“I AM NOT GUILTY FOR WHAT HAPPENED TO ME”

A study on the long-term consequences of war rape in Kosovo

Medica Gjakova

medica mondiale

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Cologne and Prishtina, September 2024

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This evaluative study on the long-term consequences of sexualised violence during the war in Kosovo represents a significant milestone in understanding and addressing the profound and lasting impacts on survivors and their communities.

From the outset, we were aware of the many layers of the long-term effects of conflict-related sexualised violence. We had many questions and we soon learned we could not address them all, so we had to narrow down the study considerably. The process, the findings, and the interviews have all demonstrated this and yet they also raise even more questions that need to be explored. We are committed to addressing them in the future. That is why this publication is only one milestone and the beginning of further research and mutual learning with survivors, stakeholders and organisations in the region.

This unique study would not have been possible without the dedication, expertise and collaboration of numerous individuals and organisations.

First and foremost, I extend my deepest gratitude to the survivors who bravely shared their stories and experiences with us. Your strength and resilience are the foundation of this work, and your voices are crucial in shaping a better future for all of us.

I am also deeply grateful to our team of researchers, managers, advisors, experts and data analysts whose dedication and expertise ensured the thorough and sensitive handling of this important study. Your tireless efforts have made this study a reality. Key contributors include: Anna Di Lellio, Alisa Hasani, Barbara Umrath, Constanze Brands, Jeannette Böhme, Dea Fetiu, Dorina Sahatqija, Dorina Babuni Krelani, Fehmije Luzha, Garentina Kraja, Gorana Mlinarevic, Rachel Cohen, Hana Doli, Jovana Skrijel, Karin Griese, Klara Axhemi, Laura Qarkaxhija, Leonita Gojani, Merita Rruka, Mirlinda Sada, Monika Hauser, Nderime Sahatqija, Nagihan Xerxa, Nderime Sahatqija, Pia Frohwein, Pinar Senoguz, Roxane Schnepper, Shpresa Frrokaj, Shqipe Dreni, Simone Lindorfer, Vesa Kryeziu, and Virginia Stephens.

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A heartfelt thank you goes to the colleagues at *medica mondiale* and *Medica Gjakova* whose commitment to addressing sexualised violence has been a driving force behind this initiative. Our common vision guided us throughout this journey! At this point I would also like to remember our colleagues Margrit Spindeler and Nesrete Zeka, who unfortunately passed away between our discussions many years ago of this study concept and its realisation.

Finally, I express my sincere appreciation to all other individuals and organisations, both named and unnamed, who contributed their time, resources and expertise. Each of you has played a vital role in bringing this study to fruition.

Together, we have taken an important step in shedding light on the long-term impacts of sexualised violence and in working towards a future where all survivors can find justice, healing and peace.

Kirsten Wienberg

Head of Evaluation and Quality Department,
medica mondiale e.V.

Cologne, September 2024

FOREWORDS

In the quiet spaces where memories remain and hearts bear the weight of untold stories, we started a journey of high significance. It is very moving to have the honour of introducing this landmark research report. As a collaboration between *Medica Gjakova* and *medica mondiale*, it is the first report of its kind to explore the layers of the long-lasting impacts of war-related sexualised violence in Kosovo.

The statistics from the war in Kosovo are stark: an estimated 20,000 individuals endured the brutality of sexualised violence during the war. Nonetheless, the aftermath of conflict – the scars carved into the soul – are often overlooked and overshadowed by more visible wounds. Our collective commitment, as reflected in this study, was born out of a shared understanding that the repercussions of sexualised violence during the war echo far beyond the immediate battlegrounds. They represent a silent epidemic, a legacy that demands our attention, empathy and action.

Focused on the survivors of war-related sexualised violence in Kosovo, the intention of this report is to cast light on all the impacts and dimensions of their experiences. Beyond statistics and academic curiosity, this research grew to discover the psychosocial, physical and societal aftermath of sexualised violence, centring on the human stories that lie beneath the surface.

This initiative is part of our emphasis on the importance of documenting and researching war-related sexualised violence, as a highly important means to offer support to survivors in every sphere of *Medica Gjakova*'s work. As this study represents one of the first attempts to research the sexualised violence during the war in Kosovo, we recognise the need for continued exploration and understanding. Documenting these narratives serves as an important instrument to validate the experiences of survivors, and it also represents an essential tool for informing policies, interventions and support systems. Most importantly, it serves as a tool for inciting collective action against stigma. Beyond this singular effort, we aspire to lay the groundwork for future research initiatives. In doing so, we aim to foster a sustained and collective commitment to bringing about positive change for survivors and the community in general.

This study is not merely a compilation of facts: it is a testament to our unwavering dedication to amplifying the voices that have been muted for too long. It is an acknowledgement of the enduring strength of survivors and a recognition of the high impact that war-related sexualised violence has on humanity. By seeking answers to critical questions, we weave together threads of compassion, understanding, and a commitment to fostering healing and resilience.

With this in mind, I wholeheartedly thank the staff at *medica mondiale* and *Medica Gjakova*, the consultancy team and every individual involved in the research, writing and editorial teams for their tireless work in making this study possible. The pages that follow are an invitation to empathy and an appeal to confront the shadows with sensitivity and compassion. In each of the chapters you will navigate a different dimension of the stories of pain and resilience. Foremost, I wish to express my heartfelt appreciation to the survivors for their courage, recognising the strength exhibited in sharing their experiences. Each narrative within this report stands as a powerful testament to the indomitable human spirit. *Medica Gjakova* acknowledges and highly values the resilience and bravery of the survivors who entrust us with their stories every day, as well as for the purposes of this study.

In a world often marked by inequalities, our commitment to advocacy, healing and justice finds expression in the turning of these pages. Through the lens of this study, we hope to foster a deeper understanding and contribute to a collective awareness.

In heartfelt solidarity,
Mirlinda Sada

Executive Director, *Medica Gjakova*

War means violence, terror and destruction. For women and girls, war also means rape, humiliation and indignity. The perpetrators are soldiers, paramilitaries and police officers. The perpetrators may be strangers, but are also former neighbours, friends or relatives. The perpetrators are men.

Furthermore, for women and girls, sexualised violence in war also usually means loneliness and isolation afterwards: being left alone and abandoned by their own family, community and society.

We are usually told the stories of the heroes of a war, rarely those of the victims, and certainly not those of the women. This means the history of half of the population does not appear, does not become visible! It is, however, of fundamental importance that the experiences of women become visible, that women tell their stories themselves, and that their suffering and trauma, as well as their resistance, their strength, their dignity and their solidarity all become perceptible – and in this way gain our appreciation and acknowledgement.

I am very touched by this great solidarity among the women. They do not need to explain anything to each other; they only need to look into each other's eyes. They know the value of being accepted in a world of rejection and contempt.

One factor that becomes abundantly clear in this study is the relevance of *Medica Gjakova*'s work for the survivors. This is professional, specialist support combined with respect and empathy, which has an immeasurable healing value, especially for women who have experienced sexualised violence. Yet it is also more: It is kind acceptance. In patriarchal contexts this can be the difference that enables survival with dignity. It is the discovery of a place where the survivor is not met with ostracism or contempt but is recognised as a person with everything that makes up her life. Medica became just such a place; in fact, participants described it as being akin to a new family.

What distinguishes the colleagues at *Medica Kosova*, and later *Medica Gjakova*, is their attitude of empathy and solidarity. Practising this was anything but easy for them in the early days: having their own painful experiences of war, they committed themselves to this completely new kind of project in 1999. Nothing was easy when visiting the women's homes, where the despair was palpable, or fighting every day for acceptance of their work. And it was immensely difficult to ask questions about the suffering their clients had experienced. They were helped by the wealth of expertise among their colleagues at *Medica Zenica*, who had been through all this years before and were now able to support them. There was Edita Ostoijc, for example, and other experts who were able to convey feelings of safety and security with their deep understanding, persuading them it was worth walking this stony path. This supportive, empowering attitude helped them through the difficult hours as they established this pioneering work.

The recipe behind this attitude is to build on the strength within myself and in others, and to take the next steps in life with confidence, despite everything! This means that empowerment as a method is an elementary part of this work, the strengthening of self-competence in order to be able to appreciate one's own self-worth in such a limiting environment.

This is also important for this study, using a participatory design to involve the participants themselves in the study: as feminist actors, it was very important to us not to design a study about, but with the survivors. The cycle then completes when some of the women stress how they want to take part to benefit *Medica Gjakova* because in this way they can also contribute to and support this work, emphasising its importance!

What this study undoubtedly makes clear is the need for institutional change in order to finally treat survivors with respect and knowledge instead of traumatising them again and again through stereotypical behaviour and rejection. The employees in those institutions would surely also benefit themselves from the adoption of an approach with this level of humanity.

When we look at the serious effects of the violence experienced on the children of survivors, the relevance of the education system and the urgent need for change there becomes more than clear. Even if this study does not primarily investigate transgenerational trauma, the consequences of the violence experienced in this regard are frighteningly clear. Kosovan society, like any post-war society, cannot afford to continue to expose its children to the destructive dynamics of patriarchal structures.

In particular, staff in the healthcare system need to be trained and made more aware. They are of great importance to the survivors and can make a big difference to their future lives. Here, the programs put in place by *medica mondiale* together with our partners *Medica Gjakova* and the Kosova Rehabilitation Centre for Torture Victims have already led to important changes.

The political topicality also demonstrates how highly relevant programmes such as Amplifying Voices are at regional level[1]: the topics of this study are closely linked to the need to truly deal with the past – until the crimes survivors have experienced are recognised, and their pain validated, they are denied any experience of justice.

And as long as the patriarchal destruction caused by sexualised violence and the subsequent dynamics of stigmatisation and exclusion can continue to have a traumatising effect on future generations, the fatal cycle of further violence will not be broken.

The participants in this study speak about the terrible experiences in their own words. They reveal the strength with which they survived and supported each other. But they also make it very clear what they would have needed from their family, their community and from government in order to do more than just survive. By publishing this study, we want to portray how dramatic and long-term the consequences of the war and the violence have been and still are today. The aim is to increase public understanding and – although belatedly – to assume responsibility today and contribute to a fairer society. This will mean the perpetrators have failed to achieve their goals because humanity will have triumphed.

Monika Hauser

Chair of the Board, *medica mondiale* e.V.

[1] For more information on this programme see https://medicamondiale.org/wo-wir-frauen-staerken/suedosteuropa and https://balkaninsight.com/2023/11/24/how-feminist-activism-offers-balkan-war-survivors-hope-for-change/

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LIST OF ACRONYMS

ADA	Austrian Development Agency
ARM-R	Adult Resilience Measure-Revised
COVID-19	coronavirus disease 2019
CPTSD	complex post-traumatic stress disorder
CRSV	conflict-related sexualised violence
DRC	Democratic Republic of Congo
DSO	Disturbances in Self-Organization
ECHO	European Civil Protection and Humanitarian Aid Operations
EMDR	Eye Movement Desensitization Reprocessing
EULEX	European Union Rule of Law Mission in Kosovo
EUR	euro
FRY	Federal Republic of Yugoslavia
FYROM	Former Yugoslav Republic of Macedonia
GBV	gender-based violence
HIV	human immunodeficiency virus
HSCL	Hopkins Symptom Checklist
IASC	Inter-Agency Standing Committee
ICC	International Criminal Court
ICD	International Classification of Diseases
ICTR	International Criminal Tribunal for Rwanda
ICTY	International Criminal Tribunal for the former Yugoslavia
ITQ	International Trauma Questionnaire
KLA	Kosovo Liberation Army
KRCT	Kosova Rehabilitation Centre for Torture Victims
KWN	Kosovo Women's Network
LGBTIQ	lesbian, gay, bisexual, trans*, inter*, and queer
NATO	North Atlantic Treaty Organization
NGO	non-governmental organisation
OSCE	Organization for Security and Co-operation in Europe
PSVI	Preventing Sexual Violence in Conflict Initiative
PTSD	post-traumatic stress disorder
SGBV	sexualised and gender-based violence
STA	Stress- and Trauma-sensitive Approach
UCK	Ushtria Çlirimtare e Kosovës, see KLA
UCLA-PTSD	University of California at Los Angeles - Post-traumatic Stress Disorder Reaction Index
UNFPA	United Nations Population Fund
UNMIK	UN Interim Administration Mission in Kosovo
VAW	violence against women

1. INTRODUCTION

1.1 Why conduct research on war rape two decades after the war in Kosovo?

During the war in Kosovo in 1998-1999, an estimated 20,000 women and girls were raped.[2] This war was the last chapter in the bloody disintegration of Yugoslavia that saw similar war crimes committed just years earlier in Bosnia and Herzegovina: women were often gang-raped, detained for days and weeks and sexually exploited, beaten, branded, and in many instances, assaulted in public. In patterns observed more often in the cities, sexualised violence occurred at home, in hotels, at checkpoints, in police stations, and in administrative buildings. In rural areas, it occurred concurrently with other crimes, such as mass killing, property destruction, and forced expulsion. This took place during highly controlled and coordinated military operations (Human Rights Watch, 2001, pp. 130–133; Organization for Security and Co-operation in Europe [OSCE], 1999; Wareham, 2000, pp. 61–66).

As was the case in Bosnia and Herzegovina only a few years before, in 1993, feminist activists and women's groups were among the first to start seeking out and supporting survivors of sexualised violence.[3] One of these organisations was *medica mondiale e.V.*, a feminist non-governmental organisation based in Germany with its origins in the group who also set up *Medica Zenica* as the first women's therapy centre for survivors of war-related sexualised violence in Bosnia and Herzegovina.[4] Drawing on this experience, *medica mondiale* together with local activists started to offer free psychosocial, gynaecological and legal services to survivors while the war in Kosovo was still ongoing. They began in Tirana, Albania. Then, immediately after the majority of displaced Kosovar refugees returned to Kosovo, *medica mondiale* set up a project in Kosovo to provide services for women survivors of war-related sexualised violence.

Advancing a dual strategy from the very beginning, direct service provision for survivors was combined with activities aiming at public sensitisation and awareness raising.

As early as July 1999, the cooperation between *medica mondiale* and local activists resulted in the opening of a centre dedicated to the support of survivors in the city of Gjakova and, over the years, in the formation of *Medica Kosova* as an independent organisation (Fezer, 2005, pp. 158–162). Out of the latter, in 2011 *Medica Gjakova* emerged as a separate organisation committed to supporting survivors of sexualised violence and to improving the rights and situation of women and girls in Kosovo more generally.

Literature on conflict-related sexualised violence has grown exponentially since our two organisations first started to work with and on behalf of survivors. This notwithstanding, empirically grounded knowledge about the psychological, physical and social consequences of war rape is still limited – specifically when it comes to its impact in the long term (Ba & Bhopal, 2017; Koos, 2017; Tol et al., 2013).

For the Kosovo context, several books of testimonies exist in which survivors describe in detail the violent character of their experiences (Doçi, 2013; forumZFD & Integra, 2017; forumZFD & Kosova Rehabilitation Centre for Torture Victims [KRCT], 2021; Medica Gjakova & Osmanka, 2019). Crucially, these books debunk rape myths: these include the idea that victims "asked for it" or at least consented to the sexualised violence they were subjected to. However, readers learn little about how these women and men sharing their experiences of victimisation have been coping throughout the years. Another strand of literature focuses on when and how war-related sexualised violence became publicly

[2] The estimate of 20,000 women and girls draws on a number of sources (Fansworth, 2008a, pp. 14-15). Among those deemed most reliable are calculations by the US-based Center for Disease Control (CDC). Drawing on a survey of 1,358 women in refugee camps, of whom from 4–6% said they had been raped, the CDC estimated that between 23,000 to 45,600 women and girls had been raped (Kuehnast et al., 2011, p. 72). To our knowledge, no estimates exist for how many men, gender-queer and non-binary people were raped during the Kosovo war.

[3] On how war rape *and* (war-related) sexualised violence *are used in this report, see the clarifications at the end of this introduction.*

[4] On the origins of what would eventually become two independent non-governmental organisations, medica mondiale *e.V. in Germany and* Medica Zenica *in Bosnia and Herzegovina, as well as their continuing partnership, see Fezer (2005, pp. 155–157), Horstmann et al., (2022, pp. 32–34) and Medica Zenica & medica mondiale (2014, pp. 11, 15).*

acknowledged, framed, and commemorated (Di Lellio, 2016; DioGuardi, 2016; Gusia, 2014; V. Krasniqi, 2007; V. Krasniqi et al., 2020; Luci, 2005; Luci & Gusia, 2019; Zeidler, 2022). These analyses call attention to how remembrance of war rape was inscribed into an Albanian-nationalist, masculine discourse of liberation and sacrifice, thus tending to reproduce patriarchal, heteronormative notions which marginalise all survivors and render invisible the existence of male survivors or survivors from ethnic minorities. Finally, a number of empirical studies exist which discuss in a more general way the mental health of Kosovar survivors of war (Kellezi & Reicher, 2012; Lopes Cardozo et al., 2000; N. Morina et al., 2009; Wang et al., 2012). Only a few, however, have been conducted specifically with survivors of war rape (Amnesty International, 2017; Hobbs, 2016; Rames, 2013; Shala et al., 2024; Shala & Kellezi, 2024). It needs to be noted that three of these are reports commissioned by international organisations and that most of the data these studies draw on was collected more than ten years ago, with relatively small samples consisting only of female Kosovo-Albanian survivors. Thus, a significant research gap exists with regard to the long-term consequences of war rape in Kosovo.

This study from *Medica Gjakova* and *medica mondiale* therefore seeks to strengthen a deeper understanding of the impact of war-related sexualised violence by making survivors' voices heard. Consciously using our professional expertise of more than two decades and the relationships *Medica Gjakova* has been able to develop with survivors of different gender and ethnic backgrounds, this research provides a broad yet nuanced picture of the experience and perceptions some twenty years later of women and men who were raped during the Kosovo war.

Based on quantitative data from 200 survivors and qualitative interviews with 20 survivors, the following research questions will be answered:

What **long-term consequences** do survivors of war rape experience? In particular, how has the war rape impacted their psychosocial and physical wellbeing?

What **coping strategies** do survivors of war rape in Kosovo use? What has given them strength to continue their lives?

How has the experience of war rape affected survivors' relationships with their immediate environments?

How do survivors experience **social acknowledgement**? Specifically, how do they assess the **administrative reparations** provided by the Kosovar government?

What significance does the **support provided by *Medica Gjakova*** have for survivors? How do they assess the services they have received?

A systematic inquiry on the transgenerational transmission of trauma was beyond the scope of this research.[5] What our study can contribute to this broader debate, however, is a preliminary understanding of how survivors themselves see their trauma impact on their children.

[5] For a recent study of the epigenetic dimensions of transgenerational trauma with survivors of war-related sexualised violence in Kosovo and their children, see Fransquet et al. (2022) and Hjort et al. (2021).

1.2 How was this research conducted?

From the beginning of its conceptualisation in summer 2020 until the publication of this report, *Medica Gjakova* and *medica mondiale* jointly implemented this research project. Throughout this period, our two organisations were supported by various academic researchers as well as further consultants who contributed their expertise, time and energy. Building on previous experience ensuring that our professional approaches are productive for designing and implementing research on war rape (Lindorfer & Wienberg, 2017; Medica Zenica & medica mondiale, 2014), this study was guided by two core values and commitments: feminism, and stress- and trauma-sensitivity.

1.2.1 Applying a feminist lens to research on war rape

Feminist research has been a vibrant field of inquiry ever since its emergence in the late 1960s in the context of the so-called second wave of women's movements. Focusing on the experience of women and girls, feminist researchers pointed out how abstracting from gender frequently leads to generalising insights which, upon closer scrutiny, turned out to be based not on human, but specifically (white) male experience. As a precaution against such unwarranted claims for objectivity and generalisability, feminist researchers argued for the need to systematically consider gender as an analytical category (Bitzan et al., 1998, pp. 29–33; Knapp, 1999, pp. 107–112; Seifert, 1992).[6] While this fundamental insight was developed in the context of studying the experience of one particular gender (women and girls), from the late 1980s onwards feminist research increasingly came to include reflection on the gendered experience of men as well as of queer and non-binary people. Moreover, interventions of Black feminists and feminists of colour contributed to a growing understanding that gender has to be comprehended as constituted in relation to other categories such as race and class. This further broadened the meaning of feminist research to explicitly reflect on what is described as the "intersectional" character of gendered experiences and social structures (Bitzan, 2020; Crenshaw, 1989/1999, 1991; Hill Collins, 2019; Knapp, 2008/2015; Maihofer, 2006; Walgenbach, 2007).

Constantly in the making, there is no feminist research as such. Rather, *feminist research* serves as a common denominator under which a variety of approaches find their place. At its very core, feminist research means systematically reflecting how gender, itself conceptualised as an intersectional category, structures power and inequality. Relying on scientifically sound tools and methods, feminist research seeks to create knowledge that contributes to a dismantling of injustice and a conscious rebuilding of more equitable social relations. For this reason, reflexivity – of research contexts, the research process itself, and researchers' positionality – is a key feature of feminist research (Bitzan et al., 1998, pp. 5, 16, 86–89; Lindorfer & Wienberg, 2017; Matsick et al., 2021; Potts et al., 2022). Accepting ambiguity rather than seeking to eliminate it at all costs, feminist researchers apply (self-)reflexivity to produce more nuanced and appropriate knowledge.

Beyond this basic definition, the factors which qualify a study as feminist need to be defined concretely with regard to the specifics of a particular project. In our context, **self-reflexivity** involved consciously reflecting and controlling how our experiences, roles, and interests as professional organisations influence this study. For example, we consciously opted to use the relationship established between *Medica Gjakova* and their clients, while at the same time making sure potential participants understand there would be no impact on their access to services whether they decide to take part in this study or not. For those of us working for *medica mondiale*, cooperating in this research process further required critical self-reflection with regard to how we use the privileges that come along with our positionality in international power structures. For colleagues from both our organisations, studying the long-term impact of war rape in Kosovo meant consciously reflecting on work and developments that we have been part of. In this regard, the hetero-

[6] More recently, the need to systematically reflect potential effects of gender as a prerequisite for sound and reliable knowledge has also been stressed by important research (funding) organisations (Buitendrijk & Maes, 2015; Deutsche Forschungsgemeinschaft, 2017; European Commission Directorate-General for Research and Innovation, 2020).

geneity among ourselves was helpful: coming from two independent organisations that we have joined at various points in time, with different experiences and in different positions, this all fostered an atmosphere in which asking questions and double-checking was the rule rather than the exception. Furthermore, in order to reduce the risk of bias, researchers external to our two organisations were involved in all crucial steps, such as the choice and development of data collection instruments, data analysis, and the writing of this report.

Second and related to this, we concretised *feminist research* as a **commitment to planning and implementing this study in a participatory way** (Matsick et al., 2021; Potts et al., 2022). Rather than having academic researchers produce knowledge for and about survivors and our professional organisations, we opted for a dialogical and collaborative form of knowledge production. Throughout this research process, we made efforts to include survivors as much as possible, for example, by asking a reference group of four survivors to provide feedback on our self-developed questionnaire before data collection or to comment on preliminary results and recommendations. On a regular basis, reference group meetings with external researchers and selected staff from our two organisations were held to jointly discuss important decisions and/or preliminary results. Finally, during the drafting of the report, two workshops and several rounds of feedback provided further colleagues with opportunities to contribute.

Last but not least, **feminism informed the scope and approach of this study in a number of ways**. As professional organisations, both *Medica Gjakova* and *medica mondiale* adopt and promote a survivor-centred approach. In the field of research, similar aspirations are described as *subject orientation* (German: *Subjektorientierung*), designating a commitment to fostering the subject status of participants rather than making them objects to be studied (Bitzan et al., 1998, pp. 29, 77–83). Considering that, at its core, sexualised violence involves a denial of the victim's status as a subject, we made sure to design this research in a way that centres the perspectives of survivors. It is through their eyes and words that this study explores the long-term impact of war rape in Kosovo.

As feminist organisations, we are critical of certain tendencies in policy and research to one-sidedly highlight the instrumental use of sexualised violence as a "weapon of war".[7] While we do acknowledge that, in times of war and conflict, war rape often assumes a strategic character aiming at the destruction of "others" defined in nationalist or ethnic terms, we insist that war-related sexualised violence can only be fully comprehended if its rootedness in patriarchal and heteronormative socio-political systems is reflected.[8] In other words, it needs to be reflected that war-related sexualised violence in general and war rape in particular form part of what feminists have called a "continuum of violence" (European Women's Lobby, 2017; Kelly, 1988; Mischkowski & Hauser, 2019). The consequence of this understanding for sampling included making efforts to include survivors of all ethnicities. For the research design, it meant we designed instruments in a way that allowed participants to reflect on potential further experiences of interpersonal and/or structural violence. Finally, during analysis we sought to explore potential differences as well as similarities between the experiences of survivors from different ethnic groups.

Informed by critical studies of masculinity (Connell, 1995; Connell & Messerschmidt, 2005; Pohl, 2004), as feminists we acknowledge that, in addition to women, girls, queer and non-binary people, patriarchal norms and structures can also hurt men and boys. Considering that, until today, male survivors are for the most part absent in public discourse and research on war-related sexualised violence in Kosovo, we consciously sought to include their perspectives in this study. Aware of what has been described as "patriarchal pitfalls" when researching gender-based violence against men (Myrttinen & Schulz, 2022), during analysis and reporting we did our best to avoid homogenising what might be diverse experiences of war-related sexualised violence.

[7] For critical discussion of this tendency see, inter alia, Mischkowski and Hauser (2019).

[8] On this, see also Chapter 2.

As organisations committed to working with and on behalf of survivors, for us research is not an end in itself. Instead, we prioritise what can be described as the use value of research. Usefulness, in turn, refers to both the research process and its product, i.e. the knowledge thus generated (Bitzan et al., 1998, pp. 17–20). With this in mind, we opted for a mixed-methods design that combines quantitative data from 200 survivors with qualitative material gained through 20 interviews.[9] By including open-ended questions into the quantitative part of this study, we made sure that qualitative as well as quantitative data collection allowed participants to describe their individual perspectives and experiences. Rather than just 'extracting' data, the data collection process in itself thus provided survivors with space for self-reflection and expression of their subjectivity. Related to this, we carefully thought about what kind of knowledge is needed in order to assess and help further improve the situation of survivors roughly 20 years after the war in Kosovo. Combining methods that allow for in-depth understanding of experiences with others that seek to quantify the long-term impact of war rape seemed best suited to provide Kosovar society and the international community with much needed empirically sound knowledge.

1.2.2 Applying a stress- and trauma-sensitive approach to research on war rape

For about two decades now, researchers have increasingly reflected on the ethical implications of conducting studies with trauma-exposed populations.[10] Guidelines and recommendations have been formulated specifically for research with survivors of sexualised and gender-based violence (Ellsberg & Heise, 2005; Sexual Violence Research Initiative, 2010; World Health Organization, 2001, 2016). As professional organisations working with survivors of war-related sexualised violence and/or with first responders who support survivors, *medica mondiale* and *Medica Gjakova* were both involved, together with other partner organisations, in work to develop a specific approach, the **STA** or **Stress- and Trauma-sensitive Approach**, which is particularly suited to provide low-threshold support in contexts with limited resources (Griese et al., 2019, pp. 22–25). Based upon a socio-political understanding of trauma, the STA depathologises survivors and acknowledges the importance of the context. At its core is a stress- and trauma-sensitive attitude which can be learned and further operationalised via four key principles and their specific applicability in the respective context. With regard to this study, the stress- and trauma-sensitive approach was used to provide further guidance beyond more general ethical principles for research. In doing so, we could build on prior experience with project evaluations as well as on reflections of a study *medica mondiale* had realised in cooperation with its Bosnian partner organisation *Medica Zenica* (Lindorfer & Wienberg, 2017).

Embracing a **socio-political understanding of trauma**, the STA recognises that trauma and its processing is embedded in broader social and political contexts and therefore influenced or framed by structures of power and inequality. Specifically, with regard to war rape, we do not forget or ignore the individual trauma of the survivor as a person, but we comprehend this experience as a result of violence and, more precisely, as being anchored in and an expression of patriarchal, heteronormative social norms, structures and dynamics. Here, this led to a decision against a narrowly defined clinical research design. While we do make use of well-established psychometric instruments and clinical concepts, our stress- and trauma-sensitive approach resonates with calls of feminist psychologists to consider sociohistorical and political contexts (Matsick et al., 2021). Consequently, we opted for a more interdisciplinary approach that can account for the ways in which social and political dimensions influence how survivors cope with the experience of war rape.[11]

[9] For a more detailed description of the various data collection instruments used, see Chapter 3.

[10] For recent overviews see Jefferson et al. (2021) and Neelakantan et al. (2022).

[11] In addition, we conducted informal interviews with a number of public figures from media, religious institutions, activist groups and government which helped us to more explicitly reflect the socio-political context of war-related sexualised violence in Kosovo. For making time to talk with us, our deepest gratitude goes to Atifete Jahjaga, Dom Lush Gjergji, Enver Dugolli, Berat Buzhala, Besa Ismajli, Nafi Krasniqi, Ramiz Lladrovci, Nazlie Bala, Durim Abdullahahu and Leonora Selmani.

The four STA principles were designed as an antidote or counter-experience to common stress- and trauma-reactions. While **safety and security** (1) aim at reducing stress and fear, the principle of **empowerment** (2) seeks to promote self-efficacy and self-worth. The principle of **connection and solidarity** (3), in turn, highlights the need for recreating social relationships and fostering forms of collaboration that are experienced as strengthening by those involved. Finally, the principle of **collective, staff and self-care** (4) acknowledges how stress- and trauma-dynamics may influence support systems for survivors, emphasising individual as well as organisational and collective responsibility for creating stress- and trauma-sensitive working conditions. Together with a socio-political understanding of trauma, these four principles not only inform direct service provision for survivors, but also other activities such as project planning, evaluations and advocacy work.[12]

With regard to this research, **the STA-principles informed our methodological choices in the following ways:**

Given the highly sensitive and at times personal character of this study, we prioritised participants' safety and comfort, deciding that quantitative data collection would be carried out by *Medica Gjakova* staff and qualitative interviews be realised in their presence. Knowing their clients and how they might react in certain situations as well as techniques to help them calm down if needed, *Medica Gjakova* staff seemed best prepared to ensure data collection would proceed in a stress- and trauma-sensitive way. For example, when participants showed strong emotions of anxiety and/or pain, they were asked whether they wanted to pause or stop and staff were also able to guide them through breathing and grounding exercises. These help them reorient in the present moment rather than becoming dissociated in the trauma memory.

In the context of this study, our general commitment to empowerment had to be balanced with the need for standardised data. As mentioned above, we addressed this by combining qualitative with quantitative methods of data collection. Further, we consciously sought to include open-ended questions and, in particular, items that invite participants to reflect on strengths and/or foster connection with other survivors. Finally, we made sure to offer participants choices, for example, with regard to when and where data collection would take place.

The principle of self-, staff- and collective care helped us avoid the risk which in research contexts is discussed as 'secondary' or 'vicarious' traumatisation (Ellsberg & Heise, 2005; Sexual Violence Research Initiative, 2010; Williamson et al., 2020; World Health Organization, 2016). In line with the participatory character of this study, we did this by creating spaces for debriefing and joint reflection, in particular during the phases of data collection, processing, and analysis. Moreover, planning was realised in a participatory way, trying to be mindful of the resources of everyone involved. The plans were adjusted accordingly several times.

The study plan and methodology were submitted to the Ethical Review Board of the Faculty of Philosophy of the University of Prishtina. While Kosovo institutions do not impose these requirements on researchers conducting studies with human subjects in the country, seeking external feedback reflects our high commitment to ethical research. Approval was granted by the Ethical Review Board in March 2022.

[12] The STA is part of a survivor-centred approach to support women and girls after sexualised and gender-based violence in armed conflict. Based on our practical experience, a survivor-centred approach should entail: 1) providing comprehensive services by setting up long-term support structures; 2) providing a low-level stress- and trauma-sensitive approach; 3) addressing the continuum of violence; 4) applying a multi-level approach; and 5) contextualising support programs (Böhme, 2019).

1.3 The structure of this report

This report is divided in a total of ten chapters. Following this introduction, **Chapters 2 and 3 provide important background information**. Specifically, Chapter 2 situates the committing of war-related sexualised violence within the context of decades of violence in Kosovo that culminated in war in 1998/1999. Chapter 3 describes in detail the methodology of this study, pointing out its strengths as well as its limitations.

The following five chapters form the main part of this report. Setting out to answer our research questions, **Chapters 4 to 8 present the research results**. Considering that, in public discourse, survivors of sexualised violence are often portrayed as an undifferentiated group of 'poor women' with neither agency nor diversity, we start with a nuanced description of participants' characteristics and their war experience (Chapter 4). Next, Chapter 5 discusses the impact of war-related sexualised violence on survivors' psychosocial and physical wellbeing. Moving from the individual level to survivors' relationships with their immediate environments, we go on to analyse how war rape has affected these (Chapter 6). Chapter 7 then explores participants' experience of social acknowledgement, paying particular attention to the significance of the administrative reparations provided by the Kosovar government. Finally, in Chapter 8 we discuss how survivors assess the support provided by *Medica Gjakova*.

Reflecting our commitment to generating knowledge that is useful, **the last two chapters provide concrete recommendations for different stakeholders**. In Chapter 9, we present expectations and recommendations as they were formulated by the participants of this study during data collection. Further expanding on this, in Chapter 10 we develop recommendations based on the main findings of this research.

1.4 Reflections on wording and reporting

Varying terms are used in the discourse around sexualised and gender-based violence (SGBV). ***Gender-based violence (GBV)*** is "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females" (Inter-Agency Standing Committee [IASC], 2015, p. 322). While much gender-based violence targets women and girls and is committed by men and boys, it is also used to describe violence against men and/or against lesbian, gay, bisexual, trans, inter and queer (LGBTIQ) populations insofar as this violence is related to gender-inequitable norms of masculinity and/or norms of sexual and gender-identity (Schröttle, 2019). In contrast to ***violence against women (VAW)***, speaking of gender-based violence highlights that the causes and impacts of this violence are gendered. Moreover, it "strengthens the understanding of this violence as a social – rather than an individual – problem" (Committee on the Elimination of Discrimination against Women, 2017, p. 4). ***Sexualised violence*** or ***sexual violence*** refer to types of GBV and VAW, specifically: "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless or [*sic*] relationship to the victim, in any setting, including but not limited to home and work" (IASC, 2015, p. 322). ***Rape***, in turn, is one particular form of sexual or sexualised violence. It is defined as "(p)hysically forced or otherwise coerced penetration – even if slight – of the vagina, anus or mouth with a penis or other body part" (IASC, 2015, p. 322), including with objects. The expression *sexualised violence* stresses that the intention behind the act of violence is not primarily the satisfaction of sexual desire, but the exercise of power, control and oppression. Rape, for example, is not an aggressive expression of sexuality, but rather a sexual expression of aggression: the violence is sexualised (Seifert, 1993). ***Conflict-related***, ***wartime*** or ***war-related sexual(ised)*** are used to refer to acts of sexualised violence committed during times of war or, more broadly, of conflict (United Nations Security Council, 2019; Wilson & Cook, 2022).

In this report, we do not use *sexual violence*. Instead, **we speak of *war-related sexualised violence***. We seek to remind readers of patriarchal, heteronormative power dynamics as root causes of these forms of violence. When referring specifically to our participants, all of whom have experienced sexualised violence that can be classified as rape, we also speak of ***war rape***.[13] With regard to the Kosovo context, we use *war* rather than *conflict* in order to acknowledge the massive destruction and pain caused by escalating conflicts in 1998/1999. Further, we speak of *war-related* rather than *wartime* sexualised violence because this study includes critical reflection of acts of sexualised violence related to, but committed after what is formally considered the end of the Kosovo war.[14] In other words, as organisations committed to an intersectional understanding of feminism, we use *war-related sexualised violence* in a way that encompasses crimes and human rights violations directed against the ethnic majority as well as ethnic minorities in Kosovo.

When referring to those targeted by sexualised violence, we generally speak of ***survivors***, rather than *victims*. In this way, we seek to acknowledge the strength and agency involved in continuing life after such violations. We reserve the term *victims* for occasions describing the crime or when pointing out the responsibility of perpetrators. While all **participants of this study** are survivors of war rape and clients of *Medica Gjakova*, for the purpose of this report we preferably refer to them as *participants* rather than *survivors* or *clients*. By foregrounding the specific role they have in the context of this study, we want to remind readers that the existence and experience of those who have been exposed to sexualised violence and/or seek professional support must not be reduced to being a survivor or client.

Both organisations have emerged as and identify as feminist women's rights organisations. As such, **we acknowledge the existence of more than two genders and embrace a queer and trans-inclusive understanding of feminism**. Reflecting the fact that all participants of this study identify as either female or male, whenever gender seems relevant, we will refer to them as *woman* and *man*, or *female* and *male*, considering that these are the most precise expressions. In other contexts, we will generally prefer inclusive, non-binary wording.

As we will discuss in more detail in the following chapters, 26 survivors from ***Roma, Ashkali, and Egyptian* communities** participated in this study. Grouping Roma, Ashkali and Egyptians together is highly problematic, yet still common with (international) policy makers who often refer to what they perceive as the similar characteristics of and shared challenges faced by these groups (OSCE, 2020, p. 6; Palushi, 2020, p. 7). Before the 1990s, individuals from these communities tended to self-identify as Roma and were commonly referred to as such. However, their self-identification and legal recognition has changed since then. Identifying as Roma, Ashkali, and Egyptians helps to designate linguistic, religious, and cultural differences. Moreover, all three communities are internally diverse groups who are not homogeneous (Bujak Stanko, 2021, pp. 17–18). Although we recognise these differences among and within Roma, Ashkali, and Egyptians, it was beyond the scope of our study to explore potential specifics of their respective victimisation and coping processes. Taken together, survivors from these three communities represent a significant portion of our quantitative sample, but their numbers were still too small to conduct statistically meaningful analyses, and this would especially be the case for each of the three specific communities. We will not refer to participants from these three communities by the frequently used acronym ***RAE***, which has been criticised as offensive, but by spelling out their respective affiliations. This is our attempt to acknowledge and reflect a heterogeneity that we unfortunately are not able to account for fully.

Finally, when it comes to **reporting of quantitative data**, we want to point out to readers that not all items from our self-developed questionnaire were answered by all 200 participants. In order to enhance readability, we do not explicitly mention the number of missing responses if it is ten or lower. When exceeding ten, we provide exact numbers for missing data and, if the non-responses seem systematic, reflect on potential reasons. Whenever providing percentages, these are based on the number of participants who actually answered the respective question ('valid percent'). In cases when a significant portion of data is missing and providing percentages would be misleading, we use numerical data.

[13] *Occasionally, we might also use* war rape *as a short-cut when using the longer expression* war-related sexualised violence *would have made sentences hard to understand.*

[14] *For more on this see Chapter 2.*

2. SEXUALISED VIOLENCE IN THE KOSOVO WAR

Alongside feminist scholars who argue that war-related sexualised violence cannot be disconnected from the gendered dynamics of both war and peace (Boesten, 2017), this chapter situates war rape in Kosovo within the context of socio-political developments and ethnic tensions, paying particular attention to how patriarchal, heteronormative notions of gender are evoked and contested over the course of several decades.

Until the war in Bosnia, the dominant view of rape and sexualised violence in war saw these either as isolated acts committed by individuals or as collective excess under exceptional circumstances. It was only then that feminist mobilisation and substantial media coverage of war-related sexualised violence contributed to heightened sensitivity in relation to a crime which had previously been viewed as an inevitable by-product of war (Hauser & Mischkowski, 2017, p. 179). As a result, the statutes of the International Criminal Tribunal for the former Yugoslavia (ICTY) and the International Criminal Court (ICC) incorporated and enumerated war-related sexualised violence. According to Zeidler (2022), the subject of war-related sexualised violence garnered further international attention during the 1999 North Atlantic Treaty Organisation (NATO) intervention in Kosovo, with rape being discussed as a "weapon" in a Serbian campaign to "ethnically cleanse" Kosovo from its Albanian population. In this way, the strategic character of war rape was placed into the spotlight, but this in turn obfuscated how it exists within a context referred to by feminists as a "continuum of violence" resulting from heteropatriarchal social norms and structures. The more the social fabric of a society is based on a binary, patriarchal and heteronormative notion of gender, the easier it is for sexualised violence in general and rape in particular to become a destructive weapon. Within such a context, diverse gender identities and sexual orientations are perceived as deviations, rendered invisible and/or made into objects for harassment. These are held up in contrast to women as a symbol of the integrity and/or purity of the nation and men as the defenders who are expected to protect the women – and hence the nation's integrity/purity. Drawing on these notions, war-related sexualised violence aims to destroy the social fabric of the perceived enemy by deeply insulting the female part and humiliating the male part. The latter is achieved either through sexually violating the men as well, or by showing they are unable to defend "their" women.

In Kosovo, patriarchal, heteronormative notions of gender have historically been anchored in the *kanun*, the orally transmitted customary law which mountainous Albanian communities used to follow (Backer, 2015; Latifi, 2015; Reineck, 1991). From a feminist, intersectional perspective, it seems important to point out that the *kanun*'s relevance could never be generalised to Kosovo, where the population is actually ethnically diverse. Caution is also needed to ensure there is no simple echoing of long-standing, racist tendencies of othering Kosovo-Albanians by implying that the *kanun* regulates contemporary Kosovar society.[15] Nonetheless, a brief exposition of this context-specific patriarchal logic seems relevant as a background for understanding some of the experiences of participants in this study, which we discuss in subsequent chapters. Historically, the structure of Albanian society was regulated by norms such as exogamy and *nder* (honour), which determined the power and status of women and men, as well as different age groups, with women in a subordinate position (Backer, 2015; Doja, 2000; Reineck, 1991). When a woman married, her own family relinquished their ties to her but also acquired freedom from the responsibility to protect her. Entering her husband's family, a married woman's duties included all housework and the ability to reproduce the male lineage. Anchored in a patriarchal logic, male and family honour was understood as dependent upon women's sexual purity. In the words of anthropologist Janet Reineck: "The honour of a family is equal to the honour of its men as reflected in the chastity of its women." (1991, p. 106) Sexuality was preconceived in heterosexual terms and no relationship was allowed between women and men outside of marriage. A person's community functioned as the enforcer of these norms; the community is where that honour was created, dis-

[15] *For a critical, feminist discussion of various expressions of such othering, see Luci & Gusia (2015).*

played and maintained (Reineck, 1991, p. 155). When codes of honour were broken, the term *kurvnija* was used to denote adultery but also unfaithfulness, treachery, prostitution and rape (Schwandner-Sievers, 2013). Within this logic, survivors of rape were a symbol of damaged honour to the family and household, and, as such, they fell "outside the Albanian norms of the family and the gendered social roles assigned to its members" (Schwandner-Sievers, 2013, p. 109). To bring this type of family shame to an end, responses included expulsion of the victim, blame, murder or encouragement for committing suicide (Igric, 1999).

The war in Kosovo is officially dated to the period between February 28, 1998, and June 11, 1999.[16] It was the last episode in the wider disintegration of the former Yugoslavia. Its roots are commonly framed within a continuing legacy of ethnopolitical conflict between Serb and Albanian populations (Vickers & Fraser, 1998). As these tensions escalated, any claim of neutrality was increasingly rejected, so ethnic minorities, in particular Roma, Ashkali and Egyptians, also found themselves caught up in these dynamics (Cahn & Peric, 1999; Kelijasevic, 2023).

Yugoslavia as a multi-ethnic state first came into being as a monarchy, following World War I and the defeat of the Austro-Hungarian and Ottoman empires which had long dominated the region. Kosovo was integrated into the new Kingdom of Serbs, Croats and Slovenes (as of 1929 Kingdom of Yugoslavia). Following World War II, Kosovo became an autonomous region of Serbia within the Socialist Federal Republic of Yugoslavia. During a period of political, social and economic decentralisation under President General Tito in the 1960s and early 1970s, Kosovo was granted the status of an autonomous province and virtual self-government (Bieber & Daskalovski, 2003; Malcolm, 1998). This meant, for instance, that Albanian became the official language, financial aid was offered, and educational rights were granted, such as the establishment of an Albanian-language university in Pristina. Although ethnic Serbs and Albanians coexisted, tensions remained as Serbs felt unease over a perceived reduction in their advantages or over Albanians demanding increasing autonomy towards the status of a republic (Bieber & Daskalovski, 2003; Malcolm, 1998). Kosovo continued as an autonomous province within the republic of Serbia until Tito's death in 1980.

After the death of Tito, the Yugoslav state, which was both authoritarian and decentralised, stratified into a multiplicity of competing elites (Vladisavljević, 2002, p. 781) and became incapable of reforming. At the same time, the ruling elites, founded on a mythology of labour, were deeply delegitimised by the economic collapse of the socialist economies throughout Eastern Europe (Schöpflin, 1985/2019; Vladisavljević, 2010, p. 150, pp. 307-324). The rise to power of Slobodan Milošević within the Serb Communist Party sanctioned Serb nationalism and put an end to Tito's multi-ethnic politics by embarking on a period of ethnically based and centralised rule (Glenny, 1993, p. 33). Reliance on and mobilisation of patriarchal, heteronormative sentiments effectively fuelled Serbian nationalism (Bracewell, 2000) which contributed to the dissolution of Yugoslavia (Dragović-Soso, 2002, pp. 120–121; O. J. Schmitt, 2008, p. 302; Sundhaussen, 2012, pp. 231–232). During the 1980s, Serbian national elites alleged that Serb women had been raped by Albanian men in Kosovo (Zeidler, 2022) which was perceived as threatening to the Serbian population. In addition, Yugoslavian state propaganda was intent on propagating a stereotype of Kosovar Albanian women as "indiscriminately fecund" (Mertus, 1999, p. 174), thereby framing them as breeding machines for the enemy. Drawing on patriarchal, heteronormative notions of masculinity and femininity fused with racist constructions of Albanians as somehow uncivilised, this type of nationalistic propaganda exploited Serbian fears of Albanian population growth and Serbs becoming a minority.

[16] It is beyond the scope of this chapter to provide a full history of the Kosovo war. For more about the historical period of the war see, for example, Bieber & Daskalovski (2003); Buckley (2000); Garton Ash (1999, pp. 380–399); Glenny (1996); Ignatieff (2001); Judah (2002); Judah (2008); Malcolm (1998); Vickers & Fraser (1998); Weller (1999); and Weller (2008).

Meanwhile in Kosovo, increasing economic hardship led to mass student protests and growing resistance among the majority ethnic Albanian population. Among leading Serbian politicians, these uprisings nourished a growing sense of threat against Serbia's control over its territories. (Pichler et al., 2021, pp. 173-175). The Yugoslav authorities eventually declared a state of emergency with mass arrests, and revoked Kosovo's status as an autonomous province within Serbia (E. Krasniqi, 2021, pp. 317, 322-323; Malcolm, 1998, pp. 334–353; Pichler et al., 2021, pp. 175-178; Silber, 1996, pp. 65–72). The effect was that, by the early 1990s, some 115,000 Kosovo-Albanians had been fired, infrastructure such as schools and clinics had to close, and Albanian-language media were shut down (Clark, 2000, p. 74; E. Krasniqi, 2021, pp. 322–323; Luci & Gusia, 2015, p. 201). In response to the exclusion of Albanians from public and state institutions, strategies of non-violent opposition were broadly embraced, and parallel Albanian institutions were organised.

By the mid-1990s, tensions exploded and human rights abuses, including the killing of Kosovo-Albanians, became a regular occurrence. British historian Noel Malcolm notes, how "in 1994 alone … 2,157 physical assaults by the police, 3,553 raids on private dwellings and 2,963 arbitrary arrests" were recorded in Kosovo (Malcolm, 1998, p. 350). In February 1998, violence escalated into an armed conflict between ethnic Albanian guerrilla groups seeking independence, most notably the Kosovo Liberation Army (KLA), and forces of the Federal Republic of Yugoslavia (FRY), Serbian police, and paramilitary groups (Amnesty International, 2017, p. 12; Independent International Commission on Kosovo, 2000, pp. 17–19, 23–26).

After talks had failed between President Milošević and the then leader of the ethnic Albanians in Kosovo, Ibrahim Rugova, and along with the intensification of violence, NATO intervened on March 24, 1999, with a bombing campaign against Serbian targets. Rather than bringing the war to a quick end, the following weeks saw even more widespread and severe attacks against the predominantly ethnic Albanian civilian population (Amnesty International, 2017, p. 13; Independent International Commission on Kosovo, 2000, pp. 30–32).

Both in the years before and during the war, women have played vital roles in Kosovo.[17] Marginalised by Serbian policies as well as within the emerging Kosovo-Albanian counter-public, Kosovo-Albanian women created their own organisations and increasingly engaged in grassroots activism (E. Krasniqi, 2021, pp. 325–329; Luci & Gusia, 2015, pp. 201–206). They organised peaceful protests which sought to draw international attention to the deteriorating human rights situation in Kosovo (Farnsworth, 2022, pp. 20–21). Not only were women actively engaged in the civil as well as armed resistance against Serbia's repressive policies, but they were also at the forefront of inter-ethnic and internationalistic organisations that demanded a stop to the war and to sexualised violence (Farnsworth, 2022, pp. 20–22; forumZFD & Association of History Teachers of Kosovo, 2022; Luci & Gusia, 2015, pp. 201–206). As the war escalated, women in particular were the ones who ensured the survival of families by taking care of children and the elderly and/or going back to their homes to organise food – something that put them at particular risk.

The toll of the war was very high. While it raged, nearly one million ethnic Albanians in Kosovo were forcibly expelled to neighbouring Albania, fleeing on foot over mountain trails and rough terrains, or forced onto trains to North Macedonia by Serbian forces with the intention of preventing them from returning (Ball, 2000; Independent International Commission on Kosovo, 2000, p. 31). Human rights organisations documented how over half a million internally displaced people amassed inside Kosovo as well, in forests and meadows where they sheltered from shelling by Serbian forces who were razing their properties. In many instances, men were separated from women and killed (Human Rights Watch, 2001; Humanitarian Law Centre, 2011).

