

Women's Human Rights
*A Social Psychological Perspective
on Resistance, Liberation, and Justice*

Edited by SHELLY GRABE

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Published in the United States of America by Oxford University Press
198 Madison Avenue, New York, NY 10016, United States of America

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Library of Congress Cataloging-in-Publication Data

Names: Grabe, Shelly, 1974-- editor.

Title: *Women's human rights : a social psychological perspective on resistance, liberation, and justice* / edited by Shelly Grabe.

Description: New York, NY : Oxford University Press, [2018] :

Includes bibliographical references and index.

Identifiers: LCCN 2017014939 | ISBN 9780190614614 (jacketed hardcover : alk. paper) |

ISBN 9780190614638

Subjects: LCSH: Women's rights. | Human rights. | Women--Social conditions. | Women--Political activity.

Classification: LCC HQ1236 .W651746 2018 | DDC 323.3/4--dc23

LC record available at <https://lccn.loc.gov/2017014939>

9 8 7 6 5 4 3 2 1

Printed by Sheridan Books, Inc., United States of America

ABOUT THE ARTIST

The art pictured on the cover is produced by Favianna Rodriguez, a celebrated interdisciplinary artist based in Oakland, California. Rodriguez is renowned for artwork that deals with issues such as war, migration, globalization, and social movements. Her pieces reflect grassroots struggles and tell a history of social justice through images. Favianna produced the image that was selected for the cover of this book for the organization Public Services International for the celebration of International Women's Day, March 8, 2012. The piece titled "Solidarity is Uplifting" depicts women workers throughout the world "who are always at the very heart of our struggle for human and labour rights and equality" (<http://www.world-psi.org/>). Favianna invites those serving social justice, radical, and revolutionary causes to use her images for noncommercial purposes. Rodriguez has lectured widely on the use of art in civic engagement and is on social media promoting art and activism. Contact her, follow her on social media, schedule her for a talk, or purchase her work at www.favianna.com.

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CHAPTER 1 | "I survived the war, but how can I survive peace?"

Feminist-Based Research on War Rape and Liberation Psychology

SIMONE LINDORFER AND KIRSTEN WIENBERG

Contextualizing the Reflection: War Rape, the International Human Rights Discourse and Research

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, both in concentration camps and while imprisoned in their own homes.¹ Many were forcefully impregnated while in the camps, and only released when their pregnancy had developed too far for them to have abortions. Looking at the more general international picture, numerous studies from around the world clearly indicate that sexualized violence² against women is pervasive in many armed conflicts, with perpetrators coming from all conflict parties: soldiers, paramilitaries, police, liberation fighters, occupying troops, demobilized soldiers, and even peacekeeping forces (Brownmiller, 1975; Cohen, Hoover Green, & Wood, 2013; Farr, 2009; Mischkowski, 2005; Oxfam, 2001). Sexualized violence is thus not an accident of war, nor an incidental adjunct to armed conflicts. Its widespread use in times of conflict reflects the special terror it holds for women, the special power it gives the rapist over his victim, the special contempt it displays for its victims. The use of rape in conflict reflects the inequalities women face in their everyday lives in peacetime (Amnesty International, 1995, p. 22).

Since nationhood and ethnic identity are often culturally associated with distinct features of femininity and masculinity, rape can be employed

as a strategic, dehumanizing war tactic to destroy the "enemy." In the context of warfare, the identities of individual women who were raped are lost, to be replaced "with the notion of rape of the nation. . . . Because women are cultural symbols representing particular communities, their rape represents the conquest of a territory" (Green, 1999, p. 90). The psychological, physiological, socioeconomic, and cultural destructiveness of sexualized violence is always immense. In patriarchal societies, the underlying "politics of rape" (Enloe, 1994) lead to raped women being rejected, socially stigmatized as unmarried, seen as unclean and "defiled," and left without access to income opportunities (Hagen, 2010).

Sexualized violence against women in war also continues when wars are over. Armed conflict changes cultural symbols, attitudes, and values and creates a "culture of violence" that remains after the conflict has ended. Relationships between men and women stay "militarized," and their beliefs about themselves and their roles are severely challenged. While this can lead to emancipatory transformations, it more often heralds the return of, or an increase in, patriarchal control over women, especially in states that remain precarious after conflict (Cockburn, 2001; Moser, 2001). Patriarchy is therefore more than a precondition of sexualized and gender-based violence during times of both war and peace; it also continuously produces and reproduces the standards and attitudes that define women primarily in terms of the sexual integrity of their bodies, and determines the parameters within which the survivors of sexualized violence are then stigmatized as "damaged property" (Brownmiller, 1994, p. 181).

Sexual Violence and War Rape in the Context of the Human Rights Discourse, Particularly in Relation to Bosnia and Herzegovina

International acknowledgment of the presence and consequences of sexualized violence in war and conflict areas is increasing. The United Nations (UN) has passed Resolutions 1325, 1820, and 2106, which have placed the fight against sexualized wartime violence and the prosecution of perpetrators firmly on the UN's human rights agenda. In particular, Resolution 1820, which was adopted in 2008, explicitly recognizes sexualized violence as a tactic of war that can be categorized as a war crime, a crime against humanity, and an act of genocide, and authorizes the Security Council to intervene to provide security to victims where necessary. International and regional political initiatives and organizations are also becoming more responsive to the problem of sexualized violence in war, and are getting increasingly active in this field. However, despite UN

Resolutions and growing international attention, sexualized violence and its consequences are still widespread in war and conflict areas, during all phases of a conflict.

When in 1992 the first media reports of mass rape in Bosnia and Herzegovina were published, outrage and solidarity from women's rights organizations around the world were essential factors in the UN establishing the International Criminal Tribunal for the former Yugoslavia (ICTY), its first war crimes tribunal, in 1993 (medica mondiale, 2009). Richard Goldstone, then the chief prosecutor, said that he intended to establish sexualized violence as a severe crime under international law. Although the trials against rape at both the ICTY and the Sarajevo War Crimes Chamber did succeed in ending the impunity for sexualized violence, major deficiencies remained, including numerous acquittals after charges of rape that were dismissed for various reasons, a lack of gender sensitivity regarding the differences between sexualized violence against women and men, insufficient commitment to gender-based issues, and a grave underrepresentation of women in both courts, especially the Sarajevo War Crimes Chamber (medica mondiale, 2009).

Another specific political framework that plays an important role in dealing with war rape in Bosnia and Herzegovina: In 2006, the country passed a unique set of legislation that granted survivors of war rape the status of "Civilian Victims of War." This status, which nongovernmental organizations (NGOs) in Bosnia and Herzegovina such as Medica Zenica lobbied for strongly, bestows the right to a monthly payment of 550 BAM (approximately \$300 US), and also guarantees access to special educational programs, retraining and additional training, and health, social, housing, and unemployment support. However, in the period up to 2013 only 779 of the estimated 20,000–30,000 war rape survivors in Bosnia and Herzegovina have obtained this status. Women who were raped generally preferred to apply for the pension that is granted to former prisoners of camps, for which all they needed was confirmation of their imprisonment from the Red Cross (medica mondiale, 2009). For reasons that are discussed later, rape survivors tend not to apply for the "Civilian Victim of War" status because the application procedure involves huge administrative problems, is frequently insensitive, and can often be retraumatizing.

