rape have been wounded due to a direct exposure to grenade attacks against civilians.

A recent study showed that experiencing the loss also have a great and long-lasting traumatogenic potential that complicates victimization of women in war and post-exposition situation, worsening the mental health outcomes (Delić, 2015; Baraković et al., 2014).

**Professional help seeking.** War rape per se is a highly traumatizing experience, and the first psychological aid can be of critical importance for recovery. In our sample, only 20.9% rape victims have received a psychosocial help during the war, and 14.3% of those continued receiving this kind of help after the war. As reported in this study, a psychosocial help was provided mainly by women's organizations targeting not exclusively war rape victims but war traumatized internally displaced/refugee women and children. Thus, it happened that war rape victims were receiving psychosocial help without rape disclosure.

Women from our sample have had no psychiatric history and they were not taking psychotropic drugs before the war. Chivers-Wilson (2006) reported that sexual violence survivors are reluctant to accept psychotropic medication that proved to be inadequate for the treatment of sexual victimization. In our study, the greatest number of women victims sought for help from psychiatrist, and were taking psychotropic drugs after the war, and these findings are similar to results obtained by Husić et al. (2014). However, from our clinical practice and previous research it is known that war traumatized persons, especially women victims of sexual violence, avoid professional help seeking and ask for help long time (several month to several years) after victimization (Bartels et al., 2010; Boden, 2002; Hečimović, 1998; Popović, 1998; Kimerling & Calhoun, 1994), which is consistent with our findings. It is often related to the „conspiracy of silence“ at individual and societal level, stigmatizing attitudes towards rape victims and the lack of social acknowledgement, which produce a feeling of shame, guilt, fear of rejection and isolation (Kuwert et al., 2014; Verelst, 2014; Mollica, 2009; Avdibegović et al., 2007; Lončar et al., 2006; Arcel, 1998). Arcel (1998) point out a very important role that mental health professionals have in facilitating a disclosure and documentation of sexual violence, and she questioned the role they have in the „conspiracy of silence“ attached to war rape.

During the interview, a significant number of war rape survivors in our study reported that during psychiatric treatment, in particular with male psychiatrists, they do not talk about rape

trauma (the cause) but symptoms (the consequences), and that duration of psychiatric follow-up examination is very short and mainly focused on psychopharmacological medication, which made victims perceive the psychiatric treatment inadequate. It can be explained as a part of the societal „conspiracy of silence“ and denial of unresolved collective traumatization, where examiner's defence is related to avoidance of disturbing reminders on war and, thus preventing him/her to explore and listen to a painful traumatic experiences, such as rape. Also, it can be caused by feeling incompetent due to a lack of education or a lack of gender sensitivity for working with victims of such highly-traumatizing experience.

**War Rape and Silence.** In the group of war rape victims, the average duration of silence about rape was  $10.43 \pm 5.9$ , ranging from 1 to 20 years. The greatest number of victims have had initial rape disclosure to a girlfriend, a doctor (family physician, gynecologist or psychiatrist) and to women's nongovernmental organizations, whereas the least rape disclosure was to a sister or brother. However, during the interviews, many victims said that initial disclosure does not necessarily mean talking openly about rape or reporting on rape, which indicate that there is a rape taboo in the family and society, and more likely non-acceptance with indirect rejection (Arcel, 1998), as well as a societal and self-blame (Paludi, 1999). Thus, a very few rape victims had testified at the court, and reported that it was not always related to their war rape case(s) prosecution but other war crimes that they were being witnessing (i.e. torture or murder or rape of the others). Some women victims of rape reported on having opportunity to meeting the perpetrator because they walk free, and feeling insecure in the role of a court witness due to a low percentage of war rape prosecution and/or inadequate (short) penalties.

**War rape context.** To better understand the consequences and outcomes of war rape trauma, it is important to determine the war dynamics and context surrounding and inflicting the rape (Isikozlu i Millard, 2010; Joachim, 2005; Arcel, 1998). In our study, the greatest number of rapes happened at the beginning of the war (in 1992), were multiple, committed by a stranger(s), and in the presence of other people. The average age of victims at the time of rape was  $29.69 \pm 8.90$ , and the greatest number of subjects then were married, and in 13.3% the rape resulted in pregnancy. A significant number of women victims were held in concentration camps and other places of detention, have witnessed a torture of other people, experienced the trauma of murder, wounding and missing a family member(s). Data on the war rape characteristics and war rape context in our study are similar to results of previous

studies (Verelst, 2014; Bartels et al., 2010; Isikozlu i Millard, 2010; Mollica, 2009; Zelaya Favila, 2009; Lončar, 2006).