[17] For example, see the impressive work and biographies of Flora Brovina (doctor and politician) and Igballe Rogova (co-founder and director of the Kosovo Women's Network).

In addition, investigators of the International Independent Kosovo Commission and Human Rights Watch, among others, found evidence for rape and torture being widespread (Human Rights Watch 2000, 2001; Independent International Commission on Kosovo, 2000). Surveys conducted with refugees in Albania documented a pattern of forced expulsion, destruction of property, beatings, killings, sexual assault and torture (Physicians for Human Rights, 1999).

Infrastructure and housing were demolished to a great extent. Based on data gathered by Human Rights Watch (2001, p. 8) from United Nations (UN) agencies, 40% of all residential houses were either heavily damaged or completely destroyed. Of 649 schools surveyed, more than one fifth were heavily damaged and more than 60% were completely destroyed. Forty percent of Kosovo's 560 mosques were damaged or destroyed during the war (Riedlmayer, 2014). As for human losses, according to the database of the Humanitarian Law Center, a total of 13,036 individuals were killed or disappeared between 1998 and the formal end of the armed conflict in mid-June 1999. Out of these, 10,754 were Albanians (at least 8,446 civilians), 1,682 were Serbs (at least 517 civilians), while 300 victims were Roma, Bosniaks, Montenegrins, and other non-Albanians (at least 218 civilians). Until December 2000, another 1,257 people were killed or disappeared, out of them 717 Serbs, 307 Albanians, and 233 members from Roma or further ethnic minorities.[18]

Sexualised violence against women and girls in Kosovo was found by transnational human rights investigators to be widespread and systematic, both during the armed conflict and in its aftermath (Fitamant, 1999; Human Rights Watch, 2000; OSCE, 1999; Physicians for Human Rights, 1999). While there is no conclusive evidence on the exact number of survivors, since rape as a crime is significantly underreported, this number is high. Most commonly, it is estimated at 20,000 (Amnesty International, 2017, p. 14; Farnsworth, 2008a, pp. 14–15).[19] Serbian police, paramilitary, and soldiers of the Yugoslav Army used sexualised violence against women and girls throughout the period of armed conflict and across the whole territory of Kosovo. While most often targeting Kosovo-Albanian women and girls, sexualised violence, including rapes, has also been reported by Romani women as well as by male Kosovo-Albanians. Incidents of sexualised violence committed by Kosovo-Albanians were less frequent but are also documented. Happening in particular after the official end of hostilities, these acts mostly targeted women from ethnic minorities, notably from Serb and Roma communities (Amnesty International, 2017, p. 14; Di Lellio & Kraja, 2021; Rames, 2013, pp. 34–39).[20] A study commissioned by the Office of the United Nations High Commissioner for Human Rights – Standalone Office in Kosovo, which draws on a multiplicity of sources, further characterises the sexualised violence committed against women and girls:

> This violence took place in or near the homes …, while in (arbitrary) detention, and during flight from Kosovo to Albania and/or the Former Yugoslav Republic of Macedonia (FYROM). It was often committed by more than one perpetrator, and was often exceptionally brutal. It included rape, threatening body searches, beating to force abortion of a child (in the case of pregnant women), humiliation by forcing women and girls to appear naked in front of one or many men, torture and severe physical abuse (including stabbing, beating, biting in the genital area), and threat of rape. Sexual violence was often accompanied by destruction of property (homes, places of worship), and forced servitude (cooking, cleaning). (Rames, 2013, p. 9)

Given that only limited information is available on sexualised violence against men and boys in the Kosovo war, any characterisation of its forms and patterns should be considered very tentative. Based on the little evidence that exists, men and boys were raped and/or subjected to other forms of sexualised violence during attacks on villages and when held in detention (Amnesty International, 2017, p. 14; Rames, 2013, p. 39).

[18] http://www.kosovomemorybook.org/wp-content/uploads/2015/01/KMB_Data_Base_Graphic_Presentation.pdf

[19] On these estimates, see also the Introduction.

[20] As feminist organisations, we respect individuals' self-identifications with regard to gender and ethnicity. However, when discussing literature, we reflect the terms used there.

It was not before June 1999 that Belgrade agreed to withdraw troops and hostilities officially ended. Under Resolution 1244, passed by the United Nations Security Council, an agreement was reached to allow Kosovo to become an international protectorate. In practice this meant that autonomous institutions were administered by the UN Interim Administration Mission in Kosovo (UNMIK) which would take a neutral approach to Kosovo's status (Judah, 2008; Weller, 2008; Yannis, 2004). It did not, however, resolve the conflict between Kosovo and Serbia and politics were mainly focused on state-building processes (Papadimitriou et al., 2007; Uka, 2021). Moreover, in the months immediately following the official cessation of hostilities, the presence of international soldiers did not prevent human rights abuses against alleged collaborators and ethnic minorities in Kosovo, among them abductions and/or killings of Serbs and Roma as well as sexualised violence directed against women and girls (Amnesty International, 2017, p. 13; Independent International Commission on Kosovo, 2000, pp. 36–37).

In February 2008, Kosovo unilaterally declared independence.[21] Its status as an independent state currently remains disputed as not all UN member states have recognised its independence. These include Russia, China and Serbia. As a result, Kosovo continues to be internationally administered and contested (Economides et al., 2010; Ker-Lindsay, 2009b). It is now under the jurisdiction of the European Union Rule of Law Mission in Kosovo (EULEX) that is mandated to bring Kosovo closer to internationally recognised standards and European best practices. In the course of over 20 years, the powers of international institutions have substantially reduced to make way for local institutions, international ones continue to play a major part in the functioning of everyday justice in Kosovo. To this day, neither the socio-political nor the ethnic dimensions of the conflict that spilt into war have been resolved: Kosovo and Serbia co-exist with tense relations and so do the respective populations within Kosovo.

The years immediately following the war were characterised as marked by a marginalisation of women and practices of "silencing" (V. Krasniqi, 2007; Luci & Gusia, 2015, pp. 209–215; Zeidler, 2022). This marginalisation manifested at the level of discourses that came to be dominated by masculine narratives of sacrifice and victory, and within other markers of inequality such as political decision-making processes, economic participation, or high levels of sexualised and gender-based violence (Farnsworth, 2022, pp. 22–40). International administration effectively contributed to reinforcing patriarchal structures and gender roles, as peacebuilding efforts frequently made assumptions about Kosovo being a particularly male-dominated society, deeming women to lack the necessary agency and hence further excluding them (Farnsworth, 2022, pp. 22–40; E. Krasniqi, 2021; J. Krasniqi, 2021). Against these tendencies, women's organisations have continued to offer direct support to individual survivors and have worked tirelessly – and, as we will discuss further in Chapter 7, successfully – for legislative change to socially acknowledge war-related sexualised violence and its survivors. This constant thread of activism and resilience actively confronts and challenges generalised representations of survivors of war-related sexualised violence as "silent victims".

[21] For more about this subject see, for example: Ker-Lindsay (2009a); Perritt (2010); Judah (2018); or Weller (2009).

3. METHODOLOGY

In the Introduction we already highlighted how a feminist and stress- and trauma-sensitive approach informed the design of this study. This chapter will further describe the research design and how we proceeded during its implementation.

3.1 Data collection instruments

In order to learn about the long-term consequences of war rape as well as the significance of support for survivors in Kosovo, we opted for a mixed-methods design. **Combining quantitative data from 200 survivors with qualitative material gained through 20 interviews**, this study makes use of the respective strengths of different approaches to research. In Chapter 5, we discuss more in detail, why, as feminist researchers and practitioners, we are critical of the concept of post-traumatic stress disorder and argue against taking survivors' responses to man-made traumatic experience and reducing them to psychopathological "symptoms". Here, it suffices to say that, unlike much psychological research, we use psychometric instruments as one among several (!) avenues to exploring the long-term impact of war rape in Kosovo. Thus, we are able to get a quantified sense of the degree of participants' ongoing psychological suffering – while at the same time accounting for that the multi-faceted consequences of socio-political violence for individuals and societies cannot be adequately captured by clinical diagnosis.

3.1.1 Quantitative data

For the quantitative part of this study, we administered a total of five different data collection instruments. Three well-established psychometric instruments – namely the International Trauma Questionnaire (ITQ), the Hopkins Symptom Checklist (HSCL), and the Adult Resilience Measure-Revised (ARM-R) – were applied with all participants of the quantitative sample. So was a questionnaire specifically developed for the purpose of this study which significantly broadens the scope of our research beyond individual psychological responses to war rape. In addition, we used the University of California at Los Angeles Post-Traumatic Stress Disorder Reaction Index (UCLA-PTSD) with two small subsamples of participants who had started using services of *Medica Gjakova* in 2014 (n = 22) and 2018 (n = 34).

The International Trauma Questionnaire (ITQ), consisting of a total of 19 items, was used to measure participants' post-traumatic stress (Cloitre et al., 2018).[22] There are various well-tested instruments for this, and we opted for the ITQ because it yields two measures: one for post-traumatic stress disorder (PTSD) and another for complex post-traumatic stress disorder (CPTSD). The term complex trauma was coined as early as 1992 by feminist psychiatrist Judith Herman and officially introduced as a new diagnosis with the 2022 edition of the International Classification of Diseases (ICD-11). This differentiation within the concept of trauma seeks to reflect the complexity of psychological and relational consequences of experiences that cannot be reduced to singular traumatic events. Providing measures for regular as well as complex PTSD, the ITQ seemed better suited than other instruments for assessing long-term psychological distress after war rape.

As one avenue to learn how *Medica Gjakova*'s services might have affected how survivors cope with their traumatic experience, for two small subsamples we could compare their PTSD scores now with those from their intake in 2014 and 2018, respectively. To enable this, for these subsamples we also used the **University of California at Los Angeles Post-Traumatic Stress Disorder Reaction Index (UCLA-PTSD)**. This is an older screening instrument that only yields scores for PTSD (Steinberg et al., 2004) but is the instrument that has been used since 2014 by *Medica Gjakova* counsellors with new clients at their intake.

[22] For the instrument and scoring instructions see https://www.traumameasuresglobal.com/_files/ugd/be25b4_f2d205d2cde4448aaedbfb7cda78ca35.pdf (retrieved August 8, 2023).

Post-traumatic stress usually occurs with a number of comorbidities such as depression and anxiety (Joachim, 2005a; Maercker, 1997). Considering that bereavement is part and parcel of war, it seemed especially relevant to track depression related to grief. To this end, we administered the 25-item **Hopkins Symptom Checklist (HSCL-25)**, a widely used screening instrument that yields two subscales for depression and anxiety (Derogatis et al., 1974).

While the above-mentioned instruments inform us about the presence of what are commonly conceptualised as psychological symptoms, we as a feminist organisation consider it important to also take into account survivors' positive capacities for managing stress successfully over the long term. We did so by using the **Adult Resilience Measure-Revised (ARM-R)**, a 17-item self-report questionnaire. Yielding two subscales for "personal resilience" on the one hand and "relational" or "caregiver resilience" on the other, the ARM-R seeks to avoid an individualising notion of resilience (Resilience Research Centre, 2018; Ungar, 2008, p. 225). Unfortunately, the ARM-R does not fully capture the political dimension of resilience that we as feminist organisations and feminists in general would wish to highlight (Berry, 2022). Nonetheless, in the absence of a more suitable measurement tool, we chose to use the ARM-R for this study.

The above-mentioned instruments have all been validated across diverse cultures and languages and have excellent psychometric qualities. While the HSCL-25 and the ARM-R were already available in the Albanian language, the ITQ was translated for this study by research consultant Garentina Kraja.

With the intention of capturing further aspects of survivors' experience in the specific context of Kosovo, we also used a **self-developed questionnaire** consisting of 116 items.[23] Besides sociodemographic data, this instrument included questions regarding participants' war experience, physical wellbeing, perceptions of justice and reparations, *Medica Gjakova*'s services and further topics which we will discuss more in detail in the following chapters. Its overall structure and several specific items were inspired by an existing questionnaire that had been developed by *medica mondiale* and its partner organisation *Medica Zenica* to study the long-term consequences of war-related sexualised violence in Bosnia and Herzegovina (Medica Zenica & medica mondiale, 2014). In addition, 20 questions (Question 80–99) were adopted from a study on stigma in the context of mental illness (Link & Phelan, 2014). These items were designed by medical sociologists Bruce Link and Jo Phelan with an eye towards capturing power differentials inherent to stigma dynamics, so we used them to explore the potentially power-laden relationships of war rape survivors with their immediate environments.

While our self-developed questionnaire thus draws on prior work, we made sure to adapt it to the specifics of the Kosovar context and our research questions. The instrument uses a mix of single- and multiple-choice questions. Most items provide participants with answer options and ask them to mark what applies. In order to gather more illustrations and explanations of participants' experiences and sensations, the questionnaire also includes a number of open-ended questions. As part of our commitment to a participatory and stress- and trauma-sensitive research process, a pre-test was conducted before administering the instrument: a reference group of four survivors established by Fehmije Luzha, Head of the Psychosocial Department at *Medica Gjakova*, answered the questionnaire and provided feedback. Overall, this survivor reference group found the questionnaire satisfactory in terms of its understandability, clarity, sufficiency, length and relevance. The participants' level of comfort with the questionnaire was also satisfactory.

[23] *The self-developed questionnaire can be found as an Annex below.*

3.1.2 Qualitative section – interviews

The qualitative part of our study consists of interviews with 20 survivors, with the interviews inspired by oral history research (Anderson & Jack, 1991/2016; Yow, 2015/2016).[24] Through these qualitative interviews, we sought to explore further the experience of survivors of different gender and ethnic groups. The interviews addressed family and community life before, during, and after the war, but they did not follow a strict guide. Rather, we wanted to gather as many stories and anecdotes as possible, often asking the interviewee for examples and to share their views about the commonality of their experience. Reflecting our commitment to subject orientation,[25] we thus sought to provide participants with as much space as possible to unfold their individual perspectives.

[24] See also https://oralhistory.org/principles-and-best-practices-revised-2018/.

[25] On subject orientation see Chapter 1 and Bitzan et al. (1998, pp. 29, 77–83).

3.2 Sampling

Sampling criteria for the quantitative part of our research were defined upon prior analysis of sociodemographic characteristics of survivors who use *Medica Gjakova*'s psychosocial services. As of November 18, 2021, this was a total of 485 survivors, out of which our sample of 200 is drawn.[26] We decided to use this sector's database because it is not only digitalised, but also the biggest one in the organisation. As a general rule, the quantitative sample was chosen to reflect the sociodemographic composition of *Medica Gjakova*'s clients, but a decision was taken to try to include as many clients as possible from otherwise underrepresented groups, even where this would, statistically speaking, over-represent them in the sample. More specifically, this refers to the 17 male clients and the one Serb, one Bosniak and one Turkish female survivor who were using *Medica Gjakova*'s services at the time of the sampling.

Based on the sampling criteria, *Medica Gjakova* counsellors then contacted clients to ask if they would be willing to participate in the quantitative data collection. The actual sample is a non-probability, stratified sample mirroring *Medica Gjakova*'s clients with regard to gender, ethnicity, age, and dwelling. Tables 1 and 2 below present key sociodemographic characteristics of the participants in our study. Further characteristics of the quantitative sample, in particular participants' war experiences, are discussed in Chapter 4.

Table 1:

Key characteristics of the quantitative sample

Key characteristics of the quantitative sample		Sample size *N* = 200	
	Average age	50.06	
	Standard deviation	9.07	
		Total	%
Date of birth (and age at time of the war)	1940-1949 (between 50 and 59 years at the time of the war)	1	0.5
	1950-1959 (between 40 and 49 years at the time of the war)	19	9.9
	1960-1969 (between 30 and 39 years at the time of the war)	46	24.0
	1970-1979 (between 20 and 29 years at the time of the war)	86	44.8
	1980-1989 (between 10 and 19 years at the time of the war)	36	18.8
	1990 or earlier (younger than 10 at the time of war)	4	2.1
Gender	Men	9	4.5
	Women	191	95.5
Ethnicity	Albanian	173	86.5
	Roma, Ashkali, and/or Egyptian	26	13.0
	Serb	1	0.5
Dwelling	Rural	116	58.6
	Urban	82	41.4

[26] *As of May 25, 2023, this number has increased to 542 clients, including an additional 51 female and six male survivors.*

The **sample for the qualitative part of this study** was drawn from the sample described above for the quantitative part. It was designed to capture a maximum diversity of backgrounds – with regard to sociodemographic characteristics as well as further aspects deemed relevant for coping with the long-term consequences of war-related sexualised violence. Specifically, we aimed for the qualitative sample to reflect heterogeneity with regard to accessing *Medica Gjakova*'s services. In this regard, it seems important to note that four of the twenty interviewees are leaders of self-help groups established by *Medica Gjakova*.[27]

Again, participants were contacted by counsellors of *Medica Gjakova* and asked whether they would be willing to take part in an interview.

Table 2:

Key characteristics of the qualitative sample

Key characteristics of the qualitative sample		Sample Size *N* = 20
		Total
Age during war	< 20	8
	20–30	7
	>35	5
Gender	Men	5
	Women	15
Ethnicity	Albanian	17
	Roma, Ashkali, and/or Egyptian	2
	Serb	1
First use of *Medica Gjakova*'s services	Before 2015	8
	After 2015 and before 2018	4
	After 2018	8
Administrative reparations	Receiving pension	16
	Application rejected	3
	Application pending	1

[27] *For a description of the work with self-help groups see Chapter 8.*

3.3 Data collection process

Participants were informed of the study's goals, they were ensured confidentiality, and they signed a consent form.[28] This also contained a more standard form of written introduction to the self-developed questionnaire, which then served as a basis for the introduction done by data collectors. Numbers were assigned to participants to preserve anonymity.[29]

As mentioned above when describing how a stress- and trauma-sensitive approach guided this study, **quantitative data collection** was carried out by staff from *Medica Gjakova*. Between March and May 2022, Fehmije Luzha, Head of the Psychosocial Department, psychosocial counsellors Nderime Sahatqija, Shpresa Frrokaj, Leonita Gojani and Hana Doli, as well as legal advisor Dorina Sahatqija all administered the instruments. The various questionnaires were filled out manually. When needed, the data collectors explained questions and/or noted participants' answers – an option that those with limited levels of formal education often made use of.[30] Once data collection with the whole sample was completed, the staff of *Medica Gjakova*'s Psychosocial Department identified those participants who had filled out the UCLA-PTSD-questionnaire in 2014 and 2018 respectively and asked them to answer it again.

Qualitative interviews were conducted by research consultants Anna Di Lellio and Garentina Kraja in the presence of psychosocial counsellors from *Medica Gjakova* who intervened whenever the participant needed to calm down and be reassured. Participants were interviewed in their native languages. In 19 cases, this meant conducting the interview in Albanian, in one case in Serbian. Most of the interviews were held from April to May 2022 and conducted as in-person interviews. Eleven interviews took place on *Medica Gjakova*'s premises; three were conducted in the homes of the participants and three in the apartment of the interviewer, after it was established that the venue initially chosen by the participants was not feasible. Due to availability issues, interviews with three participants had to be postponed until August or October 2022 and took place via Viber, a communication app with end-to-end encryption. Two of these participants, mother and daughter, were interviewed together. While this means we may have lost the perspective of the individual uninfluenced by the other, what we gained was an insight into the family dynamics of secrecy and support. In sum, 19 interviews with a total of 20 survivors were conducted. The majority of participants allowed us to record the conversation, but in two cases, interviewers had to rely solely on note taking.

3.4 Data processing and analysis

Medica Gjakova delivered the **quantitative questionnaires** manually to data analyst Alisa Hasani, who entered the data into Microsoft Excel. Using SPSS software, Hasani analysed the data as requested. Analysis of data gathered through the quantitative instruments included the following steps. For the psychometric instruments, indices were created following the respective manuals. These yielded scores for PTSD (ITQ and UCLA-PTSD) and CPTSD (ITQ), depression and anxiety (HSCL-25), and resilience (ARM-R). Data collected through our self-developed, Kosovo-specific questionnaire was subjected to descriptive analysis. In addition, Alisa Hasani conducted ANOVA, Pearson Correlation Test, Regression Analysis, and Factor Analysis. However, only a few statistically significant results were obtained.

[28] One of the main researchers, Anna Di Lellio, is at New York University (NYU), so their guidelines for research on human subjects were used for preparing the consent form. Retrieved from https://www.nyu.edu/content/dam/nyu/research/documents/IRB/consent.pdf, August 8, 2023.

[29] With regard to the chapters discussing findings, it seems important to point out that those who participated in both the quantitative and qualitative part of the study received two separate identification numbers, which are not the same. In other words, this means that when we quote an open-ended answer from the self-developed questionnaire of 'participant #4' this refers to the quantitative sample, so the person is not identical with interviewee #4 from the qualitative sample.

[30] The educational backgrounds of participants are described more in detail in Chapter 4.

The **answers to the open-ended questions of our self-developed questionnaire** contain a wealth of information. At the same time, we had to account for a relatively high number of missing answers, not the same across questions, but significant enough to raise the risk of non-response bias. Therefore, we ended up grouping answers to open-ended questions in a way loosely inspired by a mix of interpretive and presumption-focused coding (Adu, 2019, pp. 23–58). Categories were chosen after identifying key aspects in the data, coming up with an interpretation representing our understanding of the information. As all interpretations are open to the risk of biases, those of us responsible for analysing the data sought to address this by working in collaboration and consulting with *Medica Gjakova* staff when necessary. As with the quotations from qualitative interviews, we used these answers to the open-ended questions to illustrate particular topics and provide additional insights into participants' experiences and perspectives.

All **qualitative interviews** which were recorded were transcribed verbatim by Dea Fetiu after having been provided with simple guidelines following oral history standards. Analysis of the qualitative data involved the following steps: research consultants Garentina Kraja and Anna Di Lellio, who are both proficient in Albanian, read the transcripts independently from each other to find themes emerging from the text, then discussed them collaboratively. This resulted in refined preliminary themes and interpretations, which were subsequently discussed with research consultant Rachel Cohen and staff of both organisations (Di Lellio et al., 2023).

Triangulation involved data as well as researcher triangulation. As described above, quantitative and narrative data were first analysed independently from each other to understand relevant dimensions of the long-term consequences of war-related sexualised violence. During different sessions, findings were presented by the research consultants to a reference group, consisting of *Medica Gjakova* and *medica mondiale* staff, for discussion and feedback. Subsequently, concordances and discrepancies between the quantitative and qualitative findings were identified and their explanatory power for the dimensions under consideration was evaluated. Triangulated findings were again presented by the research consultants and jointly discussed – this time not only with staff of both organisations, but also during a meeting with a reference group consisting of four survivors, which was conducted in the presence of three *Medica Gjakova* counsellors. Based on this, the research consultants drafted a report that underwent two rounds of feedback – first by the department at *medica mondiale* responsible for evaluation and quality assurance, and subsequently by staff from both organisations.

Upon completion of the research consultants' assignment, an editorial team consisting of Constanze Brand, Dea Fetiu, Simone Lindorfer, Roxane Schnepper, Virginia Stephens and Barbara Umrath was formed. Building on the existing analyses and draft, the material was further analysed, once again with support by data analyst Hasani. Based on this, Lindorfer, Stephens and Umrath produced a revised report. Again, various colleagues at both organisations contributed their respective expertise by commenting. During several meetings held by *Medica Gjakova* staff, participants of the qualitative interviews provided specific feedback on the recommendations. Once this last round of feedback had been integrated, the report finally assumed its definitive shape.

3.5 Limitations

This study has six key limitations.

First, both the quantitative and the qualitative sample exclusively consist of *Medica Gjakova*'s clients. Using the relationship characterised by trust already established between *Medica Gjakova* and their clients enabled us to engage female survivors from ethnic minorities as well as Albanian male survivors – groups who had been reluctant to participate in previous studies by others. Moreover, this made possible one of the largest, if not the to-date largest sample of survivors of war-related sexualised violence taking part in a mixed-methods study. This notwithstanding, the data only allows us to learn from and about those survivors who sought and continue to seek support. Findings cannot be generalised to the whole population of survivors in Kosovo, let alone elsewhere.

Second, the fact that *Medica Gjakova* staff administered the quantitative instruments and were present during the interviews raises risks. *Medica Gjakova* staff being in charge or able to intervene during data collection seemed to be the most suitable way to ensure survivors' wellbeing, as prioritised by the study's stress- and trauma-sensitive approach. However, the risk of response bias was there: for example, participants' answers might have been influenced by the desire to obtain certain services or the fear of losing them. In particular, it might have affected how free the participants felt to speak with regard to questions referring to *Medica Gjakova*'s role and services. On the other hand, participants provided data that may correct eventual biases in their answers about *Medica Gjakova* because they were asked a range of questions about how they perceive social support and acknowledgement.

Third, our study is only able to some extent to reflect the experiences of female survivors from ethnic minorities and male survivors. While we sought to pay particular attention to potential similarities and differences between survivors of different genders and ethnicities during the analysis process, the relatively small numbers did not allow for statistically meaningful comparison: there were only nine male participants, 26 female survivors of Roma, Ashkali, or Egyptian communities, and one female Serb survivor. In particular, the data of the one Serb participant tends to get subsumed in the quantitative dataset. Furthermore, as mentioned in the introduction, our study has not been able to reflect the diversity of Roma, Ashkali, and Egyptian communities, nor have we been able to include survivors from further ethnic minorities.

Fourth, this is a retrospective, cross-sectional study. No baseline could be used as a comparison. As such, our study captures survivors' experience of long-term consequences at the time of data collection. It is not able to track changes over time. As already noted, we tried to compensate for this by adding data based on two smaller subsamples with whom *Medica Gjakova*'s counsellors had administered the UCLA-PTSD scale upon intake four or eight years ago. This ensured that our research allows for at least some comparison of post-traumatic stress levels over time.

Fifth, although we had pre-tested the self-developed questionnaire, two problems only became visible after data with more participants had been collected. One problem was a lack of familiarity with medical terminology among the participants, which created challenges in the section designed to collect data on physical health: it had originally been written using the terminology of medical diagnoses but was subsequently revised to make items more readily understandable. The other problem was the fact that four instruments were administered in one session, which meant it took participants a long time to answer all questions and many, as observed by *Medica Gjakova* staff, became tired and exhausted doing so. This, in turn, might to some extent explain the missing responses. Moreover, it might have impacted on the answers provided.

This latter observation leads to the sixth limitation: we need to self-critically reflect that we have not always been able to implement this study in full accordance with our stress- and trauma-sensitive approach. Due to the number and length of questionnaires used, quantitative data collection placed significant strain not only on some of the participants, but also on *Medica Gjakova* staff who collected the data. Moreover, a shared desire to push this study, in combination with an occasional lack of communication among us and serious budget constraints, led to ambitious planning that, overall, put quite some stress on the various parties involved in this study during different phases of the research process. Put in a more forward-looking way, we learned important lessons with regard to what is needed to implement research in an even more thoroughly stress- and trauma-sensitive manner.

4. CHARACTERISTICS AND WAR EXPERIENCE OF PARTICIPANTS

4.1 Characteristics and living conditions of participants

In discussions about war-related sexualised violence, there is a tendency to imagine a homogeneous group termed "survivors" who are similar to each other with regard to gender, ethnicity or other characteristics. Similarly, there is a risk of reducing the experience of being a "survivor" to that of being a victim. As part of the feminist approach of this study, it was important to us to explore in more detail the characteristics and living conditions of our participants as well as their war experience. To this end, the following chapter draws on material from our self-developed questionnaire (Questions 2–19, 35, 37, 50–54) and qualitative interviews with survivors. Although our sample is not representative, taken together, our data clearly shows that survivors of war rape in Kosovo are a diverse group – and this in more than one way. As such, this chapter provides important information for further tailoring of possible interventions.

Key sociodemographic characteristics of the participants of this study have already been presented in the discussion of methodology (Chapter 3). Here, we want to briefly recall three aspects that seem important with regard to widely shared ideas about who became the target of war-related sexualised violence in Kosovo. First, while women and girls were significantly more often affected, there were also men and boys subjected to war rape. Second, women from ethnic minorities were also targeted – in addition to the Kosovo-Albanians. Third, women and men of all ages were affected by war-related sexualised violence. Indeed, the age pattern of our sample clearly rebuts the myth that rapists target only the young, i.e. those commonly considered more beautiful and desirable. Rather, it suggests something that feminists have pointed out for many decades: rape is more about dominance and aggression than satisfying sexual desires (Seifert, 1993).

Table 3 provides an overview of additional characteristics of the participants, as well as aspects referring to their living conditions. Where we found relations between different categories, we will address them as we proceed with our presentation.

Table 3:

Detailed characteristics of the quantitative sample

Detailed characteristics of participants in the quantitative sample		Sample size *N* = 200	
		Total	%
Civil status	Single	16	8.1
	Married	121	61.1
	Divorced	13	6.6
	Civil union	7	3.5
	Widowed	41	20.7
Children	Yes	180	92.3
	No	15	7.7
Household composition[31]	Includes members of nuclear family	182	91.0
	Includes members of the extended family	102	51.0
Ownership of housing	Owned by participant's spouse	77	39.3
	Owned by participant	76	38.8
	Owned by a male relative	25	12.8
	Renting	10	5.1
	Other	8	4.0
Head of household	Spouse	118	59.0
	Participant	57	28.5
	Male relative	17	8.5
	Female relative	8	4.0
Income-earning job	Yes	102	51.5
	No	96	48.5
Education	No education	18	9.0
	Some years of primary school, but did not graduate	62	31.0
	Finished primary school	71	35.5
	Some years of high school, but did not graduate	4	2.0
	Finished high school	35	17.5
	Finished two-year college	4	2.0
	Has studied in university, but did not graduate	3	1.5
	Graduated from university	3	1.5

[31] *Multiple answers possible.*

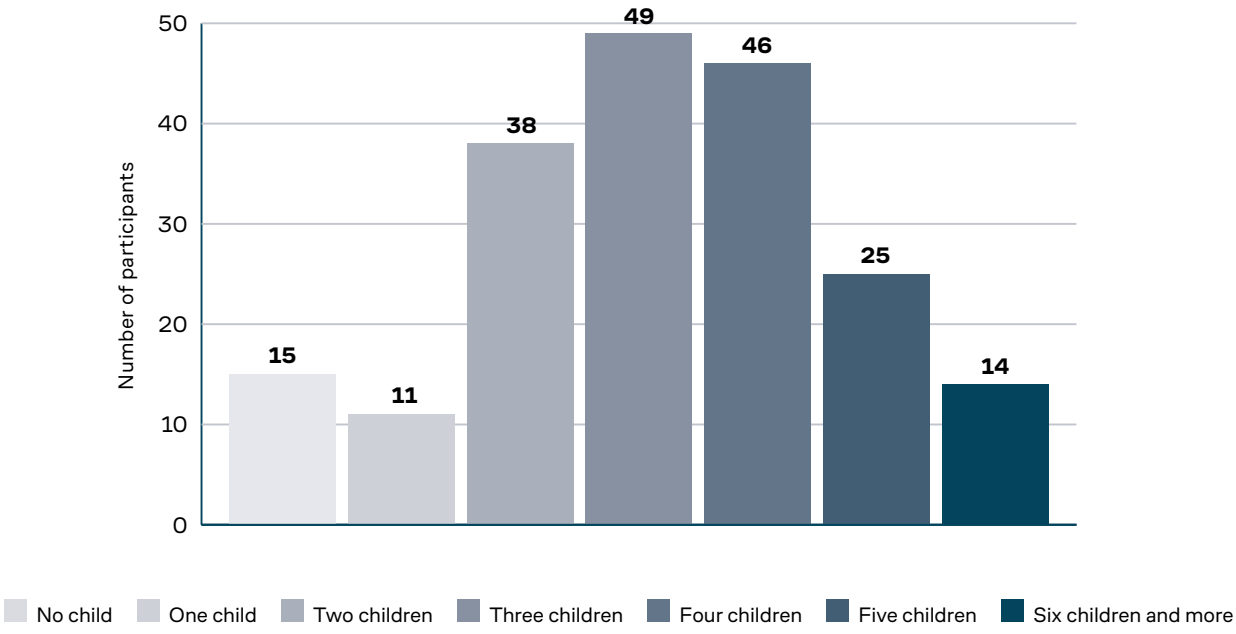
Several items of our self-developed questionnaire helped us to find out about the **family and household arrangements of our participants**. This information will be important to keep in mind as a background for understanding how war rape has impacted on survivors' close relationships (Chapter 5) and on their relationships with their immediate environments in general (Chapter 6).

Asked for their **civil status**, more than half of our participants said they are married, including eight of the nine men.[32] In other words, female participants are considerably more diverse with regard to their civil status than our small subsample of male survivors. About one fifth of our female participants are widowed, with this being relatively more often the case for Albanian women than for women from Roma, Ashkali, or Egyptian communities. Considering that Kosovo so far has not legalised same-sex marriage, we can infer that the altogether 170 participants who say they are married or at one point were married refer to heterosexual relationships, while for the remaining 30 we do not know. The numbers who are single or divorced are relatively small, yet they are each about twice as high as the number of participants who report having a partner in a civil union. There are certainly varying reasons for not being in a partnership at all, or for getting a divorce and opportunities and individual choices are also informed by social norms.[33] Very tentatively, we might therefore hypothesise that for approximately 15% of our female participants the war rape might have affected their chances of getting and/or staying married.

The vast majority of our participants have **children**, with only 15 – all of them women – explicitly saying they do not.[34] As Figure 1 shows, among those stating they have children, it is most common to have three or four children: together these account for approximately half of the respondents. Those with two children follow, representing a little less than one fourth of participants. Whereas having five children can still be considered relatively common, having more than six or having only one child are both quite rare.

Figure 1:

Number of children per participant



[32] *One male participant did not answer this question.*

[33] *For a more detailed discussion of (gendered) social norms see Chapter 6.*

[34] *Again, one male participant did not answer this question.*

Cross-tabulating the number of children with further sociodemographic characteristics, we found age and ethnicity to have a small influence: younger participants tend to have fewer children compared to those who were 55 and older at the point of data collection. Similarly, relatively speaking, more of our Albanian participants have a lower number of children than participants from Roma, Ashkali, and Egyptian communities.

Several questions help us understand better the **household and living situation** of participants. Almost all of them share a household with members of their nuclear family and a little over half are living together with extended family, so this is also quite common. Slightly more (97) participants report living in a municipality or city different from their family of birth than in the same city or municipality, which holds true for 88. Female participants were found to be more likely than men to live in a different city or municipality – a finding which might suggest that patrilocality plays a role among parts of our sample. Only a small number (11) of participants have their family of birth living abroad.

Asked about their current **housing**, participants most commonly describe their spouse or themselves as owning the property. Forms of housing not denoting ownership by family members, such as renting (10) or temporary housing (4), are relatively rare. Considering that ownership might denote (in-)equality and (in-)dependency, we cross-checked answers with participants' ethnicity and gender. While we did not find a different pattern with regard to the former, we did for the latter: seven out of nine men described themselves as the owners of their house or apartment, but only slightly more than one third of female participants did so. For female participants, it was most common to either name their husband or another male family member as owner of their housing – this finding suggests patriarchal rules of ownership and dependency.

Responses to our question about the **head of household** reveal a similar gender pattern: while all nine male participants named themselves, only about one fourth (25.1%) of female participants did so. In 70.7% of cases, women taking part in our study named a male relative as head of the household: most frequently this was their husband. Other male relatives (17) were mentioned about twice as often than other female relatives (8). Specified as either mothers or mothers-in-law, the rank of generation seems to matter in the few cases that female relatives assume the role of head of household – a pattern we did not find for male relatives, which included brothers and sons, for example. The civil status of female participants seemed important in this regard: whereas only two married women described themselves as household heads, this was most often the case for divorced and widowed women. Cross-tabulated for ethnicity, the only difference we found is that women from Roma, Ashkali, and Egyptian communities are even less likely to describe themselves as the head of household: only two did so, compared to 20 naming their husbands. This could reflect a relatively lower number of widows among Roma, Ashkali, and Egyptian survivors. Assuming that not being the head of the household reduces their involvement in household decision making, we can conclude that for a majority of female participants this might be limited. At the same time, a sizeable minority of female survivors seem to have more favourable conditions in this regard– findings that will be important to keep in mind when discussing more in detail participants' relationships with their immediate environments in Chapter 6.

With regard to **education**, a mixed picture emerges. On the one hand, the overall level of formal education in our sample is relatively low: Almost one out of ten participants did not attend school at all, with this being the case more often for participants residing in rural dwellings. About two thirds did attend primary school, but they did not necessarily complete their schooling. On the other hand, nearly one fourth of participants achieved levels of formal education equivalent to and above a high school diploma. The level of high school education was higher among survivors living in cities, but interestingly for primary school education there was no significant rural-urban difference. Again, our data points to a gender gap: whereas six out of nine men hold at least a high school diploma, this is only the case for 39 out of 191 women, or roughly 20% of female participants. Notably, none of those are Roma, Ashkali, or Egyptian, suggesting that female survivors from these communities might be particularly disadvantaged with regard to formal education.

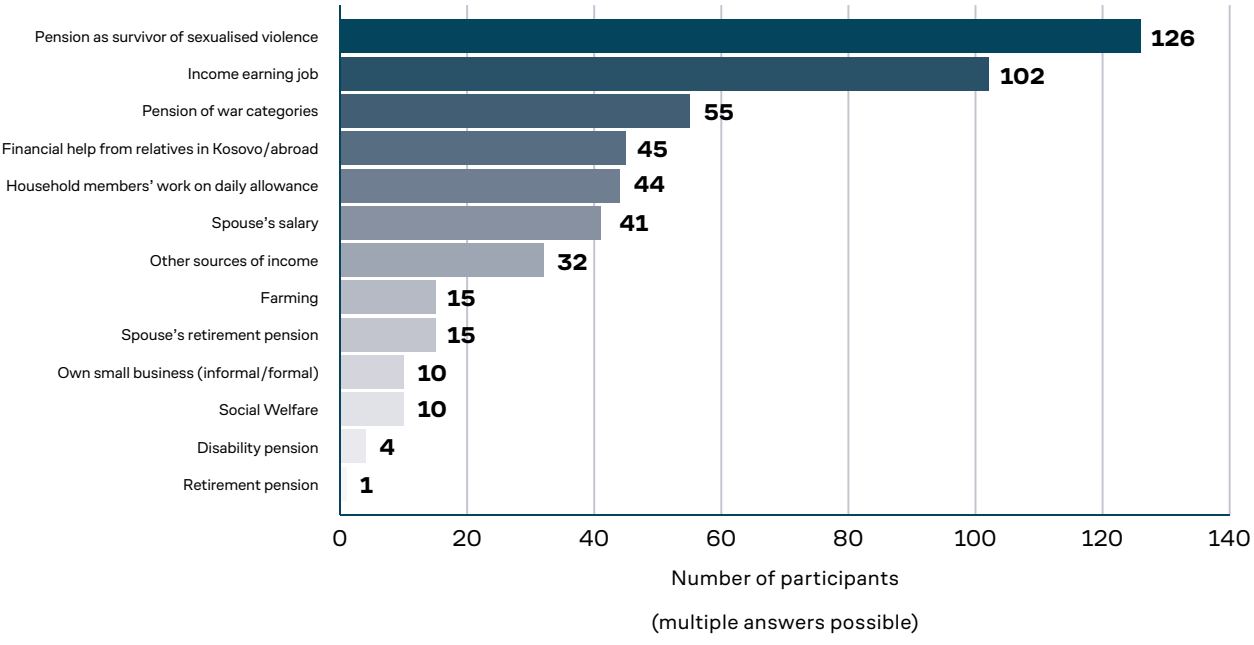
Just over half of the participants reported they have an **income**-earning job now – a considerable increase compared to the 43 who said they did before the war. Contrary to what one might expect, we did not find evidence for participants' level of formal education influencing their likelihood of having an income-earning job. However, a number of factors might explain this, such as the specific characteristics of Kosovo's labour market, different understandings of what constitutes an income-earning job, the severity of trauma symptoms, or the number and age of children, to name just a few. So more research would be needed in order to say if and how exactly education influences income generation among survivors of war-related sexualised violence in Kosovo. Once again, we did find a gendered tendency: seven out of nine men stated they have an income-earning job, but this was only the case for 95 of the female participants, i.e. roughly half. Earnings are relatively low, though. Out of the 99 participants who disclosed their income, 82 earn between 200 and 400 euros per month. All eight participants who make less than 200 euros are women, while of those nine earning more than 400 euros, three are men.

As can be seen in Figure 2 below, **participants' households rely on a mix of income sources** – with the pension as a survivor of war-related sexualised violence being most frequently mentioned. Roughly one fourth of participants rely on pensions for other war categories, financial help from relatives abroad, daily allowances household members receive for their work and/or their spouse's salary, making these income sources also relatively common.

Taken together and considering average living expenses in Kosovo, we can conclude that even those participants who do have an income-earning job would hardly be able to sustain themselves. This suggests that for the vast majority of the participants of this study, the pension as a survivor of sexualised violence is of immense economic significance.

Figure 2:

Sources of income for participants



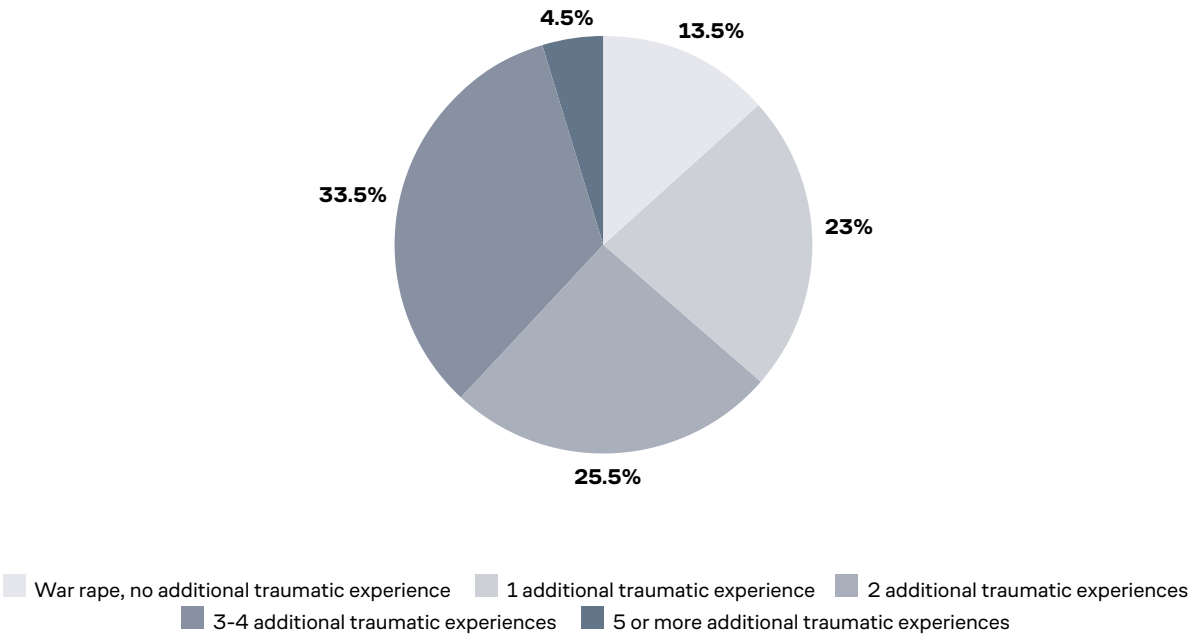
4.2 Participants' war experiences

All of the participants of our study have sought *Medica Gjakova*'s support for having experienced war-related sexualised violence that can be classified as rape.[35] In line with the study's stress- and trauma-sensitive approach, we did not include further questions regarding the specific details of their history of sexual victimisation. However, we did check for exposure to multiple traumatic events as this tends to compound the impact.

For the vast majority of participants (86.5%), the war also brought bereavement and/or other types of violence. As can be seen from Figure 3 below, almost half of our participants reported one or two more potentially traumatising types of war experience. More than one third even suffered three and more events or bereavements in addition to the war rape.

Figure 3:

Exposure to multiple types of traumatic war experience

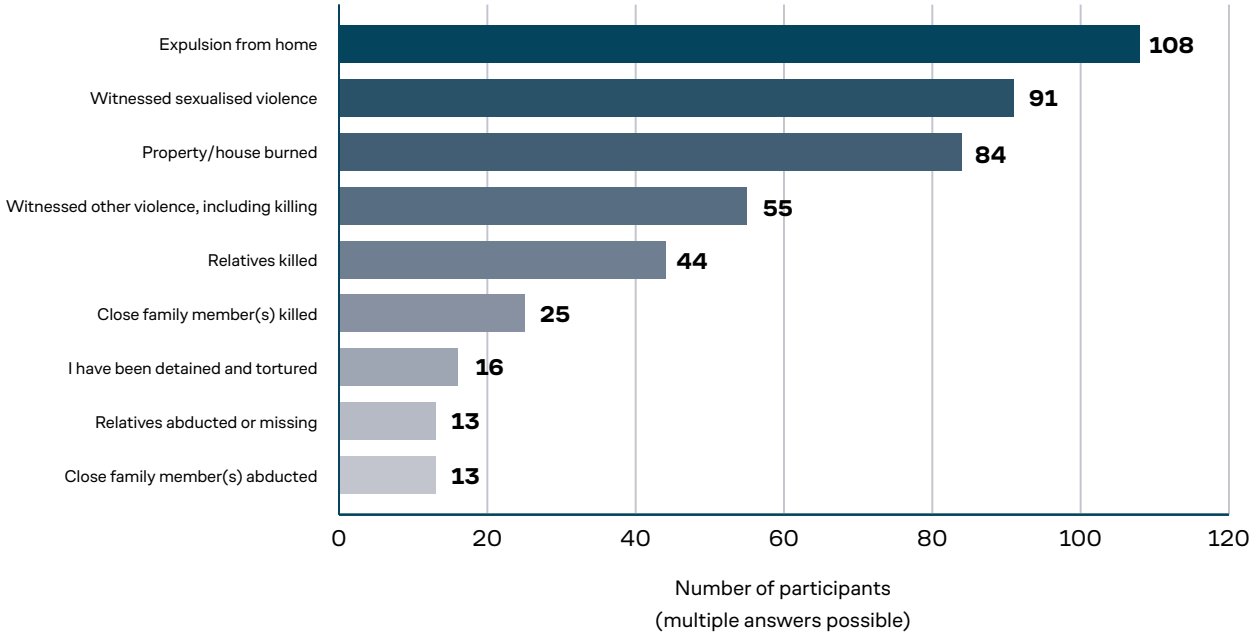


[35] *Penetration of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object (see p. 18).*

We also asked participants to more specifically name the types of additional violence or losses they had experienced (Figure 4). Most commonly, respondents were forcibly expelled. It seems particularly noteworthy that a total of 38 answers referred to losses of members of their close family. Of those, 25 mentioned killing of their mother, father, sibling(s) and/or children, and 13 reported the abduction of close family members who have been missing ever since.

Figure 4:

Other types of loss and violence suffered by participants



In the qualitative interviews, some participants became more specific with regard to further potentially traumatic events they had been exposed to. Recalling how she felt back then, one participant told us:

> I was an 11-year-old child. I didn't know anything, I couldn't understand anything, but we heard all sorts of screams, we saw all sorts of things, we saw all these scenes. Even before anything happened to me, one was likely to lose their mind or drop dead because there was blood, there were women screaming, women with cuts.
>
> (woman, Albanian, interview #4)

Similarly, another interviewee remembered:

> Where there was killing, where there were fires, there, also rapes happened.
>
> (woman, Albanian, interview #13)

Yet another female participant shared that, in addition to getting raped, several of her loved ones were killed.

The types of losses reported point towards a collective dimension of traumatic experience, which is common for war. In the case of the following interviewee, the "we" he uses seems to involve family and neighbours:

> They *[Serbian forces]* began to empty out the city of people, section by section. Our neighbourhood's turn came, and we were surrounded from all sides at 5 am or 6 am. We wouldn't sleep all night because we waited for when they'd attack us.
>
> (man, Albanian, interview #5)

In another account, the "we" seems to indicate the members of the participant's household:

> We returned to a burnt house. Initially, we used plastic sheets to keep the cold out, eventually, a window here and a window there, until we rebuilt the house.
>
> (woman, Albanian, interview #19)

Sexualised violence, too, was to some extent experienced collectively: Almost half (91) of the participants reported that, in addition to being raped, they also had to witness other sexualised violence. Moreover, having family members witness the incident was also quite common, with 42 (roughly one fifth) of the participants saying this applies to them. In line with this, nearly half of our participants (97) said they know of other family members who have survived sexualised violence and an additional 25 do not rule out this possibility.