Research on War Rape and the Feminist Research and Evaluation Project at the Heart of This Chapter

Although war rape has not previously formed part of psychology's research agenda, this is gradually changing as international media attention on the

issue increases. There is research on the *causes* of widespread and systematic war rape (Cohen et al., 2013), which tries to form an understanding of the “function” of rape during wartime, for example, by focusing on images and patterns of masculinity and male socialization in military contexts (e.g., Eriksson Baaz & Stern, 2009; Seifert, 2001). Regarding the *consequences*, however, little scientific psychological research has been carried out on the specific psychosocial effects of war rape on survivors (Hagen, 2010), and even fewer studies on its long-term consequences (one exception being Kuwert et al., 2010).

The paucity of systematic studies is largely a result of the subject matter, since survivors are reluctant to speak to researchers about their degrading and humiliating experiences, especially because the destructive strategy of the perpetrators includes casting women out of their communities, and sending a message to men that they are unable to protect their women, and are thus useless and defeated. As a result, war rape survivors who do speak out often risk being seen as betraying the integrity of their communities. They are thus placed in a dilemma whereby they face being rejected and even cast out by their communities if they speak about their experiences and the consequences, but if they stay silent their suffering remains internalized and will impact tremendously on their psychological and social well-being (Twagiramariya & Turshen, 1998). Women are also reluctant to speak out about war rape simply because of the lack of protection that they are given, and because many of the perpetrators remain unpunished (medica mondiale, 2009).

Our evaluative research project is situated within this broader context of the psychosocial and political dynamics of war rape, and our chapter focuses specifically on the regional experience of Bosnia and Herzegovina and on the beginning of the activists’ feminist movement as a reaction to the atrocities committed against women. In early 1993, international feminist activists were enraged by media reports about the devastating human rights violations of war rape and sexualized violence taking place there. Among many responses, the German gynecologist and feminist Dr. Monika Hauzer, along with a group of 20 other professionals in Bosnia and Herzegovina, started a pioneer project in Zenica, a town in central Bosnia and Herzegovina, to care for the survivors of war rape by offering them shelter, medical services, psychosocial counseling, logistical support, and a safe house. From these early beginnings, the project has grown and developed into two independent organizations that continue this commitment to supporting the survivors of war rape and sexualized violence, namely Medica Zenica, which operates in Bosnia and Herzegovina, and

medica mondiale, which supports women and girls in war and crisis zones throughout the world.

Between 2013 and 2014, 20 years after this initial feminist-based support for survivors of war rape, these two organizations embarked on a joint evaluative research process with 51 of Medica Zenica’s former clients.³ The starting point for this evaluative research was to explore how war rape survivors are living now, 20 years later, and to find out what the actual long-term impact of the psychosocial intervention that they received at that time—during and shortly after the war—was. Our specific challenge as activist organizations was that we wanted our feminist and women’s rights focus and values to be at the center of this research, and so our question became, How can we make it possible to design this evaluative research in a way that takes into account the need to break the social and political silence that surrounds war rape, and at the same time to be empowering to the women from a specifically feminist perspective, that is, by contributing to a transformation of the structural violence that women are subjected to?

It was clear to us from the beginning that this focus needed a certain level of resistance to mainstream psychological research. But beyond this, the process taught us to demystify our own preconceived assumptions as organizers and implementers of the evaluation and research, since the process created its own dynamic, and the survivors helped us to have a greater understanding of what empowerment was all about and how the different levels of liberation—the personal level of building strengths and coping, the interpersonal level of making connections, and the political level of taking concrete action against oppression (Moane, 2010, p. 183)—are interconnected.

Both coauthors work for medica mondiale—Simone as a consultant who accompanied the research process in Bosnia, and Kirsten as head of medica mondiale’s evaluation and quality department. We are aware that our viewpoint highlighted in this research is that of white and Western-based feminists. Our commitment to critical self-reflection requires us to acknowledge that there is no unbiased standpoint, given that the preexisting international power relations that determine aid and development—and also research—always play a role, even when we try to avoid traps and remain conscious of the power issues that are implied in our interventions. Having learned from our feminist partners in projects all over the world that we accompany, feminist evaluative research—including ours—should not be seen as a morally “better,” but rather as a more authentic and humble form of research, in the sense that Podems (2010) formulated specifically for feminist evaluators, but which is true for feminist research

in general: "Feminist evaluators also make explicit that an evaluator has experiences, sensitivities, awareness, and perspectives that lead to a particular standpoint. In other words, feminist evaluators recognize that they bring who they are into the evaluation process" (p. 5).

The chapter adopts the following logic: First, we show the ethical and methodological choices we undertook at the beginning of the process when we started planning the evaluative research. We then highlight the main findings and connect them to the concepts of liberation and resistance, and go on to describe the processes of dissemination of the results and subsequent actions that took place. Finally, we formulate our recommendations for a liberatory feminist view on research and evaluation related to war rape and sexualized violence.

Planning for a Feminist-Based Research and Evaluation Design on War Rape, Inspired by Liberation Psychology

Research and evaluation require ethical frameworks. During the planning phase, our ideas were initially based on the general guidelines formulated in the World Health Organization document "Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies" (2007), which offers a valuable ethical framework that affirms the importance of the ethical principles of safety and care, given the nature of sexualized violence. However, with our feminist backgrounds, we wanted to go a step further and base our work more concretely on research ideas that are specifically feminist. The diversity in literature on feminist research (Hesse-Biber, 2012; Reinharz, 1992) implies that no such distinct "feminist research" approach currently exists. Feminist research and evaluation is as diverse as feminism itself (Schigl, 2010). Nevertheless, a "common denominator" that all feminist research approaches share, which we placed firmly at the center of our planning, is that they are clearly committed to changing the status of women. Feminist approaches consciously work for women's emancipation from oppressive structures, including those that exist within "male-stream" research theories and methodologies. It is research done by women, for women, about women (although not exclusively), and from a woman's perspective.

The second important stream of thought that contributed to the planning was liberation psychology, as defined by Ignacio Martín-Baró in the 1980s. Different liberation paradigms were developed in the 1970s, but they all aimed to articulate the perspectives of the oppressed and marginalized,

and to redesign their methodological and practical agendas "*desde*," or "from," their respective viewpoints. Against the background of an ahistorical, decontextualized "scientific mimicry" that characterized the US psychology that was practiced in El Salvador in the 1980s, the Spanish Jesuit social psychologist and theologian Ignacio Martín-Baró developed a psychology of liberation that was inspired by the principles of Latin American liberation theology.