**War induced traumatic events.** Women victims of war rape have had a multiple war traumatic experiences, the trauma of wounding, head injury and starvation, which make them profoundly suffering over 20 years after victimization. The most common traumatic events in total sample included a direct exposure to shelling/grenade attacks, lack of food and water, confiscation or destruction of property, lack of shelter, being forced to leave their home, torture, forced separation from family members, murder or death of family member. In addition, women with experience of war rape were being exposed to beatings to the body, knifing, forced labor, forced to betray family member, forced to betray unrelated party, and witness rape or sexual abuse. We found that women victims with more multiple war traumatic events have had a shorter duration of silence about rape experience. Also, our results on the war rape context and accompanied physical and psychological forms of torture committed against the rape victims confirm that the wartime rape in Bosnia and Herzegovina was brutally dehumanising experience, sadistic and systematic.

**Long-lasting war rape consequences.** Sexual violence has a negative impact on mental health and social functioning of affected groups. Previous studies indicate that the context of the assault and socio-cultural factors influence the victim's reaction to rape, symptoms presentation, therapeutic approach and recovery process (Kuwert et al., 2014; Mollica, 2009; Avdibegović et al., 2007; Lončar, 2006; Paludi, 1999; Arcel, 1998). Lončar et al. (2006) found that 30.9% of women war rape victims suffered from posttraumatic stress disorder one year after the assault, while Kuwert et al. (2014) reported on 19% women war rape survivors with symptoms of full PTSD and 30% with partial PTSD six decades later. The evaluation of treatment of Medica Zenica services users – victims of war rape in B&H showed that 57% women were presented with PTSD symptoms 20 years later (Husić et al., 2014). The results of our study are even more pessimistic, showing that 22 years after victimization a great number of women war rape victims are significantly suffering from the consequences of war rape and have intensive symptoms of PTSD.

In addition, several studies as well as our clinical practice have shown that women who have been raped experience various forms of secondary wounding and insensitive manner in the treatment, which overlaps with posttraumatic stress disorder and other negative effects of rape

traumatization (Crooks & Baur, 2014; Arcel 1998). From the psychodynamic perspective, Mollica (2009) wrote that the intense disgrace associated with sexual violence in many cultures can exacerbate painful feeling of shame and humiliation experienced by survivors, which is confirmed in our study. Assessing the guilt and shame, we have found that the greatest number of women victims of rape very strongly agreed with statements: „Feeling humiliated by your experience“, „Spending time asking why these event happened to you“, and „Feeling ashamed of the event that have happened to you“. Also, subjects from this group strongly agreed with statements: „Feeling that people do not understand what happened to you“, and „Feeling no trust in others“.

With a cultural attitudes where the rape victims are being viewed as „damaged“ and less worthy, the feelings of humiliation, self-blame, guilt and shame become more toxic and deepen. The devastating effects of systematic rape, such as shame, distrust, and the lack of social acknowledgement and support, also exacerbated by the victim's sense of societal neglect and personal insecurity are leading to perceiving the world as a more threatening place to live in the aftermath of rape, to withdrawal, isolation and keeping the silence. All of this leads to them not seeking help and inhibiting the recovery process.

## **CONCLUSION**

Mass rape in Bosnia and Herzegovina had a catastrophic and profound long-lasting effects on its primary and secondary victims. Inappropriate societal and institutional response, such as thorough tabooization of women's sexuality, rape myths, victim-blaming and stigmatizing attitudes, including discriminatory behaviors towards the women survivors as well as a slow pace of justice placed the victims of wartime rape in B&H at a high risk of protracted secondary victimization, which worsened their reaction to rape trauma. The results of our study call for urgent action at individual, family and societal level aiming at reducing and/or eliminating the rape-related prejudices and stigma, ending the impunity of perpetrators of human rights atrocities, providing safety for victims and facilitating the process of recovery through a comprehensive and effective treatment program.

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