Again, the qualitative interviews provide us with glimpses into what this looked like. Some participants mentioned instances in which all the women in a particular family were raped. They either witnessed or knew what happened to the others:

> My mother took us, she put some clothes on us. Our uncles' wives and their daughters-in-law, cousins were there too… we were like unconscious. We were without food or water.
>
> (woman, Albanian, interview #4)

At times, children were witnesses, as in the case of the seven-year-old son of a woman who still struggles, twenty years later, to overcome the reciprocal mistrust and dislike caused by these events (woman, Albanian, interview #15). In the case of another female participant, it was her parents who had to witness how she was being gang-raped by Serbian security forces (woman, Roma, Ashkali, or Egyptian, interview #2). Two survivors told us about the existence of centres where Albanian men and women were held captured (woman, Albanian, interview #15; man, Albanian, interview #16).[36]

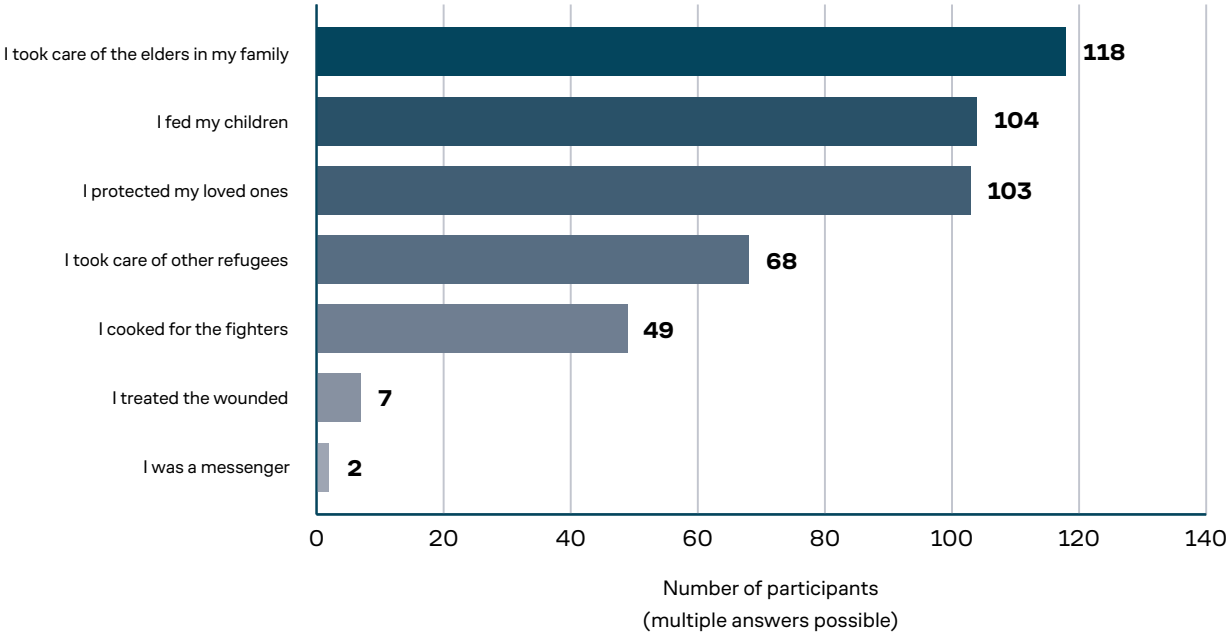
While war-related sexualised violence is a serious crime and human rights' violation, the survivors' war experience must not be reduced to one of victimisation. Rather, their agency also needs to be accounted for. A number of items from our self-developed questionnaire help us gain a more comprehensive picture (Questions 51–54). With 168 explicitly saying they were not associated with any armed group, compared to 13 who stated they were, we can conclude that the majority of survivors who participated in our study were civilians.[37] This interpretation is further supported by an even higher number saying they were with family members during the war (185). Most frequently, this meant being with their children (108 cases), followed by being with their spouse (87) and/or elders (64). To some degree, we see this reflected in what participants say they feel proud they did during the war (Figure 5).

[36] Specifically, they mentioned the basement of what was once Ljubljanska Banka in Prishtina. This building, which in post-war Kosovo was the OSCE headquarters, is now where the Verification Commission administers the hearings for survivors' pensions – a spatial coincidence that we will come back to in our discussion of social acknowledgment and reparations in Chapter 7.

[37] With 19 participants not answering, this question resulted in a relatively high number of missing responses.

Figure 5:

Sources of pride with regard to the war



With only 19 participants not mentioning anything, the overwhelming majority do feel proud of at least one thing they did during the war. In fact, 60 participants named two sources of pride, while 44 participants even mentioned four or more accomplishments they were proud of. It is worth noting that across gender and ethnicity, participants' answers attest to the significance of family: most frequently, respondents take pride in having taken care of loved ones and family members during the war. Caring activities for fellow refugees follow. The answers provided by our overwhelmingly female sample thus indicate that in times of war, too, women assumed responsibility for the wellbeing of others. While these caring activities are often taken for granted and/or not acknowledged in their social significance, a majority of female as well as male participants feel proud of having been able to do so during extremely difficult times. At the same time, almost one fourth, all of them women, report taking pride in having fed those fighting. This suggests that some sources of pride might be gendered in the sense of social norms making them more readily available to women than men or vice versa. Moreover, taking pride in having cooked for the fighters might indicate that these respondents imbue the war with some higher meaning such as national liberation. Although these are only tentative, preliminary insights, feminist organisations focused on peacebuilding and reconciliation should consider these perspectives and tendencies when planning and implementing interventions to ensure they reflect and respect the complex roles women played during wartime.

5. PSYCHOSOCIAL AND PHYSICAL CONSEQUENCES OF WAR RAPE

5.1 Introduction

In this chapter, we will focus on the psychosocial and physical consequences of war rape in Kosovo. We will primarily operationalise them as a set of mental health problems that are mostly connected with the diagnostic category of "post-traumatic stress disorder(s)"[38] even though this approach brings with it a great sense of ambiguity. As feminist researchers and practitioners, we argue that the consequences of socio-political violence and of the violations of women's rights should not be reduced to individual psychological symptoms: this would imply depoliticising the origin of the trauma and relocating the suffering of survivors in their individual psyche (Becker, 1995, Bracken et al., 1995; Summerfield, 1999). With this in mind, we vocally draw attention to the fact that war-related sexualised violence always takes place in a specific historical context with perpetrators who have names and follow ideologies – and who need to be held responsible for their deeds. Therefore, we caution against the trauma discourse being misused to divert resources and attention away from justice and social reparation, for example by focussing only on offers of therapy.

In addition to this fundamental conceptual deficiency that feminist trauma psychology compels us to consider, further problems with the concept of post-traumatic stress disorder (PTSD) also need to be mentioned here. On a more general note and given our survivor-centred approach, we do not want to limit ourselves to conceptualising psychopathological "symptoms" of post-traumatic stress as a psychological response to man-made traumatic experiences. Rather, we understand these symptoms as adaptive responses to life-threatening circumstances (Griese & Mehlau, 2016). Furthermore, the term *post*-traumatic unfortunately insinuates that trauma is a single event and something that exists entirely in the past. However, traumatic processes are generally ongoing and very significant: (self-) perceptions of survivors of war rape as being "marked" for life, continuing political insecurities, the regular rise of intimate partner violence and violence against women after armed conflict, and the presence of perpetrators in post-conflict communities are some of the many factors that continue to play a role in the lives of survivors in all parts of the world long after the war rape is over. Moreover, we have learned from studies on psychological trauma that the reaction of survivors' environments to sexualised violence plays a decisive role in the aftermath (e.g. Butollo et al., 1999; Ullman & Peter-Hagene, 2014; for an overview: R. Campbell et al., 2009). To label survivors' problems as "*post*-traumatic" fails to describe the ongoing traumatisation process that many of them face and that contribute considerably to their level of traumatic burden.

Critically reflecting the limitations of PTSD discourse, we would therefore like to introduce an alternative hermeneutic to understanding the findings we shall present. Practitioners in the field have come to use a concept called *sequential traumatisation* that was developed by Keilson (1992) in his study on Jewish war and concentration camp orphans in the Netherlands after the Second World War. This concept suggests that traumatisation processes always have more sequences – often seen as three: the phase prior to the actual traumatic event, the sequence of direct traumatisation (such as war), and the sequence(s) after. It is within the interrelatedness of these sequences that individuals create their potential for recovery.

With regard to war rape and sexualised violence in Kosovo, Joachim (2005a, p. 103, referring to Hauser & Joachim, 2003) points out that

> "survivors of sexualised violence in war are almost always in a situation in which their traumatisation process continues in the post-war period and in exile too".

Drawing on the Keilson sequential model to understand war rape experiences of survivors in Kosovo, Hauser and Joachim (2003) define four sequences. While

[38] *According to ICD-11, post-traumatic stress disorder (PTSD) "may develop following exposure to an extremely threatening or horrific event or series of events" and is characterised by three clusters of symptoms, namely: "1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares ...; 2) avoidance of thoughts and memories of the event or events, or avoidance of activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat". (Word Health Organization, 2022)*

these are identified with specific regard to the experience of female Albanian survivors and might need to be defined differently in order to capture the experiences of further subgroups who were subjected to sexualised violence, this differentiation of sequences is still helpful for developing an understanding of war rape in Kosovo not as an isolated event in the past, but as part of ongoing processes of traumatisation. Hauser and Joachim locate the first phase in the pre-war period ("apartheid policy") with oppression, expulsion and disempowerment of the Albanian population, a loss of economic and everyday security, and a heightened fear of attacks, including attacks of sexualised violence. According to the authors, the second sequence refers to the outbreak of the war between Serbian military forces and the Ushtria Çlirimtare e Kosovës (UCK, or Kosovo Liberation Army), with an increase in rape perpetrated by Serbian forces against Albanian women. Suspicions of collaborating with the UCK functioned as justification for widespread human rights violations. Hauser and Joachim then connect the third sequence to the beginning of the NATO bombardment, when sexualised violence escalated and reached its climax: this was connected with massive looting, burning of houses and massacres – all intended to force the Albanian population to leave. Women and girls were taken hostage in private houses or public buildings where they were systematically raped by paramilitary units and the police. There were many witnesses, and everyone knew about the rapes. The fourth sequence that Hauser and Joachim describe is the period after the end of the acute violence, when the Albanian population returned to their hometowns. With the restitution of communities and families, sexualised violence was silenced or denied. According to the authors, this fourth sequence was connected with a considerable number of suicides of women and girls, while other survivors remained silent about the events in order not to be abandoned or ostracised by their families and communities. Given that their article was published 20 years ago, we could postulate more sequences since then. For example, the decision of the Kosovo parliament in 2014 to recognise and provide reparative benefits to survivors of war-related sexualised violence might potentially mark the beginning of a distinct later phase.[39] For some survivors, the chain of trauma might get broken by societal acknowledgement, but others might experience new sequences, for instance as a result of retraumatising application procedures or because of politically defined timeframes that exclude them from applying.

Notwithstanding our critical feminist viewpoints on the above-mentioned mainstream trauma discourse, we opted here for a strong quantitative research component as one among several avenues to explore the multi-layered long-term impact of war rape in Kosovo. Specifically, we decided to assess levels of post-traumatic stress so as to be able to bring our results into a dialogue with the wider scientific discourse that is still dominated by the concept of post-traumatic stress disorder(s). Seeking to balance this with our reservations, our interpretation will consider social and political dimensions, critically reflecting on how power, gendered norms, social structures and dynamics play a role in the aftermath of war-related sexualised violence in Kosovo.

[39] *The exact name of the law is* Kosovo, Law no. 04/L-172 On Amending and Supplementing the Law no. 04/L-054 on the Status and the Rights of the Martyrs, Invalids, Veterans, Members of Kosovo Liberation Army, Civilian Victims of War and their Families. *It was adopted on March 20, 2014. A major shortcoming of this law is that the date range for recognition is defined in a way that survivors whose experience of sexualised violence falls into the time preceding and following the phase of acute conflict are excluded from benefits – which particularly hurts survivors from ethnic minorities.*

This chapter draws on data generated by administering four psychometric instruments: the International Trauma Questionnaire (ITQ), the University of California at Los Angeles Post-Traumatic Stress Disorder Reaction Index (UCLA-PTSD), the Hopkins Symptom Checklist (HSCL-25), and the Adult Resilience Measure-Revised (ARM-R).[40] A number of items from our self-designed questionnaire were used to complete the picture of problems related to psychological health and social wellbeing, such as other psychological and social consequences (Questions 55–56, 58–62) and about coping (Question 57). The physical consequences were measured through further sets of questions that enquired about the general self-perception of health (Questions 63–65, 77), specific psychosomatic disorders related to traumatic stress (Questions 66 a–d), typical gynaecological problems, pregnancy and problems with intimacy (Questions 67–70, 78), cancer (Questions 71–73), and the use of medicines (Questions 74-76). In addition, this chapter draws on material from the qualitative interviews for a closer understanding of the various aspects under discussion, thus allowing survivors to articulate their experiences and perspectives beyond any clinically defined *symptoms*.

It seems important to reflect that it is difficult to establish a causal relationship –enduring over time and space – between war-related sexualised violence and the self-reported psychosocial and physical health of survivors, although initial attempts were made (Kinyanda et al., 2010). One major reason for this complexity is that there are other social and personal factors which potentially play a role in the impact of war-related sexualised violence on psychosocial and physical wellbeing. For example, the general war situation with its inaccessibility of health care may play a big role. The breakdown of the health system extends into the time after the war and may be even more severe in rural areas than in cities: this may be another important issue. Poverty as a long-term consequence of war may affect someone's capacity to take care of their wellbeing: they might not be able to afford expensive treatments, for example, so their health may deteriorate more easily. And finally, survivors of war-related sexualised violence frequently went through other traumatic experiences as well – not just the rape. For these reasons, various confluent variables need to be kept in mind when we discuss these topics below.

The chapter begins with a literature review. Focusing on Kosovo and the Balkans, our guiding question is to find out what previous research reveals about the psychosocial and physical consequences of war-related sexualised violence for survivors. Against this background, we then present the findings of our own research: starting with clinically relevant symptoms, we go on to discuss drug use as a coping mechanism. Then we explore relational consequences of war rape, particularly the impacts on intimacy and perceived inter-generational effects. Discussion of the physical consequences of war rape follow. Finally, post-traumatic growth and resilience are addressed. The chapter ends with a brief discussion of the results.

5.2 Literature review

The psychological consequences discussed in relation to war, sexualised violence and, more specifically, war rape usually cover mental health disorders related to PTSD, anxiety disorder and depression (Ba & Bhopal, 2017). Our literature review follows these three diagnostic entities, supplementing them with further discussion of the long-term physical consequences. Finally, we discuss what is known on how to help with post-traumatic recovery.

5.2.1 Post-traumatic stress disorder

Numerous studies around the globe show that war experiences have an impact on the human psyche decades after the guns fall silent. Epidemiological research and meta-analyses suggest that both war and sexualised violence count amongst the most pathogenic stressors, leading to the highest prevalences of post-traumatic disorder amongst survivors (Kessler et al., 1995; Perkonigg & Wittchen, 1999; for a particular focus on sexualised violence, see Ba & Bhopal, 2017). It is therefore evident that the accumulation of these

[40] *On these four instruments, see also Chapter 3.*

extreme stressors – namely undergoing multiple experiences of severe trauma in war at the same time, with sexualised violence as one specific war-related experience – will lead to a significantly high proportion of survivors suffering from severe post-traumatic problems. In addition, even if the war violence is over, gender-based violence (GBV) very often continues to be present in post-conflict societies (e.g. Cullberg Weston, 2002; Farnsworth et al., 2015). In general, meta-analyses for different forms of sexualised violence – with studies mostly drawn from non-conflict settings – show a lifetime prevalence of PTSD amongst survivors of between 50–65% (Chivers-Wilson, 2006; Kessler et al., 1995; Perkonigg & Wittchen, 1999) or even up to 80% (Breslau et al., 1991).

When it comes to the specific long-term consequences of war rape, there are fewer studies, but they all provide clear evidence that war rape has a long-lasting impact on the mental health of survivors: A small sample of elderly German women who survived the mass rapes committed by soldiers of the Allies in and towards the end of World War II was studied in 2010. More than 60 years after the war, 19% reported significant current post-traumatic stress symptoms and an additional 30% had some degree of post-traumatic symptoms (Kuwert et al., 2010). In a similar study, a small sample of elderly Austrian women were assessed on the long-term impact of sexualised violence at the end of the Second World War. One third of the victims reported post-traumatic stress symptoms and showed clinically relevant levels of depression and fear. They reported higher levels of distress than those exposed to war who were not sexually victimised, were more socially isolated, and still felt shame and guilt around their sexual victimisation decades after the event (Lueger-Schuster et al., 2012). In a comprehensive study of the consequences of war-related sexualised violence 20 years after the war in Bosnia and Herzegovina, survivors were also found to be suffering significant effects. Of the 51 participants recruited through a service provider, 70% reported that the rape experience continued to impact their life at the time of the study, with 57% of the study participants having clinically significant traumatic stress symptoms. More than 40% of respondents reported suicidal thoughts (Medica Zenica & medica mondiale, 2014).

There are a number of studies on the mental health consequences of various war-related experiences from Kosovo, even if not specifically on war-related sexualised violence. In a review of 51 studies, Fanaj and Melonashi (2017) showed PTSD rates in non-clinical samples ranging from around 12–80%. The results suggest that even several years after the end of the Kosovo war, post-traumatic stress, depression, somatic symptoms, and pain in the civilian population are still substantially present. The authors conclude that PTSD, depression and emotional distress (anxiety) seem to have become chronic in a considerable part of the general population, with PTSD prevalence rates being especially elevated in particular populations such as refugees and veterans. In addition, the presence of PTSD was often found to be associated with anxiety, depression, suicidal ideas, anger and revenge thoughts. It is worth noting that the authors stressed socio-economic factors and social support as being highly influential on quality of life for people with PTSD (Fanaj & Melonashi, 2017).

It is important to mention here the wide range of prevalence figures in relation to PTSD across the research on effects of war. This is due to different diagnostic criteria, methodological differences in assessing the presence of mental health disorders, and differences regarding the social and war contexts (Rosner et al., 2002). Therefore, PTSD scores and other mental health disorder prevalences cannot be easily compared across different studies or ranked merely by the percentage of survivors suffering from them.

5.2.2 Depression and other associated psychological problems

War usually comes along with tremendous loss: loss of loved ones, displacement, destruction of homes and loss of personal property. Sexualised violence in war is never a single experience (Hauser & Joachim, 2003). These different forms of loss may manifest in grief reactions and other symptoms associated with depression. In a study conducted on the psychological consequences of war rape one year after the experience, out of 68 rape-survivors from Croatia and Bosnia and Herzegovina, 76% suffered from depression, 75% from social phobia and 31% from PTSD, while 25% had sexual dysfunctions. The authors mention that these disorders were often comorbid with each other (Loncar et al., 2006).

In general, PTSD is a disorder that often shows comorbidities (Joachim, 2005a; Maercker, 1997). For the context of war, comorbidities are especially high when associated with the presence of other particularly stressful events connected to war experiences such as traumatic loss of a loved one and life threat (e.g. Momartin et al., 2004). In populations exposed to mass conflict, an accumulation of traumatic experiences is the strongest factor associated with depression (Steel et al., 2009).

Shame and feeling worthless is another common problem, associated with both PTSD and depression: In the post-war period in Croatia and Bosnia and Herzegovina, female survivors of war rape experienced a loss of confidence and feelings of worthlessness; they also felt they had disgraced their families. They avoided social situations because of shame but also fear of blame by others (Loncar et al., 2006; Delić & Avdibegović, 2015). Not surprisingly, a negative social response from their environment reinforces shame, self-blame and PTSD; this was also found in a study by Medica Zenica and medica mondiale (2014, p. 49). Negative social reactions and social avoidance are strongly correlated with continued trauma symptoms (Ullman et al., 2008).

Within a population of bereaved Kosovo war survivors, women were found to suffer from depression and prolonged grief more than men. These survivors were often overlooked when the focus was on the assessment of PTSD alone (N. Morina et al., 2010). A study based on a representative Kosovo-wide survey five years after the war, which extended its focus beyond PTSD to depression and suicide ideation, found that "irrespective of age, gender or education, subjects in rural areas had higher suicide ideation scores, 41.7% of respondents met criteria for moderate to severe depressive symptomatology, 41.6% for clinical anxiety" (Wenzel et al., 2009). The study found that across the regions of Kosovo, high PTSD scores were associated with higher suicidal ideation scores. Furthermore, unemployment and high PTSD scores were found to be associated with suicidal ideation scores. The authors therefore concluded that suicidal ideation is linked to not only past traumatic experience, but also current socio-economic stressors.

5.2.3 Physical consequences after war rape

Research on the consequences of war-related sexualised violence tends to focus on individual psychological effects; the physical health of survivors is less commonly the subject of empirical studies. So we will draw on data from service providers to supplement the academic research.

Documentation of case studies from the gynaecological units of *medica mondiale*'s projects in Albania, Bosnia and Kosovo reveals insights into how the physical consequences of war rape encompass the whole spectrum of physical injuries as well as functional disturbances and losses caused by injuries. The list provided also contains chronified symptom developments and a number of the most common psychosomatic problems associated with war rape (Joachim, 2005a, pp. 73–75). Psychosomatic disorders that survivors most frequently reported were gastrointestinal symptoms, high blood pressure, cardiodynia and tachycardia, asthma bronchiale, dizziness, dermatological complaints, a vegetative general exhaustion with susceptibility to

illness and infections, reduced pain thresholds such as headaches, back pain, persistent muscle tension, and joint pain. In terms of gynaecological and obstetric symptoms, the following were found to be related to war rape: rectal and genital injuries, fistulations, bladder disorders, genital injuries, hormonal dysfunction such as increased and/or extremely lengthy menstruation, ovarian cysts, disturbances of reproduction, pre-cancerous and/or cervical carcinoma, carcinoma of the inner genitals, breast cancer and venereal diseases with both acute and long-term consequences including inflammation of the fallopian tubes, the vagina, the cervix and other areas.

Research into the impact of sexualised violence, whether in domestic contexts or conflict settings, similarly reports a plethora of resulting physical consequences, including unwanted pregnancies, long-term gynaecological ailments due to impairment of reproductive organs, psychosomatic disorders, chronic cardiovascular conditions, gastrointestinal and endocrinal problems, and sexual dysfunction (Farnsworth, 2008a; Rames, 2013; Kinyanda et al., 2010). Ba and Bhopal (2017) in reviewing research on sexualised violence during conflict found 16 studies – one from Bosnia, most of the others from various African countries – that provided data on physical outcomes. The most common consequences were pregnancy (ranging from 3.4-46.3%), traumatic genital injuries and tears (with rates between 2.1 to 28.7%), rectal and vaginal fistulae (9.0-40.7%), sexual problems/dysfunction (ranging from 20.0–56.7%) and sexually transmitted diseases (4.6-83.6%).

A study conducted with survivors of the Bosnian war in 2014 expands further the knowledge on the range of physical conditions that survivors suffer or have developed since experiencing war-related sexualised violence. Half of the respondents in the study reported that they suffer from pelvic pain, uncontrollable urination, vaginal discharge and vaginism (Medica Zenica & medica mondiale, 2014). The study found widespread reliance on psychopharmacological medicines (almost all participants) or cardiovascular and hormonal regulation medication.

5.2.4 Resilience and post-traumatic growth

Human beings are not only vulnerable to traumatic experiences, but they also have a capacity to recover and develop strengths beyond these experiences. This ability has recently been associated in trauma psychology with the term *resilience*. In fact, research on resilience and related concepts represent within psychology a "paradigm shift from looking at risk factors that led to psychosocial problems to the identification of strengths of an individual" (Richardson, 2002, p. 309). However, just as we pointed out the need for a critical discourse on trauma, we also call for caution in using resilience concepts that may be derived from the very same neo-liberal mindset. As Shwaikh (2023, p. 9) rightly points out: "By imposing the label of resilience, international development organisations continue to put the burden on struggling communities while ignoring grief and layers of (structural) violence that they continue to face and the subsequent traumas."

The scoping review by Kelmedi and Hamby (2023) may be of particular interest: it evaluates 42 papers that all examine resilience after trauma in Kosovo and South-eastern Europe. The authors criticise the lack of research on resilience and strengths in socio-cultural contexts outside the (more individualistic) US and Western Europe. In addition, they show how cultural values, norms and societal ecologies profoundly impact resilience within societies, a fact that should inform concepts of resilience to be examined in research. For Kosovo and other South-Eastern European countries, Kelmedi and Hamby mention important values such as dignity, family solidarity, social activism and meaning making, which all have an influence on resilience outcomes in "collectivist" societies, as the authors refer to them. They call for a more culturally sensitive and strength-based perspective in promoting health and wellbeing. Even though none of the studies reviewed by the authors had a particular focus on war rape survivors, the resilience portfolio model (Grych et al., 2015) that Kelmendi and Hamby refer to seems to have a particularly helpful potential for understanding the resilience processes observed in our research.

This model defines resilience as a process of positive adaptation which makes use of individual, family and community strengths in order to ensure health and growth after adversity. It suggests distinguishing three types of strengths: regulatory, interpersonal and meaning-making strengths. The first reflects the capacity of individuals to control and manage (regulate) their emotions or behaviours. Interpersonal strengths include the resources of family, friends and community. The third type – the meaning-making strengths – is related to people's capacity to connect to something higher, such as a sense of purpose in life, spirituality, or values.

The importance of family and children in particular for resilience-building among women survivors will be further discussed below when presenting the findings. It can also be interpreted and accentuated from a feminist point of view, with Berry (2022) even going as far as to state that for women survivors of war becoming resilient is explicitly a communal and relational practice:

> Managing to survive, and even thrive, in such contexts and their aftermath is rarely an individual process but is rather a relational and communal one. Our understanding of 'strength' and 'leadership' tends to miss the way that caring relationships to family, children, friends, and others are a form of powerful resistance to the violent logics that seek to eradicate the wellbeing of certain people. (Berry 2022, p. 963)

Post-traumatic growth is another concept that is often related to post-traumatic adjustment and functions as a buffer against the debilitating effects when suffering from post-traumatic stress disorders. It was originally conceptualised by Tedeschi and Calhoun (1995), who identified three relevant dimensions where post-traumatic growth can take place: changes in self-perception, changes in interpersonal relationships and a changed philosophy of life. However, post-traumatic growth can neither be seen as a particular *coping mechanism* nor can it be equated with psychological *functioning* and the absence of symptoms. Instead, it reflects a self-perceived personal change. From a feminist perspective, this sort of experience of change cannot be comprehended in a simplistic individualising way but needs to be understood as related to internal and external resources and social support systems: it then needs to be acknowledged that marginalised persons may not have access to any or all of these in the same way. Interestingly, and contradictory to expectations, research results reflect either a moderate positive correlation between growth and symptom scores (i.e. more growth correlates with higher symptom scores) (Maercker & Langner, 2001; Park et al., 1996) or no significant correlation (Lehman et al., 1993; Maercker et al., 1999). In other words: It may not be contradictory if survivors actually report a number of post-traumatic symptoms *and at the same time* talk about growth that occurred in their life (Anderson et al., 2019).

Studies on post-traumatic growth related to war and/or sexualised violence are not particularly common.[41] The paucity of studies on post-traumatic growth may be related to the subject matter itself: war (and) rape experiences are perceived to be extremely destructive, so it seems almost unethical to ask the question whether there was anything positive that came out of experiences as destructive as this. This notwithstanding, a study on issues of growth after rape showed that female survivors of sexualised violence may experience post-traumatic growth (Burt & Katz, 1987). In their factor analysis of 29 psychological measures, the authors found four main growth outcome factors after rape: improved self-concept, improved self-directed activity, reduced passivity, and reduced stereotyped attitudes. Of their respondents, 50% said they felt they had changed in a positive direction, while less than 15% described their personal change as being in the negative direction. Positive change surfaced in statements such as "I know myself better", "I value myself more", or "I know who my real friends are" (Burt & Katz, 1987).

[41] *For a relatively recent overview of studies on post-traumatic growth and different forms of sexualised violence, see Ulloa et al. (2016).*

5.3 Research results regarding the psychosocial and physical consequences of war rape

We now turn to our research findings. Starting with clinical symptoms, our discussion will subsequently broaden to consider the impact of war rape on social relationships and physical wellbeing, before concluding with post-traumatic growth and resilience as found with the participants of our study.

5.3.1 The presence of PTSD and CPTSD

Their answers to the International Trauma Questionnaire (ITQ) indicate that **73% of participants in this study meet the clinical criteria for complex PTSD. An additional 13% still meet all the criteria for a PTSD diagnosis**. In order to picture the human impact of these extremely high figures and the intense suffering behind them, it is crucial to recall that a diagnosis of CPTSD requires the presence of symptoms from all of the three DSO ("disturbances in self-organisation") clusters in addition to those from all of the three PTSD clusters. Recalling this underlines the intensity and chronicity of suffering. Specifically, the three DSO clusters are: "affective dysregulation", i.e. difficulty with regulating emotions; "negative self-concept", such as feelings of guilt, shame and loneliness; and "disturbances in relationships", which reflect the impact on building and maintaining interpersonal, close human contact (World Health Organization, 2024). The PTSD symptoms clusters are: "re-experiencing in the here and now", "avoidance", and "sense of current threat". (Word Health Organization, 2022).

We looked at the different symptom items of the ITQ to see which had particularly high scores: avoidance symptoms (items P3/4), a sense of current threat and hypervigilance (items P5/6), and affective dysregulation (items C1/2) are particularly strong. The high reporting of a sense of current threat and hypervigilance may be related to the point of time when data collection took place: the invasion of Russia into Ukraine might have brought back past memories of the war in Kosovo in 1999, and, due to the political constellations and strong relationships between Serbia and Russia, also a fear of a potential aggression of Serbia against Kosovo in the here and now. Affective dysregulation reflects an ongoing chronified emotional imbalance and entails being easily overwhelmed, feeling extremely emotional with mood shifts and difficulties dealing with stress. Avoidance symptoms, finally, also play a role in what will be discussed further below: the intense use of sedatives in order to calm down when being flooded with strong negative feelings. **In the light of a non-supportive environment, we may postulate here a vicious cycle of strong negative affects related to war experiences and a chronified habit of avoiding this confrontation by the use of sedatives, thus reinforcing the cycle.**

When analysed for the dimensions of gender and ethnicity, they were not found to play a statistically significant role. However, we did notice the mean score for CPTSD is slightly higher for Albanian participants in comparison to participants from Roma, Ashkali, and Egyptian communities, while the mean score for PTSD is a little higher among the latter when compared to the former. For the genders, these mean scores are comparable.

Vulnerability to developing CPTSD, in particular, and PTSD, in general, can be attributed to the complexity and non-singularity of traumatic experiences. Survivors of war-related sexualised violence usually also go through further highly traumatising experiences at the same time. Moreover, they are often confronted with additional trauma sequences when their post-war communities and societies try to silence them. Referring to Croatia, Folnegovic-Smalc (1994) describes from a psychiatric point of view how the accumulation of other traumatic experiences led to more pronounced symptoms of PTSD in survivors of war rape – something that may also apply to Kosovo:

> In nearly all our patients, the rape is part of a many-layered trauma whose other components may include a stay in a camp, the loss of one or several beloved people, separation from family members, the loss of a home, physical abuse, insults, death threats to the victim or her family, the loss of material goods, and so forth. (Folnegovic-Smalc, 1994, p. 177)

As already described in Chapter 4, the overwhelming majority of our participants were exposed to other potentially traumatising events in addition to experiencing war rape. In fact, more than one third experienced three or more additional events or losses. Here, we want to briefly remind readers of two aspects. Firstly, almost half of our participants reported they also had to witness sexualised violence. This reflects the perfidious nature of war-related sexualised violence in Kosovo, which was often orchestrated in public or in groups as a means of collective humiliation, thus deepening the highly destructive impact of it.[42] Moreover, when being forced to witness the rape of family members, the experience of an inability to defend them represents yet another form of severe psychological torture. Secondly, roughly one fourth of participants had to come to terms with the loss of a relative or even a close family member. This gives us a hint of the level of grief that these respondents must have gone through – something we will take up further below.

In the qualitative interviews, a vivid picture emerges of how these symptoms of trauma manifest and deeply impact on the participants' everyday lives. Some interviewees describe flashbacks and a persistent hypervigilance reflecting a current sense of threat that, according to the results from the ITQ presented above, is particularly strong in the respondents. Further, this qualitative data gives an insight into the reasons why avoidance and suppressing memories are important strategies that enable the participants of this study to deal with the post-traumatic overload in their day-to-day life.

When one participant was in a market recently, she experienced a strong sense of current threat and hypervigilance:

> I looked behind to check that there was no Serb; I told my husband, "Look if there is a militia. Are there any Serbs?"
>
> (woman, Roma, Ashkali, or Egyptian, interview #2)

The sense of current threat, but also the persistent emotional dysregulation are reflected in the following quotes:

> Wherever I went out I was scared. If somebody came to the door, I would think that they were coming again, that fear remained.
>
> (woman, Roma, Ashkali, or Egyptian, interview #7)

> I am never calm, because when I go out I see that *[the scene of trauma]* and I remember everything, I feel very tired.
>
> (woman, Roma, Ashkali, or Egyptian, interview #2)

> I sleep with the light on, I can't sleep in the dark, when there's no electricity, I keep the phone on because I can't sleep otherwise.
>
> (man, Albanian, interview #16)

Evidently, the sense that danger is always present, anticipated or perceived has an impact on the participants' movements, behaviour and perception in their everyday life and leads to avoidance reactions, such as when one interviewee had a flashback that caused him to leave a festive family celebration despite its importance for him. He felt afraid all of a sudden; he thought someone was behind him ready to kill him. Descriptions of the somatic experience illuminate how this trauma continues to be present in the nervous system:

> On some occasions, I thought that I had someone behind me who wanted to choke me, that's what my body did, I knew that there was no one, but the feeling was such that it seemed so.
>
> (man, Albanian, interview #5)

[42] *On what is known about patterns of war-related sexualised violence in Kosovo, see also Chapter 2.*

Intrusive memories, i.e. memories that keep coming up when triggered without having control over them, reinforce the sense of being impacted forever by the event:

> I try to remove it, but it doesn't go away. This will never go away until you die. When I'm in the middle of the biggest joy, it comes back to me and I go back to that place. I never forget it.
>
> (woman, Albanian, interview #14)

According to trauma symptomatology, persistent levels of stress and anxiety frequently result in sleep disturbances and nightmares. We see this reflected in our study's results from the Hopkins Symptoms Checklist: about two thirds of study participants report difficulties in falling asleep or the inability to sleep without interruptions (HSCL, item 16).

Some interviewees describe nightmares in which they recall their experiences of being raped or attacked and of witnessing murders:

> I had a dream of being raped by Serbs, I saw faces almost similar to those who raped me, and I tried to run away, and they grabbed my hand and wouldn't let me run away. I woke up in the morning very upset, I wanted to call *[name of counsellor at Medica Gjakova]*, I was so upset, I cried so much, it was a disaster.
>
> (man, Albanian, interview #1)

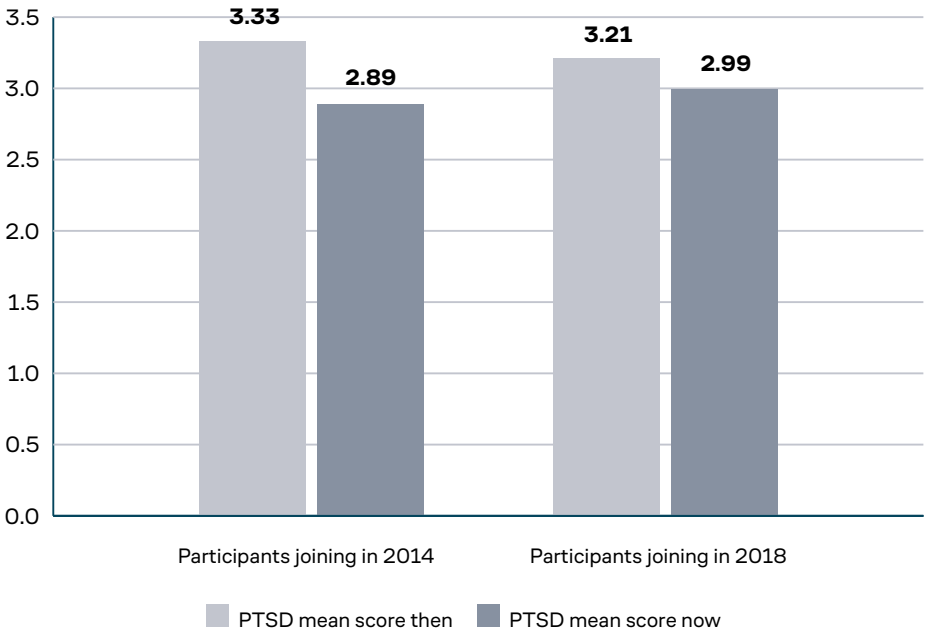
The following quote portrays the connection between being reminded of the event, for example, by passing at the place where the terrible experiences happened, and suffering from subsequent nightmares: Some interviewees describe nightmares in which they recall their experiences of being raped or attacked and of witnessing murders:

> You know, I see dreams of that moment, how they killed, we're many people, it seems to me that I'm seeing what happened there. If I pass by there, I will dream about it that night, I see that place, only if the bus passes by that street, in my dream I am reminded how everything was.
>
> (woman, Albanian, interview #15)

The high level of CPTSD and PTSD among respondents is alarming. At the same time, there may be indications that accessing *Medica Gjakova*'s services did indeed help respondents to at least alleviate some of their post-traumatic burden. Although this research could not be designed as a longitudinal study, due to a lack of previous data collection, we were interested in following up with two groups of respondents for whom *Medica Gjakova* had prior data. They had been tested using the UCLA-PTSD scale in 2014 (n = 22) or 2018 (n = 34), so we retested these subsets of participants with the same measure during our data collection in early 2022 (Figure 6).

Figure 6:

Longitudinal measure of PTSD mean scores



A comparison of mean scores indicates there was improvement on PTSD symptoms for both the 2014 and 2018 subgroups. Those who were tested in 2014 showed improvement by 2022 for 20 out of 21 clients. This improvement was statistically significant. For the cohort first seen in 2018, 30 out of 34 were found to have reduced symptoms in their 2022 UCLA-PTSD scores. In this case, the change was not found to be statistically significant. However, without a matched control group it is impossible to definitively attribute these changes to the services provided by *Medica Gjakova*. Other factors may have played a role as well, such as the passing of time or political and/or economic improvements.

5.3.2 Depression, suicidality, and anxiety

We used the 25-item Hopkins Symptom Checklist (HSCL) to measure depression and anxiety in this study. According to the HSCL, **95.5% of our participants meet the criteria for clinical depression**. While the cut-off score for clinical depression is 1.75, the mean score in this sample was 2.92. Even if Ventevogel et al. (2007) argue that the cut-off score of the Hopkins Symptoms Checklist may sometimes lead to an overestimation of depression in a given population, the level of depression in our sample is exceedingly high and demands our attention.

We found a small negative correlation between the level of income and depression, which means that less income may predict more depression. However, this correlation was not statistically significant. In addition, statistical analysis indicates a small positive correla-

tion between depression and not receiving a reparative pension, meaning that those who do not receive administrative reparation provided by the Kosovar state are more likely to suffer from higher depression scores. However, since the number of participants who do not receive a reparative pension is small, we have to be careful to draw general conclusions. Future research should analyse in greater depth the role economic aspects play in maintaining depression, a factor found relevant in some of the studies quoted in the literature review, and the potential economic impact of receiving a pension as a survivor of war-related sexualised violence.

In answering the HSCL questionnaire, 59 participants reported having suicidal ideation within the past week (item 20). Items 55 and 56 of our self-developed questionnaire broadened this to include self-harm since the war. In response to this, 101, or roughly half of the sample, reported having thoughts about harming themselves, and even more (142) said that they have thought that life was no longer worth living. A smaller but significant number (28) of respondents said that they had harmed themselves after the war. When participants refer to other survivors, they know who have attempted to harm themselves, the number increases to 35.

Here are some quotes that reflect how participants recalled their suicidal thoughts and actual attempts during the qualitative interviews:

> I went to another room, we had some powder that we put on our head *[to kill lice]* … when we washed, I knew where it was and I took it, because I did not want to continue living another minute … After 10 minutes my wife came to call me because some relatives had arrived, and she found me foaming. It was a great humiliation, I could not talk about it, I could never explain it, my brain did not let me talk about what happened.
>
> (man, Albanian, interview #1)

> I did not want to eat nor drink, nothing interested me… I did not want to live anymore … I took a knife to kill myself. My young niece saw me, she said, "Don't, Auntie."
>
> (woman, Albanian, interview #8)

Interestingly, among survivors from Roma, Ashkali, and Egyptian communities, suicide contemplation or suicide attempt seems less potent. None of them reported having attempted suicide. With 16 out of 26 Roma, Ashkali, and Egyptian participants, however, more than half of them thought life was not worth living after the experience of trauma. We do not yet understand what accounts for these differences and what socio-cultural factors may play a role in this finding.

The scores for anxiety amongst respondents are also extremely high: **Nearly all of the participants (96%) remain highly anxious**, as assessed by a standard 1.75 criterion score on the HSCL measure. The mean anxiety score for this sample was 3.18.

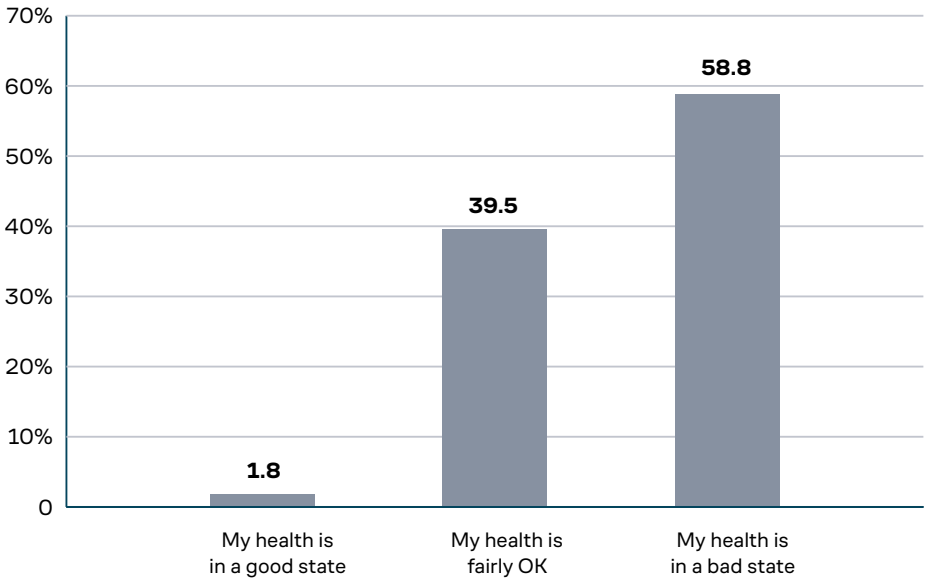
5.3.3 Psychoactive drug use as a coping mechanism

Using psychoactive drugs such as sedatives can be seen as a coping strategy to deal with post-traumatic problems like hypervigilance and sleeping problems. However, it may create further severe mental health problems with addiction. In her work with survivors in Kosovo almost 20 years ago, Joachim (2005a) noticed regular consumption of psychoactive drugs at that time:

> In Kosova fear and restlessness are subdued with over-the-counter medicines and also with prescription medicines such as Valium, sometimes in very high doses. Painkiller consumption is very high. The same applies to consumption of cigarettes. (Joachim, 2005a, p. 83)

Figure 7:

Participants who use sedatives, by reported level of overall health



While general health awareness and new prescription rules may have changed the attitudes towards and use of sedatives in the meantime, our findings suggest that psychoactive drug use still plays an important role in the lives of participants and seems to reflect a major coping strategy. In our sample, **about 57% (114) of participants report (self-)medication with sedatives**. We did not find differences between those residing in urban and rural areas or education levels in the use of sedatives, but there is a strong association between those who reported poorer health and those who reported using tranquillisers as Figure 7 above illustrates.

Different explanations of the relationship of both variables are conceivable. Some may take tranquillisers because they feel anxious about their health which they perceive to be in a bad state and need to calm down in order not to worry about it. However, the reverse relationship is also possible: *because* they always take tranquillisers and perceive these as a technical, "external" remedy to feel calm, they remain passive and "helpless" and do not pursue the self-directed management of post-traumatic stress, which has the consequence of then lacking a positive and actively engaged view on their own health. Using tranquillisers instead of developing other coping strategies to release stress and tension from the body, such as sports activities or relaxation exercises, certainly contributes to maintaining a negative and passive self-perception in the sense of "learned helplessness".[43] This attitude towards their health management may then be intensified through the experience of withdrawal symptoms that are too severe to bear due to the dependency on tranquillisers. This leads to a tendency to maintain regular use – especially in a social context which normalises and accepts the use of sedatives or other drugs such as pain killers to deal with physical and psychological problems and also maintains silence on the topic of war rape. A more recent study on the use of tranquillisers in Kosovo found that 58% of those surveyed used sedatives without a doctor's prescription (Tahiri et al., 2017). Although the study has some limitations, such as the size of the sample and the focus on a single town, it is interesting to note that the threshold it found is quite consistent with our findings.

[43] Learned helplessness is a psychological theory formulated by Seligman & Maier (1967) that explains how people learn that they cannot avoid bad things happening in the future and that the outcomes of life are out of their control. This causes them to stop trying to change their behaviour. Learned helplessness is often associated with depression.

In the qualitative interviews, some participants reported taking medication when experiencing post-traumatic problems (sedatives) or pain (painkillers). Here are some examples:

> The stress? I take tranquillisers. When I'm anxious, I smoke, take tranquillisers, and go to sleep [chuckles] … I still can't sleep without tranquillisers to this day.
>
> (woman, Albanian, interview #14)

Some, however, report that they changed their coping strategies and were able to cope in healthier ways, as the quote of the following participant shows:

> In your head, you're anxious, you think, "Why did this happen to me?" It leads to depression. I used tranquillisers. I didn't end up in the category with severe depression, but I did start taking them. I tried to get over it through something else… I read a lot, I tried to put myself to work, so that I didn't constantly stay focused on what happened to me. I tried to overcome something that is not easy to get over with; you can't just shed it away as something that didn't happen.
>
> (woman, Albanian, interview #6)

Others notice that the support from *Medica Gjakova* has lessened their reliance on medication:

> Before I came here *[Medica Gjakova]*, I used to take a lot of head pills, so many that my husband used to say, "You've turned these Caffetines *[name of painkillers]* into candies" because I had a lot of headaches.
>
> (woman, Roma, Ashkali, or Egyptian, interview #2)

5.3.4 Impact on intimacy, relationships with men, and trust

One defining symptom of CPTSD is a persistent change in the ability to trust in relationships in general. In this section, we highlight the consequences of war-related sexualised violence on the relationships of participants regarding their partners and men in general, as well as issues of trust with people.

It seems obvious that problems with intimacy are to be expected when the origin of the trauma is strongly connected to a violation of intimacy, which is certainly the case when the violence enacted as a means of exercising power over them was sexualised. This has also been confirmed in prior research cited above. According to our findings, the experience of rape had a strong impact on the participants' intimate lives: of the 189 respondents that answered the relevant question of the HSCL, 73% said they have lost interest in sex (item 14).[44] Information gained through our self-developed questionnaire further adds to the picture. When participants were asked whether the experience of sexualised violence still influenced their intimate life, more than half (115 respondents) said that it totally affected it, while 33 participants felt this impact to some extent. Only six said that it did not impact their intimate life at all. While the number of participants who did not answer in this case was as high as 46, the answer patterns of those who did respond corroborate the tendency found with the HSCL.

Given that the perpetrators were male, we also wanted to find out how this experience of sexualised violence had impacted their relationship with men more generally. In response to an open-ended question, a little over half of the subsample of women survivors (112) explicitly noticed an impact. These answers were then coded based on themes or sentiments conveyed from these answers: Sixty-eight of these 112 responses, i.e. 60.7% of those who explicitly report a change in their relationship or 35.6% of all female participants described that they mostly fear and/or hate men, while 29 pointed out that they no longer trust men and 14 anticipated stigmatisation.

[44] *100 respondents answered "extremely", while 38 said to have lost interest in sex "quite a bit".*

Responses to this open-ended question as well as insights from the qualitative interviews provide us with ideas about these generalised negative feelings towards men. These range from mistrust over disgust to hatred that may even extend to close family members, including sons:

It's hard for me to socialise with men. They disgust me.

(woman, Albanian, survey #14 Q60)

When I'm in the company of men, I feel bad and I hate them, and I thank God that he didn't give me a son.

(woman, Albanian, survey #6 Q60)

Some men scare me and I leave their company because they remind me of the sexual violence – especially when they are big.

(woman, Roma, Ashkali, or Egyptian, survey #77 Q60)

I can't stand them, I don't want to be in presence of men.

(woman, Roma, Ashkali, or Egyptian, survey #10 Q60)

I said even to this day I hate men. I don't want to see them with my eyes. I wanted to kill my son only because he's a man.

(woman, Albanian, interview #19)

Sometimes men look all bad to me, it looks to me that even my husband when we are together exploits me. After what happened I lost trust in men.

(woman, Albanian, survey #63 Q60)

I feel bad even when I am with men of my own family, I don't like it. I feel bad and I leave. I don't even go to a male doctor, I only see women for check-ups.

(woman, Albanian, survey #64 Q60)

I am afraid of any man who approaches me; I don't even want my son to hug me.

(woman, Serb, survey #65 Q60)

Some participants do not mention hatred, but report feeling emotionally distant and cold towards both men *and* women, often for fear of being identified and/or treated negatively as a survivor of sexualised violence:

I feel worse around men, more hesitant, I can't stand men. With women I try to distance myself, I'm afraid they'll find out.

(woman, Albanian, survey #171 Q60)

Any murmuring of people seems like they are talking about me.

(woman, Albanian, survey #190 Q60)

I feel bad with both genders because I suspect they'll find out and I don't trust them.

(man, Albanian, survey #1 Q60)

I am very cold, I don't trust anybody, I am very afraid.

(woman, Albanian, survey #44 Q60)

It influenced me very badly. I am cold, avoid people, I am nervous and cry often.

(man, Albanian, survey #49 Q60)

I live very distant.