Martín-Baró particularly emphasized the analysis of power in the scientific paradigms used in dominant psychology, within which "taking sides" is often seen as abdicating scientific objectivity. For Martín-Baró, consciously adopting a "preferential option for the marginalized" as one's central scientific attitude meant the end of "safe and sterile little academic boxes" (Martín-Baró, 1996a, p. 186) that claim to guarantee objectivity. His concept of liberation psychology was clearly based on his involvement with "the marginalized" (in our work: survivors of war rape):

If we want psychology to make a significant contribution to the history of our peoples . . . we have to redesign our theoretical and practical tools, but redesign them from the standpoint of the lives of our own people: from their sufferings, their aspirations, and their struggles. (Martín-Baró, 1996b, p. 25)

Martín-Baró therefore countered reproaches about a supposed lack of scientific objectivity by emphasizing the fact that a bias (e.g., by taking a prior scientific stance) does not mean that interests get in the way of scientific scholarlyness. On the contrary, for an objective analysis, "it is more useful to become conscious of one's own involvements and interests than to deny them and try to place oneself on a fictitious higher plane 'beyond good and evil'" (Martín-Baró, 1996c, p. 149). Following this idea of liberation psychology, rather than adhering to an ideal of "objectivity" that is based on a pretense of neutrality and noninvolvement, as feminist activists we based our viewpoint on objectivity in research on the conscious reflection of our commitment to the survivors.

Liberation psychology also approaches trauma from a psychosocial perspective, which we felt matched our understanding of how we, as activist organizations, wanted to carry out a research on the consequences of war rape 20 years after the war. Martín-Baró (1990) contrasts the term "psychic trauma" (which refers to an individual being "wounded" by a difficult or exceptional experience) with the term "social trauma" (which refers to ways that a collective traumatic historic process can affect a whole population). Social trauma leads to "wounds" that are socially produced—that is,

their root cause lies in society rather than individuals—and are then nourished and maintained in the relationship between individuals and society. Emphasizing the social character of both the traumatizing *stressors*, which can be found in the sociopolitical reality of a given context, and the *effects* of trauma, which are not only suffered by individuals but by a whole population in the context of war, calls for a widening of trauma concepts. A limited view of merely individual symptoms not only suffers methodological disadvantages; it also implies that individuals, by being diagnosed with a disorder named “PTSD” after being subjected to human rights violations and man-made atrocities, are pathologized, rather than pathologizing the underlying oppressive sociopolitical circumstances (Martín-Baró, 1990). Martín-Baró’s views on “curing” (i.e., therapy) can also be adapted to the area of psychological research: “Hence, . . . we cannot limit ourselves to addressing [or: researching, SL] post-traumatic stress. Our analysis has to extend itself to the roots of those traumas, and therefore to the war itself as a social psychopathogenic situation” (Martín-Baró 1996d, p. 122).

Ethico-Methodological Choices Made for the Research

Finally, we chose to follow a mixed-method design (Creswell & Plano Clark, 2010) that combined “classical” methods (such as diagnostic tests and questionnaires on trauma-related disorders and on coping⁴ and a questionnaire designed specifically for this study) with the narrative methodology of “life stories” with a selected number of participants (Bar-On, 1995; Rosenthal, 1993) to provide a protected space in which our participants could develop their personal stories. We then organized the research process along the following distinct ethical choices.

Ethical Choice #1: As Activists, We Should Administer Our Feminist Research Methodology Ourselves

One major decision taken during the preparatory phase was that only Medica Zenica staff would administer the tools and carry out the psychometric tests and life story interviews with the research partners, namely war rape survivors. One crucial factor in this decision was the fact that although war rape survivors including some of Medica Zenica’s clients had been interviewed and “researched” before in Bosnia and Herzegovina, none of the studies that had been published had ever been shared directly with the women. Many of those whom Medica Zenica contacted said that if it was not for Medica they would not have agreed to participate (personal communication with Medica Zenica).

This, however, required us to consciously reflect on how the survivors had been affected by Medica Zenica’s interventions at the time of their acute suffering, and how the ensuing feelings of loyalty and connection could lead to response bias that might potentially distort the results. Our solution to this dilemma was to create a larger research and reflective group, centered around Medica Zenica, who were responsible for all direct contact with the participants, with technical support from one international and three local consultants for a scientific accompaniment of the evaluative research. In this way we acknowledged the relationship between Medica Zenica staff and the participants, who have all used Medica Zenica’s services, and rather than insinuate that we could follow a narrowly focused positivistic ideal of scientific “objectivity,” we consciously used this relationship to make possible what is so difficult in research on war rape and sexual violence: enabling women to feel accepted and supported in their research environment, and thus empowered to talk about their experiences in emotionally safe ways.

Ethical Choice #2 Putting Stress- and Trauma-Sensitivity First

Another major ethical concern that we discussed and acted on during the preparatory phase relates to the potential dangers of engaging in trauma-focused research (e.g., Ferrier-Auerbach, Erbes, & Polusny, 2009; Newman & Kaloupek, 2004). Following a principle that *medica mondiale* calls “stress and trauma-sensitivity”⁵ (Griese & Mehlau, 2016), and taking into consideration the principles of ethical research as defined by the World Health Organization (2007), we consciously opted for the following procedures. First, as mentioned, we created a research team consisting solely of Medica Zenica staff to avoid potential reactions of fear or shame that might have occurred if the researchers had been strangers to the women. Second, a counselor was available to the participants throughout the interviews and tests, participants were able to take breaks whenever they felt they needed one, and where questions were difficult to understand the interviewer gently offered an alternative, simpler explanation to prevent the participants’ feeling nervous or stressed, which could have biased their responses and thus affected the results of the study. Third, the evaluative research focus was on the women’s coping strategies and not on eliciting details of their horrific stories of pain, and the life stories in particular concentrated on what the women did in order to get on with living, thus providing a space to reflect on the survivors’ immense capacity to create and recreate their lives.

We field-tested our instruments with three survivors who had already participated in research conducted by other researchers before and were

ready to volunteer in a prior testing phase. This enabled us to learn more about the stress that the procedure might cause before starting with the bigger group to ensure that our approach was sufficiently stress- and trauma-sensitive, and to determine the level of emotional strain and distress that the procedure would imply. As a result, we shortened the interview guide and did not use all the tests we had originally planned, which made the research experience less draining for the participants and ensured that taking part was not so emotionally demanding that it impacted the survivors' family dynamics when they went home (for instance, if they were tired and upset and their family, who might not know about the rape, wanted to know what was the matter). Feedback from these three survivors was responsible for our decision not to subject the larger group of participants to the kind of detailed exploration of traumatic war experiences that is normally required when working with PTSD scales (e.g., in the Harvard Trauma Questionnaire), since we realized that presenting survivors with a long list of the most horrifying experiences and asking if they had been exposed to them or not is in itself likely to be a highly retraumatizing experience that could equally produce a response bias.

The questionnaire was specifically designed by the research team to include many open questions that gave the participants control over how and how far they wanted to answer them. Since rape in its existential meaning is fundamentally connected to an experience of total loss of self-determination and control, and because of its intentionally harming interpersonal nature (Koss & Burkhardt, 1989), it was of the utmost importance for us to conceptualize the methodological set-up in such a way that it counteracted this fundamentally destructive dynamic as much as possible.

Researchers following a strictly positivistic research paradigm might argue that taking such measures to create a safe and controllable research environment carries a price in "objectivity," and might create biases in the women's responses that cannot be scientifically controlled. However, our experience suggests that a research environment that creates fears through retraumatization and may lead to extreme emotional distress will be equally prone to producing response biases.

Ethical Choice #3 A Systemic View and Psychosocial Trauma Perspective on War Rape

Given the literature we have already reviewed, and based on Martín-Baró's understanding of the psychosocial nature of trauma, war rape is never the "fate" of individual women; it has perpetrators with names and identities, and it takes place in a historical and regional context in which

people hold patriarchally informed values about sexuality and virginity, and believe certain myths about rape that contribute toward making war rape such a powerful strategy of warfare. War rape also elicits responses from survivors' families, communities, from the larger society, and from the culture in which it takes place. Women's reactions to their traumatic experiences cannot therefore be conceptualized as individual suffering and limited to the level of psychological reactions to traumatic stress alone, but must be seen against this complex interplay of systemic responses; a viewpoint that feminist trauma theory has strongly underlined (Brown, 2004; Campbell, Dworkin, & Cabral, 2009).

We therefore included the sociopolitical sphere in our research through key informant interviews with relevant public political institutions and other NGOs in Bosnia and Herzegovina, because from a feminist point of view the well-being of the survivors who are at the center of our research is not simply an issue of individual coping behavior or mental health, but is self-evidently strongly related to the sociopolitical environment in which these women have lived and continue to live: their communities and state agencies.

The evaluative research was conducted in 2013 and 2014 with various phases of data collection, regular exchange among the two lead organizations and with the consultants, and a feedback workshop with the survivors themselves to reflect with them on the data analysis and draw conclusions and recommendations together. The report was published in 2014 and then discussed in a wider arena.

Reflections on the Research Results: How Does the Evaluative Research Link to a Feminist Concept of Liberation?

Twenty years after their experience, what is the current overall situation of war rape survivors? Looking back from today's perspective, what do they feel were the most helpful things that Medica Zenica did in that period? And what can we learn from this, as a feminist women's rights organization, to guide our self-understanding and future interventions elsewhere in the world? These questions were at the heart of our evaluative research.⁶

There are two crucial, yet deeply ambiguous findings that we would like to highlight. First, from an individual perspective, while survivors experience high levels of ongoing suffering from the long-term consequences of their war rape, many also display significant coping abilities and clear signs of posttraumatic growth. Second, from a wider perspective,

survivors showed a polarized perception of activist organizations as being extremely supportive, while the wider society and political institutions seem nonacknowledging.

Suffering and Coping of Survivors: Individual Reactions to Psychosocial Trauma

Twenty years after the war, 57% of the survivors were still suffering from posttraumatic stress disorder. The average general perceived psychological discomfort was extremely high for all survivors, with particularly strong problems in the areas of somatization and anxiety disorders. Of the participants, 76% reported severe difficulties in falling asleep, and 70% reported that rape still influenced their lives completely, mostly in the form of constant distressing memories of the events; emotional problems such as fear or nervousness; health challenges; serious problems in close personal relationships, including with their children; and problems with intimacy. Many women described the typical posttraumatic dynamic of being constantly reminded of—and trying to avoid the memory of—events that they experience as vividly today as if they had only just happened. The following quotations published in the research report from Medica Zenica and medica mondiale's study (2014) highlight this:

"I cannot have my coffee upstairs, because the image of being raped repeatedly whenever they wanted comes back." (p. 75)

"After the rape I was never able to be intimate with my husband again, I am afraid of men." (p. 82)

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." (p. 83)

"I raise my voice when I start remembering, I get nervous" (p. 83)

Despite the descriptions of intense indicators of psychological suffering, the women also showed remarkable coping strategies and clear indications of posttraumatic growth experience. Most of the participants in our research identified breaking the silence and talking about their experiences as being principal agents of healing. One survivor, reflecting on what she would recommend to other survivors, said:

[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. (p. 138)

Is posttraumatic growth (Tedeschi & Calhoun, 1996) possible after the terror of war rape and sexual violence? When asked about experiences of growth despite their painful stories, 68% believed that they had changed their attitudes toward life, themselves, and people/relationships. This can be seen in the following response from one participant:

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. (p. 121)

When asked what they thought now, 20 years later, about Medica Zenica's support when the war rape happened, the survivors emphasized the comprehensive support, assistance, and unconditional trust that the organization had provided. Their responses concerning what helped them the most point to the significance of more general therapeutic factors than toward specific therapeutic tools or techniques (e.g., also Agger & Mimica, 1996, in their evaluation). Apart from taking care of their needs for professional medical and psychological care, housing and food, the survivors stressed that providing them with a safe space in which they could reestablish trust in human beings and create normal and stimulating interpersonal relations in which they could feel accepted, cared for, and safe had been crucial. Our findings, particularly regarding how they described the impact of the intervention, allow us to cautiously suggest that the fact that the women had been able to "open up" in a trusted and caring environment, such as that provided by Medica Zenica, during or immediately after the war may potentially have had a positive impact on their ability to acquire a wide repertoire of coping strategies, and to experience personal growth. These experiences are apparent in the following quotations (Medica Zenica & medica mondiale, 2014):

"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." (p. 133)

"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." (p. 131)

Polarized Perceptions: The "Caring" Organization Versus the "Bad" and "Unjust" Society

The positive experiences that the women attribute to Medica Zenica, even after 20 years, must be balanced against other, and completely opposite, experiences in the wider society of Bosnia and Herzegovina, where they suffered from an almost total lack of social acknowledgment. Social acknowledgment can best 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), and it thus functions as a protective factor in the aftermath of posttraumatic stress. It usually goes beyond partners, friends, and families to include significant social actors such as local and state authorities, communities and groups, the media, and public opinion.

In our sample, 39 of the 51 participants—over 75%—have successfully obtained the status as Civilian Victims of War, described earlier. This is a tremendously high figure given the number of women holding that status in the wider society (as mentioned, when this study was undertaken in 2013, in total only 779 of the estimated number of 20,000–50,000 war rape survivors in Bosnia and Herzegovina have obtained this status). However, even though so many of the survivors in this study have gone through the tedious process of applying for the status, the research showed that even among status holders, the perception of how much social recognition is attached to having the status is extremely low. An overwhelming majority of the women participating in the research said that governmental, cantonal, and entity institutions do "nothing" for women who survived wartime rape, apart from securing some financial benefits. This shows that only a minimal part of the potential of what could be a strong political measure in specifically acknowledging the experience of war rape is being

exploited, and that it is obviously not perceived as an empowering experience of social acknowledgment.

This interpretation is underlined by the fact that 42.5% of the research participants reported either difficulties with Bosnian and Herzegovinian administrative procedures, and/or the fact that the whole procedure of obtaining the status often includes being exposed to shameful, uncomfortable situations—an experience that was also underlined in discussions with NGOs participating in the research. For instance, during the application procedure the survivors must repeat their story to employees of the institutions involved, who are often unprepared and insensitive, and sometimes even men. In addition, obtaining the status does not necessarily increase social acknowledgment, but sometimes leads to stigmatizing and derogatory comments from others in their communities, and particularly the institutions involved. One participant described the reaction of the wider society: "they say you sell yourself for money. But I wish I didn't have it [of the status] if it only had not happened to me" (p. 106). Another woman described how, when showing her certificate during the process of enrolling her daughter in school, an official commented: "So what, why didn't she take care of herself like I did, why nobody raped me?" (p. 105).