(man, Albanian, survey #42 Q60; woman, Albanian, survey #145 Q60)

5.3.5 Family life and perceived inter-generational effects

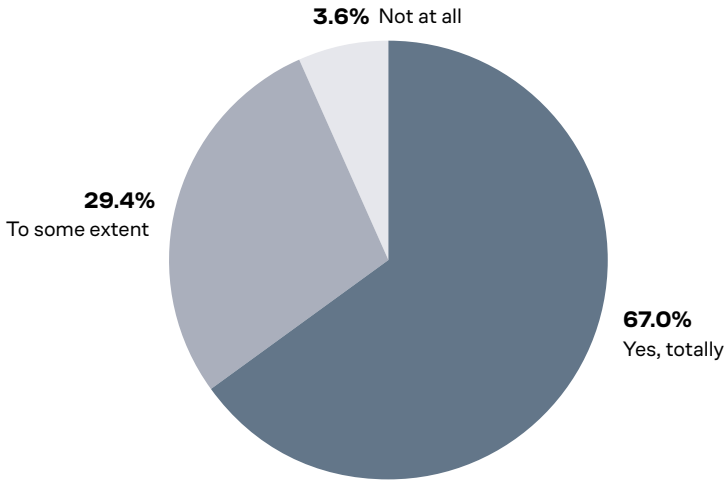
Given the changes described above with regard to intimacy and in relationships with men and people in general, another important area has to be discussed: family life and, in particular, the relationships of survivors with their children. While the current study did not directly examine the wellbeing of children of survivors, we found strong negative perceptions amongst participants regarding the effects that their traumatic experiences of rape had on their children. It is important to emphasise here that these perceptions do not necessarily reflect how the children actually feel nor does this tell us whether mental health problems are significantly higher amongst children of war rape survivors than in the general Kosovar population. At the same time, the perceptions of some mothers and fathers who have survived war rape reflect a tremendous lack of self-esteem as parents. This is sometimes combined with a strong feeling of potentially damaging the children with the burden of the experience and with their own emotional problems. In addition, some fear they could lose their children when the children learn about what has happened – a fear pointing to the impact of heteropatriarchal norms and related notions of (family) honour and disgrace. This latter fear is portrayed in the following quote:

> I cannot tell my children that both my wife and I are survivors because I am afraid I will lose them.
>
> (man, Albanian, interview #1))

In response to our self-designed questionnaire, 29.4% of respondents said that they believe their experience of rape affects their family life to some extent (Figure 8), while an overwhelming 67% even feel that it affects family life totally .

Figure 8:

Impact of sexualised violence on family life



Answers to Q58: Do you think that your experience of sexualised violence still influences your family life today?

In addition and completing this picture, 162 participants said they see their experience affect their children at least to some extent, while only 23 explicitly responded they do not think this is the case and 15 did not answer the question. However, when asked to name the most important consequences of this influence on their children, a very large number of respondents (113) did not answer the question. Nonetheless, the responses to these questions taken together do suggest that a considerable proportion of our participants perceive their experience of war rape as detrimental for their family in general and for their children in particular. As we will describe further below, children and family both carry a high value for most of our participants. With this in mind, these perceptions regarding impact on family and children are alarming and suggest a great sense of suffering.

In addition, the perceptions of some participants – both fathers and mothers – seem to convey a frequent sense of feeling guilt about passing on their emotional difficulties to their children. The quotes below illustrate how some participants see their experiences of trauma affect their children's psychological wellbeing:

> I passed the fear on to the children – the dark rooms, the unknown streets, I was always afraid something might happen.
>
> (woman, Albanian, survey #18 Q61)

> They have experienced my pain – they are more closed in.
>
> (man, Albanian, survey #28 Q61)

> Maybe I did not take care of them as I should. I tried but I gave them more negativity and it seems that the children are more aggressive.
>
> (woman, Albanian, survey #36 Q61)

> I was not capable to take care of them, nor did I love them properly. I was like a grandmother.
>
> (woman, Roma, Ashkali, or Egyptian, survey #51 Q60)

> Sometimes when I'm anxious, I yell at my daughters, and they just stare because they don't understand me, they just look at me. Sometimes I just want to pick a fight, it seems that someone is to be blamed, I tell my daughters to say something, they just look at me and then I tell them, "Why don't you say something, why don't you get into a fight with me?" … I have this problem sometimes because I keep this *[burden]* in my heart.
>
> (woman, Albanian, interview #14)

When interpersonal violence damages the capacity for attachment and closeness, this has significant implications for relationships with children. In one of our qualitative interviews, a mother noted the following:

> I didn't know how to be close to my children, how to love them, I was depressed, I said to my children, "Don't do that, don't go there, don't go to the door." They said, "Mom is crazy." They did not know, they were children. Now my children hurt a lot.
>
> (woman, Albanian, interview #11)

One participant describes another form of feeling guilty as she recounts that her son is affected by the stigmatisation they experience from their social environment. She feels responsible for his rejection.

> My children did not finish school as they should have, because as the war ended, they started the rumours in our village … and then I found myself feeling guilty, not those who did that to me, but I heard the rrethi *[social circle]*, and also my child and I tried to kill myself because my son left school because of what the rrethi said to my son.
>
> (woman, Albanian, interview #13)[45]

[45] *For the meaning of* rrethi *(circle) as the relevant social world surrounding an individual, see Chapter 6. There, we also discuss more in detail participants' perceptions of and experiences with their immediate environments.*

The described perceptions encompass a huge amount of suffering and show the depth of the impact that war rape can carry not only for survivors directly, but also how they suffer from their low self-esteem and perceived negative value as partners, family members, fathers and mothers.

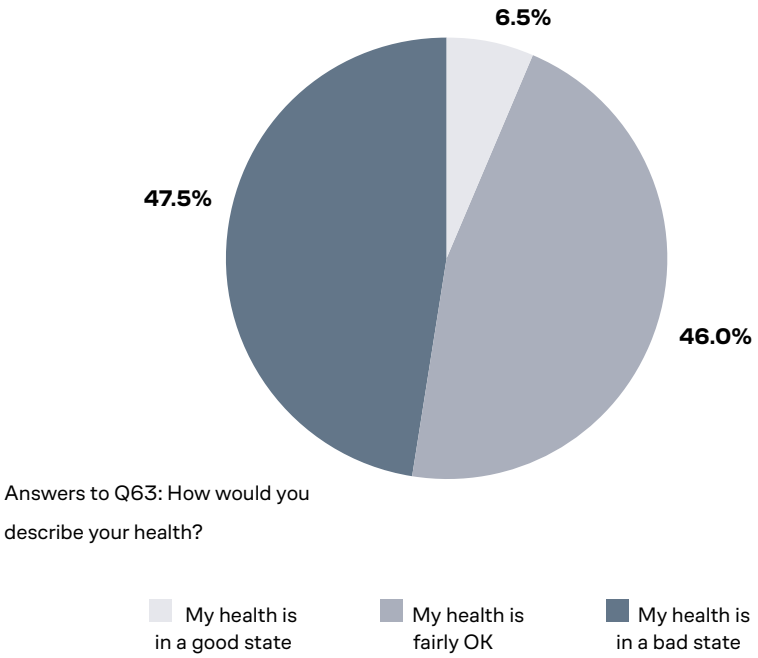
5.3.6 Physical consequences of war rape

Our self-designed questionnaire asked participants how they perceive their health (Question 63). Figure 9 shows that almost half of them reported their health as poor (94 respondents) or as fairly good (91 survivors). Only 13 participants said their health is good.

When looking into the potential role that various factors might play regarding perceptions of health, we found similar patterns for survivors of different ethnic groups. With regard to gender, we noticed that none of the nine men included in this study reported poor health. The latter raises the question whether this finding has to do with the gendered expectation that men are not supposed to be physically weak and therefore do not openly complain about their health. In any case, we found a positive correlation between perceived level of health and number of reported symptoms: the more symptoms reported, the worse the perceived level of health. In contrast, no clear pattern was found for age and self-perceived health.

Figure 9:

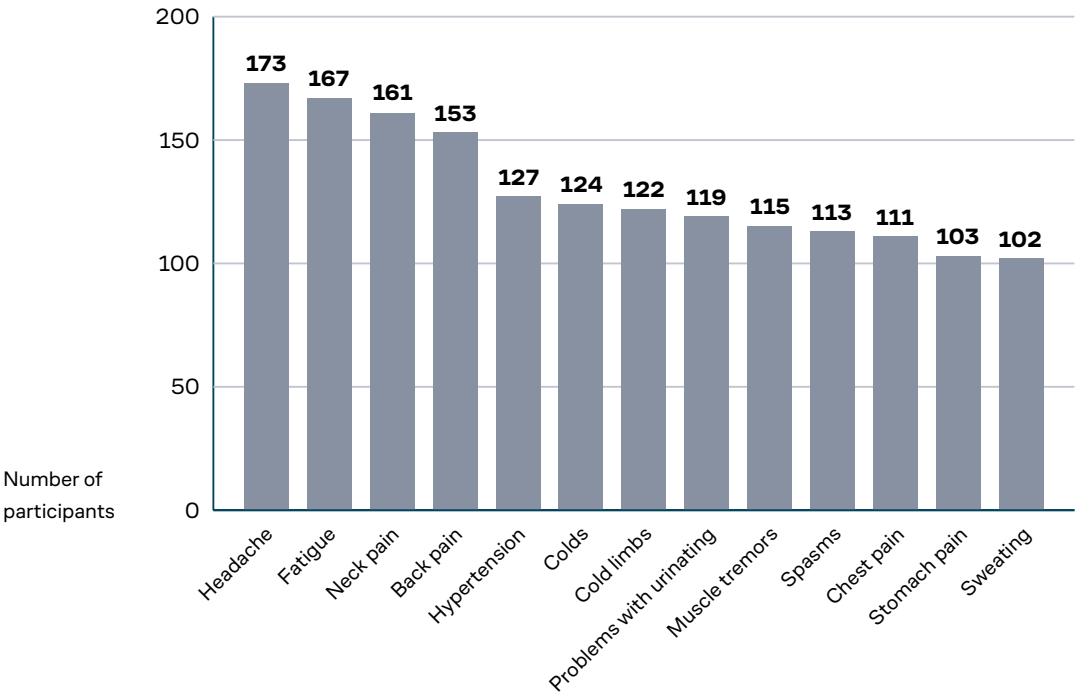
Perceived overall health



Our self-designed questionnaire further asked about the most common psychosomatic consequences in different sub-sections covering neuromuscular problems, immune diseases, cardiovascular diseases, endocrine system-related problems and the digestive system. We also checked for health problems regarding the uro-genital area and asked about cancer and medical interventions such as surgery. When analysing in detail the different psychosomatic problems (Figure 10), for headaches, fatigue, neck pain and back pain, each was reported by more than three quarters of participants. For hypertension and digestive problems such as stomach pain, the figure was more than half of the participants.

Figure 10:

Psychosomatic symptoms, most frequently reported



During the qualitative interviews, some respondents recalled severe beatings or other forms of physical violence experienced during the incident, which deepens the physical and psychological impact of the traumatic experience.

> He hit me on the head, he hit me on my body and he threw me on the concrete pavement nearby … Not only did he rape me, he beat me on my head and my neck, it was so difficult. I can never get it out of my mind … I begged them twice-three times, especially the one holding an automatic rifle, to kill me, but in vain.
>
> (man, Albanian, interview #1)

Some respondents describe a clear connection between the physical violence they experienced and a long-lasting effect on their psychological wellbeing. Recalling Keilson's concept of *sequential traumatisation*, their chronic negative physical condition can be interpreted as an ongoing traumatic process that cannot come to an end because their health problems constantly remind them of what happened:

> It is not only the violence that you experience, that will never be forgotten. But there are other consequences that are left behind. There are various consequences, the spine, I have a nose deformity, and that gives me a lot of issues with my head, sinuses. I've been told I need surgery for my nose because it's deformed a lot. I had that surgery 2–3 years ago and I was told that the bone mass was reduced and my brain is not getting enough oxygen.
>
> (woman, Albanian, interview #4)

> I constantly had health problems and I still do with bones, spine, my legs, and my arms. I had constant problems from the end of the war, this whole time since. I spend all my time going to the doctor.
>
> (woman, Albanian, interview #6)

> I suffer the consequences. When they beat me up in 1999, I didn't know, my back hurt and I thought my back hurt because of the load I usually carry, but when I went to Belgrade – I was urgently transferred there – they told me it's from the beating. A bruise formed where they hit me, there was blood inside.
>
> (woman, Serbian, interview #3)

Asked for problems relating to the sexual organs, nearly 60% of participants, 113 of them women and six men, said they have problems urinating. Of the female participants, 103 reported they experience increased secretion and 81 indicated menstrual disorders.

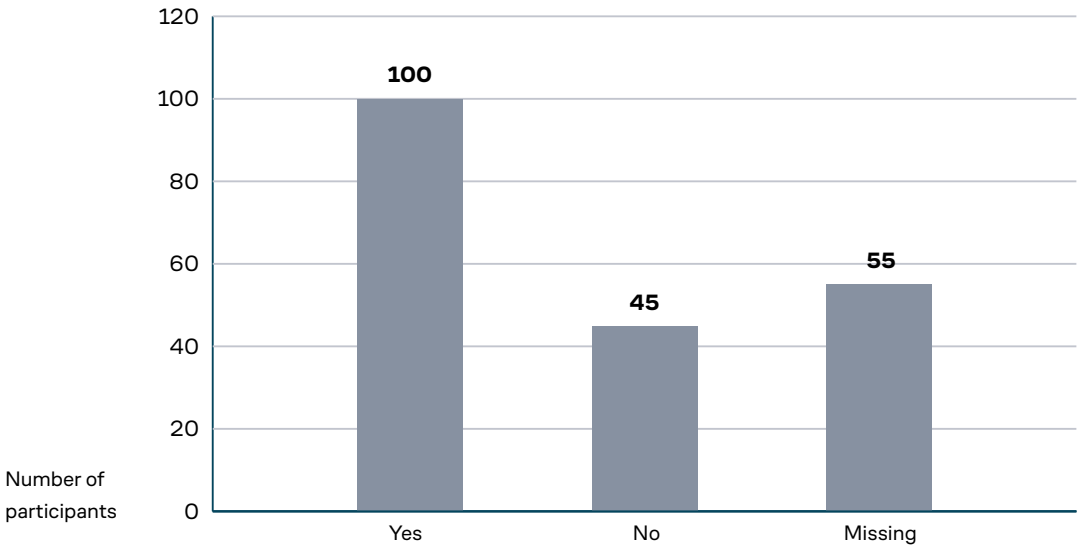
In addition, 13 survivors suffered from cancer and 70 participants said they underwent a medical procedure or surgery, most frequently hysterectomy (12) and conisation (8). The mean number of symptoms amongst all respondents was 10.6 with a slightly smaller mean amongst Albanian women (10.5) and a significantly smaller mean number amongst Albanian men (8.4 symptoms), while Roma, Ashkali, and Egyptian women reported on average 12.8 symptoms. 186 respondents say that they regularly go to the doctor, with about half of our female participants (96) seeing a gynaecologist. Out of the latter, 56 indicated they make use of gynaecological services offered by *Medica Gjakova*, as cross-tabulation of answers with question 112 of our self-designed questionnaire shows. This underscores the importance of free-of-charge, survivor-centred gynaecological services as a more general access strategy to health care and health awareness.

When analysing potential associations between the mental health outcomes discussed above, we found no correlations between post-traumatic stress or anxiety and the number of symptoms. A small positive correlation, although not statistically significant, was found between depression and the number of symptoms reported: the higher the number of symptoms, the higher scores for depression. We do not know how this correlation can be causally interpreted: perhaps the presence of more physical problems increases the level of depression, or depression might lead to a generally negative self-perception that skews a person's perception of their health, increasing their negative sensitivity for problems. Both interpretations are possible. Furthermore, a small negative correlation between resilience and the number of symptoms reported was found, which again was not statistically significant. This can similarly be interpreted in two directions: if respondents suffer more health problems, they may see themselves as less capable of managing their life experiences (and thus less resilient); or when respondents have fewer positive skills to deal with their painful experiences, they may focus more on their physical problems.

A relevant finding from our self-developed questionnaire that points to the connection between sexualised violence and physical health is the sexual impairment reported by survivors. Our results (Figure 11) mirror the overwhelming presence of sexual problems found in previous studies on survivors of war-related sexualised violence from contexts other than Kosovo. About two thirds of those who responded (100) said they have problems during intercourse, while roughly one third (45 participants) said they do not. When interpreting these findings, however, we need to keep in mind that 55 participants declined to answer. It might be that they felt questions of sexuality to be inappropriate or taboo. In this case, some of the non-responders may still account for more sexual problems which they feel ashamed to actively confirm.

Figure 11:

Problems during sexual intercourse



Looking into the potential role of gender, we found sexual problems to be common among men, too: six out of the nine male survivors said they have problems during sexual intercourse. Further research with female and male survivors would be needed to learn more about how these problems manifest.

5.3.7 Post-traumatic growth and resilience

So far, our discussion has mainly focused on debilitating consequences. In this section, we now want to balance this picture by pointing to the positive aspects of post-traumatic growth and resilience as important mitigating processes in the post-traumatic recovery process.

In measuring the resilience of our participants, we used the Adult Resilience Measure-Revised (ARM-R). **Of the 200 survivors who participated in the quantitative part of this study, 79% report high levels of resilience.**[46] More specifically, a factor analysis suggests that participants' capacity to cope with adversity (resilience) was most often related to the proximity and involvement with family members. The three items with the highest scores among our sample were the following: "I feel secure when I am with my family/partner" (item 15), "My family/partner stands by me" (item 11), and "My family is supportive to me" (item 4).

[46] *The mean score of resilience was 3.98, with minimum score being 1.88 and maximum 5. The standard deviation was 0.64.*

Our self-designed questionnaire asked participants whether they feel that despite the pain they have learned something about themselves or the world – this relates to notions of post-traumatic growth and of resilience. While 64% said that they did learn something positive, at least to some extent, there were 36% who answered this question with No. With an open-ended follow-up question, we sought to further explore what participants felt they had learned. Using the above-mentioned resilience portfolio model (Grych et al., 2015; Kelmedi & Hamby, 2023), we found we could categorise the responses into the different groups of strengths suggested by the authors.

Some participants have a clear sense of their (emotional) **regulatory strengths**, which enable them to change some of the common post-traumatic emotional dynamics. They report being able to resist self-perceptions of being weak and powerless, or blaming themselves for what happened:

I am strong, I never rest because I fight – I am a fighter. After what happened I am more tolerant and more caring with people.

(woman, Albanian, survey #71 Q79)

I faced all those maltreatments, I am a stronger woman.

(woman, Albanian, survey #184 Q79)

I don't blame myself and I know it was not my fault.

(woman, Albanian, survey #9 Q79)

The data also shows the significance of **interpersonal strengths**, especially when referring to the importance of having children, friends and a family in moving forward with life. Also, encountering *Medica Gjakova* is recognised as significant.

Yes, my family, my children – I live for my family and continue to live for them.

(woman, Albanian, survey #73 Q79)

I have friends and the state recognises me.

(woman, Albanian, survey #20 Q79)

I saved my kids and I'm alive. And that I have met you – *Medica Gjakova*.

(woman, Albanian, survey #55 Q79)

Finally, **meaning-making strengths** were portrayed in responses depicting values and new life experiences:

I know better the value of freedom.

(woman, Albanian, survey #186 Q79)

I have become more religious.

(woman, Albanian, survey #175 Q79)

The hope – the hope that we remained alive.

(woman, Albanian, survey #172 Q79)

To summarise, on the one hand our psychosocial findings confirm a strong presence of behaviours and attitudes connected to resilience and post-traumatic growth. On the other hand, or rather, at the same time, we found extremely high prevalences of mental health problems amongst participants. While we do not yet have an in-depth understanding of the processes involved here, our results confirm previous research that also found this co-existence of growth *and* suffering.

5.4 Discussion

It is important to bear in mind that the study sample is made up of war rape survivors who sought psychological treatment at *Medica Gjakova*. In light of the complex barriers to help-seeking in post-war environments – often marked by patriarchal gender relations, stigma and secrecy – those who manage nonetheless to seek services may be driven to do so either by the severity of the symptoms in their current lives or because they are less trapped in disabling dynamics of silence and secrecy.[47] For this reason, there are still open questions regarding the feelings and coping strategies of those survivors of war-related sexualised violence in Kosovo who never seek professional support.

This notwithstanding, even 23 years after the war, the debilitating effects of war rape can still be clearly seen among the participants in our sample: high rates of clinically relevant post-traumatic distress, in particular a high number of people with complex PTSD; severely elevated levels of depression and anxiety; perceived negative impacts on close relationships with partners and children; and persistent health problems. Importantly, these cannot be attributed to the original traumatic events alone. Rather, recalling Keilson's concept of sequential traumatisation, how immediate environments and Kosovar society more in general respond to these experiences considerably impacts how survivors can cope with the violence they were subjected to.

Alarming as the findings presented in this chapter are, several factors need to be kept in mind when interpreting our results. First of all, high prevalence rates for psychological problems and further long-term consequences of war-related sexualised violence have also been found in other studies mentioned in the literature review, so it should not be automatically concluded that the participants did not benefit from the services of *Medica Gjakova* simply because they were all clients of the organisation but still exhibited this high extent of clinically relevant symptoms and further difficulties. On the contrary, as we will discuss more in Chapter 8, for the participants, a trajectory of stabilisation and regaining a sense of safety is significantly connected to being supported by *Medica Gjakova*. Second, factors and processes contemporary to this particular period of data collection and specific to the situation in Kosovo may have influenced results: the data was collected in Spring 2022, just after the invasion of Ukraine. As *Medica Gjakova*'s psychosocial counsellors observed, these events had a strong impact on their clients. Not only were similar narratives about war rape coming from Ukraine, but Russia's military aggression may also have created fears that something similar could again happen to Kosovo. Participants may have remembered the war they themselves had lived through, which escalated in Spring 1999. In other words, during the period of this study's data collection, participants may have been experiencing both a re-activation of intrusive memories due to the anniversary months of the Kosovo war and an activation of fears of a new war that might happen. In addition, and given the ongoing and partly violent tensions between Serbs and Albanians in Northern Kosovo and other areas, the current national and regional situation was certainly also leading to destabilisation in some participants' minds and lives. Taken together, this may account for some of the extremely high figures.

However, we should also affirm the level of resilience that participants showed. In particular, we should acknowledge their willingness and determination to care for their families and build a decent life for their children. This is not just a psychological finding mitigating the negative impact, but needs to be put into a discourse of resistance to oppression, as Shwaikh (2023) points out. Caring for the family – which might be interpreted as a form of collective care – is political. At the same time, one has to ask to what extent this function of the family as a source of resilience is dependent on participants' fulfilling of expected roles based on patriarchal norms of masculinity and femininity. The fear that talking about or admitting the war rape would result in losing their family and/or children is an indication that, at least for some participants, the family also represents a space of heteropatriarchal dynamics which devalue survivors. Hence, future research with survivors of war-related sexualised violence in Kosovo and elsewhere should further explore the ambivalent role of the family as well as the practices and significance of collective care.

[47] The distinction between "disabling" and "enabling silences" draws on Mannergren Selimovic (2018). On this distinction see also the following chapter.

6. CONSEQUENCES OF WAR RAPE FOR SURVIVORS' RELATIONSHIPS WITH THEIR IMMEDIATE ENVIRONMENTS

6.1 Introduction

In the previous chapter, we discussed the long-term consequences of war-related sexualised violence for the psychosocial and physical wellbeing of survivors. As noted there, many participants of our study see their intimate life and family relationships, in particular those with their children, affected in negative ways. This chapter will now expand on this, with a focus on how the experience of war-related sexualised violence has affected participants' relationships with their immediate environments in general.

The notion of *immediate environments* which we use in this chapter draws on the multi-level approach adopted by *medica mondiale*. Designed with a view to guiding practical interventions, the multi-level approach analytically distinguishes different levels for the prevention of and response to violence against women.[48] In the context of this study, what we call *immediate environments* refers to people whom our participants see and interact with on a more or less regular basis, but not necessarily every day: these include family members, friends, co-workers and/or neighbours. This understanding of *immediate environments* overlaps to a certain extent with the Albanian term *rrethi*, literally *circle*, which refers to the relevant social world surrounding an individual. We understand these specific environments and the encounters and interactions that take place within them as being informed by social norms and social structures of power – both of which are highly gendered. As such, social norms and structures regulate interactions *between* individuals: in our case, the survivors and their respective surroundings. At the same time, they impact how individuals see and understand themselves. Moreover, social norms and structures are not eternal: as the ossified yet always provisional result of human practice, they are open to transformation. Applying an intersectional feminist lens to our material, we will pay particular attention to how power imbalances, in general, and gender hierarchy, in particular, manifest in participants' relationships with their tangible environments.

Family is a crucial part of our participants' immediate environments and of particular importance to them. Considering that public discourse often invokes idealised notions of family and/or treats *the family* as if it was a monolithic, self-evident entity, we briefly want to remind readers that, as described in Chapter 4, the family arrangements of the participants in our study are actually quite diverse. This holds true both for the people considered to be part of the (closer) family and for the power relations within families. For this reason, throughout this chapter we will avoid referring to "the family" in the singular. Instead, we will seek to clarify the insights our data can give us with regard to particular members and particular aspects of family relations and arrangements. Whenever our material does not allow for such precision, we will explicitly reflect this.

It seems important to point out that this chapter explores participants' relationships with their immediate environments *through the eyes of survivors*. Relying on questionnaires and interviews, rather than direct observation, our data does not allow us to draw conclusions regarding how the people who are part of these environments *in fact* behave towards survivors. We are nonetheless able to reconstruct how survivors perceive and experience their immediate environments. As we will reflect throughout, these perceptions and experiences might themselves be shaped by trauma.

In the following we will draw on a wealth of items from our self-developed questionnaire. Several questions help us find out about disclosure and secrecy, perceptions of support by those who know, and reasons for (not) talking about the experience of war rape (Questions 33–46, 100, 101). Further items can tell us more about participants' perception of attitudes towards survivors (Questions 85–89), experiences of negative treatment (Questions 80–84) as well as feelings of inclusion and exclusion (Questions 95, 97–98). Finally, another set of questions can inform us about participants' perception (Question 90–94) and handling (Questions 47–49, 95, 99) of social situations.[49] As in the chapters before, we will draw on material from the qualitative interviews to further deepen our insights.

[48] *https://medicamondiale.org/en/service/media-centre/multi-level-approach-for-the-prevention-of-and-response-to-violence-against-women (retrieved August 16, 2023).*

[49] *As explained in the methodology chapter, Questions 80–99 were adopted from a study by the medical sociologists Bruce Link and Jo Phelan (2014).*

The chapter starts with a literature review. This will be followed by detailed presentation of our findings. Beginning with a reconstruction of who knows about their experience of war-related sexualised violence, we will move on to perceptions of support, negative treatment, and devaluating attitudes. Next, we will take a closer look at the meaning and significance of social norms, followed by discussion of how participants handle social situations. Finally, we will seek to further understand social dynamics within families. We will conclude with briefly summarising our main results, discussing them in relation to existing research and pointing out implications for practical interventions.

6.2 Literature review

Whereas this study refers to survivors' relationships with their immediate environments, in the literature this is often discussed using the terms *social* or *societal consequences* of war-related sexualised violence. Empirical evidence in this regard is still relatively scarce – in particular when it comes to the specific context of Kosovo.

6.2.1 Social consequences found in contexts other than Kosovo

For a first impression of the scope and specific manifestations of social consequences, it is helpful to turn to systematic reviews of literature on conflict-related sexualised violence. Inessa Ba and Ray S. Bhopal (2017) identified a total of seven methodologically sound studies that report on social consequences.[50] With the exception of one study on Sierra Leone, all of this research was conducted in the Democratic Republic of Congo (DRC). According to the reviewers, the most common social consequences can be grouped into two categories: "stigmatisation by family and/or community" (Ba & Bhopal, 2017, p. 8) and "spousal abandonment" (p. 10). The one study that included male survivors reported a 3% likelihood for stigmatisation. Prevalence rates provided by studies with female survivors varied considerably, ranging from 7-29% for stigmatisation and 6-26% for spousal rejection. This variation might be explained by the observation that responses to war-related sexualised violence differ depending on culture and context. Alternatively, it might be due to different conceptualisations and measurements.

A recent systematic scoping review by Karan Varshney, Minh Giao Chu and others (2023) focused specifically on what the authors call "genocidal rape". Varshney et al. identified a total of 31 thematically relevant research articles reporting social consequences, with most papers referring to either Rwanda or the case of Yazidis in Iraq.[51] Overall, reviewers found a wide range of social consequences which they grouped into broader categories. "Perceived stigma and social ostracism" (Varshney et al., 2023, p. 695), mentioned by 17 studies, can be considered the most common of the social outcomes. In the articles analysed, the dynamics of shaming the victim and social rejection were either directly attributed to the fact of being a survivor and/or to results of the rape, such as having a child from a perpetrator and/or an HIV diagnosis. A total of eight studies reported experiences and feelings of shame by family members and further frequently reported social consequences, mentioned in six studies each, were poverty and difficulties with marriage. According to the reviewers, survivors often hide their experience in order to not threaten their chances for marriage (Varshney et al., 2023, p. 695).

From these reviews, we already get a sense that social consequences of war-related sexualised violence are often discussed in relation to what authors describe as "stigma", "ostracism" or "rejection". Doing so, different studies highlight different aspects. Much of this research focuses on the Eastern DRC. Keeping in mind that findings from one setting cannot be easily translated to another one, several aspects nonetheless seem relevant in the context of our study. A quantitative study by S. Schmitt et al. (2021) calls attention

[50] It seems important to note that search efforts were limited to literature published between 1981 and 2014 in languages spoken by the authors, namely in English, French, and Spanish.

[51] Search efforts by the authors of the scoping review were limited to studies in English; articles ultimately considered for the review were published between 2004 and 2022.

to the potential significance of rape myths. Based on a sample representative in sex and age of six communities in Eastern DRC, authors found that higher rape myth acceptance among communities and survivors led to higher perceived and experienced stigmatisation, while making disclosure of conflict-related sexualised violence less likely. Drawing on a population-based survey from Eastern DRC, Koos and Lindsey (2022) test a theory that seeks to account for the social conditions under which stigma related to sexualised violence increases or decreases. Levels of stigma were found to be dependent on a community's tendency to blame the victim. Consequently, the authors suggest that interventions designed to address community attitudes and norms might have effective results.

A number of qualitative studies conducted in Eastern DRC provide further insights based on focus groups and interviews with community members. For one, they illustrate how the stigma associated with being a survivor of sexualised violence, often aggravated by fear of HIV, fosters a "culture of silence" and how it pushes adherence to social norms related to sexual matters as a way to get back to "normal" (Babalola et al., 2015; Kelly, 2012; Kohli et al., 2013). Second, researchers found that female survivors in Eastern DRC are generally considered as having lost "value" by losing their virginity. No longer able to conform to the locally prevalent model of the "ideal woman" who marries and takes care of the household, survivors command only pity, not respect, even though they are not considered guilty. For them, the only options to avoid exclusion seem to be remaining silent, marrying, or moving out of their communities. Yet another aspect comes into view through research by anthropologist Nayanika Mookherjee (2006) on survivors of sexualised violence during the Bangladesh partition war of 1971. According to Mookherjee, Bengali survivors experienced sanctions and scorn (khota) at the local level even while the state officially acknowledged them as birangonas (heroines).

In conclusion, much research on the social impact of war-related sexualised violence from contexts other than Kosovo discusses negative consequences. This considered, it seems all the more important to point out that some studies also found evidence for support by husbands or efforts on part of communities to integrate survivors (Koos, 2017, p. 8).

6.2.2 Social consequences of war rape in Kosovo

For Kosovo, a limited number of studies exists that provide insights into social consequences of war-related sexualised violence and/or dynamics at the immediate environment level. Based on focus groups and conversations with a total of 70 female Kosovo-Albanian survivors, a UN Women (Hobbs, 2016, p. 46) report found that "fear of violence and ostracism in the home and/or the community is very real for many survivors". More specifically, some participants were afraid they would lose their houses and/or families if their husband found out. Two survivors reported negative reactions they had experienced. In one case this meant that a family member who had been informed about her experienced stopped talking to her; in another more extreme case a survivor had received death threats from community members if she testified.

An article by Blerina Kellezi and Stephen D. Reicher (2012) sheds light on the relevance of heteropatriarchal social norms in the specific context of Kosovo. Drawing on a sample of 16 female and 22 male Kosovo-Albanians interviewed in 2003/2004 who had experienced at least one serious war event, the authors found highly gendered normative expectations: whereas showing strength and protecting others was expected from men, the expectation for women was "to be morally virtuous, well-behaved, and submissive" (Kellezi & Reicher, 2012, p. 227). Sacrifices for their country were expected from both genders, albeit in very different ways. While men should fight (and, if unavoidable, die) in battle, women were meant to stay home and suffer for the sake of their children. These

gendered social norms were also found to influence participants' ability to speak about certain war experiences: men could talk about horrific experiences and suffering as a fighter, but not as a refugee or when failing to protect their family; women "were able to speak of events where they might have died, as long as their sexual honour and their families remained intact" (Kellezi & Reicher, 2012, p. 228). Emphasising the socially binding character of these norms, Kellezi and Reicher come to the conclusion that "those who violate codes of honour are shameful both in their own eyes and in the eyes of others" (Kellezi & Reicher, 2012, pp. 228). As they point out, this has consequences for individuals' expectations of social support as well as communities' readiness to grant such support: to the extent that suffering is perceived as norm-violating and thus negating, rather than affirming the identity of a particular group, those harmed will find it challenging to speak and make claims, while their environments are likely to react with silence and refusal of support (Kellezi & Reicher, 2012, pp. 228–230).

More recent research also stresses the significance of gendered social norms as they intersect with power dynamics based on a heteropatriarchal concept of the family. Drawing on semi-structured interviews with 16 female and two male Kosovo-Albanian war rape survivors, Ardiana Shala, Blerina Kellezi et al. (Shala et al., 2024, p. 8) found that participants perceived the sexualised violence they had experienced as violating social norms of what it meant to be a woman or a man. Consequently, they feared sanctions and rejection from their families and communities – and in fact they did experience discrimination and devaluation in these settings. At the same time, survivors and their families drew on gendered social norms as a resource and way of coping: getting married, having their daughters married, taking care of their children, and providing a better life for their children were all strategies found frequently being applied by female survivors and their families. Through them, women survivors were able to restore their self-worth and find new meaning in life (Shala et al., 2024, p. 11). Taken together, the studies by Kellezi, Reicher and Shala illustrate the ambivalent role of gendered social norms for meaning making and coping both at the individual level and the immediate environment level. Moreover, they raise further questions regarding similarities and differences between the experience and coping of female and male survivors.

6.3 Research results regarding survivors' relationships with their immediate environments

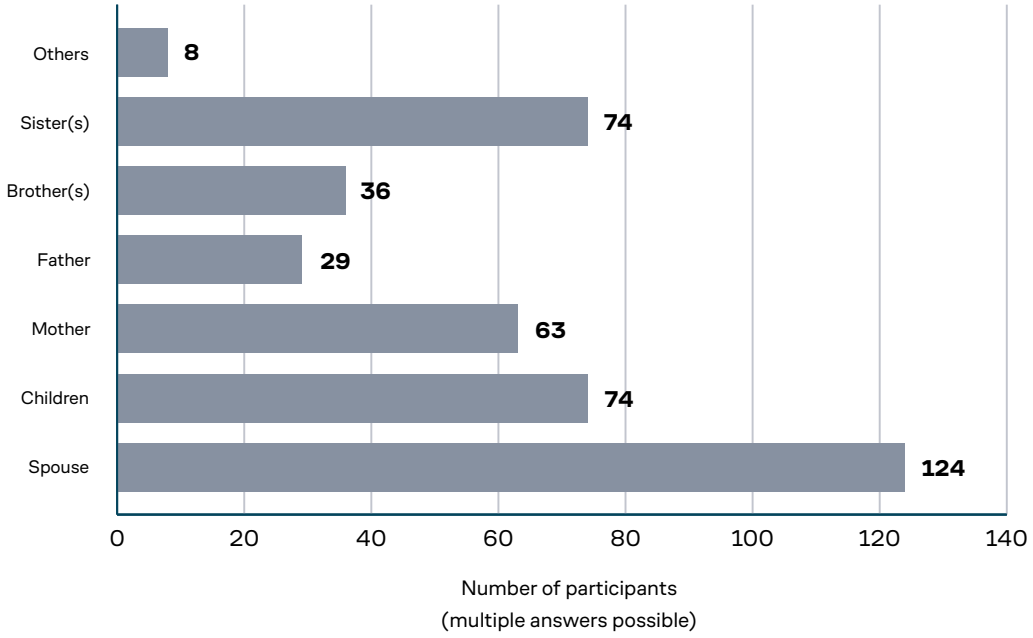
6.3.1 Disclosure of and talking about the war rape experience

Results from our self-developed questionnaire clearly show that whether survivors disclose and/or talk about their experience of war rape depends on the specific context. The overwhelming majority of participants indicated that, in addition to *Medica Gjakova* staff, there is someone else who knows. While this does not necessarily imply these others know all the details, they are aware that *it* happened.

In 86.3% of cases, there are family members who know about the rape experience. Only 11.2% of participants stated that no one in their family is aware of what happened to them. In comparison, it is less common for friends to know: 39.5% say at least one friend knows but just over half of the participants said their friends do not know anything.[52] As Figure 12 shows, with regard to family members it is most common for the spouse to know, followed by children and sister(s) as well as mothers.

Figure 12:

Family members who know about participants' war rape



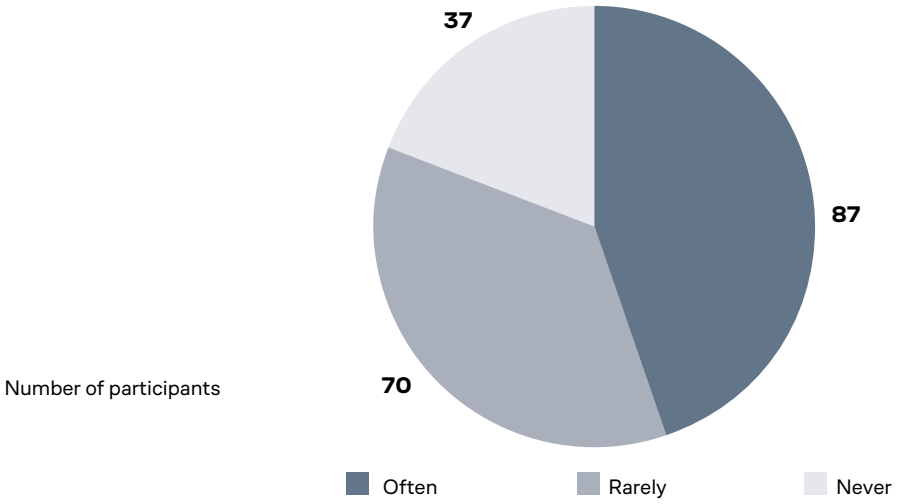
How family members learned about the rape experience differs. In 140 cases, participants told them, in 101 cases they witnessed the rape. Fourteen respondents said family members were told by others, but there is no indication whether this was with or without participants' consent. For the large number of cases where family members were present, it needs to be borne in mind that: i) having to witness the rape of a (close) relative can itself be a traumatising experience; and ii) it is very likely many were not only forced to stand by but were also raped themselves during the incident. This latter assumption is backed up by the number of participants (97) who said there are other family members who survived sexualised violence. Having looked at all this, it seems important to reiterate that a higher number of family members learned about the rape because survivors told them.

[52] *We are not able to discern who these friends are, in particular whether these are friends met through the psychosocial groups organised by* Medica Gjakova. *In Chapter 8, we will discuss the significance of these groups and the friendships formed there.*

Another question also asked participants whether they talk about their rape experience – and if so, with whom. When interpreting this data, it is important to keep in mind that speaking about traumatic experience is neither easy nor pleasant. This holds for contexts that are accepting and supportive – and even for those spaces which, like counselling and therapy, are explicitly designed for speaking about trauma. Taking this into account, it is worth noting (Figure 13) that **44.8% talk about their rape experience frequently and 36.1% rarely**. Only one fifth of participants said they never do so.

Figure 13:

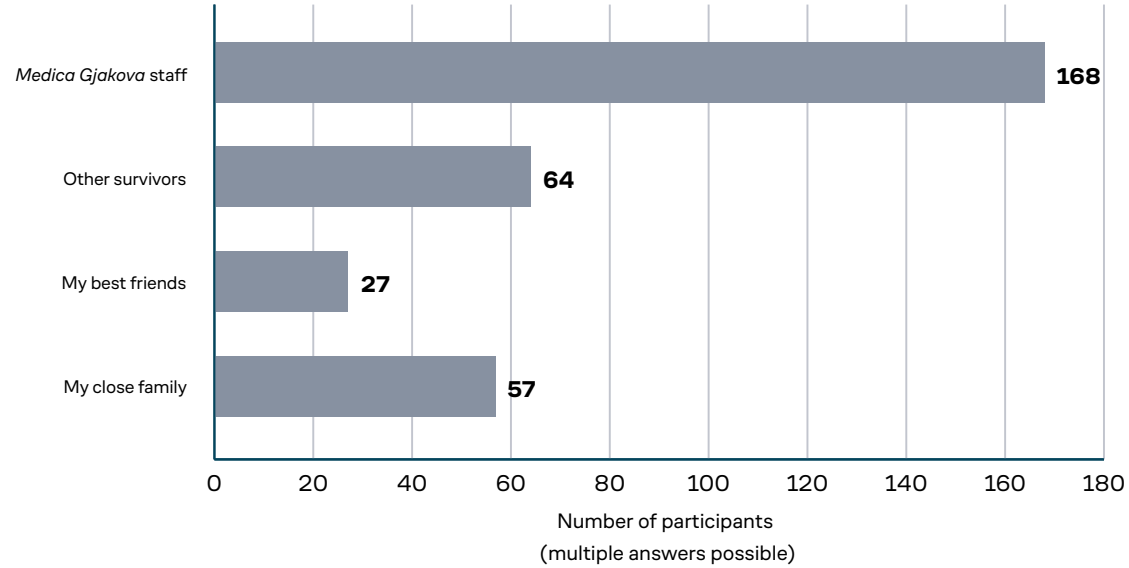
Number of participants who talk about their rape experience



As might be expected for a sample consisting of survivors who make use of counselling services, the vast majority talk to *Medica Gjakova* staff. Roughly one third of participants named other survivors and/or close family members (Figure 14) as people they talk with.

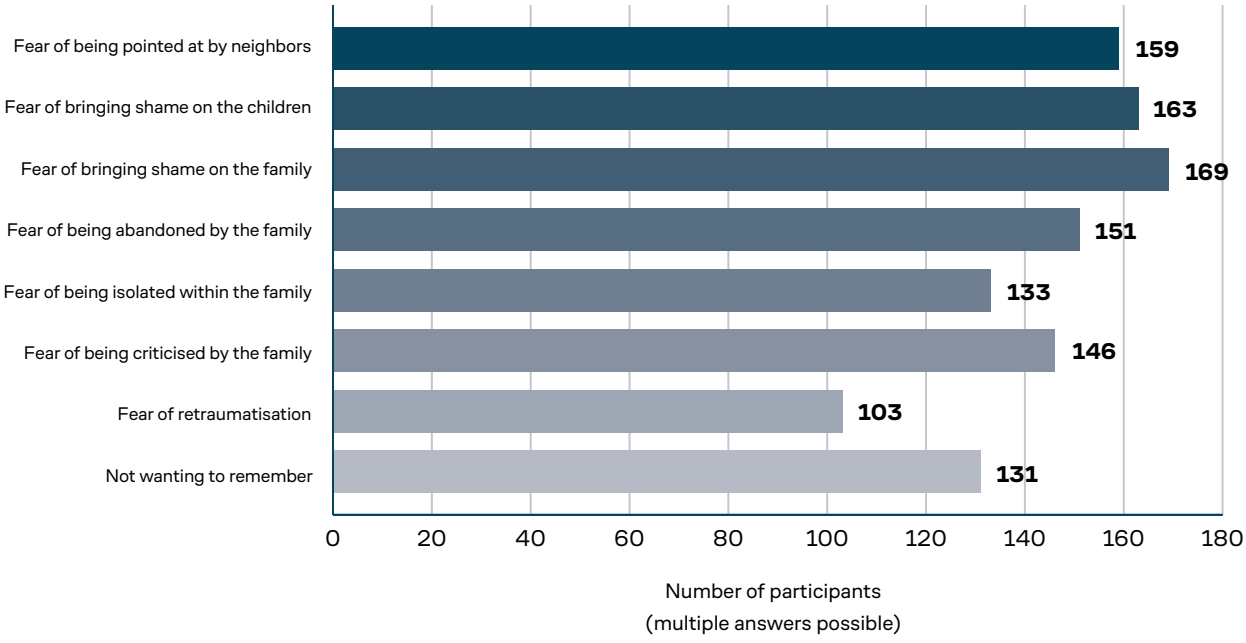
Figure 14:

People with whom participants talk about their rape experience



It is relatively common for participants in our sample – drawn from *Medica Gjakova*'s clients – to talk about their experience of sexualised violence, but 44.9% of participants indicated they know other survivors who have never done so. Asked about the reasons these other people might have for not talking, participants referred to internal as well as external fears – presented in Figure 15. More than half of the endorsed items suggest internal reasons like fear of being emotionally overwhelmed or not wanting to remember. Even more frequently, participants thought fear of a variety of negative social consequences might keep other survivors from talking about their rape experience. It is worth noting that a slightly higher number of respondents think an anticipated shaming of family and/or children might play an even bigger role than negative consequences for oneself.

Figure 15:
Perceived reasons for other survivors not talking about their experience of war rape



Drawing on qualitative material can help us better understand the context and conditions under which some survivors may choose not to talk about their traumatic experience. The following participant sees herself confronted with an environment she perceives as judgemental, in which rape myths seem to prevail. Consequently, she chooses to keep silent about what happened to her:

> If they believed me, I would speak, but they take you for a bad person, put you down, and put you down in the lowest way.
>
> (woman, Albanian, interview #12)

Like this interviewee, other survivors prefer to reserve for themselves the time and opportunity for talking. For example, the leader of a self-help group organised by *Medica Gjakova* has kept her experience a secret for years. More recently, she has started to speak openly about it with other survivors among her relatives and neighbours, encouraging them to seek support – although so far with limited success.

> Even though you try to explain everything to them *[the social circle]*, and some were in the same situation, and it happened to them and me without their consent, we still talk very little about it. Although we're a big circle … we still talk about it very little, and they try to silence it every time. I always try to joke and be there for them, so they won't silence their voices. Because if you don't try to stand up for yourself, people will walk all over you.
>
> (woman, Albanian, interview #4)

It seems that, for her, being able to talk is a manifestation of agency and resistance against being put down by others.

Disaggregation of our data based on gender and ethnicity overall did not yield patterns different from those described above for the whole sample. We noticed, however, that across several items non-disclosure was relatively more common for our small male subsample compared to female participants: out of nine male participants, only six said someone in their family knows about their rape experience; only four specified this as their spouse; and none of them has children or friends who know. A similar tendency could be observed when it comes to talking about what happened: four out of nine said that they "never" talk about it and three said that they "rarely" do. However, since eight stated they talk to *Medica Gjakova* staff, answers must be considered rather inconclusive. More specific research would be needed to tell how exactly male survivors in Kosovo handle disclosure and talking about their experiences.

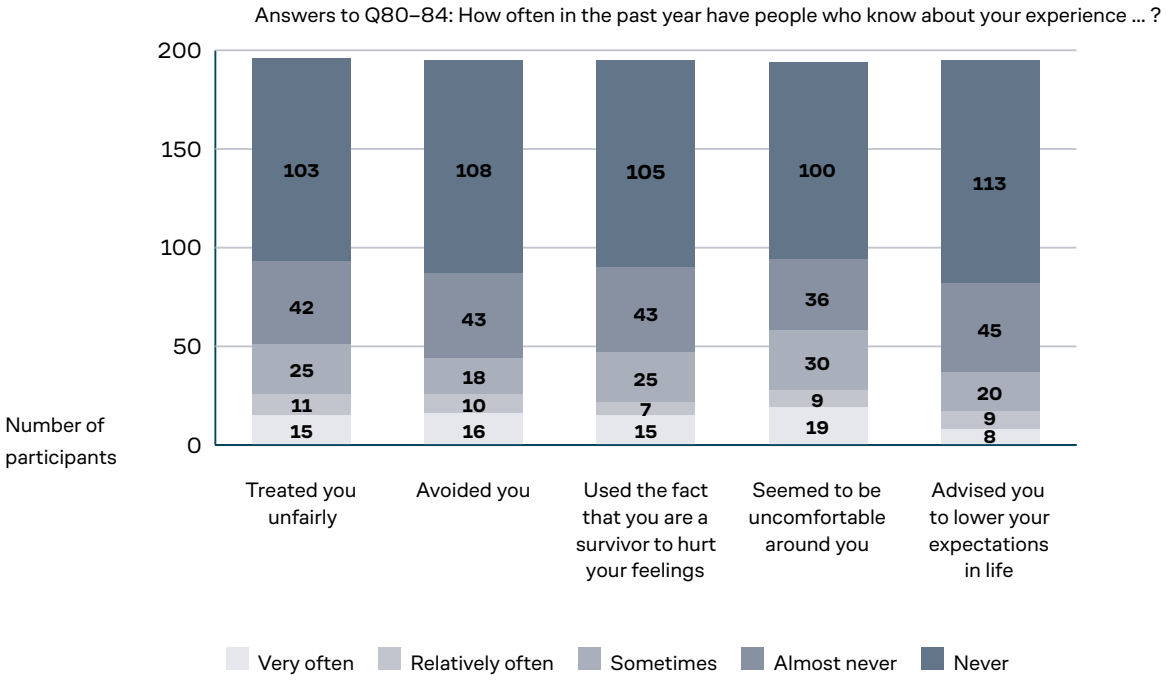
6.3.2 Perceptions of support, negative treatment, and devaluating attitudes

As described above, for the overwhelming majority of our participants, in addition to *Medica Gjakova* staff there is at least one other person who knows about their experience of sexualised violence. In principle, this knowledge can be used to support survivors, but it also could serve to put them down. Despite this, **a clear majority of participants feel "very much" supported by family, friends or others who know about their rape experience**. Throughout questions 36, 39, and 42, the number of those who do not feel supported at all or only feel supported to some extent never exceeded 13 cases. It seems important to note, though, that this does not yet tell us how support is defined – an aspect we will deepen in Chapter 8 with regard to *Medica Gjakova* and the friendships formed through psychosocial groups. Moreover, *feeling* supported might not always mean *being actively supported* by others.