Another crucial issue that enforces this perceived lack of social recognition is the fact mentioned previously that many perpetrators of war rape in Bosnia and Herzegovina still live free and unpunished (medica mondiale, 2009). Survivors described situations where they encountered their perpetrators in their daily lives, for example, one of the women participating in the life stories described an upsetting experience when she recognized a man who raped her when she went to visit her mother who lived in the village (Medica Zenica & medica mondiale, 2014, p. 108). From a psychological point of view, this constitutes an extremely destructive experience of retraumatization, which can complicate or even derail survivors' paths toward healing and stability, while from a justice perspective it clearly makes a mockery of state and societal commitment to protecting the victims of war crimes.

In addition, survivors who testified at the Bosnia and Herzegovinian Courts described the lack of protection, the insensitivity (e.g., when male investigators come to survivors' homes to take statements in clearly marked cars), and the length of the legal processes of bringing perpetrators to justice, combined with negative experiences of giving testimony. All this affects survivors' faith and belief in the legal system and decreases their willingness to testify:

"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." (Medica Zenica & medica mondiale, 2014, p. 108)

Regarding social acknowledgment, the evaluative research thus showed that despite the potential power of the unique status of "civilian victim of war" in Bosnia and Herzegovina, the women cannot perceive it as being socially recognizing, and in addition it cannot outweigh the far more powerful negative responses from survivors' surroundings that still prevail at all levels of society, and the tremendous lack of protection and justice that they feel.

Conclusions Drawn from a Liberation Psychology's Point of View

We can draw the following conclusions from these results in relation to feminist liberation psychology: War rape produces pain and suffering. This pain can be psychodiagnostically framed as PTSD and other related disorders, but it goes beyond this. It is pain related to the brokenness of social bonds. However, the fact that survivors carry on with their lives could be seen as a sign of resistance to the logic of this traumatic destruction of war rape—or, in light of Geraldine Moane's concept of the cycle of liberation, can be interpreted as a personal level of liberation that is "counteracting the damaging psychological effects of oppression and building psychological strengths" (Moane, 2010, p. 116). This counteraction is not a contradiction to the ongoing suffering, but a part of it.

Second, according to the previous quotations, the most helpful of Medica Zenica's interventions were providing safety, acceptance, and a place where suffering that is socially and politically unacceptable can be finally accepted, and in which breaking the silence is possible among other survivors who have gone through the same. This confirmed our feminist self-comprehension that the most helpful intervention was to empower and allow the survivors to withstand and break the silence, and to do so in such a way that the women felt acknowledged.

This can be linked to Moane's second level of liberation, the making of connections on an interpersonal level. Moane (2010) states:

Interpersonal relations, whether dyadic, group or community, are vehicles through which oppression is enacted and through which psychological transformations are facilitated; they are of vital importance in taking

action to bring about social change. (. . .) The key process at the interpersonal level is overcoming the fragmentation and isolation that arises under oppression through making connections with others, and particularly through developing a sense of solidarity and belonging to a community or collective. (p. 136)

Evaluative Research for Change: Connecting the Results to Political Action

We now highlight ways in which the research results were used to underpin political action in Bosnia and Herzegovina, in Germany, and on a wider international level. The added value of activists' research is clearly seen in exactly this increased political impetus for change. While we consider personal and interpersonal liberation as important, we are convinced that unless they are linked to the political level, we may be indirectly risking psychologizing the effects of structural gender-based violence.

Reconnecting the Research to the Survivors First: Feedback Workshop with Participants

When the first statistical and qualitative analyses following the research were concluded in early 2014, Medica Zenica's research team held a 1-day workshop to present them to the participants, who were explicitly asked to comment on the results, give their views on how the research team had interpreted them, and formulate "their" recommendations. These recommendations were included in the research report and appear as a separate and clearly marked section, thus making their unique contribution visible. For the survivors, this joint reflection on the results at the workshop was an empowering and uplifting experience (personal communication, Medica Zenica), even though the level of suffering that the results portrayed was so obvious. However, reflecting on this suffering and bringing it into words, and even into scientifically prepared graphs and diagrams, may have contained a potential for strong and empowering experiences of acknowledgment. In this way, research has a potential to offer the survivors a sort of self-affirmation. The survivors present at the feedback workshop were the ones who chose the quote "We are still alive. We have been harmed, but we are brave and strong" as the title of the evaluative research report, since they felt it explicitly highlighted the ambiguity of both suffering and coping.

Political Lobbying Work and Reinforcement of Activism in Bosnia and Herzegovina

One of the major activities undertaken after the research report had been published was for Medica Zenica and medica mondiale to jointly present the results to parliamentarians, the media, and national and international organizations. During this presentation, which took place in the White Hall of the Parliamentary Assembly of Bosnia and Herzegovina in Sarajevo on October 7, 2014, we had planned that the survivors' voices should be heard alongside the presentation of the results. We asked the survivors who participated in the research whether any of them wanted to address the assembly on behalf of the group, but since none of them wanted to do so an actress was chosen to read the quotations and the survivors' recommendations from the report. In this way, the voices of survivors were heard on equal terms with the scientific input and political speeches. Some members of organizations that were present at the hearing shared that this reading aloud of personal statements and lived experiences created a strong sense of the presence of the survivors, while some survivors who were in attendance were seen to become visibly more confident, straightening their backs and sitting more upright, when the survivors' stories were given (personal communication, Kirsten Wienberg). During the discussion following the presentation, one of the survivors felt empowered to stand up and speak about her personal experiences with national authorities regarding the procedures linked with the previously discussed status of a Civilian Victim of War.

Academics from Bosnia and Herzegovina who were present at this presentation (thus symbolically linking the academic and political arenas) expressed their appreciation for the innovative feminist research paradigm, the explicit trauma-sensitive approach toward both survivors and researchers, and the multi-method design of the research as enriching and innovative for the methodological landscape of university research, marking it as the first time that such a methodology had been used in Bosnia and Herzegovina (personal communication, Kirsten Wienberg).

Lobbying for and Concrete Implementation of Change in Procedures for Obtaining the Status of "Civilian Victim of the War"

In 2014, an information campaign, "Raising Voices of Survivors for Dignified Life," was initiated to advocate for the rights of survivors throughout Bosnia and Herzegovina, and RTVF (the Federation of Bosnia and Herzegovina's national television station) agreed to broadcast radio,

audio, and video clips featuring a Medica Zenica hotline on which survivors could obtain information concerning their rights. This developed into a nationwide hotline number offering help and support 24/7 to survivors of war rape and sexual violence.

The Bosnian State authorities also became involved in this process and agreed to issue a phone number for use in both entities, namely the Republika Srpska and the Federation of Bosnia and Herzegovina. Until then, it had been nearly impossible for survivors to obtain any information about their rights, let alone information about support. This result is directly linked to the increased awareness and recognition of the needs of survivors from the evaluative research report. In addition, in September 2014, Medica Zenica became one of only four NGOs permitted to issue certificates to SGBV survivors, which are essential for obtaining the status of a Civilian Victim of War in Bosnia and Herzegovina.

In June 2016, Medica Zenica began a campaign called "Stop Stigmatization" in Bosnia. Short videos were produced, with the survivors' approval, in which professional actors read the seven life stories from the research. A short version was broadcast⁷ on television and uploaded to the Internet, while many other short videos were produced and used in social media.⁸ One of the survivors volunteered to speak in one of the televised public discussions during the campaign.

Given the current fragile political situation in Bosnia and Herzegovina, there is, however, also a constant danger that voices of survivors could be appropriated and instrumentalized by nationalists, or misused for political purposes. The survivors themselves warned about this danger during the evaluative research, and they formulated explicit recommendations to negate it (e.g., medica mondiale 2014, p. 137).

Strengthening Awareness and Social Acknowledgment on the Long-Term Consequences of War Rape in the Wider Bosnian Society Through the Health Sector

In response to the ongoing and chronic consequences of sexualized violence that the research revealed, a project was launched in January 2015 in Bosnia and Herzegovina (and Afghanistan) to train health professionals in awareness on gender-based violence and the stress and trauma-sensitive approach. Since survivors are often unable to find competent health professionals for their ongoing problems, this awareness-raising will have far-reaching consequences. It will address the alarming state of survivors' health by increasing access to stress- and trauma-sensitive healthcare

services for women affected by both war rape and by sexual and gender-based violence in its broader sense. It will also destigmatize mental health and trauma-related issues in the wider Bosnian society, enabling survivors to access healthcare that is more supportive and less likely to retraumatize. And finally, since the health sector is such a prominent place for survivors to look for help, this project will go beyond the mere professionalization of services by contributing to the destigmatization of war rape and sexualized violence, and achieving social justice in the wider society.

Medica Zenica also expanded the range of support they offer by creating a consultation center for survivors of war rape in Bosnia and Herzegovina. This new resource center will offer more counseling and provide information on the social and economic rights of both survivors and their families.

Lobbying the German Government

medica mondiale used the research findings for intense lobbying work in Germany, and produced a policy briefing paper from the research results titled "Approaches to Providing Support for Survivors of Sexualized Violence: Lessons from Bosnia and Herzegovina" (medica mondiale, 2015). The paper was presented to the German Federal Ministry for Economic Cooperation and Development, to several political roundtables, and to members of the German parliament. These lobbying efforts finally contributed to the German government's decision to include the principle of "trauma sensitivity" in their Development Policy Action Plan (Federal Ministry for Economic Cooperation and Development, 2016, p. 24), which sets out the priorities and concrete measures to be implemented in German development cooperation.

Lobbying by Linking Research in Bosnia and Herzegovina with the Wider Perspective of Other Groups of Survivors in Germany

medica mondiale organized a national symposium in November 2015 in Berlin to discuss the long-term consequences of wartime rape and the resultant challenges for society, government, and the specialist professions with a wider public of researchers and organizations working in the fields of women rights lobbying, activism, and trauma work.⁹ Presentations at this meeting linked the findings from Bosnia and Herzegovina to the still-unspoken trauma of war rape survivors in Germany after World War II, that has only been researched very recently (Eichhorn & Kuwert, 2011), but it was also connected to the current refugee crisis in Europe, and especially

in Germany. The research results of the long-term consequences of war rape in Bosnia and Herzegovina were presented to lobby for adequate psychosocial support by trained staff, societal recognition, stress- and trauma-sensitive treatment, justice through seeing perpetrators punished, and adequate financial support for projects that combat sexualized violence in view of the current psychosocial problems faced by refugee women in Germany and beyond.

International Lobbying Efforts for Ending Sexualized Violence in War

The research report and its summary were uploaded onto medica mondiale's homepage and disseminated into the organization's worldwide networks with other women rights activists. The information graphic video¹⁰ was uploaded in January 2015 and shared via social media and YouTube. At this point, the English version of the video has been viewed over 1,300 times, which seems quite remarkable for a presentation of research results.

Additionally, based on prior contacts and reinforced by sharing about the evaluative research results, medica mondiale was asked to provide expert advice and written comments to the draft of the "International Protocol on the Documentation and Investigation of Sexual Violence in Conflict" issued by the British Preventing Sexual Violence in Conflict Initiative (PSVI), which sets out basic standards of best practice on documenting sexual violence as a crime under international law. medica mondiale's recommendations for adopting a stronger approach toward trauma-sensitivity, and especially our input for a greater emphasis on witness safety and safeguarding the rights of survivors and witnesses during legal proceedings, were reflected in the final protocol published by the Foreign & Commonwealth Office of the British government.

Both Medica Zenica and medica mondiale participated in the "Global Summit to End Sexual Violence in Conflict" in London in June 2014. The protocol was subsequently promoted within Bosnia and Herzegovina on November 28, 2014, at an event jointly organized by Medica Zenica, the British Embassy, the Post-Conflict Research Centre, and the Balkan Investigative Reporting Network (BIRN), which also published the nationwide hotline number mentioned earlier that offers help and support 24/7 to survivors of war rape and sexual violence. medica mondiale and Medica Zenica have also referred to the results and recommendations of the research on several occasions and at numerous conferences, both related to lobbying and to the study of trauma, most memorably the hearing

on sexual violence against women in armed conflicts organized by the Council of Europe in Strasbourg in 2014, and the Conference on "Sexual and Gender Based Violence in Conflict—A Legacy for Post-Conflict Transformation, Sustainable Development and Peace" in 2014 organized by the Swiss Agency for Development and Cooperation, where the results of the evaluative research were presented to Ms. Bangura, the UN Special Representative on Sexual Violence in Conflict. The most recent presentation took place in Vienna in July 2016 at the OSCE Gender Conference "Combating Violence against Women in the OSCE Region—Bringing Security Home." Finally, medica mondiale's partner organizations were encouraged by the results and are now engaged in planning for similar evaluative research, specifically in Kosovo and Afghanistan.

Lessons Learned for a Feminist Liberatory Psychology in Evaluation and Intervention Practice

Perhaps this is what is lacking in present-day psychotherapeutic methods (. . .): a dosage of rupture with the dominant system. (. . .) For this reason, we must work hard to find theoretical models and methods of intervention that allow us, as a community and as individuals, to break the culture of our violated social relations and put other, more humanizing, relationships in their place. If the foundation of people's mental health lies in the existence of humanizing relationships, of collective ties within which and through which the personal humanity of each individual is acknowledged and in which no one's reality is denied, then the building of a new society, or at least a better and more just society, is not only an economic and political problem; it is also essentially a mental health problem. (Martín-Baró, 1996a, p. 120)

Martín-Baró's comments on gaps in present-day psychotherapeutic methods can be both reframed and widened to cover psychology in general: We need psychological approaches that are resistant to domination and create spaces of liberation for survivors that can contribute to their mental health, while going beyond the scope of individual coping strategies to the interpersonal and political sphere.

How can now the lessons learned from this evaluative research on Bosnian war rape survivors, and the processes that subsequently emerged from it as discussed earlier, help us to develop an *evaluation and research practice* and an *intervention framework* that are shaped by a feminist liberatory psychology? What is the added value of such a psychology in

relation to mainstream psychological approaches? We now present some of our methodological and organizational recommendations.