Participants reported relatively few experiences of negative treatment within the last year. Figure 16 shows that across all five questions, slightly more than half of the participants said they were not once confronted with adverse treatment or reactions. Roughly one fifth report only a few incidences. At the same time and with variations among items, between 8.7% and 14.4% said they experience negative treatment either frequently or very frequently.

Figure 16:

Negative treatment as reported by participants

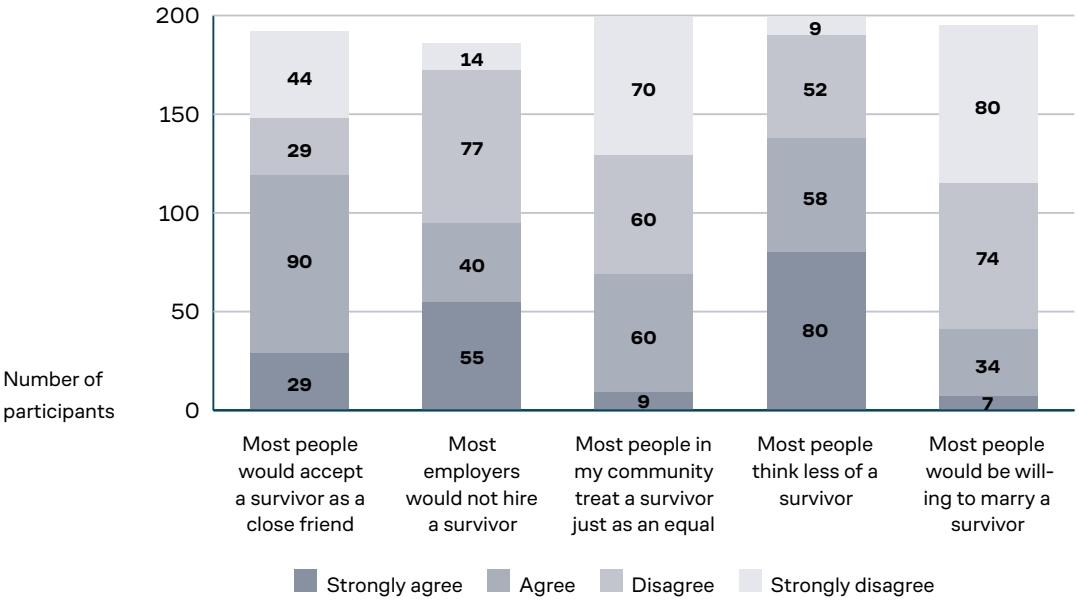


Considering that members of an ethnic minority might experience adverse treatment and negative reactions as a result of intersecting categories, we looked into potential differences between female Kosovo-Albanian survivors and those from Roma, Ashkali, and Egyptian communities. However, we found none, at least based on our relatively small subsample of survivors from ethnic minorities.

Generally speaking, **participants see negative conceptions of survivors prevail in their environments**. As shown in Figure 17 below, with the exception of one item, a majority of respondents endorse statements that suggest the prevalence of devaluating attitudes and discriminatory behaviour. Upon closer inspection, considerable variation across items becomes visible.

Figure 17:

Perceived conceptions regarding survivors



Roughly two thirds of participants perceived negative conceptions of a more general character as widespread. With 78.9% disagreeing or strongly disagreeing that most people would be willing to marry a survivor, there was a particularly strong sense of devaluation when it comes to marriage. In contrast, participants were more or less split over whether discriminatory hiring practices are likely, and more than half agreed most people would be willing to accept a survivor as a close friend.

Again, we looked into potential differences between the ethnic majority and minorities. With only one out of 26 respondents disagreeing, participants from Roma, Ashkali, and Egyptian communities thought people would not discriminate when choosing their friends to an even higher degree than Albanian survivors. Perhaps more notable, we found answer patterns pointing into different directions with regard to two items: Albanian survivors in their majority either agreed or strongly agreed that most people think less of a survivor, and they also disagreed or strongly disagreed when asked whether most people in their community treat survivors just as equals. In contrast, from Roma, Ashkali, and Egyptian communities, majorities of 15 and 16 participants respectively endorsed the answer options that do not denote a general sense of devaluation of survivors. With regard to marriage, however, the subgroups revealed similarly strong perceptions of devaluation.

Taken together, these findings form a seemingly contradictory picture. On the one hand, a majority of participants feel very supported by individuals within their immediate environments and report relatively few examples of adverse treatment or reactions. On the other hand, many participants see discriminatory practices and devaluating attitudes against survivors prevail in their environments. One possible explanation might be that we explicitly asked about negative treatment by those who know about their rape experience and these, as we have seen, are perceived as in their majority sup-

portive. This would suggest that experiences of adverse treatment and reactions might be underreported. Another interpretation, informed by trauma psychology, would point into a different direction. As discussed in the previous chapter, a majority of our participants qualify as having either complex or regular PTSD – a diagnosis which, among others, includes symptoms like internalised shame and a sense of worthlessness. This might help explain how participants can feel absolutely supported, while at the same time having a strong sense of being devalued and rejected. Finally, another factor will come into full view as our discussion continues: the significance of patriarchal social norms.

6.3.3 Patriarchal social norms and perceived devaluation

Material from the qualitative interviews can shed light on why the item referring to marriage triggered a particularly strong sense of devaluation. Several interviewees raised the issue of how having been raped significantly affects a woman's chances for getting married:

> If I got married and I wasn't a virgin, which I knew I wasn't, the burden would fall immediately on my father. And then, how were you to justify yourself to your father? I didn't have the courage to tell him that this had happened to me. Because, ok, you can sacrifice yourself, but your mother must live for the rest of her life in that house, and you have sisters; life is a chain.
>
> (woman, Albanian, interview #4)

As this participant explains, not only is a female survivor of rape considered deficient in her immediate environment: her experience of sexualised violence denotes the inability of her father to preserve her sexual purity. For her, this made it impossible to tell him – especially considering that her disclosure would also have affected her mother and sisters, who are rape survivors as well.

While the quote above illustrates that stigma can extend from the survivor to her family of origin, another participant describes how it can also impact the subsequent generation and their chances for marriage:

> The girls are always afraid that someone will find out because no one will marry them because of their mother.
>
> (woman, Albanian, interview #6)

Taking a closer look at how participants reflected on devaluating conceptions they perceive within their immediate environments, several aspects caught our attention. The following participant articulates a critical perspective of what she describes as local mentality and awareness:

> The mentality and the awareness are a disaster here. You hear people say, "If it happened to a member of my family, I wouldn't allow them inside; I would throw them out.
>
> (woman, Albanian, interview #19)

In another interview, this sounds more matter of fact:

> Our men are like that. The tradition is that if a woman is violated by someone or even willingly *[has intercourse]*, it's difficult for her to get married.
>
> (woman, Albanian, interview #6)

Here, "our men" and "the tradition" appear as something that is given. Neither the need for nor the prospects of change are explicitly mentioned. In contrast, from a male survivor, who as a man is privy to conversations in a male context, we learned about the prevalence of depreciating attitudes in his environment as well as how he objects to such talk:

> They say, "I would not marry a woman who was raped by Serbs." This topic hurts me a lot. I say, "You are being stupid because I would support those women even more, I would keep them, I would never say a thing because only she knows what hurt her, because she didn't consent." They say, "No, no, the woman too took pleasure." But women who were raped and women who do it for pleasure are two different things.
>
> (man, Albanian, interview #1)

The situation he describes points to rape myths informing the attitudes of men in his immediate environment: Women survivors are deemed not marriageable because they are seen as having consorted with the enemy voluntarily. Accordingly, reparative pensions are framed as material gain.

> "Come on, bro, if they raped me, I would get paid, I would get two pensions."

(man, Albanian, interview #1)

After this mimicking of what some men say, he adds an emphatic:

> Those people miss everything.

(man, Albanian, interview #1)

Another interviewee shared with us how the prevalence of devaluating attitudes in her environment made her feel when she was about to getting married several years ago. Upon meeting a prospective husband, chosen by her father, she disclosed the violence that she experienced as an eleven-year-old girl. She had to worry about being accepted and her life hung in the balance for no fault of her own, because the verdict was exclusively in her prospective fiancée's hands:

> You are just a woman, and you understand that you are lower than a man. Things have changed now, but back then, it was different. When I heard those words from him, I trusted him, and it was easier to talk to him … I went to my father and said, "Today, I agree *[to marry him]*." It seemed to me that the whole world had become mine.

(woman, Albanian, interview #4)

We noted how she used the expression "lower" to define her own position and that of women more in general: "lower" was also commonly used by participants to describe how others' stigmatising reactions make them feel. While her choice of words seems to suggest that women's subordination is doubled by stigma, she also perceives gender relations as having changed since her days as a bride. Indeed, the fact that she found the courage to tell a prospective husband, despite keeping her rape a secret from her father, and that this man knowingly agreed to marry her, might itself represent one step in a broader process of transformation. At the same time, her emphatic ending to this recollection underlines what the prospect of getting married to someone she can trust meant to her back then.

The topic of married women having to conceal their rape experience before their husbands came up in an interview with a male participant. Explaining that, for male survivors, there is no need to disclose the loss of virginity and thus their discredited status, he drew a comparison to women's lack of agency in the family:

> For women, it's more complicated. Many women must hide it even from their husbands. I can handle things more easily because I have things in my hands. I can come to *Medica Gjakova*, but if a woman wants to come here, she can't. She says to her husband, "Yes, I am going to Gjakova." And he asks, "Why? What do you have to do there?" […] Now, it is much more difficult for a woman to hide it than for a man.

(man, Albanian, interview #9)

It is worth noting how this participant describes a relatively greater personal freedom that he, as a man, enjoys in his environment: he reflects how, in contrast, married women will most likely be confronted with husbands asking questions and requiring explanations when they want to travel somewhere – in this case to seek support. He also indicates it is easier for him as a man to keep his experience a secret. This, in turn, raises the question whether the privileges he seems to enjoy as a man in his particular environment somehow force him at the same time, as a survivor, to resort to even stricter secrecy.

Although it does not address marriage or explicitly mention attitudes regarding survivors, there is one more comment by an interviewee we want to quote here because, indirectly, it provides yet another avenue to understanding how negative conceptions of survivors can prevail. With less than two million inhabitants, Kosovo is a small country. Chattering and gossiping may travel, but are especially effective in small social circles, working as a form of monitoring and control. They are the dynamic components of the "old mentality", as understood by this male survivor:

> We have this old mentality … People are more interested in others' affairs than their own – this happened to so-and-so … it happened like this to that one. You can't even go out to have coffee because they say, "Oh, it happened like this to so-and-so." … It's different in Italy or Austria, where they don't care about anyone at all … they look after their own affairs, their family, their own work, they are not interested in other people's affairs. Here we are a village of about 300 houses; when a bad thing happens to someone, they say, "Ahh, that happened to so-and-so!"
>
> (man, Albanian, interview #9)

Living in a rural environment, he perceives people surrounding him as overly concerned with the affairs of others. In particular, anything that is considered bad is also seen as a welcome opportunity to gossip. Moving between his village and Western European countries as a reference point, he seems to imply that this "old mentality" can be considered characteristic not just for particular areas, but Kosovar society as such.

It is worth nothing that participants in the qualitative interviews only mentioned sexual purity as being considered relevant for women. Lack of virginity was never raised as something perceived problematic with regard to men. Thus, the social norm of sexual purity was described as a gendered, patriarchal norm that holds female survivors and their families accountable for sexualised violence a woman has experienced. At the same time, this norm invokes men as defenders of female sexual purity, thereby rendering male survivors of rape socially invisible.

Our self-developed questionnaire included a total of five scenarios that might be perceived as transgressing (gendered) social norms (Questions 90–94). Participants were asked how concerned they would be to receive negative reactions from people who know or have recently learned about their rape experience. Across all five items, **there was a consistently high proportion of respondents (94.9–95.9%) who expressed some or strong concern at being perceived as transgressing social norms and potentially experiencing negative reactions**. Figures 18 and 19 illustrate two of these scenarios.

Figure 18:

Concern with social norms in scenario involving relatives

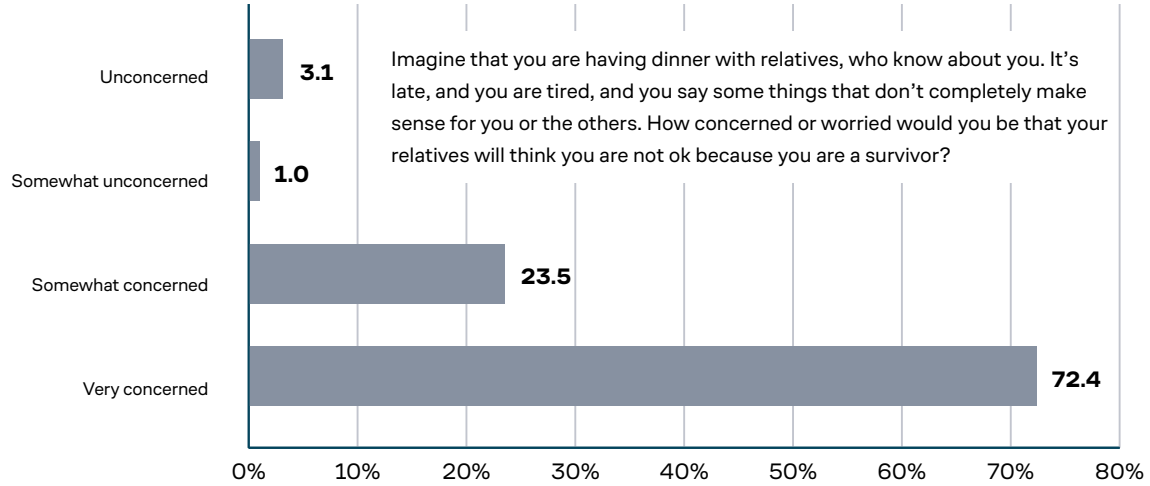
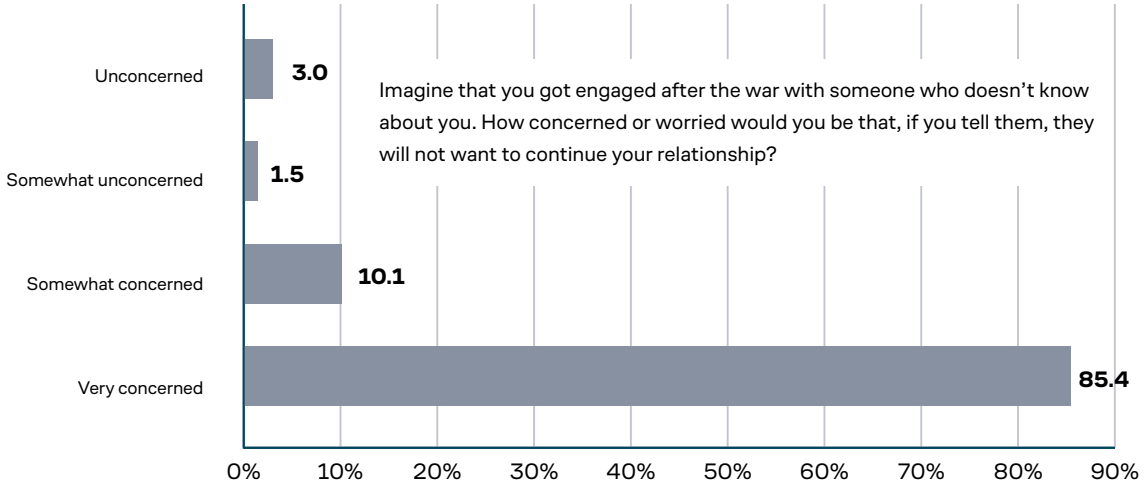


Figure 19:

Concern with social norms in scenario involving a fiancé(e)



Among these overall levels of high concern, we noticed that the two scenarios involving marriage worried participants most. The respondents were asked if they would be worried that a fiancée (Question 93) or spouse (Question 94) might not want to continue the relationship after finding out about their rape: with 170 and 168 respectively saying they would be "very concerned", the issue of marriage once again stands out.[53] This suggests that for a vast majority of our participants and their respective environments, getting and staying married is highly significant. At the same time, the high level of worries point to the prevalence of patriarchal social norms that make marriage dependent on fulfilling expectations of female sexual purity and what it means to be a man – norms that devalue survivors while exerting pressure on fiancés and spouses. In other words, a huge majority of our participants perceive becoming known as a survivor as carrying a tremendous risk: that of being excluded from marriage – an institution that is very meaningful both socially and individually.

Disaggregation of data for gender and ethnicity did not result in significantly different patterns. With regard to ethnicity, we found a small difference for one item: getting judged by friends for being loud and boisterous seemed to worry female Albanian participants slightly more. About three quarters said they would be "very concerned", whereas only a little more than half of our female participants from Roma, Ashkali, and Egyptian communities chose this answer category. Considering that this tendency was found with a relatively small subsample and just for one item, we must not interpret this as pointing towards more general differences of what counts as socially acceptable behaviour for women among ethnic majority and minority communities in Kosovo. More specific research on gendered social norms that also considers the inner heterogeneity of ethnic groups would be needed. Taking up our points above about the gendered norm of sexual purity, it seems interesting to note that female and male participants slightly differed in their answers to the marriage-related questions. A somewhat higher proportion of women than men said they would be "very concerned" a fiancée would end their relationship

[53] As described above, among the items measuring perceived devaluation and discrimination, the one referring to marriage triggered the strongest sense of devaluation.

upon having learned of their rape. At the same time, all nine male participants, compared to 83.2% of female respondents, expressed intense worry that their spouse would leave them. These tendencies seem to reflect what we found in the qualitative interviews, namely that the norm of sexual purity has different implications for women and men. Very tentatively, our findings suggest this might result in somehow different concerns for female and male survivors. Again, more specific research would be required to see whether our insights from a very small sample of men can be confirmed.

In the qualitative interviews, several survivors described scenarios that resemble the ones in our questionnaire:

> They would say to my face, "Get out of here, you're a nobody, this is who you are!" To me, this was death. That's why I'm closed in; I don't open much because I'm scared they'll say that to me. I'm afraid. I talk, but I am scared that someone will come and tell me, "Get out of here because you know nothing, you're like this *[raped]*."
>
> (woman, Roma, Ashkali, or Egyptian, interview #7)

For this participant, getting called out and ostracised because she is perceived as having transgressed patriarchal norms regulating women's identity and sexuality is something she is extremely afraid of and experiences as a form of social death.

Another interviewee described what she perceives as common reactions from her environment if a woman known to be a survivor acts in ways that are not socially approved:

> If they see you that way, they say, "She's like that because of what happened to her during the war," or "She is a whore," or "She is bad." We must shut up, boil inside or crack.
>
> (woman, Albanian, interview #14)

According to her, the expectation of survivors is to not talk or otherwise raise attention.

This considered, survivors' struggle to resist stigmatisation and put-downs is even more notable. In the comment below, resistance is expressed as a defiant voice coming from the depths of one's soul:

> For instance, you're sitting with a group of friends at a table, or you're at a wedding or some gathering, I say something, and she offends you with a word, she tells you: "Drop it, because that happened to you, but you're trying to show off as if you are somebody." Then you try to stay strong but feel weak in your body, and you say to yourself: "Drop it because they know everything." And as much as you try to stay strong, you won't be able to. But my soul tells me not to stop.
>
> (woman, Albanian, interview #4)

As the following quotes make clear, people do not need to say anything to threaten survivors with devaluation and humiliation. It is often enough when others use a gesture such as raising an eyebrow that might convey disapproval: this makes survivors self-conscious and hurt.

> My brother's son was getting married, and it's shameful not to go to your brother's wedding … I told them, "My husband died, I won't dance." My brother said, "Come on, life goes on!" I stood up for my brother's sake and danced. Then, two women who are distant relatives did this *[gesture of pointing]*. Maybe she didn't do it on purpose because I don't think she knew, but I thought they knew something about me. I immediately stopped, my brother asked me what was wrong, and I said, "I have a migraine, I can't stand the music." I went back and sat down. I looked at them to see if they were looking at me, I thought they knew about me, maybe they didn't, but this is how I felt, because she did that gesture and then she blinked her eye as if to say, "Ah! You're dancing, are you?"
>
> (woman, Albanian, interview #15)

> What makes me feel more withdrawn is when we are in the company of others, at a wedding or a wedding party. We stay up late and talk, and for instance, when you know that someone there knows that something happened to you, and you laugh and laugh hard, and then you stop, perhaps she is not judging you, but to me, it seems like she is. And I stop and ask myself, "Did I go overboard?" Because I am not ok with myself, sometimes I feel like I have lost control.
>
> (woman, Albanian, interview #4)

Both interviewees explicitly reflect that they do not know for sure if these others in fact meant to convey disapproval of their behaviour. They acknowledge that outer and inner reality do not necessarily converge while describing what feels real to them. As interactions between participants and counsellors during the interviews suggest and interviewee #13, an Albanian women, explicitly reflected, at least some participants gained this awareness through psychosocial counselling.

6.3.4 Handling of social situations

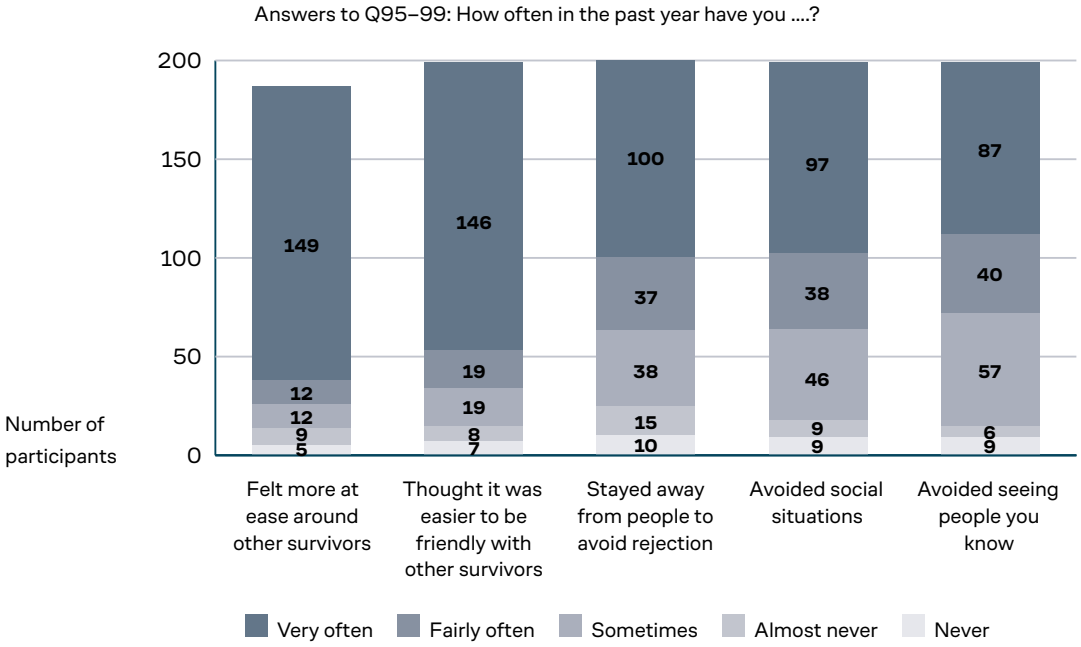
Considering that many participants perceive negative social conceptions about survivors as widespread in their environments, they might be inclined to expect interactions with others to get awkward – whether in more open or subtle forms. One possible way of handling this risk is to avoid contact with others or limit interactions to those considered least threatening. We can gain insights into the extent this is the case from two series of questions included in our self-developed questionnaire (items 47–49, 95–99).

At 68.2%, a majority of our participants do not take part in social activities at the local level. In view of the findings described above, it may seem plausible to conclude that fear of devaluation and discrimination explains this. Yet, additional findings suggest reasons are more complex. Asked why they do not participate in activities organised by their town or village, the by far most common response was there are no such activities (41 out of 73 answers). Other aspects mentioned included lack of time or information.

We further sought to measure participants' avoidance behaviour, thoughts and feelings. Across all five items (see Figure 20), **we found strong tendencies to limit contacts and withdraw from social interaction**. When asked if they avoid people, 43.5% replied "very often" and only 7.5% said "never". Similarly, 74.5% said they very often feel more comfortable around other survivors, and only 12.5% said this was never the case.

Figure 20:

Avoidance behaviour, thoughts and feelings (frequencies)



Notably, the two items indicating a *feeling* that being among other survivors is easier were considerably more often and enthusiastically endorsed. In comparison, avoidance *behaviour* towards people more in general was less pronounced. One possible explanation might be that options for avoidance are limited, for example, in cases when participants work outside the home and/or live in an extended household. Very tentatively, we might interpret these results as pointing towards the significance of *Medica Gjakova*'s psychosocial groups, which we will discuss more in Chapter 8.

Looking into how gender and ethnicity might affect answer patterns, we noticed that tendencies to avoid contact with people more in general seem to be particularly potent with male participants. For all three items, out of our small sample of nine men, between six and seven said they tend to avoid contact very often. Regarding ethnicity, answer patterns for Albanian women and women from Roma, Ashkali, and Egyptian communities slightly differed: across the three items indicating avoidance behaviour, ethnic minority participants more often endorsed answer options that signal less pronounced avoidance. With 23 out of 26 participants from Roma, Ashkali, and Egyptian communities, a particularly high percentage said they "very often" feel more at ease around other survivors. This might be because survivors belonging to ethnic minorities, who potentially experience discrimination because of intersecting categories, find particular value in *Medica Gjakova*'s psychosocial groups, so additional research would be needed to follow up on this.

From several qualitative interviews, we get additional insights into how survivors handle social occasions like weddings and funerals. The survivor quoted in the section before who described an intense fear of being put down explained:

> And that's also why I don't like to go to weddings because I'm scared and more comfortable staying home.

(woman, Roma, Ashkali, or Egyptian, interview #7)

Another participant also avoids weddings. As she shared during the interview, she used the death of her husband for years as a justification for staying home instead of attending family parties:

> I never go to weddings; if there is a burial, yes. I go to burials but not to weddings. I never wear a dress.
>
> (woman, Albanian, interview #15)

Her mentioning of never wearing a dress raises the question to what extent her avoidance of weddings might be informed by what she and/or her immediate surroundings find (not) appropriate for a woman in her situation. In fact, several female interviewees (all Albanian, #4, #8, #14) seemed to struggle with this.

A male survivor follows a similar strategy, explaining to the interviewer what social dynamics are at play in his case:

> I didn't attend one of my daughters' weddings. Weddings here are huge … here, they respect their close friends. They invite you and invite their friends. You know … you try to respect them; they respect you. After 2010, I started going to mourning vigils before I didn't dare to go. But it is necessary, the issue of respect.
>
> (man, Albanian, interview #5)

In the "here" that serves as his point of reference, not attending social gatherings that mark the development of the wider kinship group is considered a violation of the accepted rules of behaviour if the reasons are frivolous. Mutual respect seems to depend on not breaking with these socially binding obligations.

In conclusion, our quantitative and our qualitative data converge in that, to a considerable degree, participants tend to avoid social interactions; this includes but is not limited to family celebrations. Fear of devaluation and rejection may explain this – at least in part – but our data suggests other reasons play a role as well. In particular, the specifics of occasion seem to make a difference. For example, *Medica Gjakova* counsellors know of a multiplicity of cases who, like the interviewees quoted above, find it easier to fit in at funerals – because they often feel sad and like crying. For these survivors, it seems less challenging to attend events where sadness is expected, where nobody will wonder if they suddenly burst into tears, than to join in on occasions where attendees are expected to show joy. In other words, participants' tendency to avoid social situations might be a sign of their grief and depression, reflecting the high rates of clinically relevant symptoms discussed in Chapter 5. In some cases avoidance behaviour may indicate anticipation of negative social reactions, in others it might not.

6.3.5 Family dynamics between support, put-downs, and silencing

According to the quantitative results presented so far, most participants consider family to be supportive. At the same time, many see negative conceptions of survivors prevail in their immediate environments. Drawing on material from the qualitative interviews, we now want to further explore the social dynamics within families.

Earlier, we quoted a female participant who did share her experience with a prospective husband but made sure to keep the rape a secret from her father. In the same interview, she told us about her first thoughts immediately after the sexualised violence: the rape was barely over when an intense fear of her father crept upon her.

> Before we could even open our eyes after the violence, we were scared about what would happen next. Our father was very, very tough, everyone has a strict father, but ours was tough. We were frightened, you know, the three of us were, that he would kill our mother, on top of the violence we had just experienced.
>
> (woman, Albanian, interview #4)

While she describes having "a strict father" as nothing extraordinary in the particular social world she is accustomed to, she emphasises several times the toughness of her own father. Her decision to keep the rape a secret from him is motivated by a desire to protect her mother from further violence. As such, not talking about the experience of sexualised violence might be seen as an act of solidarity among female relatives, more specifically: of daughter(s) with the mother. Finally, in a differentiated way, this form of silence might be seen not only as a form of protection but also as last form of control.

During further parts of the interview, the same participant provides examples that indicate solidarity is not what automatically characterises relations between women of a family nor among rape-survivors. Rather, her account seems to suggest, solidarity must be consciously sought and carefully fostered. Describing her mother's situation in the family she married into, the interviewee highlights that female in-laws used the absence of her husband as a free pass to take advantage of her while he was in jail:

> My mother had been abused by her sisters-in-law because she was a woman without a husband in a household of 60 people. They put a lot of pressure on her to do their work.
>
> (woman, Albanian, interview #4)

For herself, she describes similar experiences of being put down and abused by a female in-law. In her case, it is the mother of her husband whom she characterises as having taken over her father's role of controlling her:

> Now, my mother-in-law, I know she suffered herself too *[she is a survivor]* … But she has a temper. Even if I were to kneel in front of her and do everything for her and her son, it wouldn't be enough for her. She finds reasons to criticise me; she is just like my father. Even after I moved out of his house, I found him here. I'm not very free even here, because I have her pressure, "Don't do anything, don't be identified, and go to your room."
>
> (woman, Albanian, interview #4)

Although both women were raped during the war, she does not find compassion and support in the relationship to her mother-in-law. Quite to the contrary, she describes her as a woman who uses the relative privileges accorded to her because of her generation and kinship to put down her daughter-in-law.

Other interviewees shared with us experiences of family members who know and – even while they might be perceived as supportive more in general – insisted that others must not learn about what has happened. In other words, some family members effectively try to silence survivors. For the following participant, it is her own mother and sister who take upon themselves the task of silencing her – something that started right after the incident, when her mother was keen to make sure that her uncle does not find out:

> I was covered in blood when I returned to the refugee column. My pants were white, and they were covered in blood. My mother said, "Sit down, so your uncle will not see you." When we gather, everybody laughs, and talks, I don't talk; I listen. I have much respect for my older sister, but when I speak, she sometimes says: "You are wrong here, do not talk anymore; I'll tell you when you can talk." I mean, am I guilty for what happened to me? "Don't talk…you should be ashamed of yourself."
>
> (woman, Albanian, interview #8)

With her rhetorical question, she simultaneously hints toward and challenges notions of female sexual purity, family honour and shame that seem to inform her sister's behaviour towards her. Moreover, the reaction of her mother and sister reveal similar concerns. This indicates that it is more than the beliefs and attitudes of individuals that are at stake in environments like hers: rather, these individuals act in accordance with what, in their respective surroundings, is considered socially (un-)acceptable – an insight with crucial implications for designing interventions.

The following quote explicitly highlights how, in cases like this, dynamics between individual family members need to be understood as shaped by their immediate environments. For this participant, the factor that caused a dramatic rift between her and her son was not the experience of sexualised violence as such, but the meaning that was accorded to it by their social circle:

> The rrethi *[social circle]* did such a job on my son that he left; my son left at 13 because he was present; he was 7 when it happened to me … My son began to go to school, but in school, and I don't blame the children because the children hear what their parents say, they told my son,[54] and when he turned 13, he raised his hand against me. I got a knife, I was about to kill him … The rrethi destroyed me more than what happened to me on April 20.

(woman, Albanian, interview #13)

Concern with what others might think and say also seem to ultimately dominate the reactions of another interviewee's husband. Although he was initially supportive towards her, he began to feel as if everyone else knew after she befriended the witness of her rape, ultimately exercising the power he had over what is considered his house:

> In the beginning, right after the war when that event took place, my husband was supportive. Then I met the witness [to the rape] … and I hung out with her. That's when my husband started: "The whole world knows about it." That's when the conflict started … He told me, "Get out of the house because I don't want to have you in the house."

(woman, Albanian, interview #14)

In the case of another participant, her husband was ready to accept her even though most of her relatives know because they ear-witnessed her rape. However, as she recalls, he made it clear to her to never let anyone in his own family know:

> My husband said, "Bury this thing into the ground; nobody has to know." I told him that my family and most of the mahalla [neighbourhood] knew because they heard my cries. He said, "My family, I don't want them to know until they die because it's a bit heavy; my sister and brothers shouldn't know, only I know. Bury this thing into the ground." … He never mentions it; he never goes there.

(woman, Roma, Ashkali, or Egyptian, interview #2)

It seems that for her husband knowing what he knows and being in a marriage with his wife is only possible if "it" is never mentioned to his family or between the two of them. Insofar as his behaviour refrains from using this knowledge as a means to deliberately hurt his wife and is motivated by trying to spare her painful memories, it might be characterised as supportive. To the extent that silence is imposed on her, however, it may effectively function as a reminder and reinforcer of devaluation.

Not mentioning "it" also describes how another couple in which the husband knows deal with what has happened to her. The interviewee vividly remembers the one situation when her spouse brought the rape up – albeit, as it seems, indirectly:

[54] *The participant did not specify details, but it is implied the rrethi told her son what happened to her during the war.*

6.4 Discussion

> My husband mentioned it only once, and I forgave him because he is a very understanding husband. But I felt terrible when he mentioned it; it felt as if the world turned upside down … We were going to a wedding, and he came to the beauty salon … He saw me, and his jaw dropped, and he told the hairdresser, "If you can put more foundation here where the mark is …."[55] At that second, I felt like the whole salon was destroyed. In that second, I said, "If someone were to cut me with a knife, I wouldn't spill a drop of blood." I didn't say anything … But I gathered that he had made a mistake because he doesn't like to hurt me. He is not the kind of person who wants to put you down. He tries to give you courage and an advantage in everything.
>
> (woman, Albanian, interview #4)

While she says she has forgiven her husband, this itself does indicate how deeply upsetting his reaction was for her. Her description of an otherwise understanding and encouraging husband, who does not take pleasure in humiliating her, suggests it was not his intention to hurt her. Nonetheless, this is what he did – and it might not be a coincidence that this happened when the two of them would be seen by others at a wedding. In environments where devaluating conceptions of survivors and patriarchal notions of honour and shame prevail, a husband might be willing to privately accept his wife, thus suspending normative judgements in their direct relationship with each other. Doing so publicly, however, would put him at the risk of getting ostracised by his social circle. In this regard, it seems telling that the interviewee's account implies there are only two possible ways for dealing with this knowledge as a couple: not mentioning "it" or mentioning "it" in a way that hurts. There is no articulation of a third alternative: being able to talk with one's spouse about the rape experience in ways that do not inflict additional pain.

In this chapter, we have taken a close look at survivors' perceptions of and experiences with their immediate environments. As a conclusion, we want to highlight several aspects which seem of particular relevance with regard to the broader literature and/or to practical interventions: the question of speaking vs. remaining silent; the significance of gendered social norms; and the implications for further improving survivors' relationships with their immediate environments.

It seems important to note that the participants of our study are not simply *silent*: they have taken part in this study and they sought out *Medica Gjakova*'s support. Only a relatively small number never talk about it. The fact that most of them say it is *Medica Gjakova* to whom they talk about their experience suggests that for participants who wish to talk about what has happened to them, access to psychosocial counselling services is important, if not crucial. At the same time, counsellors are not the only ones that participants talk to about their rape, with a considerable number – one third – talking with other survivors and/or close family members.

Furthermore, as Johanna Mannergren Selimovic can remind us, not or rarely talking about one's wartime rape must not be equated with lack of agency on part of survivors. Emphasising that "silence and voice are not opposites but instead varieties of communication" (Mannergren Selimovic, 2018, p. 1), the suggestion is to distinguish between "disabling" and "enabling silences", rather than problematising silence as such. Drawing on this distinction, we can at least identify three forms of silences in participants' relationships with their immediate environments. We found evidence for disabling *silence as shaming*: examples include participants being told by close family members to keep a low profile in order to not be identified. We also found reports of enabling forms of *silence as coping* – this is a means to keep away pain from oneself – and *silence as protection* – which makes relationships possible.

[55] *The participant is referring to a mark which the perpetrators had left on her after the rape.*

Our material points towards the relevance of social norms more in general and of gendered, heteropatriarchal social norms more specifically for understanding survivors' perceptions of and experiences with their immediate environments. As our quantitative data shows, for a majority of participants it is a matter of high personal concern if they are perceived as transgressing social norms. Particularly high levels of worry that a (future) spouse might leave them upon having learned about their experience were shown by female and male participants alike. At the same time, these norms themselves are not *genderless*. On the contrary, in the qualitative interviews various participants described gendered – more precisely: patriarchal – norms. Not only did interviewees explain that in their environments women were expected to be *sexually pure* and *untouched*, they also shared how deviation from this norm might bring shame to women as well as their families. For men, no expectations regarding their *sexual purity* were articulated. Rather, men seem to be confronted with the expectation to reject women commonly perceived as *stained*. Viewed in this light, the apparent contradiction becomes understandable when a female interviewee describes her husband as supportive even though he silenced her at the same time as accepting her. His behaviour did signal a personal refusal to judge her according to patriarchal norms of femininity prevalent in their environment and then by marrying her and staying in marriage, he circumvented the gendered social expectations of how he should (re-)act as a man. Our quantitative data indicates this couple is not an isolated case. In fact, out of a total of 113 female married participants, 86 said their spouse knows. This suggests that gendered social norms can function as a *resource* for coping with war rape, as Shala et al. (2024) has pointed out. It also shows how the way in which survivors and their immediate environments cope with the experience of war rape also has the potential to *impact* on these very norms. We see in our data that for a considerable number of husbands these patriarchal notions of *sexual purity* and honour do not inform their personal willingness to get married to or stay in their marriage with a survivor. These individuals effectively circumvent patriarchal gender norms – even if this so far occurs mostly in private and without their environments knowing about it. It seems likely they might not even be aware that other husbands are also doing the same.

Related to this, from our quantitative sample of 200 survivors we learned that most have at least one person in their respective environments whom they consider supportive. At the same time, our qualitative data suggests that in many cases, this might not mean they are actively receiving support: for a significant number of participants, it seems that a lack of hostility (being looked down upon or humiliated) is sufficient for them to perceive the others as supportive when they know about the rape. In other words, participants' have relatively humble expectations of their immediate environments, which is not too surprising considering the prevalence of devaluating notions seen by survivors in their surroundings.

Drawing on the statements in the previous chapter regarding the ways trauma can alter perceptions, it seems important to reflect that the strong sense of rejection we found does not allow for direct conclusions on how others actually interact with survivors. This suggests that interventions aiming at survivors' perceptions of and expectations from their environments are important. In fact, qualitative interviews indicate that the feminist counselling provided by *Medica Gjakova* has helped some participants become aware that while they might *feel* judged by someone for being a survivor, this is not necessarily an objective reflection of what others do or think. Further, qualitative material indicated that female survivors might find it challenging to allow themselves to feel beautiful and happy. In these cases, psychosocial counselling can help survivors understand that, just like every human being, they, too, have a right to joy and happiness.

At the same time, findings discussed in this chapter suggest a need for interventions aiming at the level of the immediate environment, in addition to counselling for the survivors themselves. The strong sense of rejection participants expressed cannot be attributed solely to their individual perceptions. Rather, we found evidence for gendered social norms, specifically notions of *sexual purity* and honour, informing not only our participants' self-understandings, but also their direct surroundings.[56] Viewed in light of the concept of sequential traumatisation introduced in Chapter 5, the prevalence of such norms must be comprehended as an important factor contributing to participants' alarmingly high levels of psychological suffering. However, we could distinguish between reports of family and community members who use these norms in order to devalue and/or silence survivors and reports of those who do not act in accordance with prevailing norms. In other words, even in environments enforcing patriarchal notions of *sexual purity* and honour, there is already change taking place privately towards less restrictive and hierarchising gender norms. Those considering the promise of interventions for fostering norm change at the level of the immediate environment would therefore do well to consider how to empower and actively engage those who are privately already enacting change, while also thinking carefully about the potential challenges and resistance on part of those who still accept the norms and behave accordingly.

[56] This interpretation is further supported by the literature. A study from 2012 with adolescents found that 65% of its participants believed "a girl should be a virgin" when entering a relationship (Kadriu, 2012). More recently, it has been argued virginity still plays an important role in upholding family honour and shaming girls to this day (Shllaku, 2022).

7. SOCIAL ACKNOWLEDGEMENT OF WAR-RELATED SEXUALISED VIOLENCE

7.1 Introduction

So far, we have discussed the long-term consequences of war-related sexualised violence on survivors' individual wellbeing as well as their experiences with and perceptions of their immediate environments. Grounded in *medica mondiale*'s multi-level approach,[57] this chapter now examines and calls attention to the ways survivors of war-related sexualised violence perceive, understand and encounter political and societal efforts to socially acknowledge these crimes in Kosovo. We will assess what has been accomplished and identify ways to move forward.[58]

In this chapter, *social acknowledgement* is loosely framed as an umbrella term for the public recognition of survivors of war-related sexualised violence which seeks to redress the harms of the past and their consequences in the present. The term *recognition* is also used in the literature: recognition "encompasses the significance of the experience being acknowledged" (McGlynn et al., 2017). So, social acknowledgement is used here interchangeably and synonymously with social recognition in order to highlight its broad and complex nature. The recognition of the violence itself – in the sense of not denying that it happened – is a necessary precondition for survivors to feel socially acknowledged. In this sense, social acknowledgement or social recognition of war-related sexualised violence encapsulates the recognition of survivors' ongoing experiences as existing or true, its impact and significance for the survivor and society in general, as well as the support expressed by different social actors (McGlynn et al., 2017). This takes place on a societal level through public outreach and campaigns, on a political level such as in the form of legal-bureaucratic status, institutionally and/or with the support of civil society.

Our self-developed questionnaire was designed to help us find out about survivors' perceptions of social acknowledgement of war-related sexualised violence in Kosovo. In particular, we learn if (Questions 20–22) and how (Questions 23–27) survivors feel acknowledged by society. Of particular importance in this chapter is the issue of how survivors of war-related sexualised violence assess the administrative reparations provided by the Kosovar government (Question 28-32). Many of the questions were open-ended and the answers were categorised by us as part of the analysis process. As in previous chapters, data obtained from our qualitative interviews with 20 participants is also used to provide deeper analysis. From these qualitative insights, our focus was on extrapolating individual understandings of justice, reparations and societal efforts to socially acknowledge survivors' experiences of war-related sexualised violence.

Following the structure of previous chapters, we start with a literature review prior to presenting our findings. Within our findings, we first look more generally at how participants perceive social acknowledgement for survivors of war-related sexualised violence in Kosovo. We then explore further their views of the role of non-governmental organisations (NGOs) and media. Finally, we turn to institutional forms of social acknowledgement provided by the Kosovar government, namely administrative reparation payments and the legal status as a victim of war.

[57] https://medicamondiale.org/en/service/media-centre/multi-level-approach-for-the-prevention-of-and-response-to-violence-against-women (retrieved November 16, 2023).

[58] It seems important to point out that this study is not able to reconstruct and trace survivors' changing perceptions of social acknowledgement of war-related sexualised violence across the past 20 years. Rather this chapter provides a snapshot of how, in Spring 2022, survivors who are clients of Medica Gjakova reflected on their current and earlier situation.

7.2 Literature review

This literature review traces different efforts to socially acknowledge war-related sexualised violence and survivors in Kosovo. Starting with lobbying and activism as one crucial expression social acknowledgement has taken, we will move on to broader international debates about different approaches to justice, thus introducing further forms of social acknowledgement. Finally, we will discuss the history and specifics of reparative justice mechanisms in Kosovo.

7.2.1 Lobbying and activism for and as social acknowledgement

At the helm of the movement for social acknowledgement, NGOs have fought globally for the recognition of war-related sexualised violence and its survivors across different conflicts, building solidarity and agency as they did so (Bakken & Buhaug, 2021; Koos, 2018; Kreft, 2019). Survivors themselves have often led the charge and become activists and/or founded NGOs. In Kosovo, survivors, feminist activists and civil society organisations have long played a dynamic and vital role in the fight for acknowledgement for survivors of war-related sexualised violence at different times and in various capacities (Farnsworth, 2008b, Chapter 14 in particular; see also Shala, 2022). Specifically, four NGOs need to be mentioned in this context: *Medica Gjakova*, the Centre for the Promotion of Women's Rights, *Medica Kosova*, and the Kosova Rehabilitation Centre for Torture Victims (KRCT). Since 2018, these have coordinated their advocacy work as part of the *Be My Voice* campaign *(Bëhu Zëri Im)*.

Even while the war was still ongoing, feminist activists and NGOs were already playing a pivotal role in collecting and guarding data on incidences of war-related rape (Farnsworth, 2008b; J. Krasniqi, 2021). In the post-war period, feminist activists and NGOs continued to fight for the rights of survivors by publishing their own reports on war-related sexualised violence, aiding other organisations dedicated to women's rights, and lobbying for the legal rights of survivors (Farnsworth, 2008b; J. Krasniqi, 2021). Some women spoke out publicly to challenge dominant images of women within Kosovo-Albanian society and in doing so they countered the generalised representations as "silent victims" (Zeidler, 2022). Today, Kosovo's feminist activists and NGOs continue to provide a variety of direct services to survivors and their families, while also amplifying their voices through advocacy. Together they represent a bedrock of support and advocacy across every element in the fight for social acknowledgement; from confronting taboo and stigma around sexualised violence via awareness-raising campaigns to lobbying for amendments in laws (Farnsworth, 2008b; Shala, 2022).

Interventions aiming at reducing social stigma of sexualised violence is one of the ways in which feminist organisations together with artists have contributed to war-related sexualised violence no longer being a taboo in public (Di Lellio, 2021). Over the past ten years these have included, for example, an awareness-raising campaign *Hear my voice* (*Dëgjo zërin tim*, 2013), a public monument *Heroines* (*Heroinat*, 2014) displayed in Pristina, and a temporary art installation *Thinking of You* (*Mendoj Për Ty*, 2015), by Alketa Xhafa-Mripa.[59] The latter aimed to de-stigmatise wartime rape by involving the community at a grassroots level, allowing citizens to show solidarity with the survivors. It gained worldwide media representation as thousands of dresses and skirts from across Kosovo were donated by survivors, their families and the wider local and international community, including dresses from high-profile figures such as Kosovo's first female president, Atifete Jahjaga, and internationally acclaimed pop singer Rita Ora (Qena, 2015). The effect, according to the artist, was intended to be cathartic (Xhafa-Mripa, 2015), and demonstrated societal involvement and commitment to fighting the stigma (Tran, 2015). From a feminist perspective, however, the installation has also been discussed critically. As Kosovo-based sociologist Vjollca Krasniqi (V. Krasniqi et al., 2020) argues, the use of the dress not only objectifies women, echoing a patriarchal perception of women as "beautiful and fragile", but

[59] *For a summary of the art installation 'Thinking of You' and its political and social impact see, for example, Di Lellio et al. (2019).*

also reinforces "the sexual representation of women and confines women's subjectivities to the patriarchal framework" (V. Krasniqi et al., 2020, p. 468).

High-profile elected officials also played a significant role with regard to raising social awareness through public debates and campaigns as well as paving the way for legal recognition of survivors (X. Halili & Xhemajli, 2020, pp. 523-524). Atifete Jahjaga, Kosovo's first female president, in office from 2011 till 2016, used her political position to lobby for the recognition of survivors.[60] As will be further detailed below, in contrast to other groups of survivors who had suffered from the war, survivors of war-related sexualised violence were not recognised by Kosovo law until 2014. By the very act of influencing a legal amendment to specifically recognise survivors of wartime sexualised violence, Jahjaga's term in office was seen as essential (Plesch, 2019). She also joined the Global Initiative for the Prevention of Sexual Violence in Conflict (PSVI). As an elected official, Jahjaga was a driving force in creating a National Council for Survivors, which invited NGOs dealing with survivors, into an institutional framework (Di Lellio, 2021, p. 101). In essence, the National Council bridged institutional and civil organisations and set up survivor-centric groups dedicated to shining a light on war-related sexualised violence, the psychological and economic empowerment of its survivors and their health care needs (J. Krasniqi, 2021).

When, in 2018, Vasfije Krasniqi-Goodman publicly revealed her personal experience of wartime rape, media attention was sparked (D. Halili, 2018). Not only was she the first survivor of the Kosovo war to speak of her trauma to the media in such a detailed way, and without disguising her identity, but Krasniqi-Goodman's testimony and determination inspired Special Prosecutor Drita Hajdari to re-launch the investigation into her case (D. Morina, 2018). In 2021, her visibility and advocacy have led Kosovo President Vjosa Osmani to declare April 14, the day of her rape, the Day of Sexual Violence Survivors. Krasniqi-Goodman continues to tell her story on the international stage, as part of crucial initiatives by the United Nations (UN) and KRCT to advocate for survivors and combat stigma (Pashrtiku, 2019). One must recognise the inherent ambiguity here. In order to catalyse such remarkable actions, Krasniqi-Goodman, a survivor, had to speak publicly, with her face fully uncovered, exposed and recognisable, in order to be heard.[61]

7.2.2 Transitional justice as social acknowledgement

Social acknowledgement has tended to be examined through the lens of transitional justice, which includes both retributive mechanisms, such as trials, and reparative justice mechanisms such as truth commissions and reparation programs (Gready, 2010; Proietti-Scifoni & Daly, 2011; Rose, 2008). The impact of war-related sexualised violence and the importance of integrating a gender perspective into transitional justice systems has become increasingly recognised as an attempt to help societies come to terms with the heinous crimes committed in war (Hayner, 2010; Nesiah, 2006; Ní Aoláin & Rooney, 2007).

The Rome Statute of the International Criminal Court of 1998 described wartime sexualised violence for the first time as a crime against humanity (Askin, 1997). Such legal codification of war rape as a crime is a fundamental form of international and state sanctioned social acknowledgement as the blame is shifted from the survivor to the perpetrator (Copelon, 2008, p. 257; Mertus, 2004). The International Criminal Tribunal for the former Yugoslavia (ICTY), established in 1993, and the International Criminal Tribunal for Rwanda (ICTR), established in 1994, were the first to prosecute rape as a war crime in and as of itself rather than as a by-product, or as a secondary war crime (Davis, 2000). Although these historic international efforts to legally

[60] With the Jahjaga Foundation, established in 2018, she continues to work with and on behalf of survivors of war-related sexualised violence in Kosovo. As mentioned in the introduction, Atifete Jahjaga was one of the public figures who shared with us her insights into the socio-political context of war-related sexualised violence in Kosovo.

[61] It seems important to note that Krasniqi-Goodman has been able to count on support from family members. In particular, she received public support from her brother Nafi Krasniqi, who granted us an informal interview as part of this study and advocates for survivors more in general.

recognise and prosecute rape as a crime of war are now the foundation upon which crimes of rape and sexualised violence are punished, they are also criticised for excluding survivors' experiences, their lack of substantive expertise, and persistent attitudes that sexualised violence is a lesser crime (Dwerryhouse, 2020; Ní Aoláin & O'Rourke, 2010). Indeed, under international humanitarian law, gender-based violence (GBV) is one of the least condemned crimes (Dwerryhouse, 2020). To date only seven cases of war-related sexualised violence have been tried by the various courts with jurisdiction over Kosovo war crimes: the ICTY, courts in Kosovo and courts in Serbia. The first wartime rape verdict by Kosovo authorities was only delivered in 2022 (Haxhiaj, 2022). While the political impasse between Serbia and Kosovo may partly explain the lack of legal justice as perpetrators are "out of reach" and impunity continues (Amnesty International, 2006; see also Vitija, 2022, p. 60), neglect on the part of international institutions is also seen as playing a role. According to Amnesty International, the "failure" of the UN Interim Administration Mission in Kosovo (UNMIK) "to conduct a prompt, effective and impartial investigations into allegations of CRSV [conflict-related sexualised violence, post-war] has created a legacy of impunity which later prosecutors have been unable to remedy" (Amnesty International, 2017). European Union Rule of Law Mission in Kosovo (EULEX) has not proven to be any better in this regard, having only prosecuted two cases of war crimes involving conflict-related sexualised violence so far.

Literature addressing the shortfalls of existing justice mechanisms with regard to war-related sexualised violence is growing. It is generally pointed out that criminal justice systems fail to meet the needs and interests of survivors of sexualised violence due to problems with implementation of justice procedures and their practices (K. Campbell, 2007), as well as their punitive approaches (Daly, 2011; Keenan, 2014; Payne, 2009). These systems of justice also do not attempt to address or transform gendered structures of inequality that enable this type of war-related violence (O'Reilly, 2016). Scholars focusing on sexualised violence across disciplines have since reframed the debate on justice and its meaning to include survivors' perspectives (Herman, 2005; Payne, 2009; Russell, 2007). Attention is therefore shifting to find alternative approaches which question and challenge gendered hierarchies and power inequalities through mechanisms such as restorative or transformative justice, which embody a "participatory parity" (Fraser, 1999).[62] For instance, McGlynn et al. offer the term "restorative approaches" to refer to "a range of processes that coalesce around a central idea" of dealing with an offence and its implications (McGlynn et al., 2017, p. 180). The concept of "transformative justice" is offered to denote how justice is relational, processual and grounded in the lived experiences of those affected by war (Lambourne, 2009, p. 47). Such approaches recognise aspects which McGlynn and Westmarland bring together in the term "kaleidoscopic justice"[63] to capture the constantly changing pattern, permanently evolving and lived experience of justice for survivors of sexualised violence (2019). Together with activism, these debates have opened up the framing of legal acknowledgement for survivors of sexualised violence beyond the criminal justice process. The literature on war-related sexualised violence in Kosovo and social acknowledgement through justice systems reflects this global trend: from criticisms of justice processes and their procedures (Aiken, 2008) through appeals for critical attention to processes of silencing as a result (Di Lellio, 2016) to voices that recognise the importance of confronting underlying structural inequalities and pervasive intersectional and gender biases (V. Krasniqi et al., 2020; Page & Whitt, 2020).

[62] Fraser sees justice as requiring "social arrangements" that allow all of society "to interact with one another as peers" through both redistribution of material resources, and recognition of status to ensure social esteem (Fraser, 1999, p. 3).

[63] In their 2019 study, McGlynn and Westmarland explored the perceptions of justice held by survivors of sexualised violence and identified themes of desires for recognition, voice, dignity, prevention, consequences (beyond punishment alone), and connectedness (McGlynn & Westmarland, 2019). Kaleidoscopic justice is defined as: "justice as a continually shifting pattern; justice constantly refracted through new circumstances, experiences and understandings; justice as non-linear, with multiple beginnings and possible endings; and justice as a lived, on-going and ever-evolving experience without certain ending or result". (McGlynn, Downes, & Westmarland, 2017)

7.2.3 Reparative justice mechanisms in Kosovo

Reparative justice efforts aim to remedy or at least mitigate the harm done to victims of gross human rights violations and therefore need to be attuned to the specific experience of the victims within their respective context. The UN outlines five conditions for reparations: the obligation to cease the act and guarantee non-repetition; restitution and an attempt, as far as possible, to reverse the consequences of the act; proportionate compensation; satisfaction in relation to emotional harm(s) including a public apology; rehabilitation, including but not limited to the legal, psychological and medical spheres.[64] As a key expression of social recognition for survivors of war-related sexualised violence, reparations are vital in attempting to legally redress the harms of the past and restore, as far as possible, survivors of human rights violations to their initial state prior to the harm inflicted.[65] Obviously, the latter will is problematic in situations where structural discrimination is central to the crime. In addition, such grave crimes against humanity are designed to be irreparable (Inter-American Court of Human Rights, 2009, para. 450, p. 110). Clearly, survivors of war-related sexualised violence, rape and/or gang rape cannot simply return to normal life following such heinous events. Human rights literature indicates that the implementation and work of reparations programs in both conflict and post-conflict settings is inadequate with regards to war-related sexualised violence (Ní Aoláin et al., 2015, p. 126).

Legal strategies to socially acknowledge survivors of sexualised violence in Kosovo are relatively recent and have principally focused on two areas of reparations: recognition of a legal-bureaucratic status and financial compensation through monthly payments. Due to the political impasse with Serbia, it is the Kosovar state that is responsible for these redresses for past harm, and in 2014, the Kosovo Assembly adopted a law which exemplifies both forms of social acknowledgement – status and compensation. This *Law on the Status and the Rights of the Martyrs, Invalids, Veterans, Members of Kosovo Liberation Army, Sexual Violence Victims of War, Civilian Victims and their Families* (hereinafter *the amended Law on the Status and the Rights*)[66] amended an initial law which entered into force in 2011 but had not directly addressed sexualised war crimes or their survivors.[67] In other words, rather than socially acknowledging survivors of war-related sexualised violence, the original law had excluded the gendered experiences of those who had been targets of sexualised violence, in particular women and girls. Moreover, by awarding war veterans higher financial compensations than civilian victims of war, it had framed the latter as less deserving, once again disadvantaging female war survivors disproportionately.

Women's rights activists in Kosovo tirelessly lobbied political decision-makers for years to recognise survivors of war-related sexualised violence and fulfil further demands, which were more far-reaching than those which were eventually met. In spite of substantial resistance by senior Kosovo authorities (Rames, 2013),

[64] *See the UN General Assembly Resolution 60/147, adopted in 2005,* Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law *(OHCHR, 2005), https://undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F60%2F147&Language=E&DeviceType=Desktop&LangRequested=False. Specifically on reparations for war-related sexualised violence, see the guidance note of the UN Secretary-General (2014), https://digitallibrary.un.org/record/814902.*

[65] *Office of the United Nations High Commissioner for Human Rights (2005). See also Shelton (2000).*

[66] *The full name of this law incorporating the amendments is* Law No. 04/L-172 on Amending and Supplementing the Law No. 04/L-054 on the Status and the Rights of the Martyrs, Invalids, Veterans, Members of Kosovo Liberation Army, Sexual Violence Victims of the War, Civilian Victims and their Families*. The amended as well as the initial law are available in English under https://gzk.rks-gov.net/ActDetail.aspx?ActID=9436.*

[67] *The full name of the initial law is* Law No. 04/L-054 on the Status and the Rights of the Martyrs, Invalids, Veterans, Members of the Kosova Liberation Army, Civilian Victims of War and their Families.

the initial law was amended in 2014 to explicitly include the legal status of "sexual violence victims of the war". It took another four years, until 2018, for these amendments to be implemented and for the first applications to be accepted and statuses granted. In addition to this administrative status, the amended *Law on the Status and the Rights* also offers the estimated 20,000 survivors of war-related sexualised violence a financial compensation in the form of benefits such as healthcare services and a monthly payment of 230 euros (Amnesty International, 2017). The law also includes some "special benefits" which are accorded specifically to survivors of war-related sexualised violence, including health services abroad.

A government commission, officially titled the *Government Commission for the Verification and Recognition of the Status of Sexual Violence Victims During the Kosovo Liberation War* (hereinafter, *the Commission*) was established to process and decide upon applications.[68] To gain legal status and receive monetary reparations, survivors are required to complete an application form, and, if deemed necessary by the Commission, appear in front of it for an interview to determine the validity of their claim. Applications are submitted via one of several different routes: directly to the Commission, in government offices throughout the country, or through four Kosovo NGOs authorised to support survivors. The latter are *Medica Gjakova*, *Medica Kosova*, the Kosova Rehabilitation Centre for Torture Victims and the Centre for the Promotion of Women's Rights. The Commission was designed on the basis of an inclusive cross-institutional process between civil society, state institutions and NGOs, with the latter often taking key roles (J. Krasniqi, 2021, p. 122).

While the amended *Law on the Status and the Rights* can be seen as a meaningful step towards social acknowledgement of survivors of war-related sexualised violence in Kosovo, it has many shortcomings stemming from the logic inherent in the bureaucratic administration system, as well as problems with implementation (E. Krasniqi, 2021; Němec, 2022). These issues were foreseeable and were indeed flagged by feminist activists and NGOs as not being survivor-centric enough (Rames, 2013; Hobbs, 2016). Consequently, contrary to its intention as a crucial form of social acknowledgement, the amended law in its existing state potentially functions as yet another sequence in the survivors' traumatisation.

For one, given that the amendment only recognises war-related sexualised violence between February 27, 1998, and June 20, 1999, it potentially excludes those who were survivors of sexualised violence during the years of oppression (J. Krasniqi, 2021) as well as the survivors of revenge attacks after the official end of the armed hostilities (Boyle, 2010; see also Human Rights Watch, 1999). Specifically, this means that, rather than affording social recognition to survivors of Kosovo's ethnic minorities, the current law risks further marginalising them. Secondly, the time period for submitting an application to be granted the status of sexualised violence victim of the war was limited to five years from 2018. Although this deadline for applications was extended in August 2023 to May 2025, with the additional stipulation that the government can extend this deadline for another two years, in practice setting any fixed timeframe fails to take into account the heteropatriarchal power dynamics inherent to sexualised violence. Setting a timeframe does not account for individual circumstances that may prevent some survivors from applying now, but not in the future. For instance, a female survivor may be unable to apply during the lifetime of her husband, but then she could find herself in dire need of support after his death. As it stands, due to the passing of time she would be excluded from claiming her right to compensation and social acknowledgement. Thirdly, the stipulation that recipients of administrative reparation payments "may not be the beneficiaries of any other pension from other pensional scheme applicable in Kosovo" (Article 5 of the amended *Law on the Status and the Rights*), runs contrary to the spirit of reparations: they should be rights-based claims and not benefits. By making reparations dependent upon forfeiting other potential claims, the law risks severely limiting the potential of survivors to gain their social acknowledgement. Further issues raised include the lengthy application process and the risks of anonymity being breached due to the specifics of the process.

[68] As mentioned in the Introduction, Leonora Selmani, Chair of the Commission, made herself available for an informal interview, thus sharing her perspective and expertise with us.

7.3 Research results regarding survivors' perceptions of social acknowledgement

At the international level, it has been noted that the reproductive consequences of war-related sexualised violence have not been given enough attention; these include post-rape medical care and abortion services, the provision made for children born of war rape and the related possible ostracism, infertility, and other sexual health issues (Ní Aoláin et al., 2015). In Kosovo, an additional form of reparative justice can therefore be seen with the *Law on Health Insurance*[69] which was adopted in 2014, the same year as the amendments to the *Law on the Status and the Rights*. It provides for universal health care, mandatory and voluntary health insurance and guaranteed and basic healthcare services. However, it does not provide the same rights for the survivors of wartime sexualised violence. While the *Law on Health Insurance* states that "victims of sexual abuse during the war" are exempt from payment of premiums, co-payments and other cost-sharing obligations arising out of mandatory insurance, it adds the condition that survivors are identified as poor according to official testing criteria. The only category arising out of the harms suffered due to war violence that is exempt from these payments without means testing are "war invalids, husband/wife and their children under eighteen (18) years" (Article 11, paragraph 2, item 5). In effect, this differentiation treats survivors of war-related sexualised violence as less deserving of support, which contradicts the purpose of reparations as a social recognition of past harms.

As this section has shown, different concepts for social acknowledgement exist within the literature. The issue of social recognition of survivors of war-related sexualised violence is further complicated by social acknowledgement being both a strategic discourse used in lobbying and advocacy to influence policies – both of which we have seen to be the case in Kosovo. With this in mind, we will now turn to how the participants of our study assess the various forms of social acknowledgement provided to them.

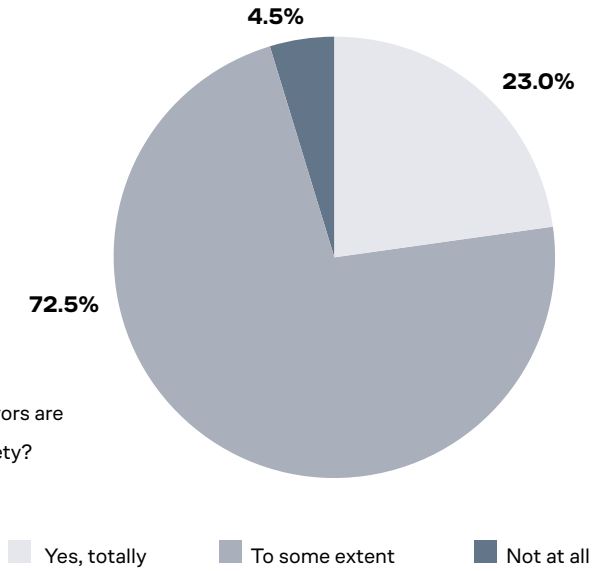
7.3.1 Development over time and markers of change in social acknowledgement

From answers to our self-developed questionnaire, we get a sense of the extent to which the participants in our study feel that survivors of war-related sexualised violence are socially acknowledged now and whether they perceive this has changed over time. **The overwhelming majority of respondents felt that society acknowledged survivors of war-related sexualised violence to "some extent"**, while just over one fifth even thought they were "totally" acknowledged (Figure 21). However, nine participants said they did not perceive any form of social acknowledgement.

[69] *The* Law on Health Insurance *is available in English at: https://cps.rks-gov.net/wp-content/uploads/2020/09/LAW_NO._04_L-249_ON_HEALTH_INSURANCE.pdf*

Figure 21:

Perceived level of social acknowledgement



Answer to: Do you feel that survivors are nowadays acknowledged by society?

We noted some variation in responses when it came to gender, income, civilian victim status, ethnicity, and rural/urban divisions. For instance, the one Serb survivor participating in our study said she did not feel acknowledged by Kosovo society. Although public debate has very much centred on female survivors, men do not appear to diverge significantly in their feelings of being socially acknowledged.

Of the 143 participants who provided answers on whether there has been a change, **71.5% believe that social acknowledgement of survivors of war-related sexualised violence has improved over time**. Respondents further specified this as follows:

> In the beginning they did not acknowledge us, now yes.
>
> (woman, Albanian, survey #112 Q22)

> The opinion of people changed over the years.
>
> (woman, Roma, Ashkali, or Egyptian, survey #141 Q22)

> Now it is much more known.
>
> (woman, Albanian, survey #87 Q22)

We clustered the answers to this open-ended question in order to gain further insight on the nature and timing of that shift in perception of feeling socially acknowledged. For those participants mentioning a specific year as a marker of change, the shift is inextricably linked to two key institutional changes: 2014 with the amended *Law on the Status and the Rights* being passed; and 2018 when it finally became possible to apply for administrative reparations. For other respondents, encountering *Medica Gjakova* signified a change in social acknowledgement:

> Since 2014 when *Medica Gjakova* came to our village, and they also talked about sexual violence during the war.
>
> (woman, Albanian, survey #125 Q22)

> Change began in 2018 when I began to meet with *Medica Gjakova*.
>
> (woman, Albanian, survey #179 Q22)

Although some participants identified a date as early as 2014 for the time they began to sense social recognition towards survivors of sexualised violence, from the responses it is clear that some are only now learning about various forms of social acknowledgement:

> Very late, after 2014–2015 when the institutions recognised it and passed the law.
>
> (man, Albanian, survey #28 Q22)

> When the counsellor of *Medica Gjakova* came in 2020.
>
> (woman, Roma, Ashkali, or Egyptian, survey #131 Q22)

While it is important to stress that a majority of participants notice a change towards more rather than less social acknowledgement, **the fact that this positive change is dated to the period 15 and more years after the war raises serious questions about survivors' prior experiences**. More specifically, one has to wonder whether this earlier period – which for some would have been as long as two decades – might have represented an extended sequence of post-war traumatisation. If so, this may help explain the dramatically elevated levels of post-traumatic distress we have discussed in Chapter 5.

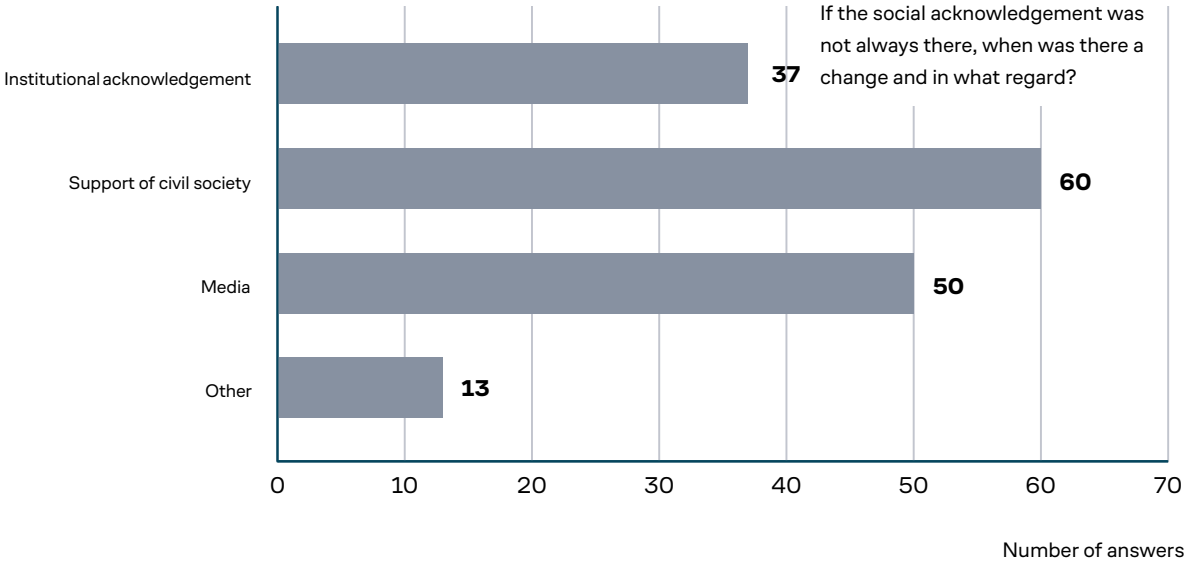
Whereas many of the participants point to a specific year when they started noticing changes in the social acknowledgement of survivors of war-related sexualised violence, remembering specific events that mark those changes was even more common:

> When the associations began to treat us. When the state passed the law. And when the media began to speak about sexual violence.
>
> (woman, Albanian, survey #25 Q22)

The three most often mentioned markers of change can be categorised as follows: media reporting, institutional acknowledgement, and support of civil society. The relative significance that respondents attribute to these three actors can be seen in Figure 22:

Figure 22:

Markers of change in social acknowledgement, most frequently reported[70]



[70] *It is important to note here that some participants mentioned various actors they felt had triggered a change. So although only 143 survivors responded to this question, classification for analytical purposes resulted in a total of 160 answers.*

In the following sections, we will take a closer look at these different markers of change, exploring further how participants perceive various social acknowledgement efforts in Kosovo.

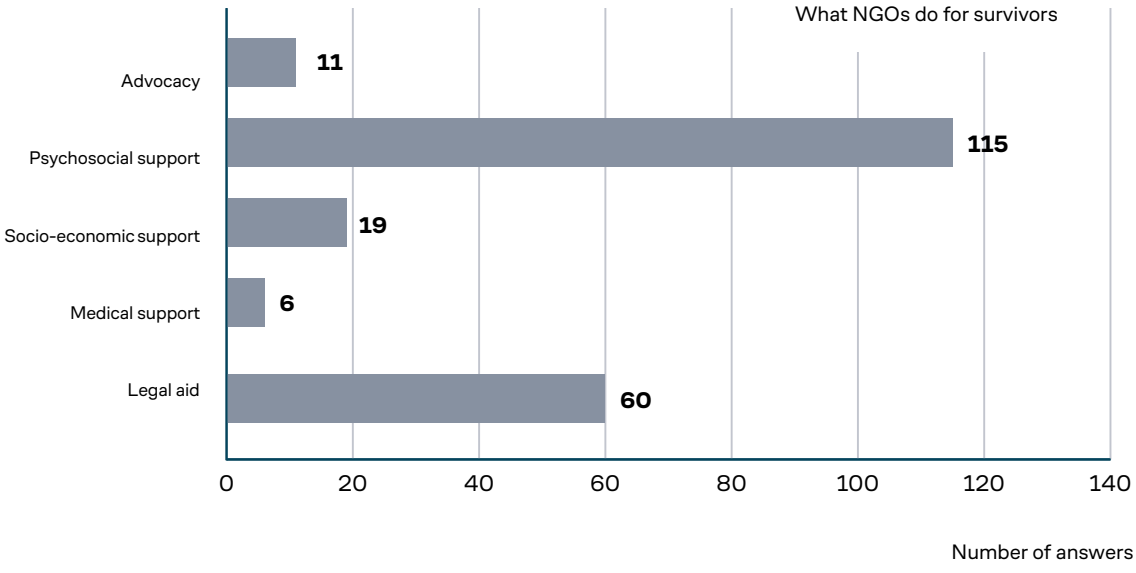
7.3.2 Perceptions of the role of NGOs and civil society

As Figure 22 above illustrates, changes in social recognition of survivors of war-related sexualised violence were most often linked to receiving support from civil society organisations. Notwithstanding the limitation of this study being populated exclusively by clients linked to one particular NGO, the frequent mention of NGOs as triggering a change underlines the crucial role that civil society organisations play for our respondents with regard to feeling socially acknowledged. This interpretation is further supported by an analysis of the answers to our question on what NGOs specifically do for survivors. Out of 183 participants who provided answers, **95.6% of respondents recognised support by civil society organisations**.

Slightly more than half of those had a need to explicitly mention *Medica Gjakova*, while the others did not directly name any organisations: they spoke more generally of "women's organisations" or simply "the associations". Despite some generic references to the NGO sector, closer consideration of answers suggests that participants' understanding of civil society associations has been gained primarily through their experience of interacting with *Medica Gjakova*. Responses have been categorised by us as follows:

Figure 23:

Issues NGOs support survivors with most frequently[71]



[71] *Here, too, some participants mentioned several forms of support. Classification for analytical purposes thus resulted in 211 answers from 175 respondents who had recognised NGO support.*

Here we see that for our respondents, psychosocial support is felt by far to be one of the main aids provided by NGOs.[72] Considering that our sample was drawn from the database of *Medica Gjakova*'s psychosocial sector, this substantiates our interpretation that participants' perceptions of civil society organisations are informed by their experience with this one specific NGO. Several respondents note that visits to communities by this type of organisation are deemed crucial, suggesting the importance of active work within communities. In particular, value is placed not only on individual work but also on group work as a bridge out of isolation:

> It *[Medica Gjakova]* offered us individual and group psychosocial support, through which we shared the pain with other women and where we understood that we're not alone.
>
> (woman, Albanian, survey #12 Q26)

> They assembled us in a group, they spoke about trauma, they relieved us from worries.
>
> (woman, Roma, Ashkali, or Egyptian, survey #10 Q26)

> Associations have done a lot; they have visited us; they have taken us out of isolation; they have made possible psychosocial and gynaecological support.
>
> (woman, Albanian, survey #23 Q26)

While it is important for participants to learn to talk about their experiences, it is also important for them to learn about their rights. Mentioned as the second most important factor after psychosocial support, about half as often, legal aid is another factor in which NGOs are considered crucial by our participants. Here, they get information about rights and receive support when it comes to applying for the administrative reparations provided by the amended *Law on the Status and the Rights* – an aspect we will consider more closely as our discussion continues.

Related to this is the fight for rights of survivors. Some respondents explicitly acknowledge the advocacy work which they indirectly benefit from:

> They raised their voice for us *[on our behalf]*.
>
> (woman, Roma, Ashkali, or Egyptian, survey #14 Q26)

> They have pushed forward the pension law.
>
> (woman, Albanian, survey #78 Q26)

> Thanks to them the truth about us came to light.
>
> (woman, Albanian, survey #138 Q26)

Other forms of direct services provided for by NGOs which respondents mentioned include issues relating to what we have categorised as "socio-economic support". Answers ranged from humanitarian assistance received during the pandemic (including food packages, clothes and hygienic products) to economic empowerment trainings such as in embroidering. Regarding medical support, gynaecological check-ups provided by NGOs and help to visit doctors were highlighted as being important services.

Data presented in this section has shown that the participants in our study perceive NGOs to have supported survivors of sexualised violence in two principal ways when it comes to social acknowledgement: through direct psychosocial support, and through advocating for and helping them to make use of their rights.

[72] *Psychosocial support is considered more closely in the following chapter.*

7.3.3 Perceptions of the role of media and key public figures

As noted above (Figure 22), **media recognition is the second most mentioned form of social acknowledgement for our participants**, having been mentioned 50 times.[73] For many, media coverage of the topic marked a key turning point with regard to social acknowledgement:

> When the media began to speak about sexual violence.
>
> (woman, Albanian, survey #25 Q22)

> In 2016, we saw on TV that they were talking about the rape that happened to us.
>
> (woman, Albanian, survey #181 Q22)

Some participants heard testimonies from other survivors but did not explicitly link the experiences to themselves ("us"), nonetheless feeling that survivors of war-related sexualised violence more generally ("they", "the women") had been acknowledged:

> When on TV they began to talk about women who were raped.
>
> (woman, Albanian, survey #21 Q22)

> When women began to go on TV with their face covered, then I understood that they began to talk.
>
> (woman, Albanian, survey #38 Q22)

> In 2015 because people who experienced sexual violence talked on TV and I heard them.
>
> (woman, Albanian, survey #188 Q22)

Participants stress the importance of hearing others speak out in helping them feel less alone:

> When they began to speak up on TV – I said, it did not happen only to me – also to other women.
>
> (woman, Roma, Ashkali, or Egyptian, survey #30 Q22)

> When they began to speak on TV, four years ago I understood that there were others, I wasn't the only one.
>
> (woman, Albanian, survey #50 Q22)

During the qualitative interviews, too, media coverage of war-related sexualised violence was raised by some participants. For this male survivor, it was opening up further forms of social acknowledgement, in his case seeking support from *Medica Gjakova*:

> There was this campaign on television on women raped during the war. Neither UNMIK nor EULEX did anything in this regard, and I was depressed until 2010–2012, I didn't know what was happening, I was completely closed in. After the campaign was organised in Pristina, I had the idea to come to Medica.
>
> (man, Albanian, interview #5)

At the same time, several interviewees mentioned how reports on TV, which is often watched collectively, prompted others in their immediate environments to reassert patriarchal norms that devalue survivors:

> Nowadays, when the TV is on, and it happens that we are with many people, and there is a debate on the survivors, I heard that on many occasions they say, "Look at the whores, sluts!" and I felt a sharp tightening here *[points to the heart]* and ran out.
>
> (woman, Albanian, interview #14)

[73] *Respondents could mention multiple different actors in their answer.*

Experiences like these suggest that, ideally, broad media coverage is combined with more interventions at the community level – a conclusion further supported by our findings discussed in the previous chapter.

Having the subject of wartime sexualised violence debated within parliament was also of notable importance for some participants. Asked what high-profile individuals do for survivors, several responded:

> Representatives in Parliament raised our issue.
>
> (woman, Albanian, survey #24 Q24)

> They spoke in the Parliament for us.
>
> (woman, Albanian, survey #143 Q24)

At the same time, this underlines the responsibilities of elected officials. Each word spoken or action taken in parliament, no matter if it is individual or collective, and regardless of its political intentions, can influence how the affected population understands whether society acknowledges or rejects them. For instance, the following participant perceived the actions of parliamentarians as detrimental:

> No, nothing, with the exception of the parliament, and in the worst way, they pulled out a picture[74] and scared us.
>
> (woman, Albanian, survey #36 Q24)

This notwithstanding, out of 188 responses to our question regarding high-profile individuals, **124 mentioned that public figures had done something for the social acknowledgement of survivors**. A total of 62 participants opted to provide specific names of those figures, with Kosovo's first female president, Atifete Jahjaga, mentioned 51 times, followed by survivor and activist Vasfije Krasniqi-Goodman 28 times.

President Jahjaga was positively associated with efforts to change society's perceptions of survivors of war-related sexualised violence:

> Atifete Jahjaga raised the issue of survivors.
>
> (woman, Albanian, survey #85 Q24)

> Atifete Jahjaga spoke up for women survivors.
>
> (woman, Roma, Ashkali, or Egyptian, survey #51 Q24)

Her transcending the public realm into more direct forms of interacting with survivors was specifically highlighted by some participants, suggesting that she is appreciated for the fact she is active even when the cameras are not focused on her:

> Atifete Jahjaga has done many campaigns: she took a number of survivors to Durres, she made dinner for Ramadan for a number of women.
>
> (woman, Albanian, survey #11 Q24)

> I know Atifete Jahjaga has helped with aid packages and has talked about this issue.
>
> (woman, Albanian, survey #52 Q24)

For some participants, the public appearance of Vasfije Krasniqi-Goodman and her actions since then were understood as markers of the time they first perceived changes in social acknowledgement:

> When Vasfije came out.
>
> (woman, Albanian, survey #52 Q22)

[74] The participant most likely refers to when, during a debate, a member of parliament made a photograph public which she claimed showed an Albanian woman getting raped by several Serbian soldiers. Thus, the parliamentarian demonstrated a lack of concern for the right of survivors to remain unidentified.

> The media talked a lot about it, with Vasfije.
>
> (woman, Albanian, survey #56 Q22)

> When it was discussed in Parliament by Vasfije.
>
> (woman, Albanian, survey #12 and #13 Q22)

From a feminist perspective, it seems important to point out an inherent ambiguity here: while Jahjaga as an elected official was already a publicly known figure, Vasfije Krasniqi-Goodman somehow sacrificed her private life as an ordinary citizen to become a public figure by speaking out. There seems to be no way back for her to the previous "privacy" she enjoyed. The resulting loss of privacy put enormous pressure on her – and may discourage others from speaking out, unless their faces can be blurred and their actual names hidden. In other words, it is one thing for survivors to acknowledge Vasfije Krasniqi-Goodman as significant, but it would be another thing to expect survivors to come out like she did, just because media and politicians put a premium on "real faces and names".

7.3.4 Administrative reparation payments as a form of institutional acknowledgement

Above, we noted how our participants see *institutional acknowledgement* as representing another significant marker of change towards social recognition of survivors of war-related sexualised violence: it had the third-highest number of mentions after NGOs and the media (Figure 22). Specifically, participants stressed the role of the administrative reparation payments provided by the Kosovar state, which they commonly refer as *the pension*. Indeed, 25 participants explicitly mentioned "the pension" in response to our generic question regarding the when and what of change towards social acknowledgement. And further, **when asked what the state does for survivors, 131 participants noted the support in the form of the administrative reparation payments**. This signals that compensatory payments for harms are perceived as the most significant form of social acknowledgement of survivors of war-related sexualised violence provided for by the Kosovar state.

The picture that our participants present regarding the receipt of administrative reparation payments is complex and varied. They were asked whether they receive any pension under the amended *Law on the Status and the Rights* and, if so, which category of pension they receive, and why they might not receive administrative reparations under the category of a survivor of sexualised violence, 126 participants stated that they receive administrative reparation payments as a survivor of wartime sexualised violence, followed by 37 who said that they applied but are still waiting for the response. Another 19 said they receive administrative reparation payments under the category of a civilian victim of war, but not specifically as survivor of war-related sexualised violence. Four responded they never applied. While we did not notice a difference with regard to ethnicity, it seems of note that all four participants who stated that their application had been rejected are male.[75]

Considering the other income sources available to our participants (already reflected in Chapter 4 on sociodemographic characteristics), we tentatively note the economic significance that the receipt of these reparations seems to have for many of our respondents. In fact, when asked about the "things that helped the most to carry on with life", 55 participants flagged the importance of administrative reparation payments. Here we would like to remind readers that, as *Medica Gjakova* clients, our participants reflect an atypical experience of survivors: the vast majority of survivors across Kosovo are not in receipt of this economic right.

[75] The four men indicated this during the quantitative data collection. After the quantitative phase was completed, we also interviewed an Albanian woman whose application had been rejected. Two of the males were still in the process of appealing the decision.

From the qualitative interviews, we gain a deeper understanding of the economic significance of the administrative reparations provided by the Kosovar government. Some interviewees expressed very positive views, noting that the administrative reparation payments remove financial burdens to varying degrees:

> I have hard *[economic]* conditions, *[…]* A big burden is removed, as now I know I have my pension *[…]* This really made my life easier; I was really worse off without the pension.

(woman, Roma, Ashkali, or Egyptian, interview #2)

> The salary *[i.e. the administrative reparation payment]* as well, even though it's small, it has helped us. We are in need to help us through life somehow, these salaries help us.

(man, Albanian, interview #9)

At the same time, participants pointed out that the sum clearly fails to cover their everyday basic needs, which are arguably higher as survivors:

> It's not enough, but I have to make it somehow.

(woman, Albanian, interview #12)

> 230 euros, thankful to them, they gave them to us, but really it should be more, we should be helped more. I can't make it on 230 euros because the expenses are high

(woman, Serb, interview #3)

Here we see emerging a sense of anger, and the feeling that the survivors have almost been bought off:

> They have covered our eyes with that pension, 230 euros a month and okay! This is not enough for us.

(woman, Roma, Ashkali, or Egyptian, interview #7)

> The biggest help is not the pension they made for us, that's our right, but the money doesn't pay for suffering, because even if you have it all, you still think what happened, what's going to happen, how will our children be perceived.

(woman, Albanian, interview #13)

There is also a sense that some survivors feel almost used by politicians in order to advance their agendas at survivors' expense – something political scientist Cynthia Enloe (2000) has warned against:

> They *[politicians]* brag about us when they go abroad and say there are twenty thousand survivors in Kosovo. *[I'd say to them]* Don't look at the women you mention only when you need them in your life but look at these victims. Who are they? Look at them, stop, and make an appointment to see them, say, "Yes, I want to meet them where they live," because they are not just a name.

(woman, Albanian, interview #4)

A vital part of reparative justice is healthcare, and yet for some participants, the financial reparation payments are simply not enough to respond to a survivor's healthcare needs. In response to our open-ended question about what the state does for survivors, some participants explicitly noted:

> This pension, nothing else – they don't pay for medicines or any other support.

(woman, Albanian, survey #66 Q23)

> Very little – Just the pension, the pension is not enough for medicine.

(woman, Albanian, survey #55 Q23)

Recalling the high levels of various physical impairments discussed in Chapter 5, it is not surprising that the issue of barriers to healthcare also surfaced in the qualitative interviews. Participants told us that they spend a significant amount on addressing their health conditions and sometimes this comes out of their financial reparations:

> The government only talks about our obligations, that the children must go to school but with the pension we cannot pay for the electricity, water, the drugs I need because I am sick, 200 euros a month go on my medicines. Where are the books, the bags, the shoes for the children? … They shut our eyes with this pension, 230 euro a month and that's that.
>
> (woman, Roma, Ashkali, or Egyptian, interview #7)

> We, the elderly, need to go to the doctor every day, the pills and everything. Even if the doctor doesn't take money from you, the pills cost a lot.
>
> (man, Albanian, interview #9)

According to our participants it is a struggle to find access to quality healthcare that is both affordable and in close proximity to where they live:

> I have been operated twice. But here I can't go to the doctor, I must go to Serbia, and in Serbia you have to do everything in a private clinic because I don't have any insurance.
>
> (woman, Serb, interview #3)

Several interviewees stressed that financial reparation payments should not be addressed in isolation from other forms of social recognition and support:

> The thing is that nobody comes to see you, just come and talk like a simple person: I want to talk to you and know about your life. The 230 euros salary is not all we need, we need a support, a social recognition for what happened.
>
> (woman, Albanian, interview #4)

> For example, *[…]* subsidise the electricity bill for us *[…]* give us rights either on any kind of care, surgeries, or if you're sick and need medication, to enable them to us for free. Thirdly, to give us some work/jobs, perhaps a business, to give us something to work, because with those 230 euros we can't do anything *[…]* I would like to appeal to them, because they should support us because we were humiliated completely, we deserve more and more from the state. We're asking for our rights.
>
> (woman, Serb, interview #3)

It is important to understand these voices against the complex and immense long-term consequences of war-related sexualised violence discussed in the previous chapters. Many participants suffer from serious repercussions that affect their psychological and physical health – which also impacts negatively on economic realities. Therefore, the administrative reparation payments must be viewed in light of these heightened needs and costs that survivors of war-related sexualised violence frequently experience.

7.3.5 Status recognition as a form of institutional acknowledgement

As addressed in the literature review above, in the 1990s, feminists put significant effort into achieving recognition of war-related sexualised violence as a crime against humanity and proving that it was a prosecutable crime. Pointing in a similar direction, some of our participants identify the importance of recognising war-related sexualised violence as violence and a crime in itself, telling us that for them it was exactly this factor that signified a change in their perception of social acknowledgement:

> I was with people I knew and who said that it wasn't something women did with pleasure (willingly) – it was sexual violence.
>
> (woman, Albanian, survey #29 Q22)

> Through the media, they began to speak and mention that during the war there were also rapes – not only killing.
>
> (woman, Albanian, survey #71 Q22)

At the same time, it needs to be noted that **participants in this study do not feel that survivors of war-related sexualised violence have received retributive justice**. When referring to justice in their interviews, participants generally understand justice as linear resulting in the punishment of offenders. Given the passing of time and inactivity regarding any prosecutions, their expectations in this regard are very low. For example, when asked about justice, one of the participants said that she does not believe that there will ever be justice for her case, nor does she believe that justice for survivors of war-related sexualised violence in general will "become a topic in Kosovo" (woman, Albanian, interview #20).

Another one observed that:

> *[T]*here is no justice, they made it very unjust *[for us]*. Because there is no justice, we are left so behind.
>
> (woman, Albanian, interview #12)

Results from our survey suggest that this lack of criminal justice is at least in part perceived as a failure of international organisations. In response to an open-ended question regarding any achievements by international organisations for survivors, only five participants said they were aware of some form of support while 19 responded that those organisations did not deliver justice.[76] One male interviewee told us that the lack of retributive justice is not due to silence on his part (man, Albanian, interview #1): he had spoken up various times, including in court, but did not see the effects he had hoped for.

The documentation of what happened to them and others is explicitly highlighted as important by some of our participants. Applying for the legal-administrative status of a "sexual violence victim of the war" is one way this can be achieved.[77] For example, one male participant applied for the survivor status primarily to testify and have the opportunity to document the names of the perpetrators:

> I wouldn't apply for the pension, I wouldn't start this conversation, as I have my own income, and it's enough.
>
> (man, Albanian, interview #16)

[76] To complete the picture: 37 participants did not provide any answer, the rest either responded "nothing" or "don't know". We might tentatively interpret this as participants perceiving international organisations as relatively removed from their daily lives. In this context, the one concrete – and unmet – expectation to provide justice stands out even more.

[77] Participating in a study like this can have a similar function, as some comments in our survey suggest. Asked in an open-ended question what they hope this research might do for them and/or other survivors, they named documentation (survey #29 and #60, Q116).

Through a feminist lens this poses additional questions relating to gendered, intersectional inequalities: Could female survivors or those from an ethnic minority group similarly afford to reject this financial recognition? Moreover, it raises the question how receiving financial compensation for sexualised violence (in contrast to compensation as a veteran) is related to norms of masculinity, and what impact this has on survivors' perceptions of social acknowledgement.

While the legal status is intended to convey social acknowledgement for survivors of war-related sexualised violence, some interviewees alluded to hierarchies created between different categories of war victims in the current form of the *Law on the Status and the Rights*:

> I didn't do what these soldiers *[Kosovo Liberation Army (KLA)]* have done, I didn't fight, but I had it very hard and it's very bad if we do not recognise that as a nation.
>
> (woman, Albanian, interview #17)

> I am critical of the pension because it is not as much as what the veterans get *[…]* We, the victims of sexual violence, are a more damaged category than the veterans.
>
> (man, Albanian, interview #5)

Therefore, we can conclude that the fact the current legal provisions accord higher monthly reparative payments and a number of other privileges to ex-combatants that are not available to civilian war victims is a severe threat to the potential this survivor status has to be an institutional form of social acknowledgement.

7.3.6 The process of obtaining reparations

Despite the intention that reparations bring compensation and recognition of harm done, some participants noted that the process to obtain justice through the system of reparation in Kosovo was painful:

> It *[the application]* was difficult, but gradually, I didn't speak immediately but gradually, little by little. It took me two days to complete the documentation. I was not called to the Commission.
>
> (woman, Albanian, interview #14)

Kosovo's approach to reparations requires a high benchmark, which could dissuade survivors from applying. Early on, survivor advocates flagged as discouraging the requirements for witnesses, therapy notes and medical reports in order to qualify for the status. Given the lengthy and arduous nature of the application process, NGOs such as *Medica Gjakova* were quick to offer support in this registration and application for survivor status. Some responses to open-ended questions in our self-developed questionnaire, as well as comments during qualitative interviews, highlight how crucial support in this regard was:

> We didn't have a problem to go through it, because they *[Medica Gjakova staff]* helped us, they sent the papers themselves and everything. A stranger who didn't come to Medica would have a very hard time *[with the application process]*.
>
> (woman, Roma, Ashkali, or Egyptian, interview #2)

This raises the issue that survivors who, for various reasons, cannot make use of support by civil society organisations might be severely disadvantaged. This is particularly the case for survivors with relatively low levels of formal education, who are already marginalised.

The application process in its existing form can be challenging and even retraumatising at various levels and at different stages. For instance, for the following interviewee, it was difficult to find neutral spaces where she could fill out the application form, and disclosing her experience provoked stress:

> We wrote about what happened at an office, at my workplace, *[I didn't have anywhere else to go]* – at home my daughters were there, and we couldn't do it in Medica's office.
>
> (woman, Albanian, interview #14)

One participant whose application had been rejected based on the documents she had submitted and who, at the time of the interview, had submitted an appeal, told us how this made her feel:

> I was 12 when something happened that did not let me be a child anymore. Now my country says to me 'there's not enough proof'. What kind of proof are they asking for? It was wartime, there is nothing you could [save], you didn't have how. […] I have given the declaration, my state is rejecting me, it is a very, very big disappointment. You can't deny me that right, it happened to me
>
> (woman, Albanian, interview #17)

During the interviews for this study, some of the participants recalled talks they had with other survivors concerning applications for the legal status:

> A woman told me one day that if she has to go before the Commission, she won't apply at all. Why? Because the Commission is terrible.
>
> (man, Albanian, interview #1)

Testifying before the Commission induced anxiety for some of our participants, too. For those that had to appear before the Commission, additional stress arose simply because of the necessity to appear in front of people who were going to question them, and the anticipation of what those questions were going to be:

> The Commission put me in a very big stress, *[…]* I was very sad when they put me through the Commission. Why didn't they do it without a Commission? Why didn't they make it like this: they could believe me or remove it *[the application]*? That was very hard.
>
> (man, Albanian, interview #1)

The presence of a man in the commission tasked with verification of evidence was noted as an additional challenge for this male participant:

> I saw that they mostly called men *[…]* but still it's hard for there to be a man *[in the Commission]* and for me to say before him *'[I had to do what they ordered me to do]'*.
>
> (man, Albanian, interview #1)

His statement indicates the significance of gender in the configuration of the Commission. However, an examination of this was not within the scope of this research and would be worth further exploring. In addition it should be noted that data received by *Medica Gjakova* from the government commission tasked with deciding upon application supports the impression of the participant quoted above: male survivors make up 4.9% of all approved applications but 12.9% of rejections, so they do have a statistically higher risk of denial of status. This is suggestive of gender biases.[78]

[78] From the opening of the application process in 2018 until August 31, 2022, 65 persons (1393 women and 72 men) were granted legal status, while 271 applications (236 women and 35 men) were denied.

For one interviewee, it was less the fact of having to appear in front of a commission that was an issue, but rather the location for those interviews. This respondent was invited to be interviewed in the very building where she had been raped:

> I'm really scared of that place, it was a big problem for me that the Commission was held there. *[…]* I was scared to death.
>
> (woman, Albanian, interview #14)

Another deterrent to claiming their rights noted by the participants was the timescale of the entire process. It does not take into consideration the anguish surrounding social acknowledgement:

> The Commission is taking too long. I wish the Commission would work more quickly *[…]* There are a lot of people who aren't out yet, I try to talk to them and convince them *[…]* If it took one month, trust me, way more *[survivors]* would apply.
>
> (man, Albanian, interview #1)

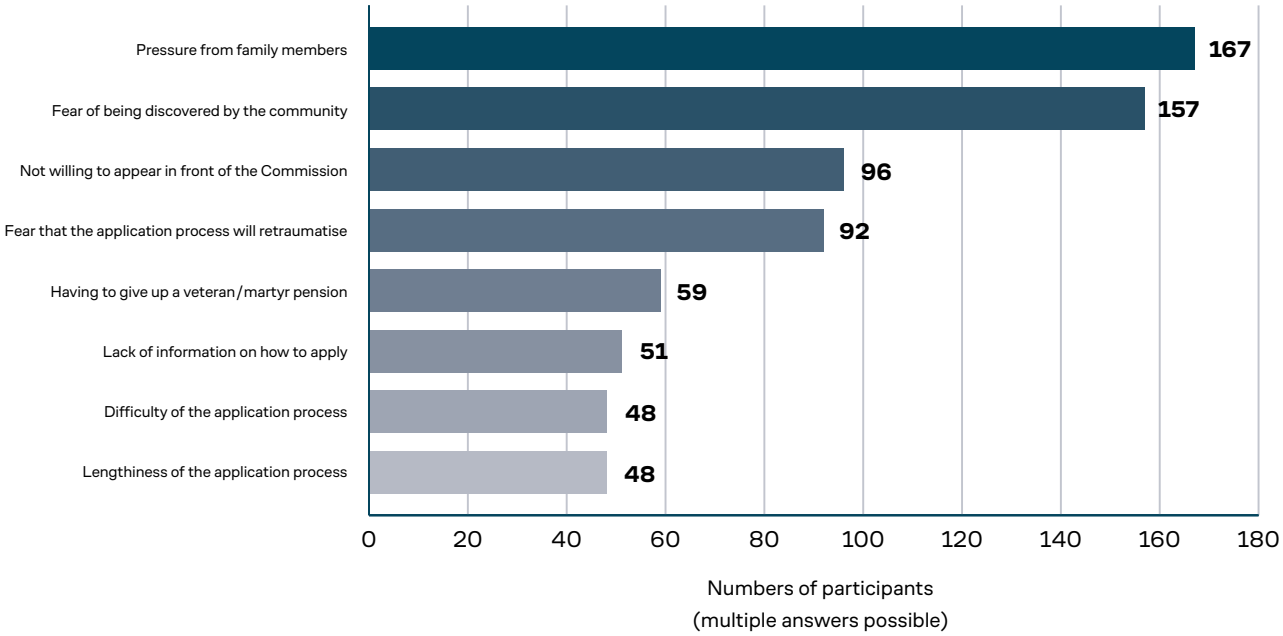
The survivors in our study who have achieved this recognition emphasise that while they understand the Commission has to do its job, it should also bear in mind that nobody would simply run to them to promote themselves as a survivor of wartime sexualised violence, given the nature of Kosovo's patriarchal society:

> No woman would lie at the Commission, I believe, nobody would do that 'dirt' to themselves.
>
> (woman, Albanian, interview #14)

Considering the estimated number of 20,000 survivors of war-related sexualised violence and the relatively small number (as of August 31, 2022: 1,780) who have applied for the legal recognition and administrative reparation payments, our survey asked participants what they considered the most important barriers to application for survivors more in general.

Figure 24:

Barriers to applying for administrative reparations



Most frequently, participants endorsed items signalling how they perceive stigmatisation at the level of their immediate environments to be a crucial barrier. Items pointing to various barriers within the existing application process were endorsed by roughly one fourth to one half of our quantitative sample. Female participants also thought it very likely that, if accepted, having to give up a pension as veteran or martyr might represent a significant barrier. Finally, about one fourth of participants also saw a lack of information as an issue. Participants can be considered experts given their own experience, so their responses are useful pointers to ways in which institutional forms of social acknowledgement can be made more accessible, leading to a higher take-up of the offer.