Resist Psychological Reductionism and Overtly Situate Research and Evaluation in Their Political and Social Contexts

Results from the evaluative research on Bosnian war rape survivors clearly show that the psychological stability of (war rape) survivors is not simply an issue of adequate individual coping strategies; it is fundamentally a question of social and political mechanisms that, in their most extreme forms, will either protect from or reproduce the insecurity that stems from the original traumatizing experience. In other words, psychological research on sociopolitical trauma cannot be conceptualized without a distinct analytical connection to the very sociopolitical context in which this trauma is kept alive and reenacted, and where survivors undergo experiences that are either acknowledging or stigmatizing. This calls for a conscious choice of methodologies, research questions, and tools that take these sociopolitical conditions into consideration, and that resist psychological reductionist explanations of human behavior in social contexts. In our research and evaluative project, we did this in concrete terms by widening individual psychological instruments that focused solely on the survivors, and introducing interviews with political institutions and other nongovernmental organizations working in the field.

This statement (which is most probably also true for other sorts of human rights violations), that research on survivors of war rape should assess relationships with the sociopolitical sphere alongside a focus on individual reactions, has two implications. First, regarding research and/or evaluation in the context of human-made disasters, we recommend that activists' groups are at least involved in the process and at best empowered to conduct the research themselves, while "professional" researchers, such as those from university contexts, but also specialized evaluation agencies, act more as consultants to the process than implementers. From both our theoretical perspective and practical experience, we believe that activists have a specific mandate and legitimacy to carry out research on the psychological consequences of human rights violations. They work to change the sociopolitical environment that they are part of, and so can create a space in which psychological research and evaluation can develop its emancipatory potential.

Second, this need to link the psychological consequences of human rights violations to the sociopolitical sphere relates to the notion of

empowerment in psychology itself. As described previously, the evaluative research was used in political lobbying, both nationally and internationally, which has yielded concrete results. Empowerment is thus not about just “feeling” or “perceiving” oneself as more powerful, like a psychological antidepressant, but is actually about “having real access to power” in the sociopolitical sphere, and having a real voice, rather than a symbolic one located in psychological research articles that are published in scientific journals (see also Moane, 2010, p. 136). Such an understanding of empowerment eventually calls for a multidisciplinary approach that we consider central to *medica mondiale*’s international work, whereby the stress and trauma-sensitive approach is strategically linked within projects to psychosocial work, women’s rights advocacy, healthcare, and legal assistance to survivors. Eventually, as part of a wider scope of understanding empowerment, trauma psychology and psychosocial intervention should no longer be “a type of oil, a slow lubricant” (Martín-Baró, 1996d, p. 122) in response to human-made disasters through teaching methods of stabilization and relaxation and focusing on psychological resilience *alone*: they should instead become a politically powerful “brake fluid” (Lindorfer, 2009) that helps survivors *themselves* to challenge and change the very sociopolitical situations that produces and reproduces suffering.

Evaluation and research have a special role in this “psychopolitical” (Prilleltensky, 2003) empowerment through their conscience-raising potential: From a liberation psychology point of view, conscientization, in the sense understood by Paulo Freire and adapted by Martín-Baró, has a healing potential both for the survivors and their surrounding community:

Clinical attention to the victims of . . . wars has to involve a process of *conscientization*, a process that returns the word to these human beings, not only as individuals, but as part of a people. . . . Overcoming the traumas of war has to include seizing consciousness of all those realities, both collective and individual, which are at the root of the war. (Martín-Baró, 1996f, p. 43)

Refine and Radicalize Research and Evaluation Ethics

One central ethical question in research on survivors of human rights violations is how it benefits the research partners. The World Health Organization’s 2007 publication “Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies” clearly stipulates that the benefits from conducting the research must be greater than the risks to respondents and communities: “Before embarking on any

inquiry . . . those involved in collection and use of information must first ensure that the information gathering activity is necessary, justified and will benefit the community. (. . .) It should also be demonstrated that the information to be gathered is not already available and/or does not exist in another form” (WHO, 2007, p. 10).

Our experiences in both Bosnia and Herzegovina and other conflict areas where *medica mondiale* is active suggests that this is crucial, since simply insisting that the research “subjects” have consented to the research is not enough to fulfill ethical standards. From a feminist liberation psychology perspective, the issue of power becomes particularly relevant here: In many areas of conflict and crisis, research respondents readily give their informed consent to research because they expect to gain material or political benefits from it. Since emergencies have a logic of “defining and helping victims” within a preconceived discourse that specifies what “good victims” are (Lindorfer, 2009), survivors of human rights violations may be eager to give their consent to research if they think that this might help them gain access to help which they may desperately need. From a feminist liberatory psychology’s view, therefore, and based on our experiences with the evaluative research on war rape survivors in Bosnia, the issue of “benefit” has to be radicalized so that it becomes an obligation for research and evaluation projects to spell out clearly the extent to which the research will eventually benefit the research partners in direct ways, and not just in a symbolic, nonspecific way that assumes it is already beneficial when experiences are “voiced,” for example, in reports or scientific publications that the participants are unlikely to see, or when Western therapeutic methodologies are refined through therapy studies.

Such a radicalized ethical viewpoint also implies that the level of distress caused by reevoking painful memories must be more consciously and strategically considered in laying out research methodologies. It is deeply unethical to employ trauma-insensitive methodologies that run the risk of retraumatization, especially in situations where researchers or evaluators are seen as being in a position of power (e.g., because donors may only be prepared to fund projects that are based on the evaluation and research), which may traumatically reactivate the survivors’ feelings of powerlessness. Jayawickrama and Strecker (2015) quote a typically negative example of harm caused by carrying out trauma-related research in Darfur (South Sudan):

A team of researchers came to our camp and wanted to gather our experience with the war. They wanted to know our losses of loved ones and

properties. By that time we had enough with these researchers who just talk to us and go away. But the Agency insisted us to talk to these researchers too. So, we agreed. These researchers were very difficult—they were not interested about our current problems in the camp, but wanted us to tell all the aspects of our experiences where we felt so sad to remember them. They were very pushy to get all what they want. At the end there were crying women and upset and angry men (Community Leader from Geneina, Western Darfur in Sudan). (p. 147)

From a feminist liberatory psychology's point of view, we therefore call for a radicalized ethics for trauma-informed research whereby research and evaluation projects will be obliged to specify how they will take fundamental power issues into consideration, particularly given the risk of reactivating feelings of traumatic (and social) powerlessness in survivors.

Resist Linear Psychological Thinking About "Impact," and Especially Resist Mainstream PTSD-Focused Research and Evaluation Methodologies

In its 2015 paper on feminist principles, Oxfam states that social change with regard to gender relations is often nonlinear and complex, that such change is usually unpredictable, and that some changes that seem positive at first may appear less so after time. As a result, they recommend using systems that base their monitoring, evaluation, accountability, and learning on feminist principles to "help to track progress and achievements and capture negative impacts, resistance, reaction, holding ground and unexpected outcomes" (Oxfam, 2015, p. 7).