7.4 Discussion

The data presented in this chapter shows that most participants thought that survivors of war-related sexualised violence in Kosovo are socially acknowledged to some extent. They generally felt that the level of social recognition had improved over time. On the one hand, from a feminist perspective, this indicates we are moving in the right direction. Whereas, as discussed in the previous chapter, many participants see devaluating conceptions of survivors prevail in their immediate environments, there was a more positive view of overall developments that refer to the institutional, political and societal levels. On the other hand, participants tended to date the change they felt in social acknowledgement to a period fifteen or more years after their sexualised victimisation, so this raises serious concerns. Recalling Keilson's (1992) concept of *sequential traumatisation* introduced in Chapter 5, it needs to be asked whether previous failures to address war-related sexualised violence at the institutional, political and societal levels might have functioned as post-war sequences of traumatisation. While our data does not allow for definite conclusions in this regard, it seems plausible to comprehend the participants' particularly high levels of psychological distress as being, at least in part, informed by this delay in tackling the issue. Proactively and self-critically addressing the neglect of war-related sexualised violence in the past should therefore be considered: examples include public apologies from high-profile figures. As Zalweski (2022, p. 37) can remind us, this needs to explicitly include subgroups of survivors like men and ethnic minorities who otherwise might remain too "unseen" and hence unacknowledged.

Findings presented in this chapter have demonstrated that a combination of factors are deemed important for survivors of war-related sexualised violence to feel socially acknowledged. Making the issue a topic of public debate via campaigning, media reporting and highly visible spokespersons, which for many of our participants marked a significant shift, can be interpreted as more than *just* a prerequisite for social acknowledgement. These efforts can help some survivors to realise for the first time they are not the only ones who experienced war-related sexualised violence, so for them this in itself may also represent a form of social acknowledgement. Another form of social acknowledgement that participants perceived as having made a difference was the advocacy work carried out by civil society organisations, elected officials (most notably the former president Atifete Jahjaga) and further activists to work towards codified rights for survivors of war-related sexualised violence. Institutional forms of social acknowledgement, provided by the Kosovar state primarily in the forms of the administrative reparation payments and the legal status, have also been viewed as significant. In light of the dire economic conditions under which a majority of our participants live (see Chapter 4), the role of *the pension* to at least alleviate some economic burdens has been particularly appreciated. At the same time, existing legal stipulations that do not adequately meet survivors needs, the relative privileging of veterans over other categories of war victims and, last but not least, administrative processes and excessive requirements in the process of claiming their rights were all found to potentially threaten the positive impact of institutional forms of social acknowledgement. Similarly, several participants explicitly highlighted the lack of criminal justice against perpetrators, and this needs to be understood as a factor which could run counter to efforts to provide social acknowledgement. However, this retributive justice does seem increasingly out of reach for survivors of war-related sexualised violence in Kosovo, given the

passing of time and the political impasse with Serbia, so improving and extending reparative justice efforts might promise more palpable impact. Finally, it seems important to mention that for many participants social acknowledgement was associated with being seen as an individual and having their needs taken care of.

This latter factor also seems to partly account for the particular importance placed in NGOs as a source of social acknowledgement. They been perceived as playing a key role in the fight for social recognition of survivors – both in general with regard to raising awareness about war-related sexualised violence and specifically when it comes to advocating for tangible rights for survivors. In addition, NGOs interact directly with individual survivors, bring them together in groups, and provide a multitude of direct services: these include but are not limited to assisting survivors in their application for their legal recognition and reparative compensations. While it needs to be recalled that, as described in Chapter 3, all participants in this study are clients of one particular NGO, *Medica Gjakova*, and this experience has most likely informed their answers, these results nonetheless raise a number of crucial questions. For one, there is the considerable pressure this puts on the organisation and its staff, given the particular significance it has for participants with regard to social acknowledgement. We will see this aspect resurface in the next chapter and discuss it further there. Secondly, there is the noticeable ambivalence towards other forms of social acknowledgement, which is highlighted in the contrast to the strong and, without exception, positive role participants attributed to *Medica Gjakova*. In this respect, our findings echo similar results found in a comparable study on long-term consequences of war-related sexualised violence in Bosnia (Medica Zenica & medica mondiale, 2014, pp. 93-95, 112). Thirdly, even though our results cannot be generalised for the whole survivor population in Kosovo, they nonetheless raise serious concerns with regard to the high number of survivors who presumably still feel excluded from asserting their rights and claiming their status and reparations since they are lacking this channel or bridge towards institutional forms of social acknowledgement provided by an NGO.

It appears that the Kosovar government has viewed the process of status recognition as a success, generally attributing the low number of applicants to reasons of stigma, specifically in rural areas (Haxhiaj, 2023). As discussed in this chapter, their own experience leads participants of this study to agree that fear of stigmatisation may indeed represent a significant barrier for other survivors, but they also identified a number of other potential barriers: these include not knowing about the reparation scheme, being put off by an application process perceived as complicated, and fear of retraumatisation during the process. In order to address these barriers, concerted efforts seem necessary by the legislative authorities and government institutions, in particular the commission tasked with deciding upon survivors' applications. Continued effort is also needed from the NGOs authorised to support survivors in the application process.

Considering that we are in the relatively nascent stages of restorative efforts in relation to war-related sexualised violence in Kosovo, the long-term consequences and ramifications of social acknowledgement are yet to be fully realised. For reparations to have long-term sustainable effects, they must address a broader context of heteropatriarchal inequality that makes women particularly vulnerable to violence, and also to subsequent discrimination and stigma (K. Campbell, 2007; Leatherman, 2011). This necessitates broadening reparation programs to redress gender-based imbalances and promote gender empowerment (such as access to income-generating opportunities). The various stages of these programs' design, implementation and outreach all need to include and involve survivors (Freizer, 2016). The participants in this study articulated needs that they deem insufficiently addressed, which suggest that survivors in Kosovo would benefit from this broader approach to reparations.

8. THE SIGNIFICANCE OF *MEDICA GJAKOVA*'S SUPPORT

The significance of *Medica Gjakova* for the participants of this study has already been mentioned at various times throughout this report. In the previous chapter, for example, we saw that the benefits go beyond those of narrowly defined psychosocial work into the realms of advocacy and social acknowledgement. As professional organisations, we were interested in gaining insights from this research into how participants perceive the support provided by *Medica Gjakova*, both in general and relating to specific services they have received. These questions are at the core of this chapter. In order to answer them, we will draw on a series of items from our self-developed questionnaire (Questions 100, 102–116) that help us assess the use and significance of services offered by *Medica Gjakova*. Qualitative material from the from the open-ended questions, and also from the interviews, will be used to further explore relevant aspects.

We will begin with a review of the literature on support for survivors of war-related sexualised violence. In a next step, we will describe *Medica Gjakova*'s specific approach to the work with survivors. This section will draw on literature referring to the early years of its work (including its work as *Medica Kosova*) as well as conversations with and feedback from *Medica Gjakova*'s counsellors regarding their specific contemporary practice. Against this background, we shall then present the results of our study. The chapter ends with a brief discussion of the significance of *Medica Gjakova*'s support for clients.

8.1 Literature review

In the 1990s, trauma treatment approaches were still rare and evidence-based treatment concepts for survivors of sexualised violence in post-war scenarios even rarer. This, of course, has changed in the meantime. For example, international consensus guidelines for prevention and response to sexualised and gender-based violence (SGBV) and for mental health and psychosocial support in emergency settings having been elaborated by the Inter-Agency Standing Committee (2015 & 2007). However, with their focus on emergency responses in the immediate aftermath of sexualised violence, these international guidelines do not address approaches to long-term or more in-depth treatment, nor do they incorporate an adequate consideration of the complexity of psychosocial consequences that survivors of war rape face. This is a deficiency now being addressed by *Medica Gjakova*'s work.

Moreover, despite the increasing implementation and exploration of this sort of intervention, there is still relatively little solid evidence to determine the intervention strategies that are the most promising – specifically with regard to the long term. Tol et al. (2013) underline the lack of clarity regarding effectiveness of treatment in their systematic review of seven studies providing insights into mental health and psychosocial interventions for survivors of SGBV in armed conflict. While the studies reviewed suggest beneficial effects of mental health and psychosocial interventions, the authors summarise that conclusions on the effectiveness of particular approaches are not yet possible based on the presented evidence. Another systematic review of so-called bystander interventions to prevent sexualised violence identified some general approaches which might also be helpful in reducing the risk of sexualised violence in the context of armed conflict (Mujal et al., 2021). A review by Spangaro et al. (2013) focuses specifically on interventions for sexualised violence in conflict-affected contexts. It identifies several main strategy types used in contemporary programmes, such as survivor care, livelihood initiatives, community mobilisation, personnel initiatives, systems and security responses, legal interventions, and other multiple component interventions. From a more general trauma-focused angle, but without a focus on sexualised violence, Silove (2013) points out that during conflicts the following five core pillars of stability are disrupted and mental health and psychosocial recovery programmes need to restore them by means of their interventions: 1) safety and security; 2) bonds and networks; 3) justice; 4) roles and identities; and 5) existential meaning.

Of particular interest to survivors of sexualised violence in war, there is evidence regarding group-based approaches that are widely used in different post-conflict settings for different survivor groups which seem to be effective in contributing to a longer-lasting reduction of symptoms of trauma-related distress (J. K. Bass

et al., 2013; Hogwood et al., 2014). Collective healing after collective trauma serves as a key principle for change in the treatment rationale of groups: when survivors spend time with one another and "give testimony to the torture to which they have been subjected, the trauma story can be given a meaning, can be reframed: private pain is transformed into political dignity" (Agger and Jensen, 1990, p. 7). Similarly, in *Trauma and Recovery*, Judith Herman states:

> The solidarity of a group provides the strongest protection against terror and despair and the strongest antidote to traumatic experience. Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatises; the group bears witness and affirms. Trauma degrades the victim; the group exalts her. Trauma dehumanises the victim; the group restores her humanity. (1992/2015, p. 214)

Another type of literature worth consulting in the context of our study consists of evaluations of psychosocial programmes: Inger Agger and Jadranka Mimica's evaluation of "Psychosocial assistance to victims of war in Bosnia-Herzegovina and Croatia" (about activities performed in Croatia), published in 1996, looked at the psychosocial programmes funded and supported by the European Civil Protection and Humanitarian Aid Operations (ECHO) in the region (Agger & Mimica, 1996). The authors found that the aspect of the various projects most appreciated by the beneficiaries was actually the contact, care and understanding created by the staff. The specific, practical activities organised within the programs seemed to be of somewhat secondary importance:

> Socializing with others and talking with staff are non-specific factors which provide contact, warmth, care and acceptance. These factors were encouraged by the creation of a safe space, a room, a centre, in which beneficiaries can feel welcome and where they can meet each other, meet caring staff members and begin rebuilding trust. [...] It can tentatively be concluded that the greatest need of war-traumatised people is to find a space in which trust in fellow human beings can be re-established and where normal human relationships can be formed. The activities offered in this space are less important than the general atmosphere of communal healing. (Agger & Mimica, 1996, p. 46)

Cullberg Weston (2002) performed a similar evaluation of projects for women that were funded by Kvinna til Kvinna in Bosnia and Herzegovina and found comparable outcomes to those documented by Agger and Mimica. In an evaluation conducted five years after the war with a control group without psychosocial support, the author concluded that post-traumatic symptoms and ongoing existential stress seemed to be handled better by those women who participated in psychosocial projects, compared to the control group. However, and this is particularly interesting given our findings of high prevalences of psychological problems associated with trauma presented in Chapter 5, "in spite of the remarkable reduction in post-traumatic stress reactions for the majority of the women, a core group still have a difficult struggle with symptoms initiated by the war" (Cullberg Weston, 2002, p. 29). Cullberg Weston implies this should draw our attention to the ongoing traumatising processes in clients. In other words, it may well be the case that participants report suffering from many ongoing post-traumatic and health problems, *while at the same time* benefitting greatly from support provided by *Medica Gjakova* in general and psychosocial interventions in particular.

8.2 Characteristics of *Medica Gjakova*'s work with survivors

In the following, we look at those sources that were most influential for the development of the specific approach within the organisation that would eventually become *Medica Gjakova*. Moreover, we describe the characteristics of this work with survivors of war-related sexualised violence as they are still enacted today.

8.2.1 Major developments and reference points

As mentioned above, at the time when the wars in the Balkans started, there was no distinct treatment approach to war rape trauma. Joachim (2005b) describes how feminist activists from Germany – including Dr. Monika and Gabriela Mischkowski who went on to set up *Medica Zenica* and later *medica mondiale* – were the first to work together with local feminist activists and professionals to develop a new feminist approach for the projects they set up: first in Bosnia and later in Kosova and Albania. This approach was rooted in a common search for a response of solidarity as feminists to the horrendous war-related crimes being committed against women and girls. The foundation of these projects was the unique and pioneering manner in which they linked direct psychosocial assistance and multi-profession support with political human rights activism and an active engagement that started while the war was still ongoing and continued into the post-war periods and zones.

One of the theoretical pillars for the development of this new psychosocial approach was Judith Herman's then recent publication *Trauma and Recovery* (1992/2015). The groundbreaking aspect of Herman's feminist perspective is that she did not situate domestic violence, rape and incest in the *individual* women's lives (which tends to pathologise survivors), but instead in the patriarchal social *structures* that condone systematic gender-based violence. In other words, Herman offered a socio-political understanding of trauma, which seemed to provide the most adequate foundation for further developing an approach responding to rape and sexualised violence in (post-)war settings.[79]

Edita Ostojic (1997) and Joachim (2005b) have described and documented the initial and further development of this approach, which would eventually become the professional foundation of the work at *Medica Zenica* and *medica mondiale*. In addition to the work of Herman, other sources of inspiration were the feminist therapy approach of E. Bass and Davis (1990), elements taken from humanistic psychology, Gestalt therapy, cognitive-behavioural and creative therapy, and, later, the integrative trauma-therapeutic model developed by Butollo et al. (2003).

Later on, from 1999-2004, shortly after the end of the war in Kosovo, *Medica Zenica*'s trainers worked together with other international trainers to train the psychosocial counsellors who would establish *Medica Kosova*, which today's *Medica Gjakova* later developed out of (Fezer, 2005, pp. 158–162). In this way, the experience gained by the experts at *Medica Zenica* from Bosnia and Herzegovina was used to empower colleagues from Kosova. The training provided was based on *Medica Zenica*'s approach, while integrating additional elements of body-psychotherapeutic and other forms of body-oriented psychotherapy (Joachim, 2005b; Hauser & Joachim, 2003). In addition to the one-week seminar units provided by Edita Ostojic and other experts from *Medica Zenica*, there were additional units for transferring theory into professional practice and casework groups.

By 2004, eleven women from Gjakova had undergone training that had been accredited by the University of Prishtina and they were officially certified as "psychosocial counsellors for women" (Fezer, 2005, p. 161). Psychosocial work, however, was only one of three pillars the work in Kosovo was based on from the very beginning, as Fezer (2005, p. 158) points out. Informed by the experience from Bosnia, medico-gynaecological and legal services also played an important role. Responding to survivors' needs, income-generating activities subsequently developed into a fourth pillar of the work.

[79] *In the Introduction, we have already pointed out that a socio-political understanding of trauma has continued to form the basis for the work of both* Medica Gjakova *and* medica mondiale*. It underlies what eventually became the STA - Stress- and Trauma-sensitive Approach.*

To summarise, we could say that at the foundation of the work of *Medica Gjakova* lies a unique and pioneering, multi-profession approach that developed out of a collaboration between practitioners, trainers and feminist activists from Germany and the region. In the following years this approach has been further elaborated and adapted to the specific context of Kosovo as it changed and evolved over time.

8.2.2 Key aspects of *Medica Gjakova*'s current work

Creativity in applying and adapting existing approaches and models, along with a decisively survivor-centred approach tailored to the needs of their clients – this has been at the centre of the work of *Medica Gjakova* since its beginnings. Taking into account the persistence of taboo and stigma in certain environments, *Medica Gjakova*'s staff do not wait for clients to come to them: on the contrary, they actively initiate outreach towards survivors in their respective communities. In the years immediately following the war, a mobile gynaecological clinic (or "ambulance") that offered services directly in villages served as a key access strategy. Since then, outreach to the areas most affected by the war has been important, often achieved by discretely questioning local community leaders, whether the mayor or the imam, about the (possible) presence of survivors. When approaching a prospective client for the first time, often at their home, *Medica Gjakova*'s psychosocial counsellors are respectful to the survivor's need to protect themselves. Sometimes prospective clients will deny that they are survivors: the counsellor skilfully accepts this initially, but still finds a way to engage them so they can begin to build a relationship. Over time, survivors then reveal their story as they begin to feel safer.

Today, *Medica Gjakova* has a structure with four sectors: psychosocial, gynaecological, legal, and economic empowerment. These provide direct, free-of-charge services to survivors of war-related sexualised violence, and also to women and girls in general. Moreover, the organisation engages in advocacy activities with and on behalf of survivors. In other words, *Medica Gjakova*'s work is characterised by a commitment to offering multi-profession services under one roof, thus lowering the threshold for access to these services. This is particularly important for socially vulnerable populations such as survivors of war rape. In addition, by working to bring the voices and perspectives of survivors into the public debate and political decision making, the organisation also pushes for improvements in overall living conditions for survivors.

Crucially, all this work is informed by the STA - Stress- and Trauma-sensitive Approach that also provided important orientation for this study (Griese et al., 2019, pp. 22–25). This approach has already been described above in Chapter 1, so it suffices here to briefly recall its four principles and point out how these are concretised in *Medica Gjakova*'s direct contact with survivors. The four STA principles centre the need of survivors for 1) safety and security, 2) empowerment, 3) connection and solidarity, and 4) self-, staff and collective care as a professional attitude. This survivor-centred, stress- and trauma-sensitive approach manifests in different ways. For example, upon meeting new clients, *Medica Gjakova* staff inform them about the different services that are available such as individual, group, couple and family counselling, legal advice and medico-gynaecological services, as well as economic empowerment activities. Rather than assuming the role of a professional who knows *what is best for the client*, they leave it up to the individual client to make their own decision as to what services they require: this is immediately a focus on empowering the client. With regard to psychosocial services, counsellors adjust the settings to the client's need for safety. As an example, this may mean occasionally meeting in coffee shops for counselling sessions, so that neighbours do not become suspicious when they repeatedly see *Medica Gjakova* staff coming to visit them at home.

For *Medica Gjakova*'s overall psychosocial work with female survivors, a central concept is the group counselling. After clients have had some individual counselling and are deemed psychologically stable enough, they are encouraged to join a new counselling group. For some, they may decide to do this immediately

after their first one-on-one meeting; others may feel ready only at a later point. Again, while counsellors do encourage clients to join groups, survivor-centredness means it is the individual client who makes the decision. Group counselling takes place twice a month for about two years in closed groups. These work through the main sessions that are adapted from those in *Medica Zenica*'s manual for work with people who have experienced gender-based violence (Medica Zenica & medica mondiale, 2018), adapted and translated into Albanian, plus a number of sessions with different themes and exercises depending on the needs and group dynamics. The flow of the sessions broadly follows the three-phase model developed by Judith Herman (1992/2015) and other authors: 1) stabilisation and creating security; 2) confrontation with the trauma/grieving the losses; and 3) integration of the traumatic experience.[80] *Medica Gjakova*'s counsellors help clients to move gradually through the first phase, learning how to gain emotional stability when being triggered by traumatic memories. They experience a safe and protected space in the group that allows them to open up. This stability is a precondition for the second phase where clients revisit their traumatic wounds in the safe therapeutic space of the counselling group. They do this in order to then be able to commence the third phase of final integration of the experience into their life. The counsellors emphasise the importance of moving at a pace that is right for the clients.

Skills are taught by *Medica Gjakova*'s psychosocial counsellors to help their clients manage their intense emotional states and establish a sense of inner security: these include body-based approaches such as grounding and breathing techniques.[81] At times, giving priority to the principle of safety and security, which guides the first phase, may even mean postponing the application for recognition as a survivor of war-related sexualised violence: it can be better for the client to wait until they are more able to tolerate the requirements of the application process, which include describing their disturbing memories.

One of *Medica Gjakova*'s psychosocial counsellors explains the crucial role of working with groups of female survivors:

> In the group they start to feel more confident. They start to realise that the traumatic event didn't happen just to me – they start to open their minds and their ears and hear about the problems of the others and this is very helpful for them because the group discussions help them to improve their skills how to deal with anxiety, how to deal with even simple problems in their families. In our group sessions our clients discuss everything – daily problems, how to deal with their kids, etc. They help each other to see the future in a better way. Not just to think about the past, but to overcome their trauma and to think about the future. (personal interview)

After the group counselling phase of approximately two years, the participants go through a phasing-out process until they eventually stop attending sessions facilitated by *Medica Gjakova* staff. Self-help groups are set up during this phasing-out: this is generally organised around the locations where the women live. These self-help groups are self-organised, although sometimes a psychosocial counsellor comes to visit and follow up. They have a coordinator and a deputy coordinator who are elected by the group members. In these self-help groups, survivors continue to discuss and share amongst themselves once a month. Some self-help groups continue meeting at *Medica Gjakova*'s offices; others meet at one of the women's homes or at social services buildings in their town. Sometimes groups even decide to meet in restaurants: the casual setting might help to avoid rumours spreading about the potential reason for their meeting. These self-help groups are ongoing groups that meet for as long as their members want.

[80] *The three consecutive phases are also reflected in* Medica Zenica*'s manual.*

[81] *These techniques are described in treatment recommendations developed by medica mondiale (2005) in the* Handbook for Professionals Working with Traumatized Women*. In particular, see Joachim (2005b, pp. 311-316).*

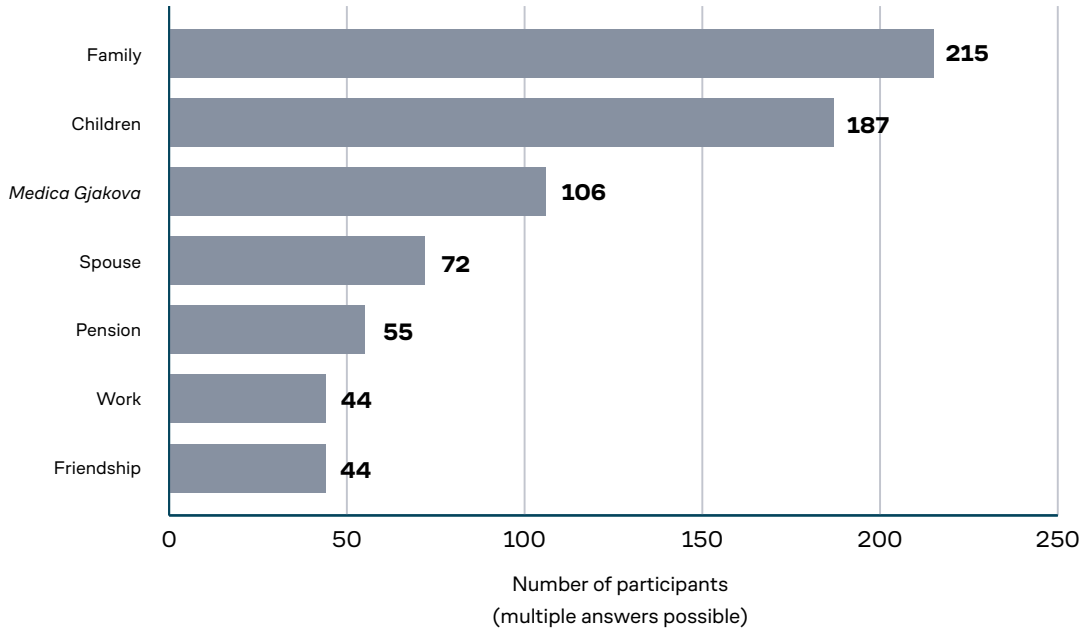
8.3 Research results regarding the significance of *Medica Gjakova*'s support

Medica Gjakova staff in general and their psychosocial counsellors in particular work hard on building a strong rapport with clients and establishing trust. Primary emphasis is placed on adopting attitudes such as kindness and empathy, as well as maintaining strict confidentiality. In order to enable this trust and feeling of absolute safety, the counsellors will show new clients the secure file storage they use, which nobody has access to except for *Medica Gjakova* staff. A major focus in counselling sessions is placed on various ways to work on reducing shame, by encouraging self-compassion, challenging myths about self-blame, and nurturing acceptance. Since the relevant law came into action in 2018, another focal point has become accompanying survivors through the process of applying for administrative reparations.

When asked what has helped them most to carry on with life over the past two decades since the end of the war, participants mentioned *Medica Gjakova* 106 times (Figure 25). In fact, *Medica Gjakova* came in third position, just after family in general (215 mentions) and children (187 mentions), and ahead of spouses (72 mentions). These numbers underline the importance to our participants of having family and, in particular, having children. They also provide us with an initial indication of the high significance attributed to the organisation *Medica Gjakova* by many of their clients.

Figure 25:

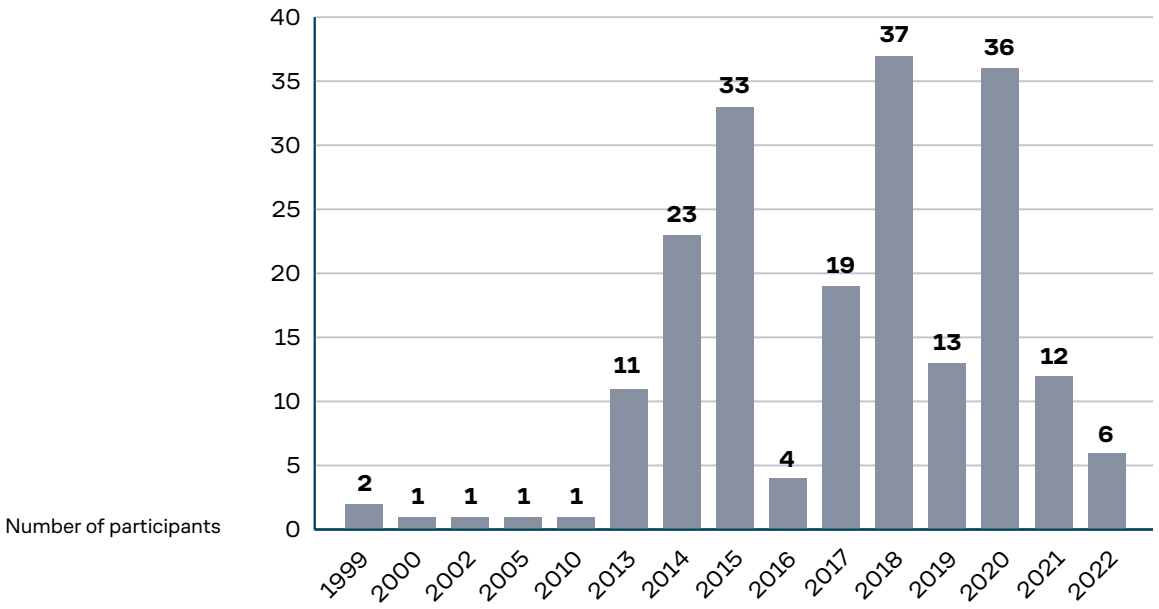
Top seven factors helping participants to carry on with life



We also asked when participants first used *Medica Gjakova*'s support and what reasons led to this at the time. Most frequently, participants remembered coming for psychosocial services (188 mentions) and/or to apply for the administrative reparations (76 mentions). These answer patterns reflect organisational and broader social developments. As Figure 26 shows, **the overwhelming majority of participants (97%) started seeing *Medica Gjakova* in 2013 or later, i.e. fourteen and more years after the war**. To some extent, these numbers might reflect the development when *Medica Gjakova* emerged as an organisation separate from *Medica Kosova* in 2011: the first peak in the number of participants starting to use *Medica Gjakova*'s services is seen in the years 2013–2015. As already mentioned, this period was marked by increasing public discussion of war-related sexualised violence and, eventually, legislative amendments that formally acknowledge survivors as a specific category eligible to administrative reparations provided by the Kosovar government.[82] There is another peak of new clients in 2018, the year that applications for recognition as a sexual violence victim of the war were first possible. We may interpret these answer patterns as pointing to the relevance of socio-political work: in the context of war-related sexualised violence, such work – in particular if it bears legal-political fruits in the form of reparation programs – seems significant for bringing survivors in contact with service providers. Another peak can be seen in the year that the COVID-19 pandemic hit the world: in this case, it seems plausible that widespread psychosocial and economic worries contributed to a higher number of survivors seeking support.

Figure 26:

Year participants started to use Medica Gjakova*'s services*

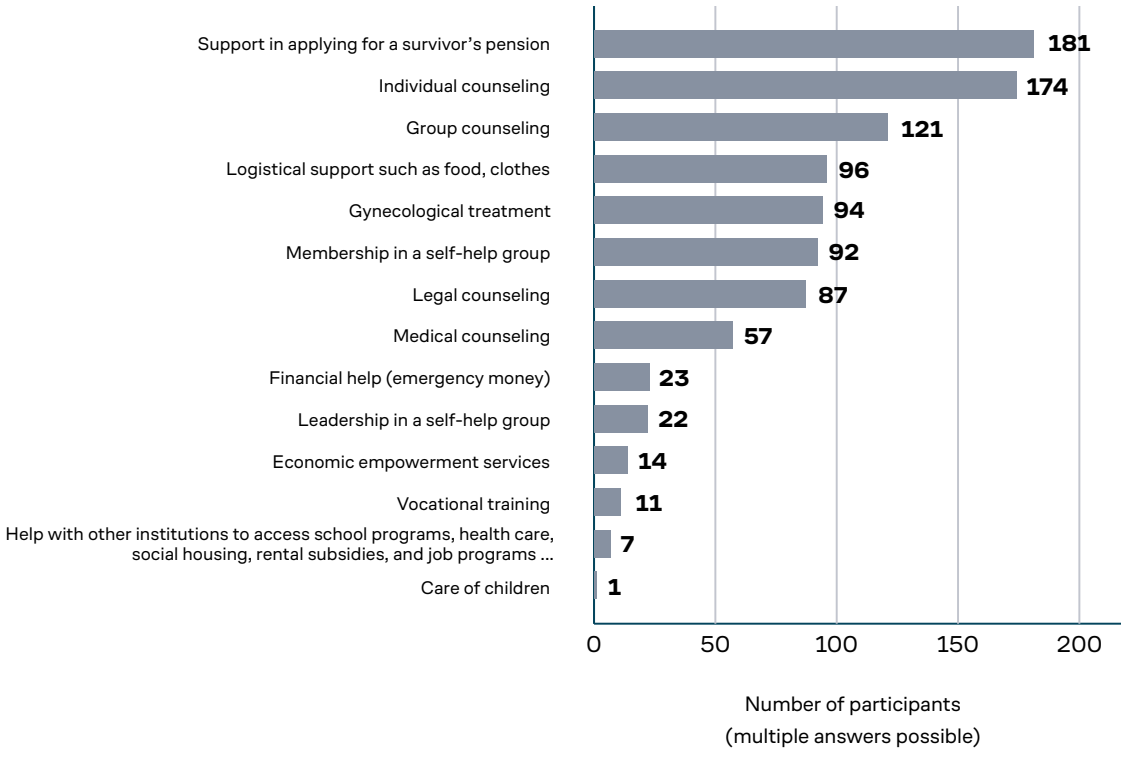


[82] *For a more detailed discussion of this, see Chapter 7.*

Moving on to the services that participants use, on average, they report using or having used 4.8 services, with considerable variation in these numbers. Most frequently (35 mentions), participants have received two services, closely followed by three and six services (28 and 26 mentions, respectively). **Figure 27 shows the specific services used, with the highest number of participants receiving support during the application process for the administrative reparations (181 or 90.5%) and/or individual counselling (174 or 87%).** Group counselling (121 mentions or 60.5%) is the third-most frequently used service among our sample.

We have already described the centrality of group work within *Medica Gjakova*'s psychosocial approach with female survivors. To a certain extent, this is reflected in our data: just less than two thirds of female participants take or took part in group counselling, and almost half of our sample reports being a member of a self-help group. The number of those who received individual counselling is considerably higher. As described above, this is the initial offer, with group counselling then being encouraged, so further analysis would be needed to determine the precise reasons why some clients decide they do not want to move on to group counselling: they may not feel ready yet, the group approach might not meet their particular needs, and/or there could be other reasons.

Figure 27:
Medica Gjakova's services used by survivors



If we compare patterns of actual service use with participants' original reasons for coming to see *Medica Gjakova*, several aspects stand out. Firstly, the offer of psychosocial services is both the most frequently named reason to come and see *Medica Gjakova* and one of the services most often received. This suggests a broad congruence between demand and offer. Of course, these figures may at least in part be influenced by our sampling decision to rely on the database of *Medica Gjakova*'s psychosocial sector (see Chapter 3), so the prominence of psychosocial services found among our sample should not be interpreted to the detriment of the other professional services provided by *Medica Gjakova*! In fact, we found some evidence that points towards the benefit and importance of bringing together multiple professional services under one roof.

It is interesting to note how for the support in applying for administrative reparations, **the number of participants who report receiving this support (181) is more than twice as high as the number who said they first came for this reason (76)**. We may interpret this as an indication for how crucial a survivor-centred approach is when it comes to empowering survivors to actually assert their legal rights: many of our participants first sought out psychosocial support from *Medica Gjakova*, and this support then empowered them to make an important decision. Something similar can be observed for medico-gynaecological services. Earlier in this chapter, we mentioned how the mobile gynaecological "ambulance" served as a key outreach strategy in the years immediately following the war. In contrast, medical assistance was named as a primary reason by only two of the participants in this sample, the majority of whom first sought *Medica Gjakova*'s services more than a decade after the war. However, when we look at the services actually used, almost half of our female participants report benefitting from gynaecological services and more than one fourth from medical counselling, which suggests these services do still meet actual needs of the survivors.

The results also attest to the referrals between sectors which are a lived practice of *Medica Gjakova* staff. And perhaps even more importantly, they seem to indicate how **the conceptual decision to offer a variety of professional services under one roof does indeed make all of these services more easily accessible**. This interpretation is further supported by the high number of participants – almost half of our sample – who report using the legal counselling services.

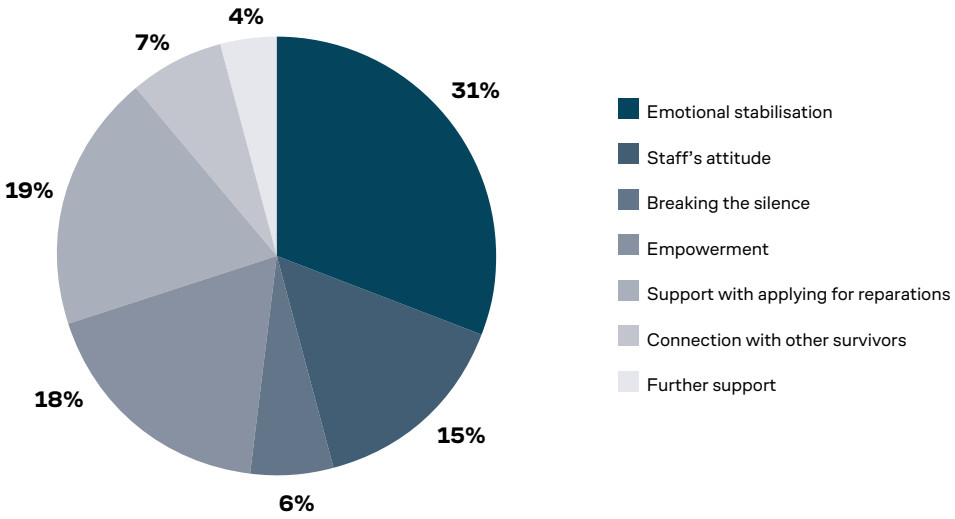
There are some activities, such as vocational training and economic empowerment, which are used by smaller numbers of clients. Several reasons may explain this. Firstly, the sampling decisions for this study, as mentioned above. Then there is the fact that only clients who feel sufficiently stable will take part in these activities. Furthermore, services offered in this sector are still relatively limited; they are also open to women in general, not just survivors. At the same time, the fact that almost half of our participants report using material support such as food and clothing points to considerable economic vulnerability among *Medica Gjakova*'s clients, as does the proportion of one in ten who benefitted from emergency financial help.[83] In some of the qualitative data below, participants explicitly highlight the importance of economic empowerment. So there may be a high significance credited to these kinds of services, but not enough activities offered for everybody who wants to participate.

We gained many insights into the significance rendered to *Medica Gjakova*'s support from answers to the open-ended question about the factors that helped participants most. Clustering the responses revealed interesting perceptions on processes and healing dynamics. It should be noted, though, that the clusters are not always completely distinct categories and contain some overlapping.

[83] On this, see also the discussion of participants' sociodemographic characteristics and living conditions in Chapter 4 and of the economic role of the administrative reparation payments in Chapter 7.

Figure 28:

Aspects of Medica Gjakova*'s support found to be most helpful*



Most frequently, accounting for almost one third (31%) of all responses, participants described a reduction in anxiety, worries, nervousness and trauma. In other words, what they perceive is a positive impact on emotional stability. We may interpret this as a strong indicator that *Medica Gjakova*'s approach in fact increases the respondents' sense of emotional safety, in accordance with the first principle of the stress and trauma-sensitive approach put in practice by all services provided within the organisation.

The second and third most popular responses had almost the same number of mentions: 19% of all answers referred to *Medica Gjakova* as being helpful in the process of applying for administrative reparations, and 18% of participants described feelings of being strong enough on a spiritual, emotional and/or social level to continue their lives. Their responses point to yet another main principle of the stress- and trauma-sensitive approach: empowerment.

Following closely on from these, 15% of all responses referred to attitudes in the helping process: these highlighted aspects such as care, love and confidentiality. Then there were 7% of the answers who explicitly mentioned the opportunity to be with other survivors as a helpful factor: these findings may be connected to the principle of connection and solidarity within the stress and trauma-sensitive approach being practiced by *Medica Gjakova* staff, and further fostered via group work.

Finally, 6% of responses describe speaking out as something that has been particularly helpful for them at *Medica Gjakova*.

Taken together, the responses from participants describing the essence of the help they received and *felt* in practical ways can be seen to be a good reflection of the stress- and trauma-sensitive approach practiced by the psychosocial counsellors and all other staff at *Medica Gjakova* staff. Strikingly, and in accordance with the evaluation research on psychosocial projects in the Balkans quoted above, in their answers to this open-ended question the respondents rarely differentiated between gynaecological, economic or legal support they may have received; even counselling is not always explicitly mentioned as a distinct service. It seems that the participants who answered this question perceive the general experience of being supported, cared for and being empowered as a *result* of *Medica Gjakova*'s presence in their life. It is not only *one* service or *one* sector that helps them, but rather what the organisation offers *as a whole* and what its approach stands for in the lives of the respondents.

Here are some quotes illustrating how respondents explained themselves and the importance of *Medica Gjakova* in their lives, as well as the quality of the professional relationship. As mentioned above, many commented on how much calmer they feel. Improving self-regulation is a key element of *Medica Gjakova*'s psychosocial interventions in both group and individual counselling. Clients attest to its success:

> Medica has calmed our souls. I now know myself to be a person who can breathe.

(woman, Albanian, survey #75 Q115)

> It helped me the most that you calmed me down because I expressed my pain because I am very closed.

(woman, Roma, Ashkali, or Egyptian, survey #77 Q115)

> Counselling helped me; it calmed me down thanks to conversations. Now I am calmer, more relaxed.

(man, Albanian, survey #49 Q115)

> The sole knowledge that *Medica Gjakova* exists makes me feel more at ease.

(man, Albanian, survey #146 Q115)

Some clients feel more alive, confident, and empowered as a consequence of using *Medica Gjakova*'s services:

> Worries are leaving at *Medica Gjakova*; they have given me strength, now I am in a better position to survive whatever happens to me.

(woman, Albanian, survey #78 Q115)

> It has given me great strength – I no longer just feel as dead as before. Now I am very proud of myself.

(woman, Roma, Ashkali, or Egyptian, survey #39 Q115)

> *Medica Gjakova* helped me keep my mind together. Because the murder turned the page white, and the rape left you alive and upside down, upside down. Yes, *Medica Gjakova* empowered me and convinced me that it is not my fault.

(woman, Roma, Ashkali, or Egyptian, survey #51 Q115)

In the responses to open-ended questions and in the qualitative interviews, survivors conceptualised the impact of *Medica Gjakova*'s interventions as giving them "relief", "lightness" or "calmness". Some explicitly mention the counsellors, who they found to be welcoming, accepting and empathic. This allowed them to develop trust and open up – in many cases for the first time:

> We trusted [name of counsellor] the first time we met her.

(woman, Albanian, interview #4)

> [Name of counsellor] opened my heart.

(woman, Albanian, interview #14)

The following reflects *Medica Gjakova*'s integrated approach, covering various services and aspects of support. The mention of bees hints at an economic empowerment project:

> *Most importantly – that they calmed my brain, they made us be together with friends and I realised that I am not the only one but there are other women – we cried for each other – the worry we had inside we threw it out, we felt better. Bees are like family to me – my passion – I spend time with them. I also got the pension even though I was not very interested in the pension.*

(woman, Albanian, survey #34 Q115)

When participants praise *Medica Gjakova*'s staff, they describe a sense of relief and unburdening, and emphasise personal qualities of the staff, which leave them feeling cared for:

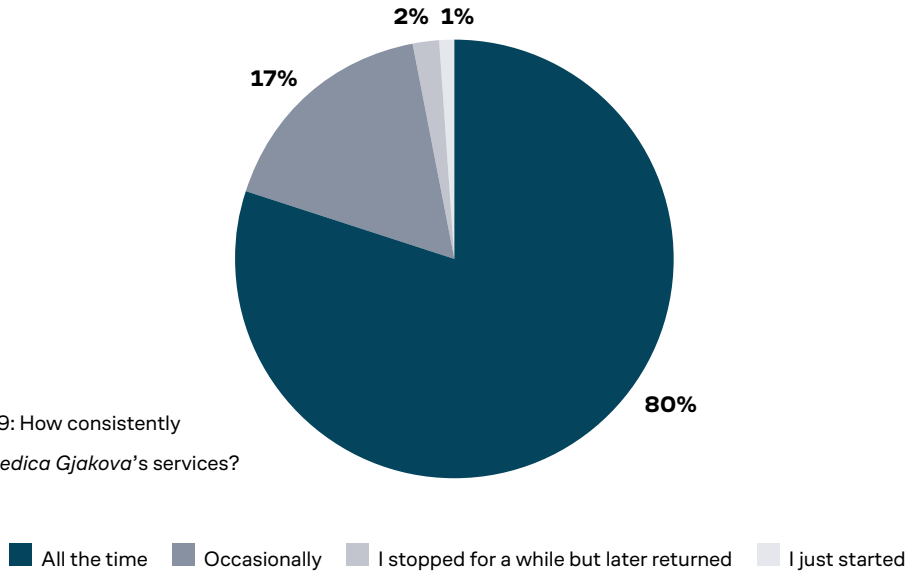
> The good words, treatment and care that they had not only for me, but also for my family, made me 80% lighter than I was.
>
> (woman, Albanian, survey #64 Q115)

> Always in black, black skirt, black tops. A black life … But since coming to *Medica Gjakova* I've become stronger. *Medica Gjakova* and [name of counsellor] have given me strength.
>
> (woman, Albanian, interview #20)

Medica Gjakova's rate of retention of clients among our sample is quite impressive (Figure 29): 80.1% said they have used *Medica Gjakova*'s services consistently all the time since they first came; 17.3% said they have done so occasionally, and 1.5% stopped for a while, but later returned. Altogether 23 participants provided reasons for occasional or interrupted service use. Most frequently, they attributed this to the COVID-19 pandemic (6 mentions), followed by geographical distance (4 mentions) and fear of being identified as a survivor by others (4 mentions). Obligations related to work in general and care work in particular also played a role for some participants (3 and 2 mentions, respectively).

Figure 29:

Consistency of participants' use of Medica Gjakova*'s services*



Answers to Q109: How consistently have you used *Medica Gjakova*'s services?

In addition to most participants using *Medica Gjakova*'s services consistently, when asked about their advice they had for other survivors, an overwhelming majority recommended contacting *Medica Gjakova*. In fact, more than one third indicated they had already referred other survivors to the organisation. Taken together, we may interpret these findings as further indicators for a high level of significance attributed to *Medica Gjakova*'s support.

In conclusion, from the perspective of participants, as well as providing beneficial services, *Medica Gjakova* also constitutes an essential source of social support. The approach practiced by *Medica Gjakova* staff is perceived as creating a climate that makes survivors feel at home and cared for, where they experience trust and unconditional acceptance of their experiences and psychosocial problems. It is equally a place where they find friends in other survivors and form new consoling, accepting and trusting relationships. This experience found at *Medica Gjakova* stands in quite some contrast to the stigmatisation and devaluation perceived by many participants in their immediate environments, which was described in Chapter 6.

8.4 Discussion

For participants in this study, their trajectory of stabilisation and regaining a sense of safety is significantly connected to being assisted by *Medica Gjakova*. As described in the preceding chapter, participants perceive *Medica Gjakova* as a strong advocate of their rights and crucial with regard to social acknowledgement. Moreover, as discussed in this chapter, *Medica Gjakova* is where they experience specific, practical support through the provision of a multiplicity of services: individual and group counselling, assistance with the application for administrative reparations, legal advice, financial aid, and economic activities. The empathetic, empowering environment of *Medica Gjakova* ensures the confidentiality that survivors request. In this way, it seems the organisation represents a counter-experience to the imposed silence and devaluation many perceive in their families and immediate environments. While some participants go as far as explicitly describing *Medica Gjakova* as like a second or "more supportive" family where they can openly talk about their pain and know they are accepted with their experiences of war rape, many more emphasis attitudes such as care, love, availability, unconditional acceptance, confidentiality, and understanding as the qualities they appreciate in the organisation as well as in its staff.

This finding has similarities to the results of project evaluations from Bosnia and Croatia cited above. Furthermore, it underlines how the perceived positive impact of *Medica Gjakova*'s work on the mental health of respondents through the provision of services in a caring environment does not actually contradict the high prevalence rates for complex trauma, depression, and anxiety that we found in our sample. Drawing on the sequential model of Keilson (see Chapter 5), the respondents can be understood as still being immersed in ongoing traumatic processes that keep destabilising them, but their experience of themselves is that they are coping much better with this since they began making use of *Medica Gjakova*'s services.

At the same time, our findings may point to a potential polarisation between the perceived devaluation and stigma in the family and/or immediate environments on the one hand, which contributes to destabilisation, and the understanding and unconditional acceptance at *Medica Gjakova* on the other. The risk here is that it places a high burden on the "community of helpers" at *Medica Gjakova*, with potentially strong projections of clients onto their counsellors, whom they expect to be saviour-like figures. A similar observation was made by Joachim in 2005 (2005c) and remains valid: she quotes Becker and points to this burden of counsellors' "encounter with destruction" which requires not only an enormous quality of containment, but also brings counsellors in direct contact with the suffering of their clients. "Feeling into" this destruction may result in a hesitance to keep boundaries and to resist the projections of clients to be "saved". This hesitance to keep boundaries might be even more pronounced given that

the staff themselves also encountered losses and violence during the war, which renders them more prone to feeling powerless towards their clients (Hauser & Joachim, 2003). Drawing on her experience with work in the Balkans, Joachim reflects on stress and risk factors resulting from confrontation with war-related sexualised violence as a helper. She describes this dilemma as follows:

> Working with and on behalf of survivors of sexualised war violence … means on the one hand being confronted with horror at the crimes themselves, encountering the consequences of the violence in the way it has affected the survivors, with their helplessness, their pain, their hatred, their vulnerability and sometimes their self-destructive attempts to overcome the consequences of the traumatisation. […] "Helpers" however, because of their very qualities of empathy and commitment, are exposed to the dynamics of the trauma of sexualised violence. In this particular area of work with and for survivors, the proximity of the work to the actual suffering of the survivors and being confronted with general denial, avoidance and tabooing of the issues are aspects contributing to the specific stress factors which have the potential to upset permanently the psychological balance of the helper. (Joachim, 2005c, p. 194)

Even if this article refers to a situation 18 years ago and the public discourse in Kosovo has changed in the meantime due to the lobbying and advocacy efforts of feminist activists and civil society organisations such as *Medica Gjakova*, attention to the stability and psychosocial health of helpers and service providers is still very much needed. Self-, staff and collective care, highlighted as the fourth main principle in the stress- and trauma-sensitive approach from *medica mondiale* and *Medica Gjakova*, has certainly not lost any of its significance. Indeed, the high significance attributed to *Medica Gjakova* by the participants of this study seems to suggest that the organisation needs to ensure it maintains and strengthens its long-term capacity, in order to continue to be able to provide survivors with support. The organisation is therefore in need of secure and long-term funding, further training opportunities, and governmental and social recognition for their important work.

9. RECOMMENDATIONS AND EXPECTATIONS FROM PARTICIPANTS

As part of our commitment to empower survivors, we used our self-developed questionnaire to seek insights from participants into the advice they would have for other survivors (Question 102) and what expectations they have from this research (Question 116). Even though these questions were placed towards the end of a rather long questionnaire when participants might already have felt tired (see discussion of the study's limitations in Chapter 3), the rate of missing responses was extremely low. Indeed, participants generally provided very rich answers to these questions, with many mentioning more than one aspect. In order to reflect this wealth of perspectives, we will loosely group these responses according to themes emerging from the material.

9.1 Recommendations to other survivors: Confide in someone you can trust!

Most frequently, participants recommend not trying to deal with the experience of war-related sexualised violence all by oneself:

> I would tell them to talk to someone – not to harm yourself – because when you talk to someone, you feel better.
>
> (woman, Albanian, survey #190 Q102)

> What happened can't be undone. I would say connect with your family, find happiness somewhere – and find support, you just can't make it on your own.
>
> (woman, Albanian, survey #148 Q102)

> I would say to speak up, to express themselves as they can, it gives hope.
>
> (man, Albanian, survey #42 Q102)

Some reflect critically how a social atmosphere characterised by secrecy and victim-blaming can make confiding in others feel like a daunting act. Participants recommendation to speak up therefore must not be interpreted as urging others to do so publicly. Rather, they encourage other survivors to share their experience in an environment that provides understanding and confidentiality:

> I would say not to hide anymore – take away the anger – when you keep a secret, it tortures you more, it makes you sick.
>
> (woman, Albanian, survey #66 Q102)

> My advice is to not hesitate, but speak up, because the shame is on the perpetrators.
>
> (woman, Albanian, survey #18 Q102)

> To not hold on to the secret, but to open up to Medica.
>
> (woman, Roma, Ashkali, or Egyptian, survey #192 Q102)

Like this respondent, many participants explicitly recommend contacting *Medica Gjakova*. In their advice, they point out to other survivors the specific benefits they could gain from this:

> I would advise to speak up to *Medica Gjakova*, that they take the embarrassment away, they support you, they stop the worries, and other pains.
>
> (woman, Albanian, survey #25 Q102)

> I would tell them about myself, how I have been taken care of at *Medica Gjakova*, how it helped, and how it sent away my worries.
>
> (woman, Roma, Ashkali, or Egyptian, survey #43 Q102)

I would tell her to definitely go to Medica because it's a medicine for the soul. When I couldn't sleep, the conversations with you calmed me down – they offered me a spiritual peace. And I could sleep.

(woman, Albanian, survey #173 Q102)

I would advise them to talk to *Medica Gjakova*, because there they motivate you and they convince you that it is not your fault.

(man, Albanian, survey #2 Q102)

Several participants highlight that going to *Medica Gjakova* helps with forming new friendships and developing a sense of belonging:

First of all I would tell them to go to *Medica Gjakova* because there I opened my heart and I got a second family, where I got strength. And for this reason I would tell women not to be silent and to speak up.

(woman, Albanian, survey #6 Q102)

I would say that I too am like you, but I got free when I began to go to the association. Go because at *Medica Gjakova* you'll be among friends and your pain will be alleviated.

(woman, Albanian, survey #5 Q102)

While a majority of participants say they would tell other survivors about their personal experience at *Medica Gjakova*, some explicitly reflect that there are a number of organisations supporting survivors. Their more general recommendation is to contact one of these associations:

I would direct them to some organisations like *Medica Gjakova*.

(woman, Albanian, survey #145 Q102)

I would say: Go straight to an association. There they support you and they take it out of your chest.

(man, Albanian, survey #69 Q102)

I would tell her that it happened also to others. And I would refer her to an organisation.

(woman, Albanian, survey #74 Q102)

In addition to speaking to others and/or seeking professional support at specialist organisations, many participants recommend focusing on positive aspects. They remind other survivors of their inner strength and self-worth:

I would say never give up. Always be yourself.

(woman, Albanian, survey #36 Q102)

Don't have negative thoughts. Be strong and seek help with an association.

(man, Albanian, survey #1 Q102)

Try to enjoy life with family, with friends, with work, try to face life's challenges.

(woman, Albanian, survey #149 Q102)

Be strong. Fight. Look to the future. Work. Be engaged. Don't dwell on memories – and demand your rights.

(woman, Albanian, survey #71 Q102)

Finally, like this participant, other respondents advise fellow survivors to assert their rights, i.e. to claim the status of a sexual violence victim of the war and to apply for the administrative reparations provided by the Kosovar government:

> I beg you to earth and sky to come forward. Let go of the life in a grave, go out and enjoy a bit and seek your rights.
>
> (woman, Albanian, survey #127 Q102)

> I would advise to become a member of the association and gain the status.
>
> (man, Albanian, survey #48 Q102)

> I would inform her about the pension that she's entitled to.
>
> (woman, Roma, Ashkali, or Egyptian, survey #98 Q102)

> Love life, take care of yourself, accept the support of *Medica Gjakova*, apply for the pension because it is our right.
>
> (woman, Albanian, survey #16 Q102)

9.2 Expectations from different stakeholders: Accept and support survivors!

The expectations voiced by participants in this study overlap to some extent with their advice to others. Many hope that by sharing their own experience they will encourage fellow survivors to confide in others and/or seek professional support. In fact, this was frequently named as a motivation for participating in this study. Other expectations address particular stakeholders and/or specify the material or immaterial support needed by survivors of war rape in Kosovo.

Some responses explicitly refer to *Medica Gjakova*, which participants expect to keep on working with and on behalf of survivors:

> I expect that *Medica Gjakova* continues its work, and the work be seen by others. That survivors be informed that the pain has eased.
>
> (woman, Roma, Ashkali, or Egyptian, survey #10 Q116)

> I expect Medica to continue the psychosocial support and never stop, because it works without any self-interest. I expect the survivors to be informed that the pain has eased.
>
> (man, Albanian, survey #2 Q116)

> That *Medica Gjakova* continues to work even more widely, and be even better known. To the survivors, I would say to come to *Medica Gjakova*, that they have freed me, eased the pain.
>
> (woman, Albanian, survey #5 Q116)

What these comments highlight is the ongoing need, more than twenty years after the war, for specialist organisations providing professional support for war rape survivors. At the same time, participants stress that the responsibility to stand with survivors must not be placed exclusively on civil society organisations like *Medica Gjakova*:

> I expect that not only the organisation will support us, but also the entire Kosovar society – because when the whole society supports us, other women also come forward and do not remain silent.
>
> (woman, Albanian, survey #190 Q116)

> To have more support from the state, society and the rrethi where we live.
>
> (woman, Albanian, survey #179 Q116)

Frequently, participants demand more understanding for survivors from society in general and Kosovar society in particular:

> That people understand our suffering, the illness that we had from the violence and that the other women like me understand that it is not shameful to look for help – like me who sometimes refused help.
>
> (woman, Albanian, survey #34 Q116)

> I expect that society understands what survivors of sexual violence need – these women need love, support and trust.
>
> (woman, Albanian, survey #32 Q116)

> I look forward to tell the truth for future generations. I need the youth to understand what really happened.
>
> (man, Albanian, survey #48 Q116)

> I expect others to understand what we have experienced, not only the event but also my life after the event.
>
> (woman, Albanian, survey #67 Q116)

> That they understand that we are equal to other women – there should be no difference and that they respect our suffering.
>
> (woman, Albanian, survey #71 Q116)

This understanding which survivors expect includes empathic comprehension of their suffering and pain but does not stop there. Rather, participants explicitly demand that survivors are treated with respect by those in their immediate environments as well as their fellow citizens more in general:

> I expect that society will not judge us and stigmatise us.
>
> (woman, Albanian, survey #18 Q116)

> To influence people to accept the company of survivors, not judge them, make their life easier, and not hurt us more.
>
> (woman, Roma, Ashkali, or Egyptian, survey #77 Q116)

> That civil society supports us and doesn't let us feel stigmatised.
>
> (man, Albanian, survey #146 Q116)

> I expect that this category of ours will not be trampled, to have support in every aspect of life – to reach our goals in life and not to be neglected.
>
> (woman, Albanian, survey #149 Q116)

> I expect others to treat us with dignity, to support us in many spheres of life. I expect that other women should also find the strength to come forward.
>
> (woman, Albanian, survey #139 Q116)

One participant articulated the expectation of solidarity among women across ethnicities, calling on those from the ethnic majority to stand with ethnic minorities:

> I expect that women survivors be united – also with us – that Roma women come forward because they have the right to come forward because we at home never knew that we too have the right to come forward.
>
> (woman, Roma, Ashkali, or Egyptian, survey #129 Q116)

Another set of expectations is directed towards Kosovar institutions and the government. Some participants have very concrete recommendations about practical measures which could benefit survivors:

To implement the law; and to talk about survivors also in school as they talk about war martyrs.

(woman, Albanian, survey #78 Q116)

That the state acknowledges that there are many women who have experienced sexual violence and seeks justice for us.

(woman, Albanian, survey #186 Q116)

I expect that people will love us, understand us, and care more about us. To have more rights and have rights to work. To not have to pay doctors – that the state cares for us and takes us somewhere every year to relax, that the government cares about us and, more than anything, provides pensions.

(woman, Serb, survey #65 Q116)

Improved access to health care and medicine as well as better economic conditions are a priority for several participants:

I expect that because we are old women, they understand that we suffer and we need help with medicine and the state helps us go to the doctor without paying.

(woman, Albanian, survey #187 Q116)

That we receive more help on the health issue, because we all have health problems as a result of the violence we have experienced.

(woman, Albanian, survey #189 Q116)

To help more those women who have many health problems improve their economic situation.

(woman, Albanian, survey #184 Q116)

That people understand that we need help – health care – support for our old age.

(woman, Albanian, survey #40 Q116)

Last, but not least, participants stress the significance of administrative reparations provided by the Kosovar government. Several comments provide particular recommendations for further attuning these rights to the tangible needs of survivors:

I expect the issue to be discussed and we get the pension.

(woman, Roma, Ashkali, or Egyptian, survey #43 Q116)

I expect that the pension increases a bit. I expect the possibility to get two pensions and not having to choose either the one for survivor or the retirement pension. Women whose husband is also a victim of the war should not be forced to choose one of the pensions.

(woman, Albanian, survey #174 Q116)

I expect that *Medica Gjakova* help women materially and lobby the state so it does not force us to choose between our husband's pension or a retirement pension and the one we enjoy as survivors. For example, I had to give up the pension of my husband who was killed in the war, but it looks to me as if I gave up or I turned my back to my late husband. It's a very bad feeling.

(woman, Albanian, survey #143 Q116

10. RECOMMENDATIONS DERIVED FROM THE RESULTS OF THIS STUDY

Based on the findings of this study, underlining the advice and recommendations above from the survivors themselves, and keeping in mind the clear commitment stated by then-President Atifete Jahjaga at the 2013 summit that Kosovo will end sexualised violence in conflict,[84] protect survivors, end stigmatisation, and punish the perpetrators (a commitment reaffirmed in 2022 by Kosovo Minister of Foreign Affairs, Donika Gërvalla), *medica mondiale* and *Medica Gjakova* call on

- Kosovo institutions,
- civil society organisations,
- Kosovo citizens and society,
- Kosovo media, and
- international donors and institutions

to consider the following key recommendations.

10.1 Institutionally strengthen support services for survivors

Kosovo institutions, international donors, and international institutions should all commit to long-term funding of support services for survivors of war-related sexualised violence in Kosovo. Results of this study have clearly shown that, more than 20 years after the war, there is ongoing need for psychosocial and health services, legal aid services, educational opportunities, economic benefits, and income-generating projects. Moreover, it has demonstrated there is a need for further awareness raising, in particular at the community level. Advocacy for the rights of survivors of war-related sexualised violence is also still necessary.

This recommendation includes the provision of core funding for *Medica Gjakova* and other government-authorised organisations with expertise in supporting survivors of war-related sexualised violence. In addition to direct services for survivors, advocacy work should be funded. For Kosovo institutions, this means creating a special fund or budget line to support survivors and their families without singling out survivors of war-related sexualised violence.

Local, national, and international institutions should strengthen the position of and their acknowledgement for *Medica Gjakova* and other government-authorised organisations that provide services to survivors. Based on the experience of clients from *Medica Gjakova*, this study shows that civil society organisations who have the trust of survivors play an important mediating role between survivors and state institutions when it comes to implementing the right to reparations. This kind of collaboration between public institutions and civil society organisations should be further strengthened and extended to other sectors (mental and physical health, income generation, education, justice and security).

In a coordinated effort by Kosovo institutions and non-governmental organisations authorised to work with survivors, quality standards for support services for survivors of war-related sexualised violence should be defined and implemented. *Medica Gjakova* can play a key role in this process. As the findings of this study indicate, *Medica Gjakova*'s approach and practice is highly effective for survivors, helping them to uphold their rights. This approach is feminist and stress- and trauma-sensitive; it proactively reaches out to potential clients, gradually builds trust, centres survivors' needs, and provides access to multi-profession services under one roof. Quality standards for specialised services and programs for survivors should be defined, acknowledged and politically supported, ensuring continuity, broadscaling and funding. Based on these, there needs to be an institutionalised approach to the provision of training for non-specialist service providers from different fields who, during the course of their work, might attend to survivors of war-related sexualised violence (for example, administration, social service centres, health).

[84] *Declaration of Commitment to End Sexual Violence in Conflict, September 24, 2013, London, UK. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/274724/A_DECLARATION_OF_COMMITMENT_TO_END_SEXUAL_VIOLENCE_IN_CONFLICT.pdf*

10.2 Further develop direct services for survivors

Kosovo institutions, as well as international donors, should continue to further strengthen the capacities of organisations who provide direct services to survivors. As this study indicates, supporting survivors of war-related sexualised violence is highly demanding work. In particular, counsellors provide not only a service but also a sense of belonging and a new community. The skilled work of these professionals contributes significantly to the way that post-war societies deal with the past and, as such, they deserve acknowledgement and support. First of all, this should include support for the professionals to access relevant life-long learning opportunities. There is a particular need here for funding of further specialised training (for example, training in focused trauma-therapeutic treatment). Second, in order to prevent secondary traumatisation, burn-out and emotional fatigue, professionals working with survivors should be supported in their needs for self-, staff- and organisational care. In addition to regular supervision and staff retreats, this implies an increase in staff numbers as their duties and the client base expand. It also means organisations need to be ensured the necessary resources to compensate for temporary absences of staff (for example, maternity leave) and to implement working models that allow for the transfer of knowledge between experienced and new colleagues (for example, tandem work with staff approaching retirement age).

Kosovo institutions and international donors should fund exchange programs and opportunities for both survivors and professional staff to meet with organisations and survivors from other regional and global areas of conflict. These opportunities for exchange would not only foster the continuing development of high-quality services and their attunement to survivors' evolving needs: for professionals working with traumatised populations, they would also provide much needed space for joint reflection, and self- and collective care. For survivors, these exchanges enable connections to form with other survivors, which would further foster their sense of agency and empowerment. Working across borders and conflicts, these meeting opportunities would contribute to strengthening a European and global civil society committed to peacebuilding and reconciliation.

Continue and consolidate active outreach efforts. Data from this study clearly indicates the significance of professional support for survivors of war-related sexualised violence. A considerable number of this study's participants recalled *Medica Gjakova* actively reaching out to them and their communities, gradually building the trust they needed to eventually feel able to access services. Some participants have taken it upon themselves to join this outreach, acting on their own initiative to pursue leads and connect survivors to *Medica Gjakova*'s services. This emerging trend should be formalised and systematised. Organisations providing support to survivors of war-related sexualised violence should build a structure that encourages their main advocates, namely their clients, whose improvement and resilience is a testament to the organisations' work, to join outreach efforts in an official manner. In addition to linking more survivors who might be in need with the professional service providers who can meet those needs, a network such as this could also contribute to the empowerment of its participants.

Provide and expand ongoing psychosocial services for survivors of war-related sexualised violence. As this study shows, clients of *Medica Gjakova* overwhelmingly report feeling better – an experience they attribute mostly to the psychosocial services they all received. Nevertheless, this does not mean that the vast majority improved beyond the presence of any clinically relevant symptomatology: they still exhibit symptoms of complex PTSD, depression and/or anxiety. While we should be careful to avoid generalising our findings to the entire survivor population in Kosovo, given the fact our data came exclusively from survivors who have sought psychosocial support, our study nonetheless suggests there are more survivors who might be in need and would benefit from psychosocial services. Particular attention should be paid to identifying potential thresholds which various groups of survivors find difficult to overcome and finding creative ways of addressing those (for example, home visits by counsellors or supporting clients in need with bus fares).

Strengthen and expand working with groups. Findings from this study attest to the significance of *Medica Gjakova*'s all-female psychosocial groups. These not only provide survivors with a safe space for sharing experiences, but also enable them to form new friendships and develop a social life which many feel has been denied them by devaluating attitudes prevailing in their immediate environments. Furthermore, we found evidence that at least some female survivors experience situations of being put down and/or held accountable to patriarchal norms by other women. In a context not only marked by hierarchy between heteronormative and binary genders, but also among women, within families and across ethnicities, feminist group counselling and self-help groups provide important counter-experiences. They foster ways of relating to each other in egalitarian ways and of mutually caring for each other. Thus, these groups significantly contribute to the empowerment of female survivors and work with all-female psychosocial groups should be continued and further consolidated. As there is reason to assume that male survivors, too, could benefit from working within groups, developing suitable approaches for this subgroup of survivors should also be considered.

In addition to individual and group counselling, consider offering trauma-therapeutic treatment for those survivors who wish and have persistent mental health issues. Given the widespread presence of significant trauma-related symptoms, depression and anxiety, specialised trauma-treatment psychotherapy could help some clients to reduce symptoms. It might be effective to pursue a combination of various evidence-based treatment approaches for complex trauma that include body-oriented work and non-verbal approaches. Staff who are psychologists would need further specialised training and supervision to offer these services. As an example, a pilot program using EMDR (Eye Movement Desensitisation Reprocessing) might be considered for a small group of clients.

Further assess and develop outreach strategies and support services with regard to gender and ethnicity. Results from this study suggest that survivors beyond the biggest subgroup (ethnic Albanian women) also benefit from the services offered at *Medica Gjakova*: these include male war rape survivors as well as survivors from Serbian, Roma, Ashkali, and Egyptian communities. However, given their limited numbers and the scope of this study, additional studies are needed to gain insights into the specific experiences and needs of these differing groups of survivors. This reflection would benefit from a more thorough integration of intersectional perspectives and insights from critical masculinity studies. Tentatively, our data indicates it might be particularly challenging for Roma, Ashkali, and Egyptian survivors to learn about their rights and the services available to them. In this regard, liaising with organisations that advocate and support ethnic minorities might help. As part of a professional commitment to deliver high-quality services to all who are in need, experiences with working *among* one's ethnicity and gender as well as *across* ethnicity and gender should both be taken into consideration, with a view towards any particular challenges and the development of conceptual strategies to address these challenges.

Continue and further develop health-related services. As data from this study suggests, more than 20 years after the war many survivors of sexualised violence are still suffering from physical consequences: about half of the participants described their health as poor; a similar percentage reported regular use of psychopharmacological drugs; and physical ailments, in particular psychosomatic disorders and cardiovascular conditions, were found to be widespread. With the ageing of the survivor population, health-related symptoms can be expected to become even more common. Gynaecological and other health-related service provision, including health education, should therefore be continued. Working on further development of health-related strategies (for example, sports, relaxation techniques) in multi-profession teams with different service providers should be considered. Staff from organisations with experience in supporting survivors of war rape could train service providers at health-related organisations on how to adopt a stress- and trauma-sensitive approach when working with survivors of sexualised violence. In addition to fostering an awareness of one's body, free or low-cost sports classes open to women in general might be a way of linking potential clients to organisations providing support to survivors of sexualised violence.

Conduct further research on the transgenerational effects of war-related sexualised violence on children and grandchildren to inform programming and service provision. Our data shows that most participants perceive their own traumatic experience of war rape having a negative impact on subsequent generations, thus pointing towards the existence of transgenerational effects of trauma. Further interdisciplinary research with children and grandchildren of survivors would be needed as a baseline for planning interventions and offering services for those who want them.

Continue and strengthen work to gradually reduce reliance on psychotropic drugs. This study has shown that usage of psychotropic drugs such as benzodiazepines is common among war rape survivors in Kosovo. However, the testimonies from participants also suggest that psychosocial and health-related counselling can contribute to a gradual reduction in their reliance on drugs and help them develop more active coping strategies instead. Work on addiction issues should therefore be continued and specialised training for professionals considered if needed. Taking into account that addiction is a coping strategy to avoid strong feelings, it needs to be kept in mind that this work should extend beyond purely psychosocial settings to incorporate improvements in social acknowledgement.

10.3 Further develop interventions specifically focusing on norm change

In line with the Istanbul Convention, applied by the National Assembly of Kosovo in 2020, the government of Kosovo should promote all measures to educate and raise awareness among the public in general, as well as to qualify staff in the health sector, the judiciary and other institutions.[85]

Continue working on norm change in counselling sessions. Data from this study suggests that feminist counselling provides a space for critically reflecting on patriarchal gender norms that survivors see themselves confronted with in their immediate environments and probably also within themselves in the form of internalised self-devaluation and feelings of shame and guilt. We found tentative evidence that feminist counselling has helped participants to improve their perceptions of their surroundings and potentially broaden their social radius. In particular, it is useful to address concepts of (female) sexual purity and (male) honour, which in turn rely on a patriarchal, binary and heteronormative understanding of gender. Specifically with regard to female survivors, our data points to the importance for counselling sessions on topics such as understanding how, despite having experienced sexualised violence, one has a right to joy and happiness, and allowing oneself to feel happy. Considering that spouses and children are situated differently with regard to patriarchal gender norms, working on norm change in couple and family counselling might require different approaches and methodologies than in all-female settings. In this regard, it might be helpful to explore the specific potential benefits of counselling for the survivor and respective family members.

Develop more targeted interventions aiming for norm change within the immediate environments of survivors. Results from this study suggest that broad awareness-raising campaigns have effectively contributed to the public acknowledgement of war-related sexualised violence in Kosovo. They have also potentially erased offensive wording from public conversation. At the same time, we found evidence for the persistence of rape myths and concepts like dis-/honour within survivors' immediate environments, i.e. where they spend most of their time. Therefore, we recommend designing targeted interventions with small groups such as in schools or local, religious and/or ethnic communities: these should provide their participants with spaces to reflect on the price to be paid by upholding patriarchal notions of masculinity versus femininity and what can be gained from embracing more flexible, diverse and egalitarian gender norms. Considering that it is through interaction that people hold each other accountable to gender norms, in general, and honour codes, in particular, careful thought is needed on how to design interventions in a way that they empower participants to at least bypass and at best openly challenge the

[85] *The* Law No. 08/L-185 on prevention and protection from domestic violence, violence against women and gender-based violence *is available in English under https://gzk.rks-gov.net/ActDetail.aspx?ActID=83131.*

norms which others in their environments might still be enforcing. With regard to this, involvement of influential figures of all genders might be helpful: they can function as role models for the specific target group.

Build on insights learned from earlier activities and other programs with regard to norm change at the level of everyday environments. For example, assess what can be learned from trainings with healthcare professionals: What enabled and what hindered a change of mindsets and of practices in this case? What was gained and what was the cost of involving high-profile (ethnically Albanian) individuals in earlier awareness-raising campaigns? What does this mean for future interventions targeting ethnically and otherwise diverse groups of "ordinary individuals" in their everyday surroundings?

Think about ways of engaging those people within survivors' immediate environments who already circumvent patriarchal gender norms. Our data shows that most participants have family members or other individuals who know about their rape experience and are considered supportive – at least in the sense of not taking this as a reason for ending their relationship. Although it is often done secretly, it is particularly worth noting that this means a relevant number of husbands effectively undermine patriarchal honour codes which others in their environment might expect them to enforce. This group would benefit from no longer feeling they have to keep their bypassing of patriarchal norms a secret. In general, people whose support for survivors has been given in private so far might be motivated to more actively and openly contribute to norm change. They also might have concrete ideas on what might work in the specific environments they live in. Therefore, one idea for consideration would be to seek permission from survivors to reach out to family members, as well as further individuals they consider supportive, with the intention of potentially involving those people in the design and implementation of interventions aiming at norm change within immediate environments. Overcoming heteropatriarchal norms is a great gain for everybody – and when this is understood, each person will experience their own contribution to this change as extremely powerful.

Towards this end, a necessary first step might be to think of forms that signal support for survivors of war-related sexualised violence at the level of immediate environments without making individuals personally accountable. A couple of tentative ideas are: 1) A website with statements by husbands and other (male) family members who, while remaining anonymous, declare their full acceptance of survivors within their families and who provide arguments for not enforcing a patriarchal honour code. To enhance credibility while providing confidentiality, the statements could be signed with an indication of their relationship to a survivor (for example, father) and the district they live in. In order to allow for the sense of a growing movement, there should be an option that allows further individuals to contribute additional statements and provide their personal reasons for declaring support. 2) A poster/sticker campaign ("No services for stigmatisers" or "Safe space for survivors of sexualised violence") that allows coffee shops, hairdressers and other local service providers to publicly declare support in their role as business operators. Campaigns such as these might also address sexualised and gender-based violence more generally.

Consider consulting with and potentially cooperating with further organisations and activists who have an interest in transforming patriarchal gender norms. Beyond survivors of war-related sexualised violence, these patriarchal, binary and heteronormative gender norms also potentially hurt other social groups (for example, youth confronted with the expectation of not having sex before marriage; LGBTIQ people; men who, due to a handicap or other reasons, do not meet the prevailing expectations of what it means to be a man). These norms might manifest differently in different ethnic communities. When it comes to designing interventions for norm change at the immediate environment level, much might be learned from exchange with organisations and activists who, in different contexts, are confronted with and challenge patriarchal, heteronormative gender norms. There also seems to be potential for combining (material as well as human) resources and mutually benefitting from each other's outreach.

Provide additional human and material resources for strengthening activities with regard to norm change at the level of immediate environments. Data from this study clearly shows that direct services for survivors should not be reduced. At the same time, the capacities of existing staff must not be overstretched. Moreover, expanding activities at the immediate environment level might also require (slightly) different professional capacities, in particular with regard to engaging those who have not personally experienced war-related sexualised violence.

10.4 Improve access to reparations

The findings of this study show that the 2014 *Law No. 04/L-172 on Amending and Supplementing the Law No. 04/L-054 on the Status and the Rights of the Martyrs, Invalids, Veterans, Members of Kosovo Liberation Army, Sexual Violence Victims of the War, Civilian Victims and their Families* is perceived by those affected as a major marker of institutional acknowledgement. This is also true for the administrative reparation payments provided by the Kosovar state, which for many of the participants represent a crucial source of income to support themselves and their families. At the same time, our results indicate that legal amendments as well as modifications with regard to the law's implementation are required in order for the Kosovar provisions to meet international standards as laid out by the *UN Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law* (OHCHR, 2005) and for them to fully realise their positive potential as a form of social acknowledgement of survivors of war-related sexualised violence. **Joint advocacy work should be conducted by civil society organisations supporting survivors to lobby the government and the Kosovo Assembly to adopt the following changes:**

Fully implement *Law No. 04/L-172 on Amending and Supplementing the Law No. 04/L-054 on the Status and the Rights of the Martyrs, Invalids, Veterans, Members of Kosovo Liberation Army, Sexual Violence Victims of the War, Civilian Victims and their Families* pertaining to all categories of war victims named in the law. This should also apply to possible future amendments of the law aimed at more fully realising the survivors' right to reparation. This full implementation includes the need to improve and expand the application process for the status of sexualised violence victims of war.

Amend in five regards the *Law No. 04/L-172 on Amending and Supplementing the Law No. 04/L-054 on the Status and the Rights of the Martyrs, Invalids, Veterans, Members of Kosovo Liberation Army, Sexual Violence Victims of the War, Civilian Victims and their Families:*

1.) **Make sure the rights and privileges granted meet the specific needs of survivors of war-related sexualised violence as shown by this study.** Free-of-charge access to health care services is already stipulated for veterans and their families as is free-of-charge access to prescribed medication, so this should be extended to survivors. This should also include educational and employment opportunities specifically tailored to addressing previous harm due to patriarchal social norms and structures. Offering free healthcare services to survivors would require the issue of ID cards that resemble those used by other recognised war-related groups, enabling survivors to claim their legal benefits, since survivors without these ID cards have to present a government-issued (decision) document each time they seek services, which can be both burdensome and stigmatising. Providing survivors with proper ID cards would simplify their access to their rights and benefits.

2.) **Remove the time limit for submitting applications** for the status as a sexual violence victim of the war. The effect of this deadline is actually to introduce

discrimination among the survivor population. For example, there might be female survivors who, due to the risk of being rejected by their husbands, will only be free to apply at an unforeseen date in the future once their husband has died; this will also be a point when they might be particularly in need.

3.) **Amend the timeframe for war-related incidents of sexualised violence covered by the law** in a way that encompasses the whole period of conflict. The current temporal limitation has the effect of introducing discrimination between survivors by disproportionately excluding survivors from ethnic minorities and those who experienced sexualised violence in prison, preventing them from exercising their right to reparation. It is suggested to adopt the timeframe stipulated by the *Law on Missing Persons* (No. 04/L-023) which covers the period from January 1, 1998, to December 31, 2000.

4.) **Remove prohibitions that make survivors of war-related sexualised violence choose between different forms of compensations** for war-related harms and/or other social transfers they might be entitled to. The administrative reparation payments as provided by *Law No. 04/L-172 on Amending and Supplementing the Law No. 04/L-054* need to be understood as compensation for harms suffered during the war which, as our study has shown, are often multiple harms. As such, access to them should not be made dependent on forfeiting other rights.

5.) **Introduce a second-instance authority that deals with appeals against decisions by the government commission** tasked with deciding upon survivors' applications. Currently, the original applications and the appeals are viewed by the same instance.

In addition, the Commission tasked with deciding on survivors' applications should urgently change its premises. It should also modify its rules of registration to allow survivors whose application was selected for vetting to meet with a member of the panel on the premises of one of the four non-governmental organisations authorised to support survivors. Despite measures already taken by the Commission to ensure survivors' comfort during the interview process, participants in this study who had to appear in front of the Commission reported considerable distress as they faced a large panel questioning the veracity of their claims. Moreover, the Commission's offices are housed in the former pre-war headquarters of the Organization for Security and Co-operation (OSCE) in Europe's 1998-1999 mission to Kosovo. After the OSCE abandoned their premises during their evacuation from Kosovo, instances of sexualised violence were then committed in the building by Serbian forces during the remainder of the 1999 war.

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ANNEX

Self-developed questionnaire

Code of the respondent:
First let us tell you a little bit about this study. Medica Gjakova *and* medica mondiale *are trying to find the best ways to help survivors of sexualised violence during the Kosovo war. In order to do so, we would like to better understand how the physical, emotional, social, and financial consequences of the war have affected you and your communities. The three researchers who are involved in the study, in collaboration with* medica mondiale *and* Medica Gjakova*, include a clinical psychologist, a sociologist and a political scientist from the United States and Kosovo; all of them have worked with and on behalf of survivors for several years.*

This study focuses both on you as an individual and your surroundings, from your household to the broader society in which you live, because we are trying to assess your needs and vulnerabilities, including the stigma that holds you down, but also your resilience and strength. We are interviewing about 200 survivors because we hope to make a comprehensive analysis but also because individuals and communities are different and we do not want to leave anybody out.

This study may or may not help you or make you feel better in the short run, but what we will find out from it will help Medica Gjakova *assess the work that it has been doing - in fields as diverse as medical, psychosocial, economic and justice -, and improve it for you and other survivors in the future.*

You can rest assured that the answers you will give to this questionnaire will be treated with the utmost confidentiality. Your name will not appear on the questionnaire; it will be replaced by a code. The researchers will have access to the information you provided but will not be able to link them to you.

A: GENERAL DATA

1. Date of birth:

2. What is your marital status?
☐ single
☐ married
☐ divorced
☐ live with partner
☐ widowed
☐ If widowed: before, during (due to) or after the war?

3. Do you have children?
☐ Yes
☐ No

4. If yes, how many: and when were they born? Specify the gender

1st child _____

2nd child _____

3rd child _____

4th child _____

5. Do/Did they go to school?
☐ No school at all
☐ Some years at primary school, but did not finish
☐ Finished primary school
☐ Some years of high school, but did not finish
☐ Graduated from high school
☐ Attended two-year college, but did not finish
☐ Graduated from two-year college
☐ Studied at university, but did not finish
☐ Graduated from university

6. How many family members live in your household?
How many of your nuclear family?
How many of your extended family?

7. How far do you live from your own family of birth?
☐ They live in the same municipality/city
☐ They live in a different municipality/city
☐ They live abroad

8. What ethnic group do you belong to?
☐ Albanian
☐ Serbian
☐ Roma, Ashkali and Egyptian
☐ Bosniak
☐ Turkish
☐ Gorani
☐ Other

9. Where do you live now?
☐ In a village
☐ In town

10. What is your status regarding your place of residence?
☐ I live in the place where I lived before the war.
☐ I live in the place where I lived during the war.
☐ I moved to a different village/town after the war.

11. What kind of housing do you have right now?
☐ I live in my own house / apt
☐ I live in the house / apt of my spouse
☐ I live in a rented apt or house
☐ I live with other family members in the house/apt of my son
☐ I live with other family members in the house/apt of my son-in-law
☐ I live with other family members in the house/apt of my father
☐ I live with other family members in the house/apt of my father-in-law
☐ I live with other family members in the house/apt of my brother
☐ I live with other family members in the house/apt of my brother-in-law
☐ I live at a friends' place
☐ I have a temporary housing
☐ Other .....

12. Who is the head of the household?

13. Do you have health insurance?
☐ Yes
☐ No

14. How far did you progress with your education?
☐ No school at all
☐ Some years at primary school, but did not finish
☐ Finished primary school
☐ Some years of high school, but did not finish
☐ Graduated from high school.
☐ Finished two-year college.
☐ Studied at university, but did not finish
☐ Graduated from university

15. Did you have an income-earning job before the war?
☐ Yes
☐ No

16. Do you have an income-earning job now?
☐ Yes
☐ No

17. If yes, how much money do you earn?
☐ Under 200 Euro a month
☐ Between 200 and 400
☐ Over 400

18. Which other sources of household income do you have?
☐ Financial assistance as a civilian victim of the war/reparation
☐ I receive a pension for war categories
☐ My spouse earns a salary
☐ I receive financial help from relatives in Kosovo/abroad
☐ I receive a retirement pension
☐ I receive my spouse's retirement pension
☐ I receive a disability pension
☐ I receive social welfare
☐ I have a small business (informal/formal)
☐ I do farming
☐ Household member(s) work on daily allowance
☐ Other sources of income
☐ I have no other sources of income

19. What is the total income of the household due to these other sources of income?
☐ Under 200 Euro
☐ From 200 to 400 Euro
☐ Over 400 Euro

B. ACKNOWLEDGEMENT AND REPARATIONS

20. Do you feel that survivors are nowadays acknowledged by society?
☐ Yes, totally
☐ To some extent
☐ Not at all

21. If yes, or to some extent, was it always like that?
☐ Yes
☐ No

22. If not, when was there a change and in what regard?_____

In the following section, we hope to learn what different agencies, organisations, and people do for survivors. In each regard, we would like to ask you to name the most important things that come to your mind when you think about...

23. What the state does for survivors

24. What high profile individuals do for survivors

25. What your local community does for survivors

26. What NGOs do for survivors

27. What do international organisations, such as the UN or the ICTY, do for survivors

28. Do you receive a pension under the "Law on the Status and the Rights of the Martyrs, Invalids, Veterans, Members of Kosovo Liberation Army, Sexual Violence Victims of the War, Civilian Victims and their Families"?
☐ Yes
☐ No
If yes, in what category ?_____

29. If you don't receive a pension as a survivor of sexualised violence, why not?
☐ My application was rejected
☐My application was rejected and I am appealing the decision
☐My application is being processed
☐ I never applied

30. If the answer is "Never applied," do you know about the procedures that are necessary to get the recognition of your rights as a civilian victim of the war?
☐ Yes, I am well informed
☐ I know a little bit
☐ No, I do not know anything about this.
If yes or a little bit, who informed you? _____

31. If the answer is "Never applied," what do you think might have had you not apply? Circle as many as they apply:
☐Lack of information on how to apply
☐Fear of being discovered by the community
☐Pressure from family members
☐Not willing to appear in front of the commission
☐Anticipating that the application would be rejected by the commission
☐Knowing that if accepted, I would be asked to give up a veteran/martyr/deshmore pension
☐Knowing that if accepted, I would be asked to give up a retirement pension
☐Fear of being judged as one who makes money out of their situation
☐Difficulty of the application process
☐Fear that the application process will retraumatise
☐Lack of support to go through the application process
☐ Knowing from others' experiences that the application process is too lengthy

32. Based on your experience, what do you think are the most important barriers to application for all survivors? Circle as many as they apply:
☐Lack of information on how to apply
☐Fear of being discovered by the community
☐Pressure from family members
☐Not willing to appear in front of the commission
☐Anticipating that the application would be rejected by the commission
☐Knowing that is accepted, I would have to give up a veteran/martyr/deshmore pension

☐Knowing that if accepted, I would be asked to give up a retirement pension
☐Fear of being judged as one who makes money out of their situation
☐Difficulty of the application process
☐Fear that the application process will retraumatise
☐Lack of support to go through the application process
☐ Knowing from others' experiences that the application process is too lengthy

33. Do any of your family members know about your experience of sexualised violence?
☐ Yes, they know.
☐ They don't know, but they suspect it.
☐ No, they do not know anything.

34. Which family members know about it?
☐ Spouse
☐ Children
☐ Mother
☐ Father
☐ Brother(s)
☐ Sisters
☐ Others, please specify: .....

35. How do they know?
☐ I told them
☐ They witnessed it
☐ Someone else told them

36. Do they support you?
☐Very much
☐To a certain extent
☐ Not at all

37. Are there other members of your family who survived sexualised violence?
☐Yes
☐I am not sure
☐No

38. Do your closest friends know about your experience?
☐ Yes, they know.
☐ Only my best friend knows.
☐ They don't know, but they suspect it.
☐ No, they do not know anything.

39. Do they support you?
☐Very much
☐To a certain extent
☐Not at all

40. Is there anybody else in your life who knows about it?
☐ Yes, they know.
☐ They don't know, but they suspect it.
☐ No, they don't know anything

41. If yes, who are they?

42. Do those who know support you?
☐Very much
☐To a certain extent
☐Not at all

43. Do you talk about your experiences?
☐Often
☐Rarely
☐Never

44. With whom do you talk?
☐My close family, namely_____
☐My best friends
☐Other survivors
☐ Medica staff
☐Others, please specify: .....

45. Do you know other survivors who have never talked with their family or closest friends about what happened?
☐ Yes
☐ No

46. Why do you think some survivors never talked? Circle all that may apply:
☐Not wanting to remember
☐Fear of being overwhelmed by emotions
☐Not wanting to be criticised by family
☐Fear of being isolated within the family
☐Fear of being abandoned by family
☐Belief that it will bring shame to family
☐Belief that it will bring shame to children
☐Fear of being pointed at by neighbors
☐Others

47. Do you participate in activities organized in your village/town?
☐ Yes
☐ Rarely
☐ No

48. If yes or rarely, in which groups or activities?

49. If not, why?

C. THE WAR EXPERIENCES AND THEIR IMPACT

Medica Gjakova has information on the incident itself.

We would like to ask questions about personal experiences during the war. Some people might find it hard to discuss this topic. If at any time you feel you need a break, or can't answer, just let me know. It's not a problem.

When you think back to the war, people went through different experiences, many very traumatic, but others experiences were a source of pride. In this section, we will ask you questions that attempt to capture that complexity as much as possible.

50. Did you experience other losses or violence during the war? If yes:
☐I have been detained and tortured
☐ Witnessed sexualised violence
☐ Witnessed other violence, including killing
☐ Close family member(s) - parents, spouse, brother, sister, or children - killed
☐ Close family member(s) - parents, spouse, brother, sister, or children - abducted and missing
☐ Relatives killed
☐ Relatives abducted and missing
☐ Friends and/or neighbors killed
☐ Friends and/or neighbors abducted or killed
☐ Property/house burned
☐ Expulsion from home (refugee in the mountains, Albania, Macedonia)
☐Other

51. Were you with your family during the war?
☐With your spouse
☐With your children
☐With your elders
☐With your relatives
☐Other

52. Were you associated with an armed group during the war?
☐Yes
☐No
If yes, which one?_____

53. You participated as:
☐A fighter
☐A cook
☐A messenger
☐A nurse
☐Other

54. What did you do during the war that makes you proud? Circle as many that may apply:
☐I fought with… (name the group mention by respondent)
☐I was a messenger in…
☐I treated the wounded of …
☐I cooked for fighters of….
☐I protected my loved ones
☐I fed my children
☐I took care of the elders in my family
☐I took care of other refugees
☐Other……..

55. As a consequence of the traumatic experiences you lived through during the war, have you in the past:
☐ Harmed yourself?
☐Thought about harming yourself?
☐Thought that life is not worth living anymore?
☐Never had these thoughts

56. Do you know of other survivors who in the past attempted to harm themselves?
☐Yes
☐No

57. Do you feel that it was more difficult immediately after the war or now, twenty two years later, to cope with your experience of sexualised violence?
☐More difficult immediately after the war
☐Just as difficult
☐More difficult now
Tell us more about that.

58. When you look at your life today, do you think that your experience of sexualised violence still influences your families' life today?
☐ Yes, totally
☐ To some extent
☐ No, not at all

59. When you look at your life today, do you think the experience of sexualised violence still influences your intimate life with your spouse today, more than twenty two years later?
☐ Yes, totally
☐ To some extent
☐ No, not at all

60. Does it influence your relationships with men/women in general? Think of one or two points only. What comes to your mind?

61. Do you think that your experience of sexualised violence influenced your children?
☐ Yes, totally
☐ To some extent
☐ No, not at all
If yes or to some extent, name the most important consequence. Think of one or two points only. What comes to your mind?

62. Did you notice any difference among your children, based on their gender, on how they act toward you?
☐Yes, totally
☐To some extent
☐No, not at all
Can you tell us something about it?_____

63. How would you describe your health?
☐ My health is in a good state.
☐ My health is fairly ok.
☐ My health is in a bad state.

64. Do you regularly go to doctors?
☐ Yes
☐ No

65. If yes, to which doctors?
☐Gynecologist
☐General Practitioner
☐Other

66. Psychosomatic disorders. Please cross as many as they apply:
a. Neuromuscular:
☐ Headache
☐ Neck pain
☐ Back pain
☐ Muscle tremors
☐ Spasm
☐ Fatigue

b. Immune diseases:
☐ Frequent colds
☐ Rheumatoid arthritis
☐ Skin egzantem

c. Cardiovascular diseases:
☐ Hypertension
☐ Chest pain
☐ Heart problems
☐ Loss of consciousness
☐ Cold limbs

d. Endocrine system:
☐ Diabetes
☐ Sweating
☐ Thyroid Disorders

e. Digestive system:
☐ Appetite disorder
☐ Stomach pain
☐ Frequent vomiting
☐ Digestive disorder

67. Do you have problems urinating? ☐ Yes ☐ No

68. Do you have increased secretion? ☐ Yes ☐ No

69. Menstrual cycle disorders? ☐ Yes ☐ No

70. Problems during sexual intercourse? ☐ Yes ☐ No

71. Do you suffer from any type of cancer? ☐ Yes ☐ No

72. Did you undergo any medical procedure/surgery? ☐ Yes ☐ No

73. If yes, which kind?
☐ Leep
☐ Konizim
☐ Hysterectomy
☐ Lobectomy
☐ Radical Mastectomy
☐ Radiation
☐ Chemotherapy
Other _____

74. Do you regularly take medicines?
☐ Yes
☐ No

75. If yes: For which conditions?
☐ Pills for high blood pressure
☐ Pills for heart condition
☐ Sedatives

76. If yes: When did you start taking them? _____

77. Many survivors continue to carry physical consequences of their experience. Do you:
☐ Have marks of violence, such as scars, on your body?
☐ Suffer from medical problems?
☐ For women only: suffer from gynecological problems?

78. Were you pregnant as a consequence of rape?
☐ Yes
☐ No
☐ Comment

79. We have talked a lot about all the negative consequences that the war sexualised experience had on your life. Sometimes, people who survive very painful events feel that, despite the pain, they have learned something more about themselves or the world. Have you?
☐ Yes, totally
☐ To some extent
☐ No, not at all

If yes, can you describe what you have learned a little bit?

_____

_____

D. STIGMA AND STRATEGIES OF COPING / SOURCES OF RESILIENCE

In this section we would like to ask you about your experience with the people who belong to your close circle, the people with whom you interact at home or socially.
How often in the past year have people who know about your experience:

80. Treated you unfairly?
☐ Very Often
☐ Fairly Often
☐ Sometimes
☐ Almost Never
☐ Never

81. Avoided you?
☐ Very Often
☐ Fairly Often
☐ Sometimes
☐ Almost Never
☐ Never

82. Used the fact that you are a survivor to hurt your feelings?
☐ Very Often
☐ Fairly Often
☐ Sometimes
☐ Almost Never
☐ Never

83. Seemed to be uncomfortable around you?
☐ Very Often
☐ Fairly Often
☐ Sometimes
☐ Almost Never
☐ Never

84. Advised you to lower your expectations in life?
☐ Very Often
☐ Fairly Often
☐ Sometimes
☐ Almost Never
☐ Never

The questions below will ask you whether you agree that:

85. Most people would accept a survivor as a close friend
☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

86. Most people think less of a survivor
☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

87. Most people would be willing to marry a survivor
☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

88. Most people in my community treat a survivor just as an equal
☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

89. Most employers will not hire a survivor
☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

In the next series of questions, we are giving you some scenarios that may cause concern for you.

90. Imagine that you are having dinner with relatives, who know about you. It's late, and you are tired, and you say some things that don't completely make sense for you or the others. How concerned or worried would you be that your relatives will think you are not ok because you are a survivor?
☐ Very Concerned
☐ Somewhat Concerned
☐ Somewhat Unconcerned
☐ Unconcerned

91. Imagine that you are sitting around with some friends, who know about you. You are having a great time; everyone is laughing; and you start getting a little loud and boisterous. How concerned or worried would you be that people will think you are losing control because you are not ok?
☐ Very Concerned
☐ Somewhat Concerned
☐ Somewhat Unconcerned
☐ Unconcerned

92. Imagine that you are having an argument with a friend who knows about you, and you are really upset and angry about some of the things he/she is saying. How concerned or worried would you be that, if you raise your voice and act angry, he will think you're losing control?
☐ Very Concerned
☐ Somewhat Concerned
☐ Somewhat Unconcerned
☐ Unconcerned

93. Imagine that you got engaged after the war with someone who doesn't know about you. How concerned or worried would you be that, if you tell them, they will not want to continue your relationship?
☐ Very Concerned
☐ Somewhat Concerned
☐ Somewhat Unconcerned
☐ Unconcerned

94. Imagine that you got married after the war with someone who doesn't know about you. How concerned or worried would you be that, if you tell them, they will not want to continue your relationship?
☐ Very Concerned
☐ Somewhat Concerned
☐ Somewhat Unconcerned
☐ Unconcerned

The following questions attempt to understand your feeling of exclusion or inclusion. How often in the past year have you:

95. Stayed away from people to avoid being rejected by them?
☐ Very Often
☐ Fairly Often
☐ Sometimes
☐ Almost Never
☐ Never

96. Avoided social situations?
☐ Very Often
☐ Fairly Often
☐ Sometimes
☐ Almost Never
☐ Never

97. Felt more at ease around other survivors?
☐ Very Often
☐ Fairly Often
☐ Sometimes
☐ Almost Never
☐ Never

98. Thought it was easier for you to be friendly with other survivors than with other people?
☐ Very Often
☐ Fairly Often
☐ Sometimes
☐ Almost Never
☐ Never

99. Avoided seeing people you know?
☐ Very Often
☐ Fairly Often
☐ Sometimes
☐ Almost Never
☐ Never

100. I would now like to invite you to look back at your life in the last twenty two years since the incident. Name the five things that helped you most to carry on with your life, despite your experience. It can be personal qualities that you possess, or other people you know, or other things or events. I will write each thing you think of on a separate piece of paper and, once we have five points, I will ask you to please arrange them in an order of importance, then we will write them here, with the most important one at the top, and so on.
1. (most important)
2.
3.
4.
5.

101. Could you tell us how that changed things for you? _____

102. If a survivor of sexualised violence asked you for advice about what can help them, what would you tell them that they should do? What would be your advice?

_____

E. *MEDICA GJAKOVA*'S IMPACT

103. When did you first come to Medica and what was the reason at that time?
☐ Medical assistance
☐ Community
☐ Psychosocial services
☐ To apply for reparations program
☐ Other

104. How did you find out about Medica?
☐ Through another survivor
☐ Through the media
☐ Through a friend/relative
☐ Medica came to me
☐ Other

105. Are there other members of your family or do you have friends who use Medica's services?
If yes:
☐ My spouse
☐ My children
☐ My siblings
☐ My friends

106. Can you tell us for how long?

107. How long do you have to travel to reach Medica or the services that Medica offers?
☐ Less than one hour
☐ An hour
☐ More than an hour

108. For how long have you used Medica's services from the first time you came until today?
☐ Since 1999
☐ Since 2005
☐ Since 2010
☐ Since 2015
☐ Since 2020

109. How consistently have you used Medica's services?
☐ All the time
☐ Occasionally
☐ I stopped for a while but later returned
☐ I just started

110. If occasionally, or stopped, could you tell us about that?

111. Have you ever referred other survivors to Medica?
☐ Yes
☐ No

112. What kinds of services did you get or are you getting from Medica? How much did/do they help or not help you?

Kind of service delivered by *Medica Gjakova*	Yes, I got this service	Didn't help at all	Helped me a little	Helped me considerably	Helped me very much
Medical counseling					
Gynecological treatment					
Individual counseling					
Group counseling					
Couple counseling					
Family counseling					
Membership in a self-help group					
Leadership in a self-help group					
Youth group					
Financial help (emergency money)					
Logistical support such as food, clothes					
Juridical counseling					
Support in applying for a survivor's pension					
Help with other institutions to access school programs, health care, social housing, rental subsidies, and job programs delivered by them.					
Care of children					
Vocational training courses					
Economic empowerment services					

113. Did you also go to other organizations for such services? If yes, where and for what services?

114. How did ... (name of the service that helped considerably / a lot)... help you? Can you explain why it was useful or not useful for you?

115. If you had to describe in one sentence to others who have gone through similar experiences what was the most important thing that helped you at Medica, what would you say?

116. A final question:

What do you expect this study will do for you? For other survivors?

Thank you for completing this questionnaire. We assure you that this information will be treated with full confidentiality and it will only be used as part of a broad analysis on the long-term consequences of the war-related trauma in an effort to improve our services and overall response to the needs of the survivors in Kosovo.

Donation account

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