We call for a similar understanding of evaluation and research regarding the psychosocial effects of traumatizing violence. There needs to be space for ambiguity in trauma research and evaluations. The results that we obtained from our evaluative research stimulated a process within *medica mondiale* of redefining impact indicators, and especially of including the voices of those women and girls who are at the very heart of our organizational mission—the survivors of sexualized gender-based violence—more strategically. This also entailed an important self-reflective process on our own methodological blind spots. We had spent considerable time while preparing the evaluative research reflecting carefully on how to ensure that our study was as participative and empowering as possible, but when it came to "measuring" change we had become partially trapped in that same linear idea of psychological impact, namely expecting that the

main indicator of the efficacy of our interventions would be a reduction in PTSD symptoms. Only when we evaluated the results did we become conscious of our own simplification of conceptualizing change in psychosocial trauma interventions.

As feminists, we want to encourage the creation of a more "experience-based" understanding of impact through knowledge produced "from the survivors themselves," and to consider women's experiences as significant indicators of reality (Harding, 1987) that offer a special form of validity. We need to start defining "change" not by simply counting symptoms and applying diagnoses of PTSD or other trauma-related disorders, but by looking at the narratives of change as defined by the women themselves, which, as the evaluative research in Bosnia clearly showed, included issues such as coping, being able to engage in healthy relationships, finding hope, and feeling accepted and cared for. Tseris (2013) also warns against "simplistic understandings of resilience as being merely the absence of symptomatology. As practitioners, we have often pathologized the very behaviors that have helped people to survive. (. . .) For survivors of trauma, emotional pain is ever more present. Feminist approaches may be the most effective when they focus not on the abatement of all symptoms, but on the survivors' ability to predict and manage the outcomes of trauma" (Tseris, 2013, p. 9).

From a feminist therapeutic point of view, we might even suggest redefining chronic symptoms of trauma-related "disorders" as symbolic resistance against adjusting to a society where structural violence continues and perpetrators are free. This is not about minimizing the immense psychological suffering of trauma survivors of complex man-made disasters, or renouncing any attempt to contribute to their healing, but is in fact the opposite: it resituates the immense suffering in a broader social and political sphere where it is not the "fault" of an individual reacting "abnormally," but where responsibility is situated in a concrete sociohistorical and political situation. War rape survivors cannot resolve their suffering in an atmosphere where their suffering is recreated due to insecurity and impunity. Therapy cannot be a replacement for justice and peace. This leads to our next recommendation.

Finally: Self-Care Must Be Politicized in Feminist-Based Trauma Research and Intervention

Along with many of our international partners working in the field of women's rights and fighting against sexualized and gender-based violence,

we are keenly aware that women who work as activists at both community and organizational levels are often prone to suffering from feelings of powerlessness. Many activists are initially drawn into becoming activists through their own personal experiences of trauma, and their work exposes them to the risk of retraumatization.

Any research on the aftermath of traumatizing interpersonal violence, no matter how resource- or empowerment-oriented in its methodology, will therefore also have effects on the researchers, particularly if they come from the same community or area, and/or have gone through similar experiences, either directly or in their wider social surrounding. We therefore ensured that those directly involved in contact with survivors in our research team were always supported through supervision and regular sharing among colleagues.

We strongly believe that an activist, feminist-based research approach is empowering for both sides of the research, that is, the researchers and the researchees, but the process of becoming aware of the structures of violence, and working for systemic change, brings everyone involved into contact with powerlessness and pain—both in those we work with and for, and within ourselves. We therefore echo comments from Jessica Horn, senior advisor for the African Institute for Integrated Responses to Violence Against Women and HIV/AIDS (AIR), about the need to politicize self-care and well-being in women's rights activists:

Being emotionally well is central to being able to fully and actively participate in society Many feminists argue . . . that we live in systems of power that are designed to make us unhappy—that are strategically designed to erase the happiness and well-being of certain groups of people. So it is in and of itself a political act to affirm the happiness of women in a patriarchal society. I also think that we underestimate the amount of emotional and mental stress that oppression and injustice cause, and also fail to recognize that the stress is a collective stress So there's a need to address that burden because it runs us down. (Horn, 2015, n.p.)

This is not only and foremost an issue of personal self-care but also it is of political importance and a professional obligation “without which one cannot fulfill one's professional obligations, one's professional contract” (Danielli, 1994, p. 550). As feminists, we also need to ensure that caring for ourselves is both the foundation and a central pillar of our political work. With our political commitment to breaking the silence and transforming the sociopolitical conditions of structural violence, we also need

to deepen our awareness of what this violence does to ourselves and our relationships with each other as activists. This particular connection of the personal with the political (Moane, 2010) could be a missing element in liberation psychology thinking, where feminist liberation psychology can make a unique contribution.

Notes

1. While figures from different reports and sources vary considerably, most are between 20,000 and 50,000. We have used sources including statistics given by the Commission for Gathering Facts on War Crimes in Bosnia and Herzegovina, which set the number at 20,000 (Tokaca, 1999), and Resolution 1670 of the Parliamentary Assembly of the Council of Europe, 2009. The title of this chapter is a quote from a survivor of war rape (personal communication, Dr. Monika Hauser, founder of *medica mondiale*).

2. From our feminist understanding, we name it “sexualized” violence since it is not about aggressive sexuality, but about aggression that uses sexuality to exert total control and power over the victims (Seifert, 1993).

3. Even though research and evaluation are, strictly speaking, two different methodological approaches, for the sake of simplicity we have followed Jayawickrama and Snickler's argument (2015) that evaluation is a form of research. We call our work “evaluative research” because it evaluates the impact of the work that was done twenty years ago, while also being more broadly conceptualized to research the current psychological, social, economic, and political situation of the survivors of war rape 20 years later.

4. The following psychometric instruments were used: the Bosnia and Herzegovina version of the Harvard Trauma Questionnaire, HTQ-BH, (Oruč et al., 2008); the Brief Symptom Inventory, BSI (Derogatis, 1993); and the Brief COPE Inventory (Carver, 1997).

5. The main goals of the trauma-sensitive approach are thus (1) reducing stress levels in interactions that may be destabilizing, since survivors of traumatic events are often more prone to the debilitating effects of ongoing stress; (2) avoiding or dealing with unintentional retraumatization by using exercises and applying a type of communication that helps survivors to regain control over stress reactions and thus reinforces a sense of empowerment and mastery; and (3) re-evoking resources that survivors already possess, no matter how incapacitated they feel. *medica mondiale* is currently in the process of certifying the stress and trauma-sensitive approach, which has been gradually introduced into all its projects worldwide.

6. For the detailed report from which the quotations are taken, see: *Medica Zenica/medica mondiale* (2014).

7. <https://www.youtube.com/watch?v=5zmK7sCwd-Y>

8. <https://www.youtube.com/watch?v=a8qdQhLdEC4> and <https://www.youtube.com/watch?v=B2zN2Zu5bM0>

9. <http://www.medicamondiale.org/en/what-we-do/news/news-details/we-have-been-harmed-but-we-are-brave-and-strong.html>

10. <https://www.youtube.com/watch?v=2jEAEQ4u1o>

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